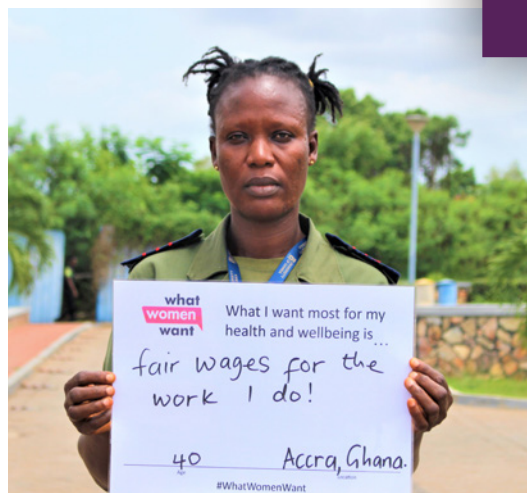
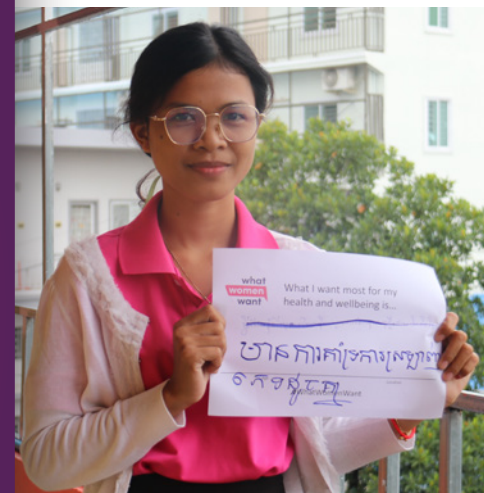




BEYOND THE SUM OF OUR (BODY) PARTS

A Call to Action from Women and Girls



ACKNOWLEDGMENTS

Beyond the Sum of our (Body) Parts: A Call to Action from Women and Girls is brought to you by the more than **one million women and girls who bravely and boldly shared demands for change** as part of the *Women's Health and Well-being: Listening Across the Life Course* campaign.

Campaign partners in focus countries and communities that provided safe and supportive spaces for women and girls to voice their demands include: Child Helpline Cambodia, Child in Need Institute, Coalition of Services of the Elderly, Inc., Consortium of Reproductive Health Associations, Deprived Single Mothers Assistance Scheme, DIYA Foundation, Equidad de Genero, Forum for Women Development and Research, Generation Initiative for Women and Youth Network, HelpAge India, Le Collectif Dafadoy, Muthande Society for the Aged, Nigeria Health Watch, Red Cross Serbia, Sex Workers Education & Advocacy Taskforce, SOS Jeunesse & Défis, and White Ribbon Alliance Kenya.

Instrumental contributions and guidance were provided by campaign co-chairs, Merette Khalil and Diana Copeland, and the following advisors: Aissatou Sene, Amal M, Anupama Datta, Armando Franco, Ben Abdoul Azize Sawadogo, Clarisse Aquino, Elsie Gaisie-Ahiabu, Eugene

Van Rooyen, Kim Vitolo, Kristy Kade, Mariam Amin, Marina Kabou, Rafia Rauf, Safiya Isa, Samantha Silva, Sandra Mwarania, Sean Phay, Simangele Khanyile, Sujoy Roy, Sybil Nmezi, Trisha Saikia, Uros Smiljanic, and Yenew Berhan.

The campaign received generous support from Organon, MSD for Mothers, Gates Ventures, Hewlett Foundation, and the Bill and Melinda Gates Foundation.

Technical guidance from the World Health Organization's Department of Maternal, Newborn, Child and Adolescent Health and Ageing played a vital role in shaping both the campaign and agenda. The campaign also drew inspiration from the 2018 campaign "What Women Want: Demands for Quality Healthcare from Women and Girls", coordinated by the White Ribbon Alliance.



INTRODUCTION

Women and girls, as the foremost experts on their own lives and experiences, possess unique insights as to what is needed to improve their health and well-being.

Meaningful engagement with those voices by leaders, decision-makers, and other stakeholders could result in policies and programs that better align with women's needs, services that are more effectively utilized, and increased movement on key health and gender indicators.

Unfortunately, most women and girls are rarely consulted when decisions are being made about their bodies, health, or minds. The absence of their voices is a recurring factor in the failure of many policies, programs, and Sustainable Development Goals (SDGs).

In April 2023, more than 20 partners, spanning community-based organizations, businesses, and donor agencies, challenged the conventional top-down, siloed agenda-setting paradigm, through the Women's Health and Well-being: Listening Across the Life Course campaign. They actively sought the opinions of over one million women from 14 countries regarding their priorities for their health and well-being.

These one million women represent many backgrounds, races, ethnicities, occupations, socio-economic status, beliefs, and abilities. Their responses form a mosaic, reflecting the richness of their diversities and intersectional identities.

When examined collectively, their answers resoundingly reject the consistent fragmentation of women's health into body parts, reproductive functions, or diseases in need of fixing.

Women want, need, and deserve comprehensive systems that respond to their lives, and enable both them and their communities to succeed. They are still calling for fundamental rights: Accessible healthcare that does not plunge them into poverty (428,318 women). A pathway to financial independence, enabling various other forms of freedom (313,872 women). Basic necessities like food and rest (225,178 women).

This holistic agenda for women's health and well-being honors their voices, by recognizing that there is no sexual and reproductive health or rights (SRHR) without universal health coverage (UHC), economic justice, or climate justice. These elements are inseparable; one cannot exist without the other.

Every day, countless women and girls move through a world that undermines their capabilities, challenges their knowledge, and discourages them from articulating and pursuing their desires.



Through these million plus demands of women across continents and ages, a resounding message emerges: Women's health and well-being requires systematic transformations to health, food, social, political, and economic systems.

Let's heed their call with actionable steps.

Lets make their agenda everyone's agenda.

Let's use their demands as the foundation for a new paradigm for holistic women's health and well-being.

BEYOND THE SUM OF OUR (BODY) PARTS: A CALL TO ACTION



Deliver universal health coverage:

Provide high-quality and person-centered services, that respectfully respond to women and girls, in all their diversity, and without pushing them into poverty. Make health facilities accessible, equipped, and sufficiently staffed.



Invest in women:

Create and sustain meaningful and safe work opportunities and environments. Support pathways to women's economic empowerment through pre-professional education, vocational training, and lifelong learning.



Ensure women can feed themselves and their families:

Promote gender and age-responsive policies and programs that enable adequate nutrition and food security, as well as promote women's physical activity and rest.



Power clean communities:

Improve hygiene and sanitation conditions, including making clean water available, from health facilities to rural communities. Invest in affordable, sustainable energy solutions, agriculture, and age and disability-friendly infrastructure.



