

# Policy on sexual and reproductive rights

## Background information

This brief examines how the Government of Canada can re-establish itself as a global leader on gender equality, sexual and reproductive rights and the advancement of human rights, more broadly.

In the past, Canada has had a strong reputation of being a leader on these issues. But in recent years, this reputation has diminished. Government of Canada spending on aid has plateaued at 0.24% Gross National Income (despite commitment to a minimum target of 0.7%), funding for women's rights organizations and gender specific projects has decreased significantly and many partners and countries have criticized Canada for adopting ideological stances on development issues, specifically around sexual and reproductive rights. In addition, there has been a general disengagement from global decision-making processes and a decrease in Canada's support for multilateral institutions. Canada has the potential to re-establish itself as a leader on these issues, but strategic guidance, resources and political will are required. What is needed is a **Canadian Global Policy on sexual and reproductive rights** that would guide Canada's overseas development efforts both in terms of foreign policy and international development.

## A transformative vision

The Policy would build on existing successes and resources (as they relate to sexual and reproductive rights, gender equality and human rights in the Canadian overseas development context)<sup>1</sup> to incorporate a human rights-based approach into Canadian development policies and programs in accordance with the Official Development Assistance Accountability Act.

A human rights-based approach to sexual and reproductive health was promoted at both the 1994 International Conference on Population and Development (ICPD)<sup>2</sup> and the 1995 Fourth World Conference on Women in Beijing. The ICPD Programme of Action commits governments to ensuring the realization of reproductive rights for all, including women and adolescents, and to providing a comprehensive range of sexual and reproductive health information and services. The Beijing Platform for Action recognizes that women's human rights *include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.*<sup>3</sup> Beyond these development frameworks, the work of the UN Human Rights Council and its special procedures and resolutions have further articulated a human rights-based approach to sexual and reproductive health and how it can be applied to policy formulation, institutional strengthening and program design, implementation and evaluation. This includes the *UN Technical Guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality.*<sup>4</sup>

The Canadian Global Policy on sexual and reproductive rights would comprise an important part of the Government of Canada's foreign and development policies and would support government efforts in its diplomatic engagements and in its development programs and strategies. It would contain elements related to:

**Providing a comprehensive and integrated package of sexual and reproductive health services and information, with a focus on the needs of adolescents and youth, and marginalization related to sexuality and reproduction**



In meeting their human rights obligations, governments, with the support of donor actors, are required to provide individuals with a comprehensive package of sexual and reproductive health information and services.<sup>5</sup> In providing this package, under international human rights standards concerning the right to health, governments are obligated to ensure the availability, accessibility, acceptability and quality of health information and services and to remove any barriers to access.<sup>6</sup> The Policy must signal that the Government of Canada supports the assisting of governments and UN agencies or other multilateral actors to ensure universal access to a comprehensive and integrated package of sexual and reproductive health information and services, consistent with international human rights standards.

Sexual and reproductive health cannot be realized through the provision of services alone. The dominant assumptions underlying the structural determinants of sexual and reproductive health of different population groups must be identified and addressed. The Policy must therefore recognize changing systems of power and decision-making at all levels and in all spaces, including the household, community, workplace, State and non-State institutions at a local, national, sub-regional, regional and international level, and address root causes of various forms of gender and social inequalities. It must also consider the ways in which multiple and intersecting forms of discrimination and stigma create both barriers in access to essential health services and information that lead to poor health outcomes, and the perpetuation of harmful taboos and practices around sexuality and reproduction.<sup>7</sup> The Policy must reflect a commitment to work across sectors and include capacity building for those working outside of the health system.

There is significant evidence from the HIV/AIDS response that demonstrates the pitfalls associated with creating silos in HIV prevention, treatment and care. Services that are integrated across health issues and sectors, lead to greater success and contribute to positive outcomes beyond those anticipated.<sup>8</sup>

Support in this area should not replace the Governments' responsibility to improve health systems but rather aim to strengthen the capacity of national health systems in advancing sexual and reproductive rights.<sup>9</sup> The Government should therefore avoid the creation of parallel health systems by working in collaboration with existing infrastructure and government mechanisms.<sup>10</sup>

### **Prioritizing gender equality and women's empowerment, including support for women's rights organizations**

Gender equality and women's empowerment is central to the realization of sexual and reproductive rights. Support for such rights enables women to make the best possible decisions regarding their lives and aspirations by empowering them with the ability to decide if, when and how to have children; if, when and whom to marry; and which sexual and reproductive health options are best for them, among a vast number of other choices.

