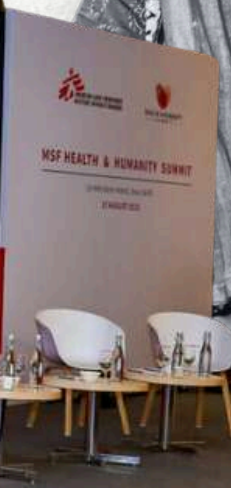
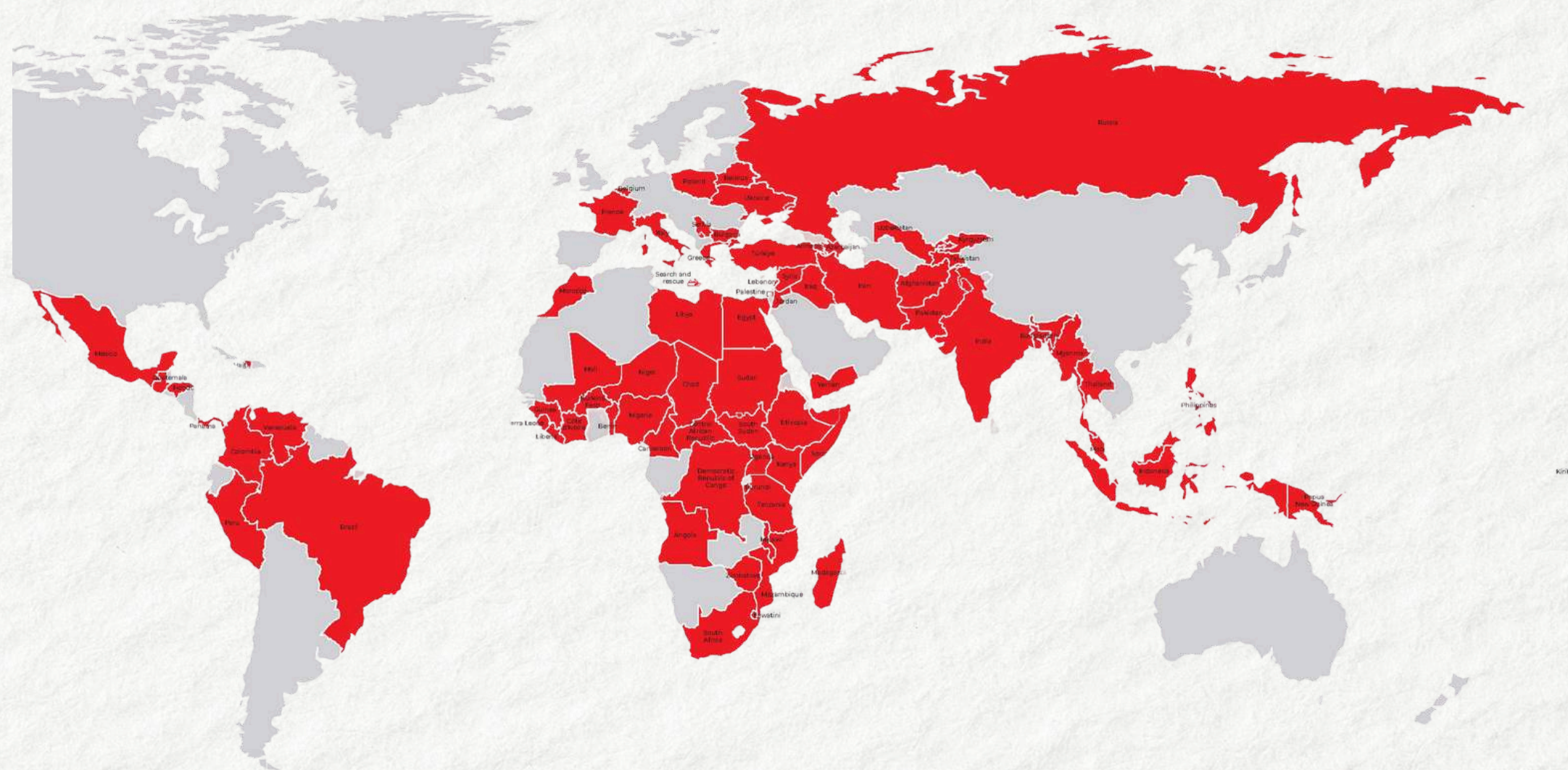


# HEALTH AND HUMANITY SUMMIT REPORT 2024



**HUMANITY  
HEALS**





*The maps and places names used do not reflect any position by MSF on their legal status.  
Countries in which MSF only carried out assessments or undertook activities where we spent less than €500,000 in 2023 do not feature on this map.*

## **ABOUT MSF**

An international, independent medical humanitarian organisation **Médecins Sans Frontières (MSF)** translates to ‘doctors without borders’. We provide medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of professionals working in health and medical care, logistics, administration, communications, skilled trades – all bound together by our charter and serving people in need. Our actions are guided by medical ethics and the principles of impartiality, independence, and neutrality. We are a non-profit, self-governed, member-based organisation.

MSF was founded in 1971 in Paris by a group of journalists and doctors. Today, we are a worldwide movement of over 69,000 people.



## FOREWORD:

The Second Edition of MSF South Asia's Health and Humanity Summit 2024 represented a transformative moment in our ongoing commitment to address the profound gender disparities that persist in health and humanitarian aid—disparities that are frequently exacerbated by conflict, disaster, and marginalization.

The Summit was thoughtfully designed by an Advisory Committee, composed of Dr. Unni Karunakara (former MSF International President), Philipp Frisch (Deputy Head of the Humanitarian Representation Team, MSF), Ambassador Vijay K. Nambiar (former Chef de Cabinet to the UN Secretary-General and Indian Permanent Representative to the UN), Dr. Ravindra P. Rannan-Eliya (Executive Director, Institute for Health Policy, Sri Lanka), and Fr. Farhat Mantoo, Executive Director of MSF South Asia.