Promote emotional well-being:

Destigmatize and expand mental health services for women across their lives. Enable women's self-care and self-advocacy and foster safe spaces for social support, connection, and networks.



Stand against all violence, discrimination, and harm:

including sexual, domestic, institutional, and elder abuse. Mainstream gender-transformative education and policies that promote safety across all levels of society.



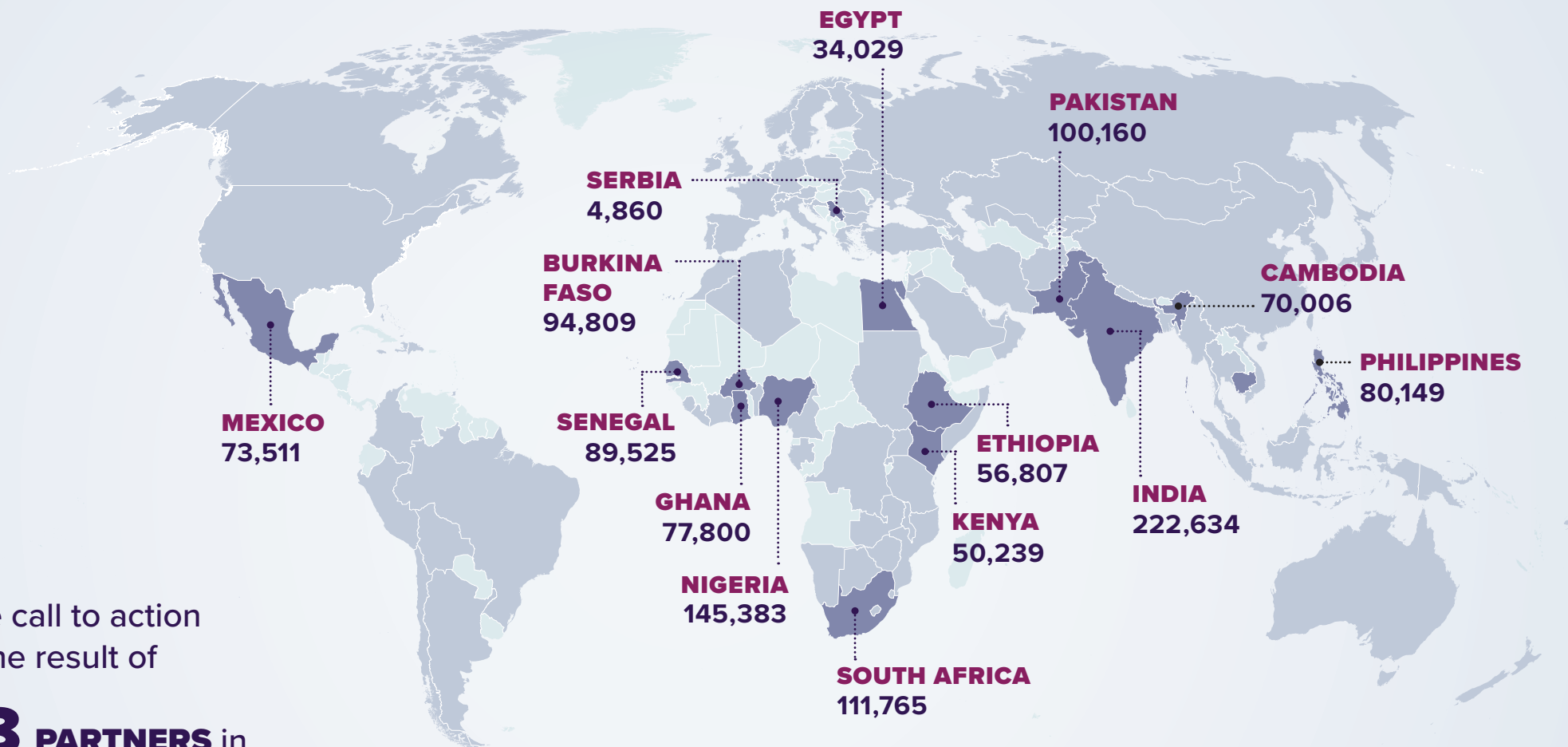
Expand women's autonomy and rights:

from their bodies to the highest levels of political participation. Strengthen civic engagement, establish policies that facilitate equality and accountability, and increase social protection and welfare programs.



Protect SRMNCH:

Ensure universal health coverage includes respectful, accessible, and comprehensive access to education, information, services, and supplies related to sexual, reproductive, maternal, newborn, child, and adolescent health.



The call to action
is the result of

18 PARTNERS in

14 COUNTRIES asking

1.2 MILLION

WOMEN AND GIRLS what they
want for health and well-being

Women are demanding more than
fragmented fixes – it's time for a
holistic approach to women's health.

TOP DEMANDS & SUB-DEMANDS



428,318

Health System

- Free, Affordable or Insured Healthcare: **36%**
- High Quality, Inclusive & Respectful Health Services: **28%**
- Fully Functional & Well-equipped Health Facilities: **24%**
- Health Workers: **12%**



313,872

Education & Economic Opportunity

- Work & Financial Support: **58%**
- Educational & Vocational Skills: **42%**



225,178

Physical Health & Nutrition

- Food & Adequate Nutrition: **64%**
- Physical Activity & Rest: **23%**
- Non-Communicable Diseases: **7%**
- Communicable Diseases: **4%**
- Cancer: **2%**



118,193

Environment & Infrastructure

- Water, Sanitation & Hygiene: **55%**
- Sustainable Energy & Agriculture: **23%**
- Transportation & Road Safety: **22%**



95,590

Mental, Emotional & Social Well-being

- Mental Health: **51%**
- Interpersonal Relationships & Social Support: **49%**



82,044

Freedom from Harm

- Safety: **78%**
- No Harmful Practices & GBV: **22%**



81,000

Power & Rights

- Autonomy, Equality & Empowerment: **53%**
- Policy & Social Welfare: **47%**



69,868

Sexual, Reproductive, Maternal, Newborn, Child & Adolescent Health

- Sexual & Reproductive Health: **47%**
- Maternal, Newborn, Child & Adolescent Health: **30%**
- Menstrual & Menopausal Cycles: **23%**

*45,920 responses are currently categorized as “other”.

How was the call to action developed?

Beginning in April 2023, hundreds of trained, local mobilizers, deeply embedded within communities, were deployed to listen to women and girls and gather responses in participating countries. Mobilizers worked for weeks at a time, often going door-to-door to share about the campaign and gather demands. Each encounter between woman and mobilizer was unique. Conversations were held in public marketplaces, others in private homes. Some occurred as large groups, with women sitting together and issuing a collective demand. It was about what worked best for individual women and their communities. What was always the same was the question: **“what do you want most for your health and well-being?”**.

