



Action Canada **for Sexual Health & Rights**

**Submission to Global Affairs Canada's
International Assistance Review**

July 2016



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Key words: feminist approach to international assistance; human rights-based approach; health and rights; gender equality and women’s rights; governance, pluralism, diversity and human rights; humanitarian crises; delivering results.

Key recommendations

1. Meaningfully **apply feminist principles and a human rights-based approach** across international development policy and all initiatives stemming from that;
2. **Demonstrate political leadership on SRHR, among donors and within global policy forums;**
3. Establish a **Canadian Global Sexual and Reproductive Health and Rights strategy;**
4. Invest a minimum of **\$500 Million/year in new and sustainable funding for programming that addresses gaps and neglected issues in SRHR**, namely: comprehensive abortion care, adolescent sexuality and advocacy for SRHR;
5. Establish a **standalone pillar on gender equality and women’s rights** to operationalize feminist principles, and **robustly implement a feminist approach across other pillars** of Canada’s international assistance and support targeted gender equality programming.

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Feminist principles and a human rights-based approach

Canada should champion a feminist and human rights-based approach to development that seeks to address root causes of structural and systemic inequalities and transform systems of power, many of which are grounded in social constructions of gender and patriarchal attempts to control the bodies and sexualities of women, adolescents and those transgressing gender norms. Feminist principles include: autonomy, choice, agency, empowerment and intersectionality. In the context of development assistance, autonomy means enabling individuals to freely decide matters related to their own futures, across all sectors. Choice entails the ability to choose the option that works best for themselves, given the context in which they live. Agency relates to the capacity to act. In the context of development assistance, one's agency relates to the ability to hold duty-bearers accountable to their human rights obligations, and the ability to access services and information – free from barriers. Empowerment entails the transformation of patriarchal power relations towards an understanding of power that recognizes and enables the inherent capacity of all individuals to exercise autonomy, agency and choice. Intersectionality requires analysis of the ways in which factors of oppression and privilege interact. In the development context, this requires examining how factors related to age, race, sexuality, gender, and religion, among others, intersect to facilitate or challenge one's ability to operate in the world.

The ability to make autonomous decisions regarding one's health and well-being is often constricted due to structural factors whereby laws, policies and social norms prevent some individuals from accessing certain services and information. Attempts made by those in positions of power – including governments and others agents in dominant social, cultural and economic positions– to control individuals' bodies can limit their ability to obtain the highest standard of health, including their sexual and reproductive health. As the Swedish development agency notes: “From a rights perspective, sexuality matters because it is about power and without basic rights over our own bodies and over fundamental life choices, other rights may become simply unattainable...[S]exuality is important because sexual rights are everyone's rights.”¹ The ongoing politicization of women's bodies and attempts by states and others with power to control women's bodies, sexualities and reproductive choices (an example of this includes the Helms Amendment to the US Foreign Assistance Act which has resulted in denial of funding for safe abortion care in all US development aid) are continued realities.

Feminist and human rights-based approaches overlap tremendously, and are mutually reinforcing. Fundamental human rights principles include non-discrimination, equality, transparency, sustainability, empowerment, addressing root causes, accountability and participation. A human rights based approach identifies rights-holders and their entitlements, and duty-bearers and their obligations. Particular attention must be paid to vulnerable and marginalized groups within populations, including women, youth and adolescents, ethnic and racial minorities, people with disabilities, sex workers, people living with HIV/AIDS, and groups marginalized because of their sexual orientation and gender identity and expression. States, as the primary duty bearers, are obliged to ensure that policies and programmes for guaranteeing rights are fully implemented in practice without discrimination.² If executed in full, this human rights framework can ensure the full realization of sexual and reproductive rights and health to all segments of populations, including the poorest and most vulnerable.

When positioned at the heart of development assistance, feminist principles and human rights form the basis for transformational change. If ‘women and girls’ are truly meant to be at the centre of Canada’s future international assistance, these principles and approaches must be meaningfully applied. Feminist and human rights approaches require us to constantly question how our actions will serve to shift power imbalances, particularly those grounded in gender (as viewed from broad and intersectional perspective) within society and its spheres, towards those with less power – with the aim of ensuring their ability to exercise, claim and enforce their human rights.