Over 20 renowned experts, thought leaders, and academics, along with more than 100 participants came together with a shared understanding that women and their voices are not merely beneficiaries of humanitarian aid; they are indispensable agents of change.

The systemic inequalities preventing women from accessing healthcare and participating in decision-making processes have far-reaching consequences that affect entire communities and undermine the effectiveness of all humanitarian interventions. By amplifying women's voices, we aimed to catalyze actionable strategies that promote inclusivity and equitable healthcare for all individuals, regardless of gender.

Our discussions highlighted four critical topics that lie at the heart of these challenges.

We explored the plight of women and girls on the move—each carrying a story of courage and resilience, yet also a heavy burden of vulnerability. Many faced perilous journeys where access to life-saving medical care was obstructed by violence, financial, social cultural constraints, and insecurity. Too often, these brave women and girls find themselves without essential family planning services, leaving them at heightened risk of sexual violence, STIs, unwanted pregnancies, and unsafe abortions. Women from Rohingya communities in Southeast Asia, internally displaced women in Afghanistan, and those navigating treacherous migration routes in Latin America all share a fundamental need for gender-sensitive strategies tailored to their specific health challenges. Together, we committed to amplifying their voices and needs as we forged paths toward safety and support.

The Summit also tackled the daunting landscape of humanitarian challenges in South Asia. Natural disasters, socio-political discord, and human displacement painted a complex picture of suffering. While the solidarity witnessed during the 2015 Nepal earthquake and the Covid-19 pandemic offered glimpses of hope, the tepid response to the Rohingya crisis and the situation in Afghanistan revealed troubling inconsistencies in regional solidarity and cooperation. Our discussions underscored the urgent need for genuine regional solidarity and collective action to ensure that no one is left behind in their search for safety and dignity.

Moreover, we confronted the alarming rise of restrictions on freedoms and rights faced by civil society and humanitarian organizations across South Asia. Each report of human rights violations is not just a statistic; it represents a life disrupted, a voice silenced, a community diminished. Throughout the Summit, we reaffirmed our resolve to safeguard these vital spaces. The courage of human rights advocates fighting against overwhelming odds deserves our collective support and recognition, and together we sought to reclaim these spaces.



Finally, we addressed the critical issue of access to medicines—a matter of life and death, equity and justice. In our pursuit of a rights-based humanitarian response, we examined the heartbreaking realities faced by individuals seeking treatment for diseases such as viral hepatitis, diabetes, and drug-resistant tuberculosis. We recognized that when the costs of life-saving medications remain prohibitively high, we confront a moral imperative: ensuring that every person—regardless of their background—has the right to access the healthcare they deserve. The urgency of this fight demands collaboration among civil society, funders, and governments to dismantle the barriers that perpetuate inequity in our healthcare systems.

As we reflect on the meaningful conversations and commitments made during the Summit, let us carry forward the stories of those who have been marginalized and unheard. Let us continue to be their advocates, allies, and champions, working together to create a future where health and humanity transcend borders and where every individual—especially women and girls—receive the care and dignity they deserve.

I invite you to engage with the insights and recommendations shared in this report as we strive to advance gender equity in humanitarian aid. Together, we can pave the way for a future where women's perspectives and experiences shape the humanitarian landscape, ensuring that no one is left behind.

### **Ana Paula Berlin**

Humanitarian Affairs and Institutional Advocacy Lead  
**Médecins Sans Frontières (MSF) South Asia**





## EXECUTIVE SUMMARY:

Bringing together over 20 renowned experts, thought leaders, and academics, along with more than 100 participants from the social impact sector, the Second Edition of MSF South Asia's Health and Humanity Summit emphasized the need for actionable strategies to dismantle gender barriers and pave the way for more inclusive humanitarian efforts across the region.



**Dr. Farhat Mantoo**, Executive Director of MSF South Asia, delivered a powerful opening address titled Power and Privilege – The Invisible Majority. She underscored the shared responsibility to uphold humanitarian values, stating, "We are all human, and each of us has a role to play. True transformation transcends mere adaptation—it calls for being a catalyst for change, empowering civil society, and amplifying issues that often go unnoticed. By fostering dialogue and elevating local voices, we can shift power dynamics and create a more effective humanitarian response."



The keynote speaker, **Dr. Radhika Coomaraswamy**, a globally recognized human rights advocate, highlighted the critical role of inclusivity and the empowerment of women in humanitarian movements. She emphasized that women's health serves as a key indicator of a country's overall healthcare system, explaining, "Women's health outcomes not only reflect access to healthcare but also shed light on deeper issues such as inadequate infrastructure and broader social and political challenges."



The summit's first session, "*Through Her Eyes: Understanding Women's Vulnerabilities in Migration*," was moderated by **Dr. Santhushya Fernando** from the University of Colombo's Faculty of Medicine. The panel addressed the heightened vulnerabilities faced by women and girls in migration contexts. Panelist Hafsar Tameesuddin, Co-Secretary General of the Asia Pacific Refugee Rights Network, underscored the "urgent need for practical solutions and frameworks to help women escape abusive situations and empower them in meaningful ways."



## EXECUTIVE SUMMARY:



The second session, "Convergence for Change: Dynamics of Regional Solidarity," explored the complexities of regional collaboration in addressing humanitarian crises. **Heela Najibullah**, a Peace and Conflict Researcher from Afghanistan, reflected on her experiences, stating, "As a woman from a country where half the population is silenced, I feel a deep responsibility to speak out. My plea to governments and organizations working on women's issues is to prioritize education and provide women with opportunities to lead."



The third session, "Structural Inequity: Access to Medical Treatment," moderated by **Ghada Khemissi**, Head of Programmes at MSF South Asia, delved into the glaring disparities in global health access, particularly in conflict-affected and marginalized regions. Dr. Mohga Kamal-Yanni, Senior Policy Advisor to UNAIDS and the People's Vaccine Alliance, criticized the profit-driven pharmaceutical model, stating, "The lack of transparency in drug pricing exposes a system that prioritizes profit over public health. While change has been gradual, initiatives like the MSF Access Campaign are driving important, albeit incremental, progress."