Responses to this question were captured via digital means or paper-pen depending on the

mobilizing environment and individuals' comfort and preference. No matter how they were captured, all demands were transcribed and uploaded into an interactive, anonymous, purpose-built, and publicly available [demand dashboard](#). Designed to meet the highest standards of accessibility and available in over 200 languages, almost anyone, anywhere can search the dashboard by country, age, or category.

Informed by qualitative research principles, using both inductive and deductive techniques, a two-part artificial intelligence (AI) process was leveraged to code open-ended responses into distinct categories within the dashboard. A custom-built natural language understanding (NLU) model first categorized responses into nine mother codes. Then all responses were run through another unique NLU model that included anywhere from three to six additional subcategories per mother code. This enables both snapshot and deep dive analysis opportunities to both local and global audiences in near real-time.

The dashboard protects user information, enabling women's and girls' own words to directly inform and influence advocates, politicians, and other decision makers to act, while enabling them to remain free from vitriol or exploitation common in digital spaces. All demands can also be downloaded enabling others to apply their own analysis and take subsequent action.

What do you want
most for your health
and well-being?

Creating one of the first 'feminist' AI tools:

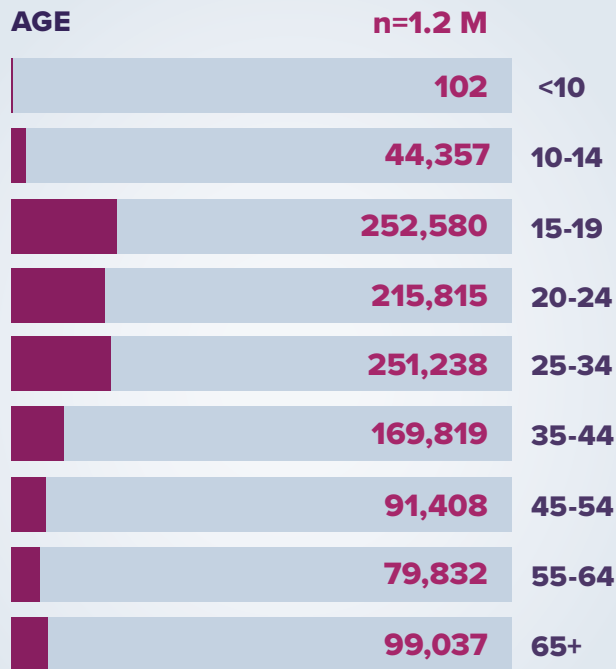
Leveraging the power of digital technologies, advances in integrated natural language understanding (NLU) and machine learning to augment the analysis, Fast Data Science and WRA Global (US501c3) together built one of the world's first women-powered AI tools.

This model is unique in that the majority of its inputs come from women and girls living in Global Majority countries and is among the first to capture women's diverse identities and demands with consideration for their age and geographic distributions. It's among the first of its kind within the fem-tech space to be used for advocacy and social change instead of market research, ads, or capitalistic consumption.

Initially designed and trained using a million women's 'voices', it categorizes women's responses to open-ended questions with a near 90% accuracy rate. As new partners, countries, campaigns, and women and girls continue to add to this ever expanding "library" of responses, the NLU becomes increasingly smart and dare we say more feminist!

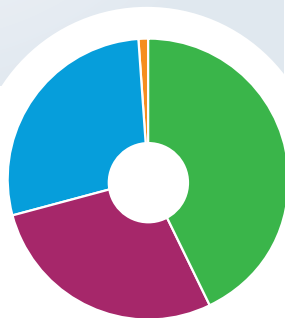


WOMEN'S & GIRLS' DEMOGRAPHICS



LIVING SETTING

- Urban: **43%**
- Rural: **28%**
- Prefer Not to Say: **28%**
- Conflict & Humanitarian Settings: **1%**



Threads of Hope: Ameer's Story

PAKISTAN

In the heart of Khalid Town, amid the bustling streets of Bahawalpur, Punjab, resides Ameer Jehan, a woman who has gracefully navigated six decades of life's trials and tribulations. Her life story is a rich tapestry interwoven with moments of both happiness and sorrow.

"Two of my sons experience both mental and physical disabilities." This fact alone serves as a testament to the formidable challenges she has confronted while nurturing her family. Amidst the trials, Ameer has ensured the well-being of her loved ones. "I engage in embroidery work on garments, which I then sell."

Her hands, honed by years of dedicated practice, create intricate designs on fabrics. "I have been pursuing this craft for the past two decades," she proudly declares. Ameer's embroidery is not merely a source of income; it stands as a testament to her unwavering determination.

"I earnestly wish to receive monthly financial assistance. This assistance is indispensable for the proper treatment



DEMAND: I want free medicine for my disabled children.

of my disabled children. Additionally, I seek financial support to expand my business."

The financial aid she seeks transcends mere convenience – it is a lifeline. "My children's regular need for medications is imperative. When funds are scarce, I am left incapable of procuring these essential medicines, and their health deteriorates significantly. My earnings from this business fall short of covering the costs of my children's medications and sustaining our household. Even with one of my sons working a private job, there are too many expenses."

Ameer's demand for financial assistance is not just a plea for help; it is a mother's fervent prayer to alleviate the suffering of her beloved children. She implores, "With the aid of financial assistance, I can prevent these impending issues."

TOP SUB-DEMANDS BY AGE

| 15–19 | 20–24 | 25–34 | 35–44 | 45–55 | 55–64 | 65+ |
|---|---|---|---|---|---|---|
|  Education & Vocational Skills |  Work & Financial Support |  Work & Financial Support |  Work & Financial Support |  Free, Affordable or Insured Healthcare |  Free, Affordable or Insured Healthcare |  Free, Affordable or Insured Healthcare |
|  Work & Financial Support |  Education & Vocational Skills |  Free, Affordable or Insured Healthcare |  Free, Affordable or Insured Healthcare |  Work & Financial Support |  Food & Adequate Nutrition |  Food & Adequate Nutrition |
|  Food & Adequate Nutrition |  High Quality, Inclusive & Respectful Health Services |  High Quality, Inclusive & Respectful Health Services |  High-Quality, Inclusive & Respectful Health Services |  Food & Adequate Nutrition |  Fully-Functional & Well-Equipped Health Facilities |  Fully-Functional & Well-Equipped Health Facilities |
|  Free, Affordable or Insured Healthcare |  Food & Adequate Nutrition |  Food & Adequate Nutrition |  Food & Adequate Nutrition |  High Quality, Inclusive & Respectful Health Services |  Work & Financial Support |  Work & Financial Support |
|  Fully-Functional & Well-Equipped Health Facilities |  Free, Affordable or Insured Healthcare |  Fully-Functional & Well-Equipped Health Facilities |  Fully-Functional & Well-Equipped Health Facilities |  Fully-Functional & Well-Equipped Health Facilities |  High Quality, Inclusive & Respectful Health Services |  High Quality, Inclusive & Respectful Health Services |



Education & Economic Opportunity



Health Systems



Physical Health & Nutrition

This campaign centered voices who often go unheard in their respective context, including but not limited to adolescent girls and older women, as well as women with disabilities, racial/ethnic minorities, LGBTQIA+ women, and Indigenous and displaced women. In some countries, women were also asked, “Which part of your identity most informs your answer”? The top cited answers included age, gender, and socioeconomic status; with most participants selecting more than one identity.