¹ Runeborg, A. 2008. *Sexuality: A missing dimension in development* – SIDA Concept Paper. Swedish International Development Agency: Stockholm, 8.

² A/HRC/21/22 para 14, 38 Committee on Economic, Social and Cultural Rights – General Comment 14 para 12a - d



Applying feminist principles and a human rights-based approach in practice

Canada can promote an approach that champions choice, agency, autonomy and empowerment by prioritizing programs and initiatives that:

- Support organizations that have recognized expertise in sexual and reproductive health and rights, which includes those working in areas currently neglected within the international development context (i.e.: those working on safe abortion care, adolescent and youth SRHR and advocacy for SRHR)
- Support policy and advocacy, not just service delivery.
- Support organizations working on accountability for human rights, and strengthen the ability of feminist organizations, including youth-led and women's rights organizations, to influence legal and policy reform and implementation, at local, national, regional and global levels.
- Transform gender relations, strive to eliminate gender norms and stereotypes and lead to changes in attitudes and behaviours
- Increase poor and marginalized women's awareness of their rights and their access to information and justice.
- Offer financial and political support to feminist human rights defenders, who often work in very dangerous contexts.
- Strengthen the capacity of civil society to self-organize around the priorities of poor and marginalized women and other individuals.

For this to be applied across all sectors of development, and across all areas of work (i.e.: bilateral, multilateral, humanitarian, policy and partnerships), it will require establishing tools to support Global Affairs Canada in determining the extent to which initiatives reflect feminist principles and a human rights-based approach. Such tools could include a set of guiding questions to be systematically applied at the outset of any initiative (programmatic, policy-making, fund disbursement, etc.), for example:

- How does this initiative contribute to the realization of human rights? In what ways will this initiative shift power, especially based in gender, in different spheres of society to those with less power?
- Does the initiative hold duty-bearers accountable to their human rights obligations? Empower rights-holders to realize their rights?
- To what extent does the initiative address the needs and realities of those whose rights are most often denied or violated?
- Does the initiative challenge discriminatory laws, policies and programmes?
- Does the initiative employ participatory methodologies, so as to ensure meaningful participation of marginalized voices?
- To what extent does the initiative challenge existing gender norms and stereotypes and power relations?
- To what extent does the initiative consider intersecting factors of oppression?
- Does the initiative seek to address the underlying and root causes of inequality?
- Do our partners reflect feminist principles and apply a human rights-based approach to their work?

These guiding questions resonate not only with the 2015 mandate letter to the Minister of International Development, but existing Canadian laws and policies – including the 2008 Official Development Assistance Accountability Act, 1999 Gender Equality Policy, Civil Society Partnership Policy, among other tools. Taking meaningful steps to work from a feminist and rights-based approach will allow Canada to focus its international assistance on helping the poorest and most vulnerable.



Canadian leadership on sexual and reproductive health and rights (SRHR)³

Using the metric of “unmet contraceptive need,” globally there are over 225 million women who want to avoid pregnancy yet are not using an effective contraceptive method.⁴ In reality, the rate is much higher. In addition, there are an estimated 22 million unsafe abortions each year. Pregnancy and its complications are also a leading cause of mortality for women 15-19 in many developing countries. For every woman who dies, 20 women are harmed (often seriously) from the effects of unplanned pregnancy. Lacking access to comprehensive sexuality education, young people often have low levels of knowledge regarding strategies to prevent STIs, HIV and unwanted pregnancies, and limited access to sexual and reproductive health services and the tools to challenge harmful norms about masculinity, gender, consent and relationships.

Stigma and taboos surrounding sex, pleasure, adolescent sexuality, among other issues, given that they involve women’s and young people’s control over their own bodies, are seen as fundamentally problematic. SRHR is a thematic area that surfaces deeper issues of sexism and gender inequality. As a result, SRHR is often ignored, neglected, or actively written out of government policies, which is typically justified by a seeming lack of consistent public support for SRHR or the controversial nature of elements within the SRHR agenda.

Outmoded development thinking leads some donors to invest in other development initiatives (such as in girls’ education), believing that those investments will be sufficient to address SRHR or will yield similar results to direct investment in SRHR. However, such education initiatives either neglect or do not effectively address issues related to reproductive choice, bodily autonomy, human rights and, most importantly, how adolescents and young people can access sexual and reproductive health information and services.