Discriminatory laws and policies and harmful practices however continue to violate the sexual and reproductive rights of women and girls. They include laws that criminalize abortion, impose spousal consent requirements, failing to criminalize marital rape, female genital mutilation, early and forced marriage, and others. These violations are rooted in gender norms and stereotypes that seek to control women's bodies and sexualities. The Policy must therefore support multi-tiered approaches that involve addressing the underlying determinants and drivers of gender-based inequalities, gender norms and stereotypes, adolescent pregnancy, poverty, sexual violence, harmful cultural and religious traditions, and the legal, social and economic barriers that interfere with women's and girls' access to information and services, among others.

In conjunction with this, specific attention must be paid within the Policy to strengthening the capacities of women's rights organizations, and other organizations working to advance sexual and reproductive rights, who are actively engaging in policy dialogue geared at changing laws and policies that impede the realization of sexual and reproductive rights.<sup>11</sup> The Policy must recognize the need to support such organizations and advocates in ways they find supportive so that they can influence the design, implementation and evaluation of initiatives.



## Supporting comprehensive sexuality education

Young people and adolescents often experience heightened levels of stigma and discrimination, which can lead to barriers in their access to sexual and reproductive health information and services. This is often grounded in the failure to recognize young people as sexual beings, while in reality, sexual health is a key component of overall health and well-being. Young people and adolescents are entitled to accurate, scientific, and human rights-based sexual and reproductive health information that is appropriate to their age and stage of development, providing them with the tools to make informed choices that are conducive to their sexual health.<sup>12</sup> Comprehensive sexuality education that provides young people with the skills to navigate their way in this diverse, digital world has to go beyond biology. As outlined by the High Level Task Force for the International Conference on Population and Development, it needs to be *understood as age-appropriate education about human rights, human sexuality, gender equality, relationships, and sexual and reproductive health through the provision of scientifically-accurate, nonjudgmental information and the development of decision-making, critical thinking, communication and negotiation skills.*<sup>13</sup>

Comprehensive sexuality education aims to eliminate gender norms and stereotypes, discrimination and stigma while embracing diversity and respect for the evolving capacities of children and youth. It is a key intervention for gender transformative approaches that seek to address gender stereotypes and norms that perpetuate gender-based violence and harmful practices including early and forced marriage and female genital mutilation. Resources are required not only to implement comprehensive sexuality education curricula across all age groups, in and out of school, but also to support advocates in engaging in curriculum reform and in holding governments accountable to their commitments.

**Through this Policy, the Government can play a role in advancing international norms and standards by advocating for the creation of a technical guidance for states to use in the application of a human rights-based approach to the implementation of policies, programs and curricula on comprehensive sexuality education and sharing best practices.**

## Engaging in bilateral human rights dialogue

The Government of Canada is well positioned to mobilize its experienced and seasoned diplomats at local and regional levels for the advancement of sexual and reproductive rights, beyond the implementation of development initiatives. The Policy can guide this by establishing a framework and allocating resources for this work. Work in this regard could include engaging in policy dialogue with national counterparts in relevant Ministries regarding laws, policies and programs related to sexuality and reproduction with a view to ensuring that those inconsistent with human rights<sup>14</sup> are removed or reformed. Work in this area could also include consultation with civil society organizations, including women's rights organizations and women human rights defenders, on their priorities for the advancement of sexual and reproductive rights.

## Ensuring effective and appropriately resourced accountability mechanisms

Accountability is central to every stage of a human rights-based approach and includes transparency as well as meaningful participation by all affected populations and civil society groups at all levels of decision-making, implementation and review, and access to justice.<sup>15</sup> UN guidance emphasizes that it is also essential that rights-holders are aware of their entitlements and are empowered to claim their sexual and reproductive rights, including rights to sexual and reproductive health. The Policy should therefore pay particular attention to marginalized groups, such as adolescents, ethnic and racial minorities, Indigenous women, persons with disabilities, sex workers, persons living with HIV, transgender persons, men who have sex with men, women who have sex with women, migrant and displaced persons and rural women, by carrying out participatory consultations and reviews of legal frameworks.<sup>16</sup>

The Policy must similarly support initiatives that strengthen administrative, political and national legal accountability,



which together create stronger health systems, greater alignment with international human rights norms and standards, and mechanisms for individuals to hold their governments accountable when failing to meet their human rights obligations.