CAMPAIGN MOBILIZERS



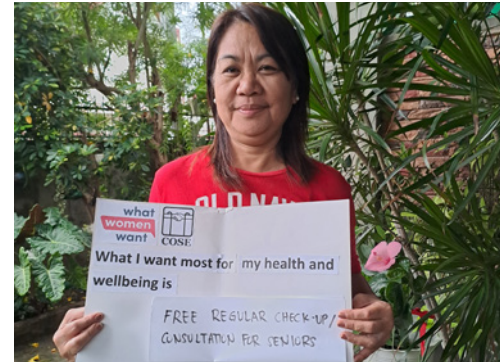
Child Helpline Cambodia

📍 CAMBODIA



Child In Need Institute

📍 INDIA



Coalition of Services of the Elderly, Inc.

📍 PHILIPPINES



Consortium of Reproductive Health Associations

📍 ETHIOPIA



Deprived Single Mothers Assistance Scheme

📍 GHANA



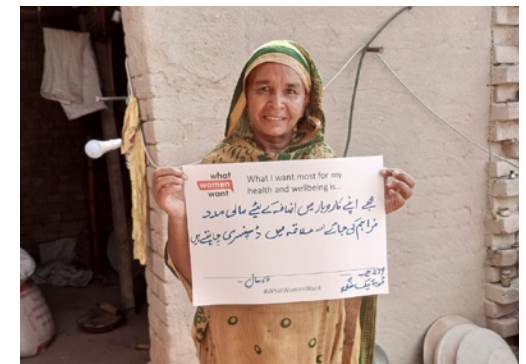
DIYA Foundation

📍 INDIA



Equidad de Género

📍 MEXICO



Forum for Women Development & Research

📍 PAKISTAN

A Healing Conversation: Mobilizing Women's Voices in Jalisco

Equidad de Género | Diana Rubio

📍 MEXICO

I decided to be a mobilizer because of the potential the campaign had. Being a mobilizer has been quite enriching and, above all, healing. At first, I didn't realize the importance for women of being asked about their needs regarding their health, their work, or why they felt they didn't have good access to healthcare. I heard them say things like, they were surprised at first that I asked them these questions, and then they would say they had never told anyone this before or they had never thought about it. This was hopeful for me because it meant giving them a voice, and in turn, it felt like a kind of collective healing for all women.



It's always enriching to listen, to hear women, and to hear ourselves, in something as simple as asking a couple of questions.



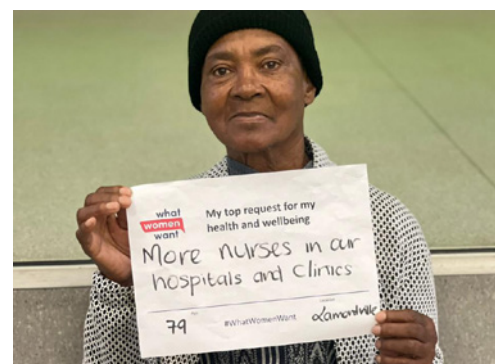
HelpAge India

📍 INDIA



Le Collectif Dafadoy

📍 SENEGAL



Muthande Society for the Aged

📍 SOUTH AFRICA



Nigeria Health Watch

📍 NIGERIA



Red Cross Serbia



Sex Workers Education & Advocacy Taskforce



SOS Jeunesse & Défis



WRA Kenya





BURKINA FASO

TOP DEMANDS



Health Systems

- 24%** Free, Affordable or Insured Healthcare
- 17%** High Quality, Inclusive & Respectful Health Services
- 12%** Fully-functional & Well-equipped Health Facilities
- 10%** Health Workers