In the final session, "Reclaiming Spaces: Collective Action to Safeguard Civil Society," moderated by human rights advocate **Ruki Fernando**, speakers urged governments and global leaders to actively protect civic spaces. Pakistani political commentator Marvi Sirmed highlighted the indispensable role of civil society, describing it as both a "beacon of hope" and a "battleground." She emphasized that safeguarding and expanding these spaces is a collective duty, calling for unified action to ensure their survival.



In his closing remarks, former MSF International President **Dr. Unni Krishnan Karunakara** reflected on the evolving landscape of humanitarian health, noting that today's challenges are "wicked problems"—complex, multifaceted issues that defy simple solutions. "Peace is achieved not only when the bombs stop falling, but when attacks on healthcare facilities cease and when everyone has access to vaccines and medical care," he remarked, emphasizing that political will is crucial to overcoming these crises.

By bringing together diverse perspectives from across the humanitarian, healthcare, and innovation sectors, MSF is fostering a collaborative approach to address the challenges facing South Asia. The aim is to create lasting partnerships and develop integrated strategies that respond to the urgent and complex needs of vulnerable communities in the region.



# POWER AND PRIVILEGE - THE INVISIBLE MAJORITY

DR FARHAT MANTOO, EXECUTIVE DIRECTOR, MSF SOUTH ASIA

Dr. Farhat Mantoo, Executive Director of MSF South Asia, opened the Summit by expressing gratitude for MSF's opportunity to return to Sri Lanka. She emphasized the significance of this moment, highlighting a shift from temporary engagements to a long-term commitment to collaborate with the country.

## State of Global Crises

At the time of the H&H Summit, several negative milestones were reached:

- **Afghanistan:** 176 days of a ban on girls' education at the secondary level.
- **Sudan:** 500 days of brutal conflict, resulting in the displacement of millions.
- **Rohingya Exodus:** Marking seven years of ongoing humanitarian needs.
- **Ukraine:** 900 days of conflict with escalating humanitarian concerns.
- **Gaza:** Over 300 days of extreme conflict, impacting civilian lives.

She underscored the importance of staying vigilant and resisting desensitization to these crises, emphasizing that behind each statistic are real individuals enduring immense suffering.

Dr. Mantoo also highlighted the growing invisibility of various humanitarian crises, worsened by public fatigue from constant exposure to distressing imagery and information. She stressed the need to maintain visibility for these "forgotten conflicts" and encouraged open dialogue to acknowledge the challenges faced by affected communities.



**Dr. Farhat Mantoo**



# GENDER, PROTECTION AND REPRODUCTIVE RIGHTS

DR. RADHIKA COOMARASWAMY

There is an urgent need to protect the reproductive health and rights of women, girls, and LGBTQI+ individuals, particularly in conflict and post-conflict settings. Reproductive rights are framed not just as a health issue but as a matter of dignity and equality.

## Humanitarian Law and Protection of Vulnerable Groups

International humanitarian law mandates the protection of civilians, including women and LGBTQI+ individuals, during armed conflict. Frameworks such as the Geneva Conventions and the Rome Statute reinforce the obligation to safeguard vulnerable populations. However, violations remain rampant.

## Challenges in Conflict Zones

Women and girls face multiple vulnerabilities in conflict situations:

- **Sexual Violence:** The majority of women in conflict settings experience gender-based violence.
- **Healthcare Disruptions:** Conflict leads to severe shortages in reproductive health services.
- **Economic Instability:** War and displacement push women into economic precarity.
- **Psychosocial Trauma:** Studies show that one in five women in humanitarian settings suffers from depression, anxiety, or PTSD. However, mental health support remains largely inadequate.
- **Displacement and Forced Migration:** Conflicts have displaced over 120 million people globally, with women and children comprising over 70% of refugees. Many experience increased risks of trafficking, sexual exploitation, and loss of family support.
- **Legal and Cultural Barriers:** In conflict-affected countries, women face legal restrictions on property rights, movement, and access to justice.
- **Limited Participation in Peace Processes:** Despite evidence that women's involvement in peace negotiations leads to greater durability of agreements, they continue to be left out of the conversations.



**Dr. Radhika  
Coomaraswamy**





## Maternal Mortality as a Key Indicator

Maternal mortality is a critical indicator of a country's healthcare system and development. Limited access to emergency obstetric care, shortages of skilled health providers, and disruptions to essential services exacerbate these figures. Maternal mortality rates highlight broader systemic inequalities, including poverty, restricted education, and inadequate employment opportunities for women.

There is an urgent need for sustained advocacy, legal protections, and global cooperation to ensure access to comprehensive reproductive healthcare in crisis settings. Strengthening healthcare infrastructure, enforcing legal frameworks, and prioritizing gender-sensitive policies are essential to safeguarding the rights and dignity of women, girls, and marginalized communities.





# THROUGH HER EYES: UNDERSTANDING WOMEN'S VULNERABILITIES IN MIGRATION

This first panel highlighted the need for a multi-faceted approach to women's empowerment in migration contexts. This involves engaging both men and women, implementing long-term capacity-building initiatives, and strengthening legal and advocacy frameworks. Addressing deep-rooted societal norms and ensuring sustainable investments in women's leadership are essential for advancing gender equality and breaking cycles of abuse and disempowerment.

## Gender-Specific Risks and Vulnerabilities

Women in displacement settings face disproportionate threats, including:

- Sex Trafficking and Forced Marriage
- Gender-Based Violence (GBV)
- Limited Access to Sanitation and Reproductive Health Services

## Key Statistics:

- 60% of preventable maternal deaths occur in conflict, displacement, and disaster settings.
- 1 in 5 displaced women experience sexual violence, with underreporting remaining a significant issue.
- In the Darién Jungle (Panama-Colombia border), 1 in 7 women crossing the migration route suffer sexual abuse (MSF study).

## Adapting Humanitarian Interventions to Gender Needs

Displaced women must be actively involved in designing humanitarian interventions to ensure their needs are met. Women are not passive victims but key contributors to crisis preparedness and response.