### **Collaborating with multilateral institutions working to advance sexual and reproductive rights, gender equality and human rights**

The Policy must complement the existing initiatives and evidence base of multilateral institutions working in the area, which include: the United Nations Population Fund (UNFPA), UN Women and the Office of the High Commissioner for Human Rights (OHCHR). These agencies possess the technical experience and local, regional and global offices and partners to strengthen the implementation of sexual and reproductive rights-related initiatives. They are also highly engaged in efforts to advance sexual and reproductive rights at local, regional and global levels; in the production of evidence to defend and support initiatives aimed at eliminating discriminatory laws and policies; in supporting the establishment and strengthening of mechanisms to provide redress of human rights violations; in coordinating donor efforts at local levels; and in producing expert opinions on a range of sexual and reproductive rights-related issues, among other activities.

### **From vision to action**

Specific processes for the Policy's development, implementation, monitoring and evaluation could include: regular and ongoing consultation with a range of stakeholders; accountability mechanisms; a regular reporting schedule with quantitative and qualitative targets and indicators; and resources for its effective implementation. Within this, specific individuals, including the Minister of International Development and the Minister of Foreign Affairs, would be identified as responsible for reporting on the implementation of the Policy in the annual Report on Plans and Priorities. A range of stakeholders should be involved in the development of the Policy and its regular review. They should include civil society organizations in Canada and globally working to advance sexual and reproductive rights, young people and adolescents, women human rights defenders, government development and foreign policy experts, academics, and UN officials, among other experts. Funding for the implementation of the Policy must expand beyond existing funding commitments<sup>17</sup> to include resources specifically allocated for effective implementation.

### **We call on the Government to:**

**Task the Minister of International Development and the Minister of Foreign Affairs to initiate the creation of a Canadian Global Policy on sexual and reproductive Rights** with support from a range of diverse stakeholders for its development, implementation and evaluation.

**Meet the international commitment of 0.7% GNI to official development assistance**, which includes adequate funds for the implementation of the Policy.

**Meet and exceed the commitment of 10% of official development assistance for sexual and reproductive health information and services**, as agreed to during past International Parliamentarians Conferences on the Implementation of the International Conference on Population and Development.

**Build the capacities of all diplomatic and development officials to effectively implement the Policy**, ensuring they possess the skills required to do so working with actors across all sectors.

**Apply the Policy to transform the Muskoka Initiative on Maternal, Newborn and Child Health**, by integrating a strong focus on human rights, gender equality and sexual and reproductive health and rights.



<sup>1</sup> Some of which include the 1999 CIDA Gender Equality Policy, existing development priorities such as: Children and Youth, Gender Equality, and Maternal, Newborn and Child Health and the 2015 International Development and Humanitarian Assistance Civil Society Partnership Policy.

<sup>2</sup> Programme of Action of the 1994 International Conference on Population and Development. <http://www.unfpa.org/icpd>

<sup>3</sup> 1995 Beijing Declaration and Platform for Action. <http://www.un.org/womenwatch/daw/beijing/platform/>

<sup>4</sup> UN Human Rights Council. 2012. “Technical Guidance on the application of a human rights-based approach to the implementation of programmes to reduce preventable maternal mortality and morbidity.” [http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22\\_en.pdf](http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf). The guidance asserts that a human rights-based approach views health holistically. Health systems must be just and particular attention must be paid to marginalized groups. Meaningful participation of marginalized groups is required in the identification of problems, policy design and budget allocation, and the evaluation of programmes and policy implementation. Simultaneous attention must be paid to health interventions and social transformation in order to guarantee rights to sexual and reproductive health. Gender-based discrimination and violence must be eliminated as well as other social inequalities. Duty-bearers are required to use maximum available resources, including resources from international cooperation, for the progressive realization of rights to sexual and reproductive health. Related to this, the Policy would integrate the principles outlined in the UN’s Guiding Principles on Business and Human Rights, which in the context of sexual and reproductive rights includes the application of human rights principles to partnerships with pharmaceutical companies and other actors involved with the delivery of sexual and reproductive health services. [http://www.ohchr.org/Documents/Publications/GuidingPrinciples-BusinessHR\\_EN.pdf](http://www.ohchr.org/Documents/Publications/GuidingPrinciples-BusinessHR_EN.pdf)