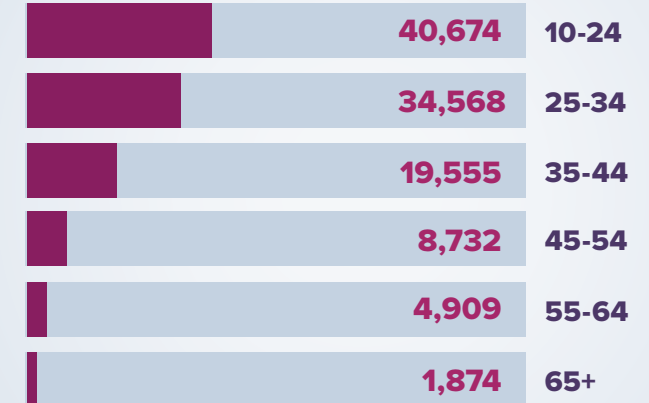
Physical Health & Nutrition

- 11%** Food & Adequate Nutrition



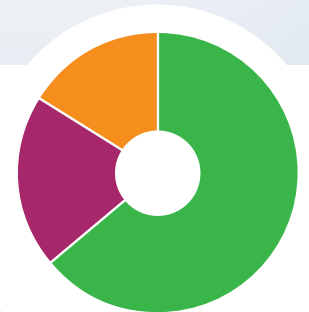
94,809 DEMANDS

AGE



LIVING SETTING

- Urban: 64%**
- Rural: 20%**
- Conflict & Humanitarian: 16%**



TOP DEMANDS



Education & Economic Opportunity

27% Work & Financial Support

10% Education & Vocational Skills



Health Systems

19% Free, Affordable or Insured Healthcare

12% High Quality, Inclusive & Respectful Health Services

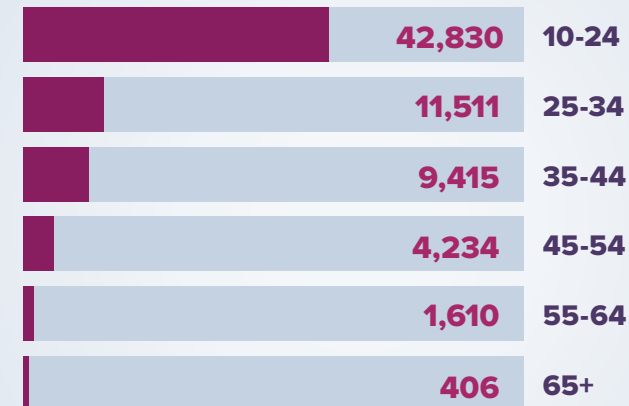


Physical Health & Nutrition

11% Food & Adequate Nutrition

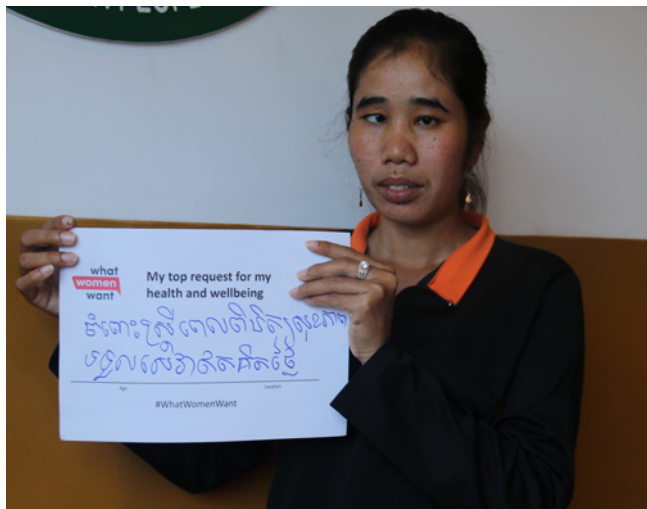
70,006 DEMANDS

AGE



LIVING SETTING

● Urban: **57%**
● Rural: **43%**



TOP DEMANDS



Health Systems

19% High Quality, Inclusive & Respectful Health Services



Freedom

16% Safety



Mental, Emotional & Social Well-Being

12% Interpersonal Relationships & Social Support

10% Mental Health



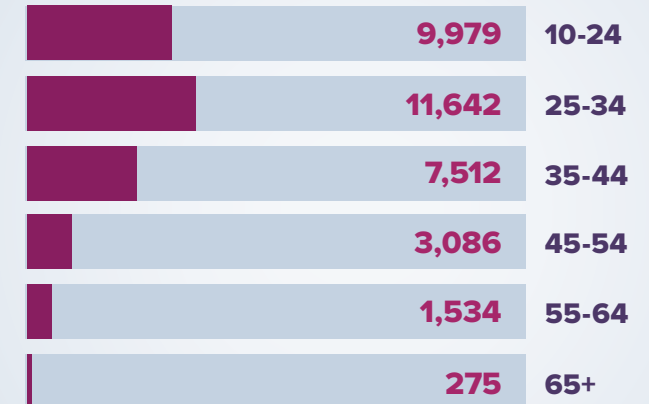
Education & Economic Opportunity

12% Work & Financial Support



34,029 DEMANDS

AGE



I want to have my work ‘business on wheels’. I’m really good with hand crafts & handmade bags. Even though I lost two fingers in my hand, I still can dazzle people with my work. I just wish I had the means to expand my reach & having better means than just on foot.

• **Woman**, 47 years old

TOP DEMANDS



Education & Economic Opportunity

16% Work & Financial Support

7% Education & Vocational Skills



Health Systems

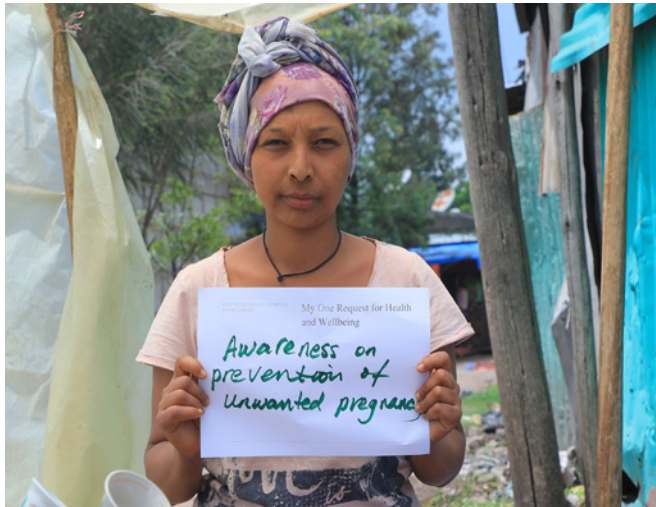
9% Free, Affordable or Insured Healthcare

9% High Quality, Inclusive & Respectful Health Services



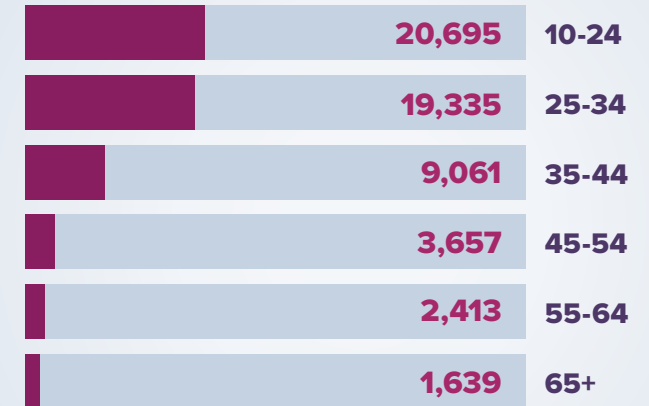
Physical Health & Nutrition

9% Food & Adequate Nutrition



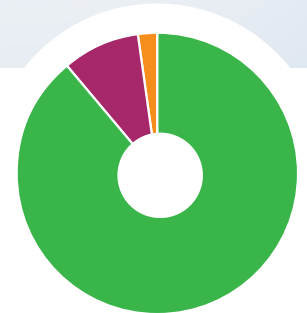
56,807 DEMANDS

AGE



LIVING SETTING

- Urban: **89%**
- Rural: **9%**
- Conflict & Humanitarian: **2%**



TOP DEMANDS



Education & Economic Opportunity

28% Work & Financial Support

15% Education & Vocational Skills



Health Systems

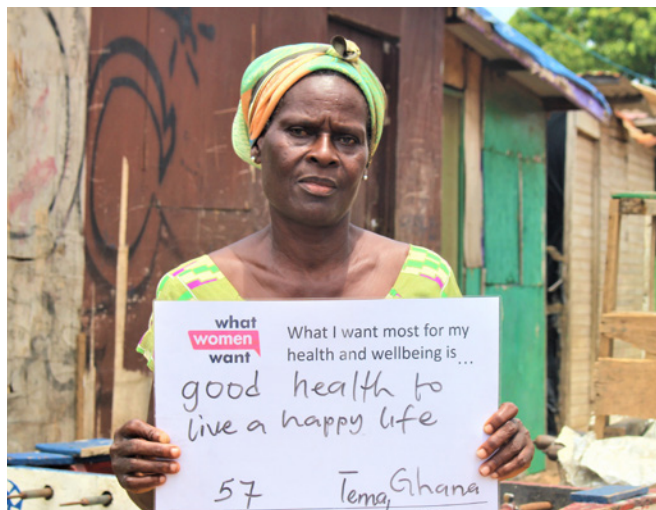
16% Free, Affordable or Insured Healthcare