**Dr. Santhushya Fernando**



**Sergio Martín**



**Paula Gil**

## Migration Routes and Gendered Risks

### Africa to Europe: The Moroccan Route

West African women attempting to reach Europe often face trafficking, enslavement, and sexual abuse. Despite receiving medical treatment from humanitarian organizations, many remain trapped in cycles of exploitation.

### Central America: The Darién Jungle Route

Women crossing into Panama and Mexico frequently experience sexual violence, often used as a tool of control. Many embark on this journey fully aware of the risks, driven by desperation.

### Myanmar Conflict and Displacement

With 3.3 million displaced individuals, women bear the brunt of the crisis, facing extreme vulnerability and inadequate support.

### Underreporting of Sexual Violence

Women often do not report sexual violence due to:

- Traveling with their abusers.
- Fear of jeopardizing their safety.
- Cultural and security concerns prioritizing survival over seeking help.

## The Legal and Health Gaps Affecting Displaced Women

### Disproportionate Impact on Women

Displaced women experience violence both in their home countries and along migration routes. Sexual assault is weaponized, and seeking justice remains nearly impossible.

### Barriers to Legal and Health Services

- Lack of access to healthcare, particularly mental health services.
- Criminalization of migration forcing women into underground networks.
- Lack of legal frameworks to protect refugee women.

### Addressing Gender-Specific Needs

Urgent priorities include:

- Safe healthcare services for survivors of sexual violence.
- Mental health support for trauma and depression.
- Legal protection to combat violence and exploitation.
- Access to reproductive healthcare, including abortion services.



**Hafsar Tameesuddin**



**Priyali Sur**





## Long-term Solutions and Policy Integration

To effectively address these challenges, policies must integrate health services with migration and refugee frameworks.

### Key Strategies:

- **Support Along Migration Routes:** Provide healthcare resources during migration.
- **Safe Spaces in Host Countries:** Establish centers offering legal aid, mental health, and reproductive healthcare.
- **Coalitions for Mental Health Advocacy:** Prioritize psychological well-being.

## Empowering Refugee Women and Sustainable Solutions

### Challenges in Addressing GBV

Displaced women often normalize abuse due to cultural conditioning. Shelter systems remain inadequate, and funding shortages hinder long-term support.

### Sustainable Empowerment Frameworks

Long-term solutions must prioritize:

- **Education and Skills Training:** Programs that provide women with sustainable livelihood opportunities.
- **Refugee-Led Initiatives:** Strengthening women-led organizations to ensure solutions are community-driven.
- **Policy Integration:** Bridging migration and refugee support to develop comprehensive strategies.

## Key Action Points and Recommendations

### Incorporate Women's Perspectives

Ensure the needs and voices of displaced women are central to all humanitarian interventions.

### Address Gender-Specific Risks

Develop targeted strategies to combat trafficking, forced marriage, and GBV.

### Develop Long-term Empowerment Programs

Shift from short-term aid to sustainable capacity-building initiatives that equip women with education, livelihoods, and leadership opportunities.

### Strengthen Legal Protections

Advocate for the enforcement of laws protecting women and ensure legal accountability for perpetrators.





### **Utilize Media for Advocacy**

Leverage media to raise awareness, mobilize public support, and influence policy changes.

### **Address Mental Health Needs**

Integrate mental health support into aid programs to address the psychological impacts of trauma.

### **Create Safe Spaces**

Establish dedicated centers providing legal aid, mental health support, and healthcare for refugee women.

### **Facilitate Funding for Refugee-Led Initiatives**

Support refugee-led organizations in accessing financial resources through intermediary channels to navigate bureaucratic barriers.

### **Engage Men and Boys**

Include men, particularly younger generations, in gender-equity discussions to foster systemic change and reduce patriarchal resistance.

### **Promote Cross-Sector Collaboration**

Integrate migration and refugee frameworks to develop holistic strategies addressing the unique needs of displaced women.

### **Empower Women's Leadership**

Invest in leadership programs that enable displaced women to advocate for their communities and influence decision-making processes.

### **Conclusion**

Displaced women face complex and overlapping challenges that require urgent, gender-sensitive interventions. By integrating women's perspectives, strengthening legal protections, and ensuring access to healthcare and education, the international community can support their resilience and empower them to lead their own futures. Sustainable change requires commitment, collaboration, and a shift from short-term aid to long-term empowerment.





# WAVESIDE CONVERSATION 1: CONVERGENCE FOR CHANGE: DYNAMICS OF REGIONAL SOLIDARITY

This conversation highlighted the significance of regional solidarity within South Asia, noting the common historical experiences of South Asian nations, most of which have endured foreign domination, imperialism, and colonialism over the past several centuries. Many of these countries gained independence 40 to 80 years ago, paving the way for self-determination and the pursuit of national destinies. There is a need for South Asian countries to reimagine their community, drawing on historical connections that predate foreign influences.

## Barriers to Regional Solidarity

### Political and Psychological Barriers

- India's economic and political dominance creates asymmetry, leading to apprehension among smaller nations.
- Ethnic spillovers and historical tensions complicate cooperation.
- National interests often take precedence over regional engagement, limiting collaboration on sensitive issues such as Afghanistan, the Rohingya crisis, and Tamil rights in Sri Lanka.

## Humanitarian Challenges

- Humanitarian organizations like Médecins Sans Frontières (MSF) face difficulties in engaging regional governments due to political sensitivities.
- Limited space for dialogue on migration and cross-border humanitarian crises.
- Shrinking civil society space limits open discussions on pressing humanitarian concerns.

## Women's Rights and Migration Issues

- Afghan women face increasing marginalization following the Taliban's return to power, with restrictions on education and employment.
- Child marriage rates have risen by 25% in Afghanistan due to economic hardships.
- Visa restrictions prevent Afghan women from accessing education in India and Sri Lanka.
- Lack of regional feminist solidarity and weak advocacy efforts for Afghan women's rights.



