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UNAIDS EXECUTIVE DIRECTOR REMARKS

THE ROAD AHEAD FOR GENDER EQUITY IN HEALTH IN AFRICA: CALL TO ACTION
CONFERENCE ON PUBLIC HEALTH IN AFRICA (CPHIA), KIGALI, RWANDA
14 DECEMBER 2022



Dr Okereke, my sister and co-lead of the “Women IN Health” track.

Excellencies,

Ladies and gentlemen,

I am pleased to join you for the 2nd International Conference on Public Health in Africa and to share my thoughts on gender equity in health.

Let me start by addressing women’s gendered needs in health.

Women have unique health needs—based on their sexuality, their gender roles and the risks that come with those.

Here in Africa, it is the intersecting axes of poverty, patriarchy and violence that come together to crush women and girls, undermining their health and limiting their access to healthcare.

And this has terrible consequences:

- Globally, more than 800 women and adolescent girls die every day from preventable health issues related to pregnancy and childbirth.
- Women in Africa account for more than half of the deaths of women worldwide due to communicable diseases.
- In our region, adolescent girls and young women are three times more likely to be infected with HIV than boys and men of the same age.

So, challenging patriarchy, and gender-based violence, overcoming poverty and providing women’s sexual health care are priorities that must be pursued together, not one after the other or one traded off with another.

Turning to women as healthcare providers.

Women are the main providers of all aspects of primary health care—nutrition, sanitation, water, healthcare—in their households and in their communities. Women are the daily carers of children, the physically challenged, the elderly and even of their own partners!

This cuts across economic class and geography. Rich or poor, rural or urban, global south or global north, providing healthcare at the family and at community levels persists as a woman's gender role.

UN Women data shows us that women and girls do over 70 per cent of the total amount of unpaid care work. That globally women and girls spend three times as much time on this work as do men and boys. Women work harder and longer. And by putting others' health needs first—their own health is often undermined.

Turning to community health work.

Women are 70% of all community health workers globally. And, it is not a coincidence that such work is unpaid or underpaid. It's simply a gender injustice! Take Julianna, a community health worker in the sprawling informal settlement of Eastleigh in Nairobi. Juliana, in her early 20s, is HIV positive. She's called a mentor mother in the HIV world and she links women in her community with life-saving HIV services. For this important work, she gets paid just 20 dollars a month! An injustice.

Feminists have proposed ways to measure and include unpaid care work in the value of the economy so that it can be fairly rewarded. A consensus is now emerging to go beyond GDP in measuring social-economic progress. We must ensure that any new measure now includes unpaid care work.

I now want to turn to women in the formal health care sector.

Did you know that 24 million of the 28.5 million nurses and midwives globally are women? That is 85%. Or did you know that in Africa, women are nearly 60% of the paid health care workforce, but less than 30% of doctors are women?

So while, across the world, women are the majority of paid health workers, they are concentrated in the lower levels. Public health decision making is dominated by men with women holding just 20% of the senior leadership roles. When it comes to policy-making, women are only 25% of parliamentarians globally. So women are underrepresented in policy making, in planning and budgeting for health care.

Is it then surprising that the health needs of women and girls are not fully met anywhere in the world? We must move faster towards gender parity in senior positions in public health, in parliaments and in local governments.

This is not difficult. It is a question of political will.

I salute the African Union, which has recognized the importance of women's leadership in health. Since its inception, the Commissioners responsible for health have all been women.

Finally, a call for greater support to women health entrepreneurs.

I'm excited to see more and more women, a lot of them young women, leading businesses and social enterprises to solve health problems. I've seen figures that show that women led startups deliver 35% better returns and create 6 x more jobs. Yet I've also seen that less than 2% of venture capital investment goes to women-led startups.

This must change. Increasing women innovators access to capital will improve women's health, grow economies and bring benefits to all of society.

In conclusion, let us invest more in women's leadership to achieve gender equity in health in Africa.

Thank you.