7% High Quality, Inclusive & Respectful Health Services



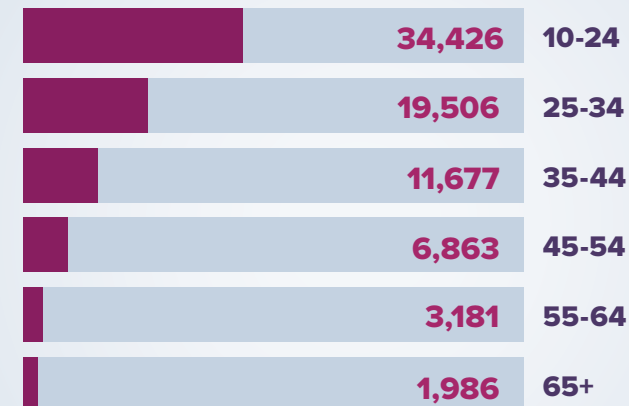
Physical Health & Nutrition

8% Water, Sanitation and Hygiene



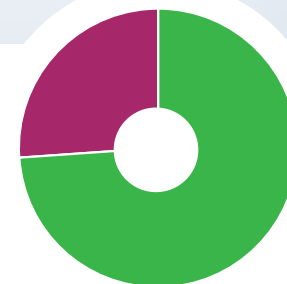
77,800 DEMANDS

AGE



LIVING SETTING*

-  Urban: **74%**
-  Rural: **26%**



**Based on 20% of respondents*

TOP DEMANDS



Education & Economic Opportunity

19% Education & Vocational Skills

14% Work & Financial Support



Freedom

9% Safety



Health Systems

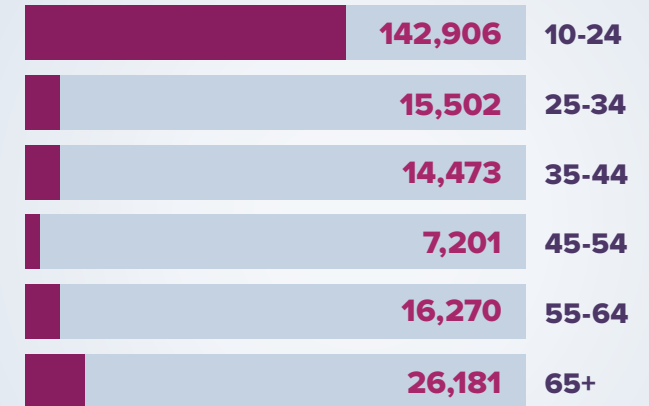
9% Free, Affordable or Insured Healthcare



Physical Health & Nutrition

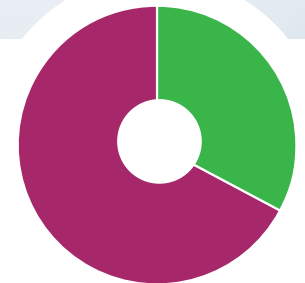
9% Food & Adequate Nutrition

AGE



LIVING SETTING*

- Urban: 33%
- Rural: 67%



*Based on 18% of respondents

TOP DEMANDS



Health System

16% High Quality, Inclusive & Respectful Health Services

12% Free, Affordable or Insured Healthcare



Education & Economic Opportunity

8% Education & Vocational Skills



Physical Health & Nutrition

8% Food & Adequate Nutrition

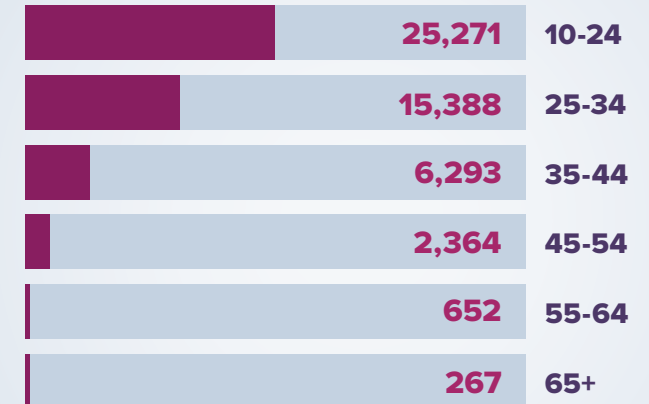


SRMNCH


7% Menstrual & Menopausal Cycles

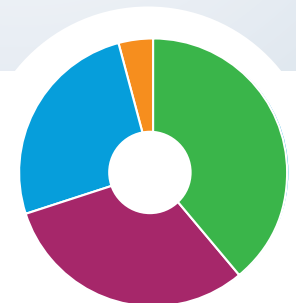


AGE



LIVING SETTING*

-  Urban: **39%**
-  Rural: **31%**
-  Other: **26%**
-  Conflict & Humanitarian: **4%**



**Based on 20% of respondents*

TOP DEMANDS



Education & Economic Opportunity

22% Work & Financial Support



Physical Health & Nutrition

19% Food & Adequate Nutrition

13% Physical Activity & Rest



Health Systems

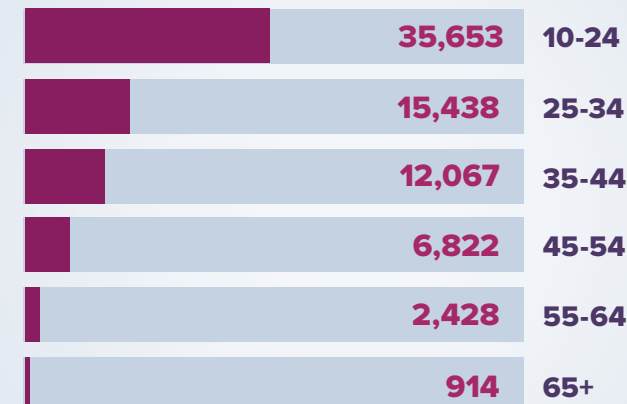
13% High Quality, Inclusive & Respectful Health Services



Mental, Emotional & Social Well-Being

12% Mental Health

AGE



That single mothers are given the opportunity to continue studying but for that, scholarships, agreements with care stays for our children are generated and also that there is really support from universities to fulfill our dreams.

