



The Pushback on Women's Rights Must be Stopped

Collective Feminist Statement

A highly distressing pattern is emerging with obstinate coherence in the ongoing debates currently held at several multilateral agencies – a renewed systemic assault on women's agency. Instrumentally celebrated as self-sacrificing family caregivers, dedicated healthcare professionals, or nurturing mothers vocationed to fulfil their reproductive function, women find themselves increasingly gated and suffocated within worn-out misleading narratives of health stereotypes that reinforce their assigned roles as vulnerable persons. But women's reality is different: they are, rather, made vulnerable.

The lip service they receive radically clashes with the austerity measures that slash public financial commitments and obligations for their essential functions and other social reproduction work, further exacerbating the exploitation of women and girls who continue to massively perform unpaid labour^[1]. This disparity not only undermines women's self-determination and socio-political participation. It also exposes the persevering legacy of a deeper structural injustice demanding our urgent attention, analysis, and daily action.

Following the pandemic and years of revamping global warfare, women's right to express political agency over their own bodies is once again under brutal attack, in several ways. Actual offensives on women's rights and wellbeing are unfolding – and thriving – globally. In Afghanistan women are mercilessly expelled from the public sphere, while in Iran women's courage has resulted in brutal repressions pursued by religious patriarchy. Meanwhile, in the USA, legal reforms are eradicating the right to abortion, and limiting access to sexual and reproductive health care more generally^[2]. In Europe, a directive under discussion risks to decriminalise rape and to hollow out the Istanbul Convention. In Gaza and the West Bank, United Nations institutions and Member States still remain paralysed in the wake of a conflict that has to date killed over 35,000 people (as of May 12th, 2024^[3]) – with women and children representing most of the casualties. The same story, the same doom, as in all armed conflicts.

War is indeed the quintessence of the patriarchal system. Aggression justifies oppression, and abuse becomes the tool of preference for "solving" conflict^[4]. These obsessive dynamics make women's bodies the perfect battleground of structural warfare.

Even in the World Health Organization – where officials were found guilty of sexual assaults against women and girls in the Democratic Republic of the Congo during the Covid-19 and survivors paid 250 dollars each^[5] – recent calls for gender responsive reforms and protection of women rights are again being opposed^[6]. Despite the existence of multiple international normative instruments and regional mechanisms that recognize and affirm both^[7], fundamental sexual and reproductive rights continue to face outright challenges.

How is this being justified? Within the WHO, some argue that sexual and reproductive health rights are "political" issues that should be addressed by national governments, as they go beyond the WHO's "technical" mandate. But health is inherently political – a reality the WHO Constitution explicitly acknowledges when it affirms that structural political factors, such as unequal development and discrimination, are impediments to achieving the right to health. The WHO Constitution also acknowledges peace, international cooperation and governments' responsibility for the wellbeing of their people as essential to health. This conjuncture raises a fundamental question: how come the political relevance of the WHO causes distress when we're talking about promoting and protecting women's rights, while

the same level of discomfort is not detected in other sensitive political matters? Encouraging countries to maintain health spending within their “fiscal envelope” or insisting on the sanctity of intellectual property rights, even if these policies hinder access to essential medicines and seeds, does not arouse the same concerned reactions.

Systematically marginalising and subjugating social groups is an inherently unacceptable sign of power that continues to be imposed. For women and other marginalised communities facing all sorts of injustices, this entrenched power is widely recognized and deeply ingrained – and commonly referred to as patriarchy. Patriarchal models, so deeply embedded in religions and in the legacy of institutional structures, are easy to use and widely utilised, to the point of being accepted and interiorized through historical and evergreen exhibits of colonialism, imperialism, and populism. Central to all these manifestations is the suppression of voices, agency, and bodily autonomy.

How women and other minorities continue to be treated today in the multilateral system only reflects such endless patriarchal logic. This is camouflaged with unconvincing rhetoric coupled with minimalist interventions that are aimed to lift the baseline at best. More often than not, though, such initiatives end up reconfirming the status quo of stereotyped societal roles. They do not tackle the roots of direct violence inherent in a system where Member States supposedly speak *for their women* – as if women were possessions!

In the world, women represent the majority. Political institutions at every level have a legal obligation to recognize and honour this reality, rather than undermining it bit by bit. It is imperative for all women to come together and enhance their common struggles to urge governments and multilateral institutions to overcome and dismantle this unsustainable order of things.

[1] Dana Abed and Fatimah Kelleher (2022). *The Assault of Austerity: How Prevailing Economic Policy Choices are a Form of Gender-Based Violence*. <https://policy-practice.oxfam.org/resources/the-assault-of-austerity-how-prevailing-economic-policy-choices-are-a-form-of-g-621448/> [Accessed 13 May 2024].

[2] Rachel Easter, [Amy Friedrich-Karnik](#) and [Megan L. Kavanaugh](#), (2024), *Any Restrictions on Reproductive Health Care Harm Reproductive Autonomy: Evidence from Four States*. <https://www.guttmacher.org/report/any-restrictions-reproductive-health-care-harm-reproductive-autonomy-evidence-four-states> [Accessed 13 May 2024].

[3] <https://www.aljazeera.com/news/2024/5/12/un-chief-urges-immediate-ceasefire-in-gaza-as-35000-palestinians-killed> [Accessed 13 May 2024].

[4] Centre for Feminist Foreign Policy (2024). *Strongmen and Violence: Interlinkages of anti-feminism and anti-democratic developments*. Centre for Feminist Foreign Policy, Berlin. <https://centreforfeministforeignpolicy.org/wordpress/wp-content/uploads/2024/02/CFPP-strongmen-and-violence.pdf> [Accessed 13 May 2024].

[5] <https://www.voanews.com/a/internal-documents-show-the-world-health-organization-paid-sexual-abuse-victims-in-congo-250-each/7354013.html> [Accessed 13 May 2024].

[6] Kerry Cullinan (2024) *Row over Reproductive Rights Group at WHO Executive Board 'Undermines' Secretariat and 'Science-Based' Approach*. <https://healthpolicy-watch.news/row-over-reproductive-rights-group-at-who-board-undermines-science-based-approach/> [Accessed 13 May 2024].

[7] Such: The [Convention on the Elimination of all Forms of Discrimination Against Women \(CEDAW\)](#), the international treaty adopted in 1979 by the United Nations General Assembly; The [Beijing Declaration and Platform for Action \(BpFA\)](#), agreed upon during the 4th World Conference on women in 1995; The [Maputo Protocol Advances African Women's Rights](#), adopted by the African Union in 2003 and enacted in 2005.

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