



## Public Health Law News

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### Profile in Public Health Law: Janet Fleischman

**Title: Senior Associate, Global Health Policy Center at the Center for Strategic & International Studies**

**Education:** BA, Brandeis University

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**Public Health Law News (PHLN):** Please describe your career path and what drew you to global health policy.

**Fleischman:** I began my career in international human rights at Human Rights Watch. In the 1990s, as a researcher in the Africa division and then as Washington Director for Africa, I heard the rising alarm about the ravages of the HIV/AIDS crisis in a number of African countries. Through my human rights work, I saw that the epidemic was exacting a particularly devastating toll on women and girls and that the abuse and discrimination they suffered was both a cause and consequence of their HIV status. In 2002, I traveled to Zambia for research on human rights issues related to adolescent girls and HIV, where I documented the abuses they faced—from discrimination in access to education to sexual violence and coercion. Soon thereafter, I was asked by the Center for Strategic & International Studies (CSIS) to help launch the gender and HIV work for the CSIS HIV/AIDS Task Force, which was cochaired by then-senators Bill Frist and John Kerry, before the President’s Emergency Plan for AIDS Relief (PEPFAR) even existed. The US policy environment changed dramatically in 2003, when President George W. Bush launched PEPFAR, and I began to focus on ensuring that PEPFAR included gender strategies and programs to address the needs of women and girls.

In the intervening years, I have worked on a range of gender-related global health and rights issues, including HIV, family planning/reproductive health, maternal child health, gender-based violence, adolescent girls/young women, humanitarian crises, and US policy. In addition to CSIS, I’ve been a consultant to various organizations, such as the United Nations Joint Program on HIV/AIDS (UNAIDS), the United Nations Development Program (UNDP), the Kaiser Family Foundation, CARE, Pathfinder, and Together for Girls, among others.

**PHLN:** What is the CSIS Global Health Policy Center?

**Fleischman:** The CSIS Global Health Policy Center is a policy research institution focused on building bipartisan awareness about global health and its importance to US interests. It works with a range of stakeholders to make US global health efforts more strategic and sustainable and has played a key role in shaping US global health efforts by working with policymakers, partnering with experts in developing countries, and convening influential, high-level working groups, like the HIV/AIDS Task Force and the CSIS Task Force on Women's and Family Health.

**PHLN:** What is your role?

**Fleischman:** I am a senior associate and lead the work on women and girls. This includes a range of activities: policy analysis; convening public and private events with women leaders and civil society activists, program implementers, and policy makers from the United States and other countries; conducting research missions and leading congressional staff and other delegations; producing written reports and articles, as well as podcasts and videos; and speaking publicly about women's and girls' global health issues.

**PHLN:** What is the relationship between human rights and public health?

**Fleischman:** Around the world, a lack of respect for human rights directly impacts public health. This is especially evident for vulnerable or marginalized groups, when harmful policies or discriminatory practices block access to appropriate information and services, which increases the risks of adverse health outcomes. The connection between health and rights is apparent in areas like gender-based violence, reproductive health, and HIV services for key populations—men who have sex with men, transgender people, sex workers, people who inject drugs, and prisoners. The global fight against HIV, often propelled by nongovernmental and community organizations and civil society leaders, has shined a bright spotlight on how the health and rights issues are intertwined, with issues such as stigma and discrimination, gender inequality, and legal barriers both increasing HIV risk and often driving those in need of services underground. In humanitarian and crisis settings, the human rights abuses faced by women and girls—including rape, sexual violence, and exploitation—often result in severe health and psychosocial consequences. Understanding these connections between human rights and public health is critical for advancing global health.

**PHLN:** Your work focuses on the conditions of women and girls in public health, humanitarian, and crisis settings. Why is it so important to use a gender lens when forming policy?

**Fleischman:** There's been increasing global attention to the importance of addressing the needs of women and girls and advancing gender equality in order to reach US health and development goals. This message has been elevated by such voices as Malala Yousafzai, Michelle Obama, Graça Machel, Melinda Gates, and Dr. Tedros Adhanom Ghebreyesus,

among many others. Evidence from around the world shows that when women and girls are healthy, educated, and employed, their families and communities are healthier and more prosperous, and the women become skilled and productive leaders. Yet too often, the needs of women and girls are not prioritized, putting them at risk of multiple adverse consequences—unintended pregnancy, child marriage, gender-based violence and exploitation, and HIV, as well as dropping out of school and being denied economic opportunities. This then undermines prospects for improving health outcomes and economic development.