• **Woman**, 39 years old

TOP DEMANDS



Education & Economic Opportunity

19% Work & Financial Support

10% Education & Vocational Skills



Physical Health & Nutrition

18% Food & Adequate Nutrition



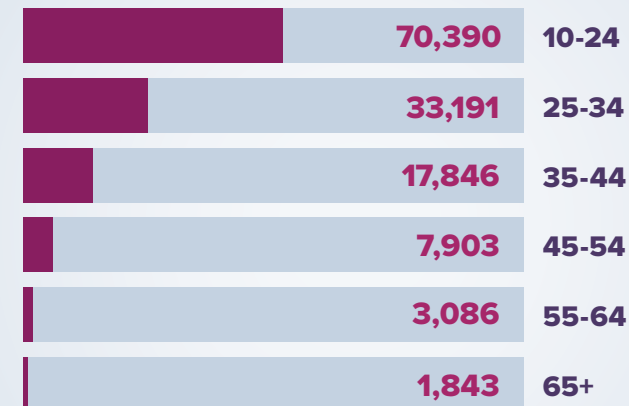
Health Systems

8% High Quality, Inclusive & Respectful Health Services

7% Free, Affordable or Insured Healthcare

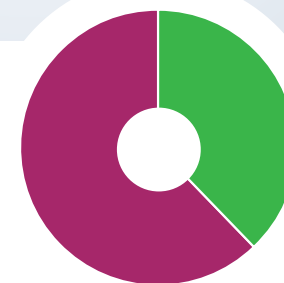
145,383 DEMANDS

AGE



LIVING SETTING*

- Urban: **38%**
- Rural: **62%**



TOP DEMANDS



Health System

29% Fully-functional & Well-equipped Health Facilities

18% Free, Affordable or Insured Healthcare



Physical Health & Nutrition

28% Food & Adequate Nutrition



Education & Economic Opportunity

25% Education & Vocational Skills

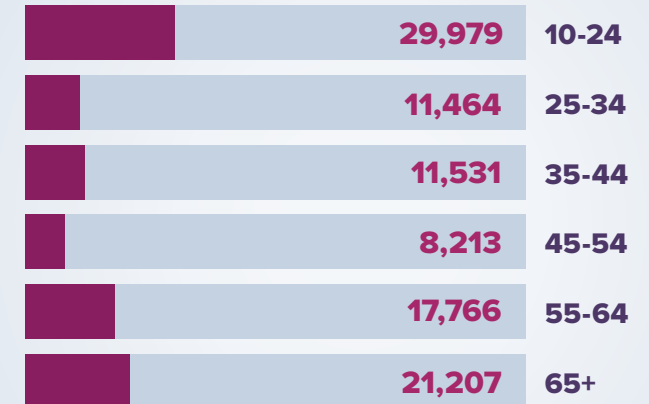


Environment & Infrastructure

16% Water, Sanitation & Hygiene

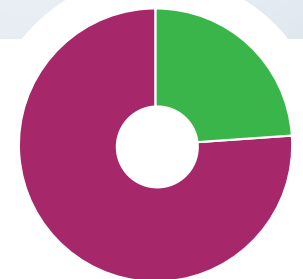
100,160 DEMANDS

AGE



LIVING SETTING

Urban: **24%**
Rural: **76%**



TOP DEMANDS



Health System

30% Free, Affordable or Insured Healthcare



Physical Health & Nutrition

17% Food & Adequate Nutrition



Education & Economic Opportunity

15% Work & Financial Support



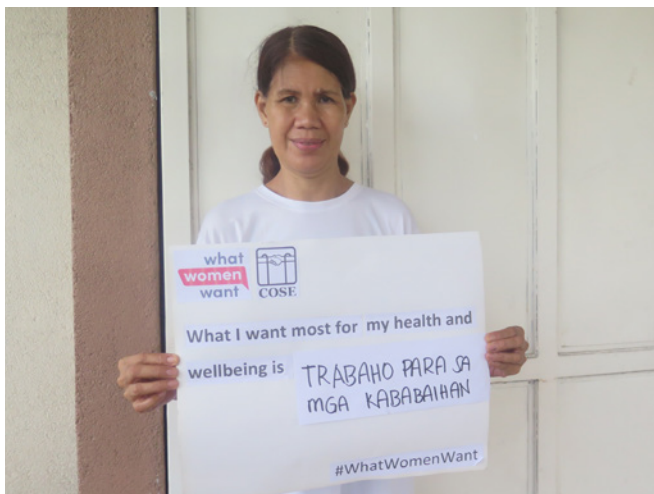
Freedom

7% No Harmful Practices & Gender-Based Violence



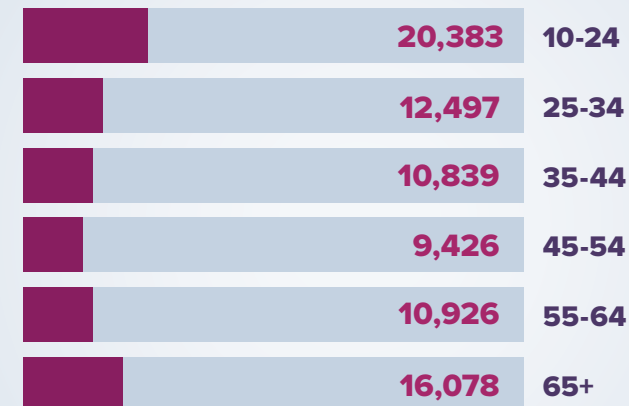
Environment & Infrastructure

5% Water, Sanitation & Hygiene



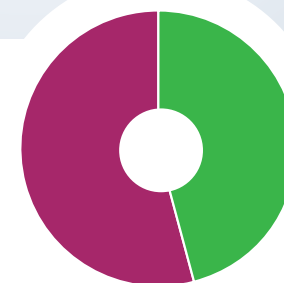
80,149 DEMANDS

AGE



LIVING SETTING*

-  Urban: **54%**
-  Rural: **46%**



**Based on 18% of respondents*

TOP DEMANDS



Health System

14% High Quality, Inclusive & Respectful Health Services

12% Fully-functional & Well-equipped Health Facilities

11% Free, Affordable or Insured Healthcare

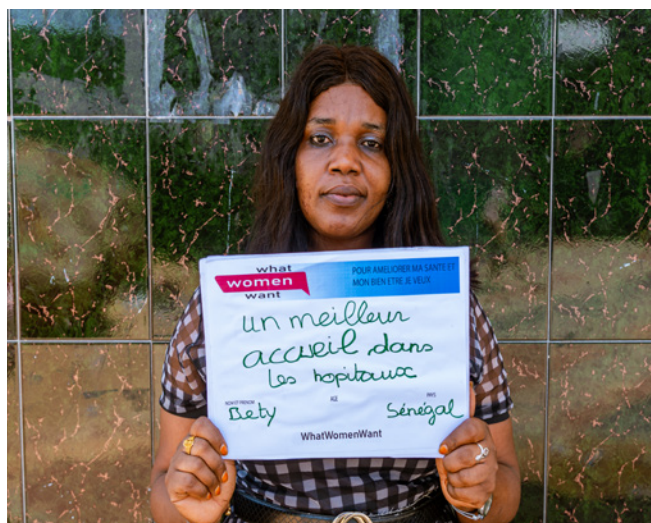
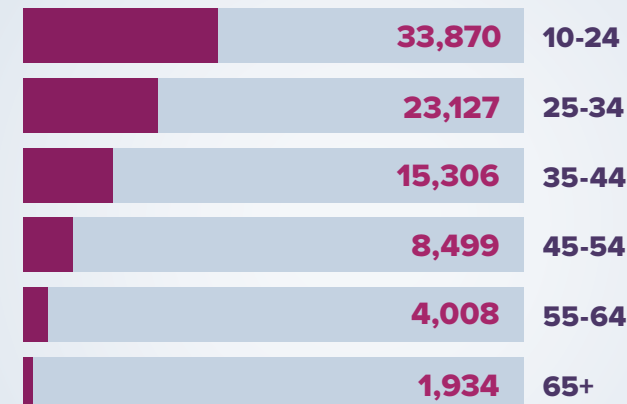
9% Health Workers