**Dr Ravi Rannan-Eliya**



**Heela Najibullah**



### **Opportunities for Strengthening Regional Solidarity Leveraging India's Position for Regional Benefit**

- India can serve as a regional trade and connectivity hub, benefiting smaller economies through open markets and transport networks.
- India's role in disaster response, as seen in past natural disasters and the COVID-19 pandemic, demonstrates its potential as a leader in humanitarian assistance.

### **Enhancing South-South Solidarity**

- South Asian nations should leverage their collective voice on global platforms to advocate for regional and international humanitarian concerns.
- Strengthening diplomatic engagement with non-traditional partners to build broader networks of support.

### **Promoting Civil Society and Government Collaboration**

- Establish formal dialogue mechanisms between civil society organizations and governments to coordinate policy responses on humanitarian issues.
- Document and communicate grassroots perspectives to inform policy-making.
- Strengthen advocacy efforts for Afghan women's rights, emphasizing education and economic opportunities.



**Ambassador Shyam Saran**

## **5. Action Points and Recommendations**

### **Strengthening Regional Cooperation**

- Encourage Civil Society Advocacy: Promote policies supporting Afghan refugees and cross-cultural exchanges.
- Foster Bilateral Agreements: Enable targeted humanitarian assistance, including scholarships for Afghan students.

### **Government and Civil Society Engagement**

- Establish Communication Channels: Develop structured platforms for dialogue between civil society and policymakers.
- Leverage Civil Society Influence: Utilize field reports and public opinion data to inform government decisions.

### **Addressing Political Sensitivities in Humanitarian Work**

- Build a Collaborative Ecosystem: Engage humanitarian organizations, think tanks, and advocacy groups to address crisis root causes.
- Enhance Field-Based Reporting: Disseminate evidence-based humanitarian reports to drive policy and awareness.

### **Advancing Women's Rights in Afghanistan**

- Advocate for Education and Employment: Push for scholarship programs and legal protections for Afghan women.
- Promote Inclusive Dialogue: Ensure women's voices are included in political and peace-building discussions.



**Dr Ravi Rannan-Eliya**



### **Revitalizing Multilateral Engagement**

- Strengthen Regional Solidarity: South Asian countries should actively contribute to international forums advocating for regional humanitarian concerns.

### **Continuous Learning and Adaptation**

- Facilitate Capacity-Building: Conduct advocacy training workshops for civil society organizations.
- Monitor and Evaluate Impact: Implement tracking mechanisms to measure the effectiveness of regional collaboration and humanitarian efforts.

### **Conclusion**

Building regional solidarity in South Asia requires overcoming political, psychological, and structural barriers. By leveraging India's strategic position, enhancing civil society-government collaboration, and advocating for marginalized communities, the region can work towards a more cohesive and cooperative future. Implementing the outlined action points will contribute to a more inclusive and effective regional solidarity framework.







# BOUNDARIES, BLIND SPOTS, AND BREAKING POINTS: BUILDING A BETTER WORLD FOR WOMEN

LINA ABIRAFEH, ARAB-AMERICAN WOMEN'S RIGHTS ACTIVIST & AUTHOR

Lina AbiRafeh delivered a powerful speech addressing the challenges and responsibilities faced by global communities in times of crisis. Her remarks emphasized the urgent need for collective action, the deconstruction of power structures, and a focus on forgotten emergencies, particularly concerning women's rights and global governance.

"These are indeed interesting times," she declared, highlighting the chaotic global landscape that demands unwavering commitment and action from all present.

## Power and Decolonization

A central theme of AbiRafeh's message was the need to deconstruct power dynamics and pursue decolonization within humanitarian work. She noted, "Decolonization has become a buzzword," stressing that its implications must be understood and acted upon. AbiRafeh urged attendees to critically examine the power dynamics in their environments, prompting questions about who is present, who is absent, and the significance of these absences. She argued that governance structures must genuinely empower communities, challenging the audience to reflect on the true meaning of terms like "localization" and how to implement them effectively.

## Forgotten Emergencies

AbiRafeh spotlighted "forgotten emergencies," regions suffering from a lack of media coverage and political interest. She used Afghanistan as a poignant example, highlighting the desperate situation of 24 million people in need of assistance, particularly women enduring life under the Taliban's oppressive regime. Drawing from her personal connection to Afghanistan, she described the despair of women who still cannot breathe freely, imploring, "We must amplify their voices," even when they cannot speak for themselves.



Lina AbiRafeh



Her speech vividly portrayed other global crises, including those in the Democratic Republic of the Congo, Sudan, Yemen, and Haiti. She recounted harrowing testimonies from women facing extreme violence and deprivation, emphasizing the urgency of addressing these humanitarian disasters. One chilling narrative detailed a woman's horrific choice in the DRC: either witness her husband's murder or be raped in front of him. Such stories, Lina insisted, highlight the dire need for action against gender-based violence and humanitarian neglect.

### **Feminist Activism in the Arab Region**

Turning her focus to the Arab region, AbiRafeh reflected on her experiences at the Arab Institute for Women, where she witnessed the vibrant activism of young Arab women. She underscored the importance of sharing their stories to counter the often simplistic narratives that fail to capture the complexity of their lives.

AbiRafeh also called for critical engagement with the language used to describe global conflicts, particularly regarding Palestine. She criticized the media's oversimplified framing of events, urging the audience to recognize the political implications of such narratives. "We must push back against these oversimplifications," she asserted, questioning the effectiveness of global governance structures in protecting human rights.

### **Centering Marginalized Voices**

Throughout her speech, AbiRafeh emphasized the necessity of centering Indigenous and marginalized voices genuinely. She cautioned against tokenism and superficial engagement, urging her audience to flatten governance structures and reduce top-down decision-making processes.

She highlighted the shrinking space for civil society, noting that right-wing movements are gaining ground, putting human rights defenders at increased risk. This reality makes amplifying the voices of those who may be silenced more crucial than ever.

### **Youth Engagement**

Youth engagement emerged as another vital theme. AbiRafeh recognized the importance of empowering young voices, particularly young women facing marginalization. "We must listen actively to young women affected by forced migration, war, and climate crises," she stressed, emphasizing their unique challenges and perspectives.