<sup>5</sup> Information and services include contraception and family planning; safe abortion services and post-abortion care; pregnancy care (antenatal and post-natal care, skilled birth attendance, referral systems, and emergency obstetric care); assisted reproductive technologies; prevention, treatment, and care of sexually transmitted infections and HIV; prevention and treatment of infertility; and prevention, treatment and care of reproductive cancers, provided in an integrated manner.

<sup>6</sup> High Level Task for ICPD. 2013. “Policy Recommendations for the ICPD Beyond 2014: sexual and reproductive health for all.” <http://icpdtaskforce.org/resources/policy-recommendations-for-the-ICPD-beyond-2014.pdf>

<sup>7</sup> Young people and adolescents are often denied their sexual and reproductive rights because they are not seen as sexual beings. They can experience stigma and discrimination at the hands of services providers, face legal and regulatory barriers that require parental consent, and other barriers. Those with non-conforming gender identities, expressions and sexual orientations can face similar barriers in health settings which can limit their access to health services and information which can lead to poor health outcomes.

<sup>8</sup> Evidence to Policy Initiative. 2012. “What is the Impact of Integrating HIV with Maternal, Neonatal, and Child Health Services?” <http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/e2pi-hiv-mnch-integration-policy-brief-may-2012.pdf>

<sup>9</sup> Office of the High Commissioner for Human Rights. 2012. “Technical Guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity.” [http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22\\_en.pdf](http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf)

<sup>10</sup> Office of the High Commissioner for Human Rights. 2012. “Technical Guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity.” [http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22\\_en.pdf](http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf)

<sup>11</sup> Such laws and policies include third-party authorization requirements for adolescents’ access to contraception, abortion and HIV testing and counselling; laws criminalizing abortion or imposing restrictions on the conditions under which an abortion can be sought; laws criminalizing adult consensual sexual activity; laws criminalizing unintentional transmission of HIV; and laws and policies allowing conscientious objection of a provider to hinder women’s access to a full range of services.

<sup>12</sup> Comprehensive sexuality education is recognized as a basic human right of all children and youth in the annual report of the UN Special Rapporteur on the right to education to the UN General Assembly in 2010, General Comment No. 4 of the UN Committee on the Rights of the Child, and General Comment 14 of the UN Committee on Economic, Social and Cultural Rights. (UN General Assembly. 2010. Report of the United Nations Special Rapporteur on the right to education. <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/462/13/PDF/N1046213.pdf?OpenElement>, UN Committee on the Rights of the Child. 2003. General Comment No. 4: Adolescent health and development in the context of the Convention on the Rights of the Child. <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G03/427/24/PDF/G0342724.pdf?OpenElement>, and UN Committee on Economic, Social and Cultural Rights. 2000. General Comment No. 14: The right to the highest attainable standard of health.) Both Committees recognize that young people’s and adolescents’ right to access education and information is essential for their health, including sexual and reproductive health.

<sup>13</sup> High Level Task Force for the International Conference on Population and Development. 2013. “Policy recommendations for the ICPD beyond 2014: sexual and reproductive rights for all.” <http://icpdtaskforce.org/resources/policy-recommendations-for-the-ICPD-beyond-2014.pdf>

<sup>14</sup> For example, those which criminalize specific types of consensual sexual activity or impose barriers for specific groups such as adolescents or women on access to sexual and reproductive health services and information.

<sup>15</sup> Office of the High Commissioner for Human Rights. 2012. “Technical Guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity.” [http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22\\_en.pdf](http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf)

<sup>16</sup> Office of the High Commissioner for Human Rights. 2012. “Technical Guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity.” [http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22\\_en.pdf](http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf)

<sup>17</sup> For example, ‘Saving Every Women, Every Child,’ ‘Global Financing Facility,’ in support of ‘Every Women, Every Child,’ among others.