Physical Health & Nutrition

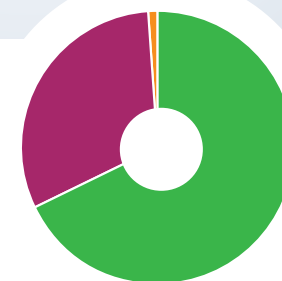
8% Food & Adequate Nutrition

AGE



LIVING SETTING

- Urban: **68%**
- Rural: **31%**
- Conflict & Humanitarian: **1%**



TOP DEMANDS



Health Systems

23% High Quality, Inclusive & Respectful Health Services

8% Fully-functional and well-equipped Health Facilities



Physical Health & Nutrition

8% Physical Activity & Rest



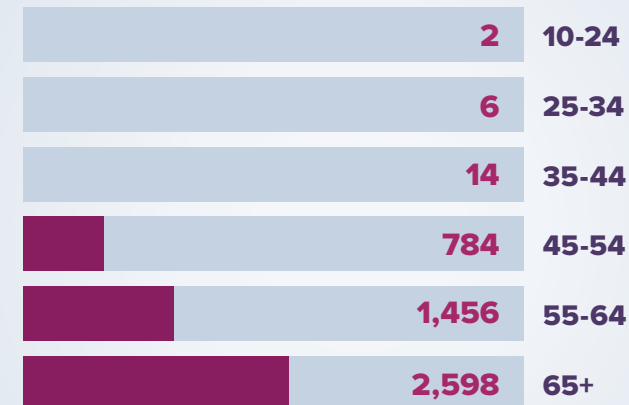
Mental, Emotional & Social Well-Being

8% Mental Health

7% Interpersonal Relationships & Social Support

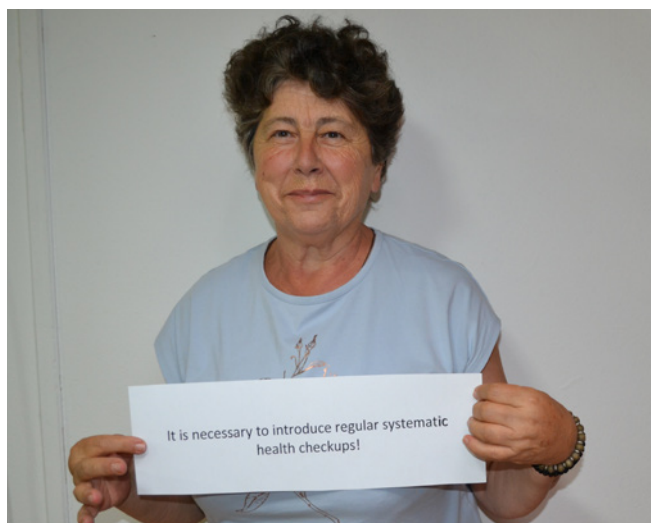
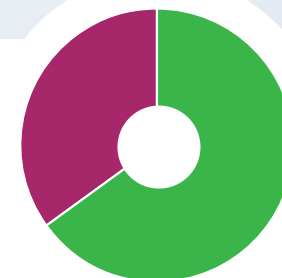
4,860 DEMANDS

AGE



LIVING SETTING*

● Urban: **65%**
● Rural: **35%**



TOP DEMANDS



Education & Economic Opportunity

14% Work & Financial Support



Health Systems

13% High Quality, Inclusive & Respectful Health Services



Freedom

10% Safety



Mental, Emotional & Social Well-Being

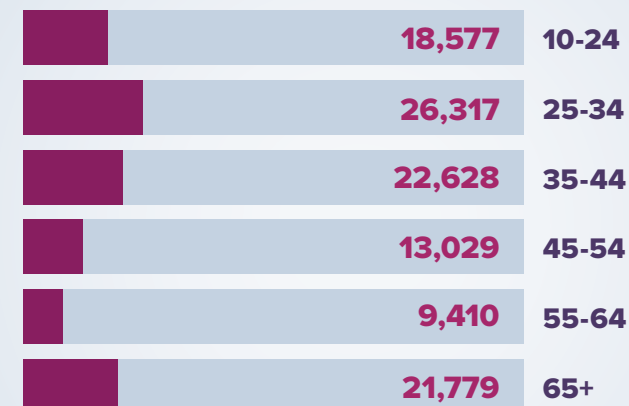
7% Mental Health



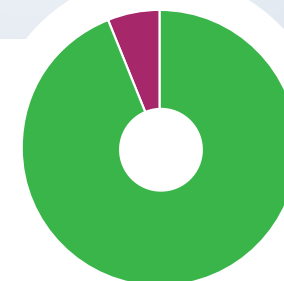
Power & Rights

7% Autonomy, Equality & Empowerment

AGE



LIVING SETTING*



CONCLUSION

By asking more than 1.2 million women and girls globally what they want most for their health and well-being, we've turned to the true 'experts' — the women themselves — to lead us.



Women continue to struggle, challenge, and thrive against gender-related inequalities which exacerbate their interface with the global economic crisis, intensified climate change, and various political instabilities. Once again, we return to women to guide us in bridging these gender gaps and fostering social change.

Aligned with a million plus voices, we call upon policymakers to prioritize a comprehensive, inclusive, and person-centered approach for the enhancement of women's health and well-being.

Now, is the time to listen respectfully, fully, and meaningfully, and honor their demands through timely and responsive action.

Explore the Women's Health and Well-being Listening Across the Life Course Dashboard

<https://explore.whiteribbonalliance.org/en/healthwellbeing>

**Ignoring the voices
of one million women
is not an option.**

**It's time for a powerful
paradigm shift in
women's health.**

Prepared by the WRA Global (501c3) team, including Molly Browning, Diana Copeland, Kristy Kade, Merette Khalil, Leanne Levers, Kim Vitolo, and Kim Whipkey and with agenda design from Jennifer Fox and Marissa Ware, the campaign benefitted significantly from the expertise of Thomas Wood and the team at Fast Data Science, and support from Michelle Emson of Women's March Global and Sanctuary Studios.

Beyond the Sum of our (Body) Parts: A Call to Action from Women and Girls is offered for educational or noncommercial purposes. Stakeholders are strongly encouraged to use it as a foundation for their advocacy efforts, recognizing the substantive contributions of many organizations, and notably, the more than one million women and adolescent girls who actively participated in its development.