## Reflection on Organizational Practices

As she concluded her speech, AbiRafeh called for self-reflection within organizations, questioning whether they genuinely listen to those carrying the burden of humanitarian work. The risks faced by aid workers have escalated dramatically, with fatalities more than doubling in recent years. The tragedies endured by Palestinian aid workers, many of whom have lost their lives, underscored the urgent need for meaningful action in the humanitarian sector.

She asserted that simply placing women in leadership roles is not a cure-all; real change demands a commitment to institutional reform and accountability.

"We cannot afford to wait centuries for progress," she implored. "There is a vacuum that must be filled with strong, determined advocacy for women's rights." AbiRafeh called for champions who can inspire change and set standards, ensuring that future generations do not wait another 300 years for equality. The time for action is now.





# STRUCTURAL INEQUITY: ACCESS TO MEDICAL TREATMENT IN AN UNEQUAL HEALTH AND R&D SYSTEM

The second panel, focused on the critical impact of structural inequity on access to medicines and treatment within the context of global healthcare. It underscores that access to life-saving medicines extends beyond mere scientific advancements or pharmaceutical availability; it is deeply intertwined with the socio-economic and political frameworks governing our world today. Women and girls are disproportionately affected by systemic disparities and inequalities rooted in gender. These inequities significantly hinder access to medical treatment, exemplifying a broader issue within healthcare systems. The session explored various manifestations of these inequities, including healthcare underfunding in low-income countries and the ethical, legal, and practical challenges arising from the inaccessibility of life-saving medicines for those who need them most.

## The Burden of Medical Costs and Access Challenges

A speaker highlighted the financial burden of healthcare, citing a World Bank statistic that 100 million people fall into poverty annually due to health costs, with 75% of these expenses attributed to medicines and diagnostics. To illustrate the impact, a personal anecdote was shared about a neighbor with breast cancer who lacked access to adequate treatment, leading to devastating consequences for her family. This story exemplifies how illness can entrench poverty, particularly in low-income communities.

## Research and Development (R&D) Disparities

The discussion underscored the disconnect between scientific research and patient needs. Pharmaceutical companies prioritize profitable markets over pressing health concerns, leading to insufficient R&D for conditions such as breast cancer in certain regions. This results in significant disparities in prognosis based on geographic and economic circumstances.

## Intellectual Property Rights and Drug Pricing

Panelists addressed how intellectual property (IP) rights create monopolies that dictate drug prices. Pharmaceutical companies set prices based on market potential rather than production costs, rendering many essential medicines unaffordable. The increasing cost of drug development—from \$500 million to over \$2 billion—raises concerns about affordability for both high- and low-income countries.



**Ghada Khemissi**



**Eldred Tellis**



**Dr Mohga Kamal-Yanni**



## Role of Civil Society and Advocacy

The impact of civil society in advocating for access to medicines was acknowledged, with campaigns pushing for fairer pricing and greater attention to neglected diseases. The discussion emphasized that systemic issues in current innovation models prioritize profit over public health. A call was made for a transformative shift towards an innovation model centered on equitable access.

## Challenges in Humanitarian Settings

Drawing from extensive experience in humanitarian work, another speaker addressed the difficulties of delivering medical treatment in crisis settings. Examples included tuberculosis treatment restrictions in Ethiopia and inadequate therapies for sleeping sickness in Uganda, where outdated and dangerous arsenic-based treatments were still in use. These cases highlight the need for more effective and accessible medical solutions.

## Innovative Approaches to Healthcare Delivery

The panel discussed innovative strategies for overcoming healthcare delivery challenges, including task shifting—where healthcare roles are adapted based on available personnel. Community health workers took on nursing responsibilities, and patient-led support networks helped expand access to treatment. Innovation was framed not just as technological advancement but as rethinking healthcare approaches in resource-limited settings.

## Funding for Neglected Diseases

It was emphasized that governments must take responsibility for funding R&D for diseases that primarily affect their populations. The establishment of initiatives like the Drugs for Neglected Diseases Initiative (DNDi) has demonstrated that effective and affordable R&D for neglected diseases is possible, producing multiple new therapies at significantly reduced costs.

## Intellectual Property and Market Monopolies

Criticism was directed at monopolistic pharmaceutical practices. While IP protection was acknowledged as a necessary incentive for innovation, its misuse often leads to market control rather than genuine advancements in healthcare accessibility. The conversation highlighted the need for a balance between incentivizing innovation and ensuring access to essential medicines.



**Dr Unni Krishnan  
Karunakara**



## Shifting Access Issues

Over the past two decades, access to medicines has evolved from being seen as an issue affecting only low-income countries to a global concern. The discussion referenced recent efforts by the U.S. government to negotiate lower drug prices, demonstrating that healthcare affordability challenges now extend to high-income nations as well.

## Stigma and Discrimination in Healthcare

A panelist shared insights from work with marginalized communities, illustrating systemic barriers to healthcare access. A case from 1999 was recounted, where an HIV-positive patient was denied treatment at a government hospital, exemplifying ongoing discrimination in medical institutions. Additionally, inadequate healthcare training often results in marginalized populations being denied necessary care.

## Legal and Policy Victories

Notable legal victories were discussed, including a successful lawsuit in 2002 that led to the provision of free antiretroviral therapy (ART) in India. Further legal challenges against pharmaceutical companies resulted in significant reductions in the price of hepatitis C treatment, making life-saving medicines more affordable for millions.

## Legislative and Regulatory Barriers

Concerns were raised about recent legislative changes that restrict civil society's ability to challenge drug patents. New regulations require substantial financial commitments from those opposing patents, posing a significant obstacle to efforts aimed at ensuring affordable medicines.





## Action Points and Recommendations

### Intellectual Property and Access

- Reform IP regulations to improve access to life-saving treatments, particularly in the Global South.
- Advocate for waivers on IP protections during public health emergencies to ensure equitable distribution of medicines.