A gender lens is also critical in humanitarian and fragile settings. The challenges are magnified by the changing nature and unprecedented scale of displacement, with some 34 million women and girls of reproductive age in emergency settings often explicitly targeted with rape and sexual violence as a weapon of war. These realities are consistently underreported, which worsens the impact and trauma on survivors and communities and undermines prospects for women to contribute to longer-term resilience and stability.

Data and operational research require a gender lens to assess the risks and vulnerabilities that women and girls face at different ages, in different settings, whether they are in or out of school, and married or not. So ensuring that a gender lens is applied from the outset to policy development and program design, implementation, and evaluation leads to more inclusive and sustainable results.

***PHLN:*** Can you talk a little bit about why using this lens is especially relevant for adolescent health?

***Fleischman:*** Adolescent girls around the world face particular risks and vulnerabilities related to harmful gender norms and other social, cultural, and economic factors that fuel discrimination and violence against them. Barriers to health information and services, especially related to family planning and reproductive health, increase their risk of unintended pregnancy, unsafe abortion, and HIV and sexually transmitted infections, and contribute to them dropping out of school, especially secondary school. Despite talk about the importance of “youth friendly” clinics in countries around the world, it is rare to find a place where adolescent girls are not judged by healthcare providers if they are sexually active or if they are resisting cultural practices or gender norms. Addressing the issues they face requires engaging them directly in program design and implementation, establishing safe spaces where they can meet with their peers and get information and services, and investing in data and research to close the gaps in implementation. Data has to be disaggregated by age and sex, and the results of research should be used to inform strategies, legal and policy frameworks, and programs designed to meet their specific needs.

**PHLN:** What are you currently working on at CSIS?

**Fleischman:** I am currently working on several projects related to women's and girls' global health and US policy. One project, the CSIS Women's Health Policy Forum, focuses on ensuring continued bipartisan support for women's health and international family planning and has looked at areas such as linkages between women's economic empowerment and access to women's health services. Another project is looking at women and girls in humanitarian and crisis settings, under the auspices of the CSIS Commission on Strengthening America's Health Security. This project is focused on the need to prioritize women's and girls' health and protection in acute and protracted crises, including access to family planning, maternal health, and prevention and response to gender-based violence. And following up on my visit to South Africa in February, I am continuing my work on adolescent girls/young women and HIV.

**PHLN:** Can you please describe the HIV/AIDS situation in South Africa, and why HIV should still be considered a crisis?

**Fleischman:** South Africa is the epicenter of the HIV pandemic. It is home to 20 percent of the world's people living with HIV and has the largest HIV epidemic in the world. Especially troubling are areas of "hyper-endemic" HIV epidemics, with HIV prevalence over 15 percent. In some communities in KwaZulu-Natal, prevalence for young women is over 60 percent—simply staggering figures. Whether or not South Africa is able to turn the tide on this epidemic will have enormous implications not only for its own population but also for the region and the rest of the world. Yet HIV is not being treated as a crisis in South Africa, and the rising complacency—especially among young people—is alarming.

That said, after years of denial, the South African government now finances close to 80 percent of the HIV response and provides some 4 million people with life-prolonging antiretroviral treatment. This commitment is unparalleled in sub-Saharan Africa. The problem is that treatment scale-up has stalled, and while new infections have been reduced, the rate is not fast enough to get ahead of the epidemic.

**PHLN:** Why are young women particularly vulnerable to contracting HIV/AIDS in South Africa? Is this vulnerability unique to young women in South Africa?

**Fleischman:** The numbers are stark—adolescent girls and young women account for one-third of the nearly 4,500 who are infected with HIV every week in South Africa. This disproportionate impact is fueled by social, cultural, and economic factors, including high rates of teenage pregnancy and sexually transmitted infections, an epidemic of gender-based violence and intimate partner violence, lack of quality education, and widespread poverty and unemployment.

These issues are not unique to South Africa. Adolescent girls and young women face acute risks in high burden countries around the world, and especially in east and southern Africa. In response to these realities, PEPFAR launched the DREAMS initiative, which stands for Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe. Now

operating in 15 countries, DREAMS is a public-private partnership aimed at reducing incidence of HIV among adolescent girls and young women through services that are “layered” to address their needs more comprehensively.

***PHLN:*** Is there anything else you would like to add?

***Fleischman:*** This is a critical time in US policy, and the importance of investing in women’s and girls’ health and development has never been more important.