### Vaccine Equity and Technology Transfer

- Address disparities in vaccine distribution, as demonstrated during the COVID-19 pandemic.
- Promote local production capabilities and technology transfers in low-income countries to improve future preparedness.

### Ethical Frameworks for Access to Medicine

- Develop decision-making frameworks that prioritize medical need over political or economic considerations.
- Encourage governments to issue compulsory licenses for essential medications in crisis situations.

### Trade Agreements and Public Health

- Recognize the impact of trade policies on healthcare access.
- Ensure that health considerations are prioritized in trade negotiations, preventing corporate interests from undermining public health.

### Governance and Global Health Equity

- Increase transparency and inclusivity in global health governance.
- Address the influence of wealthy nations and philanthropic organizations that may overshadow the needs of lower-income countries.

### Conclusion

The panel reinforced the urgent need for systemic change in how medicines and treatments are researched, priced, and distributed. Ensuring equitable healthcare access requires coordinated efforts from governments, civil society, and healthcare providers to challenge monopolistic practices and advocate for policies prioritizing public health over profit. The ongoing struggle for health rights, particularly in marginalized communities, underscores the need for sustained advocacy, legal action, and innovative solutions to build a fairer global health system.



# RECLAIMING SPACES: COLLECTIVE ACTION TO SAFEGUARD CIVIL SOCIETY

The last conversation addressed the critical issue of the loss and decline of civic space in South Asia, highlighting the urgent need to address the challenges in regaining fundamental rights. Key topics included the essential aspects of freedom of expression, assembly, and association, which form the cornerstones of civic space. The discussion sought to engage participants in a dialogue about the barriers to civil liberties and the strategies needed to overcome them, emphasizing the importance of collaborative efforts in the pursuit of democratic values and human rights.

## Civil Society in Pakistan

### Role of Civil Society

Civil society plays a crucial role in safeguarding dignity, freedom, and well-being, particularly in regions where these values are under threat. In Pakistan, civil society organizations (CSOs) have long advocated for human rights, democracy, and social justice, acting as a beacon of hope for marginalized communities.

### Pro-Democracy Movements

Despite restrictions on civil liberties, Pakistan's civil society has persistently challenged oppressive systems through various movements, including:

### Civil Society Movements in Pakistan

- Women's Action Forum (WAF): Founded in 1981, WAF has been at the forefront of feminist activism, challenging discriminatory laws and advocating for gender equality and women's rights.
- Lawyers' Movement (2007-2009): This movement successfully fought for the reinstatement of Chief Justice Iftikhar Chaudhry, defending judicial independence and the rule of law.
- Pashtun Tahafuz Movement (PTM) and Student Movements (Since 2018): PTM advocates for the rights of Pashtuns against state violence, while student movements demand the revival of student unions and educational reforms.

### Legal and Political Challenges

- Prevention of Electronic Crimes Act (PECA) 2016: Used to criminalize online dissent and grant authorities broad surveillance powers, limiting freedom of expression.
- Citizens Protection Against Online Harm Rules 2020: Imposes stringent controls on social media platforms, enabling censorship and surveillance of digital activism.
- Censorship and Media Crackdowns: Independent media faces suppression through intimidation, shutdowns, and enforced disappearances of journalists critical of the state.



**Marvi Sirmed**



**Ruki Fernando**





### **Impact on Media and Journalism**

- Financial Threats and Bans: Traditional media outlets face financial pressures and outright bans, undermining their independence.
- Suppression of Journalism: Censorship and intimidation limit public discourse and restrict access to accurate information.
- Restrictions on International NGOs: Stringent regulations have led to arbitrary rejections and forced closures of organizations like ActionAid and the Open Society Foundation.

### **Harassment and Intimidation**

- Atmosphere of Fear: Arbitrary arrests, forced disappearances, and extrajudicial killings create fear, leading to widespread self-censorship.
- Threat to Democracy and Human Rights: The suppression of civil society and media weakens their role as watchdogs, endangering democratic principles and human rights protections.

### **International Relations and Support**

- Isolation from Global Community: Restrictive measures hinder international cooperation, weakening civil society's capacity to advocate for change.
- Resilience of Civil Society: Despite challenges, civil society remains active and resilient, highlighting the importance of collective action to reclaim civic space.



**Bhavani Fonseka**

### **Civic Space in Sri Lanka**

#### **Authoritarian Governance and National Security**

- Executive-Heavy Governance: Sri Lanka's centralized governance model supports a militarized approach that curtails civil liberties.
- Prevention of Terrorism Act (PTA): Used to suppress protests and silence dissent, especially during the economic crisis.

#### **Use of Health Crises to Limit Freedoms**

- Lockdowns as Control Mechanisms: COVID-19 lockdowns were leveraged to restrict freedoms under the pretext of public safety.
- Silencing Dissent: Critics of state narratives were labeled as traitors or terrorists, deterring public criticism.

#### **Restrictive Legal Framework**

- Protest and Social Media Restrictions: Emergency and anti-terrorism laws limit protests and regulate digital platforms.
- Online Safety Act: Raises concerns about digital censorship, particularly after the citizen protests of 2022.

#### **Weak Checks and Balances**

- Executive Overreach: The absence of strong independent institutions enables unchecked executive power.
- Limited Judicial Activism: Judicial interventions exist but are insufficient to counteract government control.

#### **Resilience of Civil Society**

- Continued Resistance: Civil society and media persist in challenging authoritarianism despite significant constraints.



**Smriti Singh**



- Historical instances of activism (1970s–1990s) highlight the ongoing role of citizen mobilization in holding the government accountable.
- The public mobilization of 2022 demonstrated the continued commitment to civic engagement and rights protection.

### **Future Challenges and Opportunities**

- State Surveillance and CSO Restrictions: Increasing surveillance and restrictions on civil society organizations threaten civic freedoms.
- Persistent Activism: Despite challenges, ongoing activism provides hope for restoring democratic governance and human rights in Sri Lanka.

### **Regional and Global Trends**

- Authoritarian Practices in South Asia: Governments in the region use repressive laws, like UAPA in India and the Digital Security Act in Bangladesh, to suppress dissent.
- Geopolitical Challenges: Double standards in international human rights mechanisms, influenced by geopolitical interests, undermine global human rights protections.

### **The Need for a Whole-of-Society Approach**

- Broader Engagement Needed: Protecting civic space requires participation beyond CSOs, including public support and an informed citizenry.
- Collective Resistance: Public awareness and collective action are crucial for resisting restrictions on civic freedoms.

### **Shifting Definitions of Civic Space**

- Changing Civic Spaces: The concept of "shrinking civic spaces" is evolving to "changing civic spaces," reflecting governance adaptations and the rise of authoritarian regimes



## Key Action Points and Recommendations

### Collective Action and Learning

- Regional Collaboration: Strengthening collaboration among CSOs helps develop adaptive strategies for navigating changing political landscapes.
- Learning from Resistance Movements: Drawing lessons from successful resistance movements supports effective counter-strategies against repression.

### Role of Public Engagement

- Media Engagement: Enhancing media involvement helps create an informed public that can critically engage with democratic processes.
- Active Citizenship: Encouraging citizen participation strengthens democratic systems and resists authoritarianism.

### Continued Dialogue

- Ongoing Civic Discussions: Continuous dialogue on civic space enables coordinated and strategic responses to repression.
- Multi-Sectoral Engagement: Involving diverse sectors is crucial for addressing complex challenges related to shrinking civic spaces.

### Conclusion

Despite growing restrictions, civil society in South Asia remains resilient. Through regional cooperation, legal advocacy, and public engagement, there is hope for reclaiming civic spaces and safeguarding democratic values.





# CLOSING REMARKS

DR. UNNI KRISHNAN KARUNAKARA

Dr. Unni Krishnan Karunakara, Former MSF International President & Senior Fellow at the Global Health Justice Partnership, Yale Law School, presented a comprehensive analysis of the significant challenges facing the global landscape today. He described the current environment as a post-liberal world characterized by apocalyptic nationalism, ethno-religious militancy, democratic backsliding, declining multilateralism, and retreating globalization.

Dr. Karunakara highlighted that liberal values, including human rights and secular democracy, are no longer dominant forces in shaping societal and political structures. The rise of national security concerns and the process of securitization have resulted in the erosion of civil liberties and the emergence of authoritarianism. He pointed out that during the worst health crisis in a century; countries abandoned free trade in favor of protectionism and profiteering. Consequently, marginalized populations feel that globalization has failed to deliver on its promises of solidarity and prosperity for all.

He identified several global challenges as "wicked problems," which include climate change, migration, universal access to affordable healthcare, and social justice. These issues are complex and multifaceted, often resisting straightforward solutions. Dr. Karunakara emphasized that these problems are ill-defined, socially complex, and carry a high potential for negative consequences. Addressing them requires sustained commitment and innovative approaches, as traditional methods frequently fall short.

## The Need for Political Solutions

Reflecting on a point raised by Ravi Rannan-Eliya, Dr. Karunakara underscored the importance of addressing underlying challenges rather than just symptoms. He quoted Sadako Ogata, former head of UNHCR, stating, "There are no humanitarian solutions to humanitarian problems. The solutions are political." He stressed that effective solutions demand global political will and that true peace can only be achieved when security conditions are met—when conflict ceases, health workers are safe, and vulnerable populations have access to healthcare.



**Dr Unni Krishnan  
Karunakara**



### Impact of Conflict on Health Services

Dr. Karunakara discussed the severe impact of conflict on healthcare services. He emphasized that the absence of healthcare and the deliberate exclusion of communities from education erode the social fabric, leading to increased insecurity. He noted that regimes often attack health services and health workers to destroy safe spaces. Additionally, he highlighted the lasting impacts of using rape and starvation as weapons of war, as noted by Dr. Radhika Coomaraswamy, making life sustenance impossible under such conditions.

### Migration as a Human Right

Migration was described as an intrinsic aspect of the human experience, historically serving as an adaptive strategy against conflict, natural disasters, and climate change. However, contemporary migration is regulated by restrictive global rules, such as the Refugee Convention, often designed to prevent or limit movement. Dr. Karunakara pointed out the criminalization of migration, including humanitarian acts like rescuing drowning individuals, as a broader issue of injustice.

### Exploitation and Risk to Vulnerable Communities

The exploitative and extractive consequences of current geopolitical conflicts, including those in Congo, Ukraine, and Gaza, place communities—especially women and children—at extreme risk. He referred to the historical context of HIV/AIDS treatment access in Africa, where access to necessary medications was virtually non-existent at the turn of the century. A coalition of students, activists, and advocates successfully challenged governments and pharmaceutical companies to ensure access to affordable treatment, leading to significant progress over two decades.





## Shrinking Civic Spaces

Dr. Karunakara warned of the global threat to civic spaces, whether in flawed democracies like India, single-party capitalist states like China, or authoritarian regimes like Russia. He noted a concerted effort to stifle dissent and silence voices that challenge state narratives, highlighting that civil society represents the new frontiers of warfare.

## The Dilemma for Humanitarian Agencies

Humanitarian agencies face a critical dilemma: whether to exit hostile environments or transition from merely bearing witness to providing services. Dr. Karunakara expressed that this shift often leads to a departure from moral humanitarianism towards a more technical approach, which can sacrifice core humanitarian values.

Dr. Karunakara emphasized the necessity for international humanitarians to reflect on their power and privilege. He raised an important question regarding the need to make space for localized forms of compassion that prioritize values beyond neutrality and impartiality. Humanitarian agencies must cede power and space to remain relevant and encourage more democratic actions.

In concluding his remarks, Dr. Karunakara noted that humanitarianism often signifies failure, emerging when societies cannot resolve conflicts or when governments neglect the needs of their populations. It becomes an essential civil society action when politics falter. He expressed hope in the resilience shown by young activists advocating for sustainable futures and standing up for Palestine. Quoting John Higgs, he concluded: "Pessimism is for lightweights. To give up requires knowledge that the darkness won't affect your daily life too badly."