When comprehensively addressed, SRHR is a “4 for the price of 1” investment, providing benefits related to:

1. the human rights imperative for girls and women, including gender equality;
2. the health, education, and economic progress of women and that of their families;
3. negative net costs due to significant savings in health systems and other public services; and
4. demographic dividends enhancing national economics, peace and security.

Translating these benefits into real impact and leadership requires a comprehensive SRHR strategy that includes safe abortion, top-level leadership, sustained global and local advocacy, and a significant but achievable commitment of resources. The most significant role for Canada to play lies in its political leadership, and particularly demonstrating leadership on the more sensitive elements of the SRHR agenda, including safe abortion care and adolescent sexuality. This would require the adoption of a whole-of-government approach, the application of feminist and rights-based lenses and an integrated and intersectional approach, strong accountability mechanisms, and the leveraging of Canadian and global expertise on SRHR.

The benefits associated with the creation of a *Canadian Global Strategy on Sexual and Reproductive Health and Rights* include:

- Establishing a framework from which diplomats responsible for engaging in global policy dialogue can receive clear instructions towards the advancement of SRHR, and measure progress towards this goal;

³ The recommendations outlined below are based on those developed by a group of over 40 Senior officials representing Canadian and global SRHR organizations who convened in Ottawa, July 6-7 2016, for the “Global Challenges and Opportunities for Canadian Leadership on SRHR: a multi-stakeholder conversation.”

⁴ Guttmacher Institute. ‘Adding it up. Investing in Sexual and Reproductive Health.’ (December 2014). <https://www.guttmacher.org/fact-sheet/adding-it-investing-sexual-and-reproductive-health>



- Building on existing work in this area, which would require a reframing of Maternal, Newborn and Child Health (MNCH), towards a comprehensive and integrated approach to SRHR;
- Reducing the likelihood of ideological shifts should there be a change in government and create opportunities for continuity in programming (which leads to better development outcomes); and
- Establishing clarity and consistency in approach to SRHR across an amalgamated department.

Adopting a whole-of-government approach will require policy coherence, particularly in the context of the amalgamated department, and the need to create further linkages between bilateral, multilateral, and humanitarian programming, ensuring they are mutually beneficial. Humanitarian programming is a case in point: investing in SRHR may seem like an added burden in the short term, but it has multiple positive effects in the short and long term – particularly around increasing resilience and breaking the cycle of violence (specifically sexual and gender-based violence). In practical terms, this would require, for example, integrating traditionally excluded SRHR issues (i.e.: contraception, safe abortion care, and emergency contraception), into existing areas of programming, including in humanitarian settings.

In terms of accountability, it includes supporting voice accountability, whereby individuals are empowered to hold their decision-makers accountable to respect, protect, and fulfil their sexual and reproductive rights. It also requires meaningfully engaging rights-holders (specifically those who are traditionally marginalized given barriers they may experience in accessing SRH services and information) in holding duty-bearers accountable. These include: adolescents and youth, Indigenous peoples, women, LGBT individuals, sex workers, those in conflict and emergency settings, among others. Both policy coherence and accountability must be central to the development and implementation of an SRHR strategy.

The following sections outline key areas requiring targeted investment both in terms of advocacy for SRHR and supporting the scale-up of quality sexual and reproductive health services and information, in line with the pillars outlined in the International Assistance Review (IAR) discussion paper.

Health

The 2015 mandate letter to the Minister of International Development calls for “Canada’s valuable development focus on Maternal, Newborn and Child Health [to be] driven by evidence and outcomes, not ideology, including by closing existing gaps in reproductive rights and health care for women.” Realizing this commitment requires that Canada invest in areas where there is a gap in donor investment or a Canadian comparative advantage. This will require moving beyond language and rhetoric to the realization of strategic leadership. Canada’s strategic advantage lies in its ability to learn from the experiences of other donors. For example, the US has supported family planning but continues to exclude support for safe abortion care, which has created silos, inefficient use of resources, a lack of comprehensive care and a situation where lawful care is often denied to women at health facilities supported by US funding.

Progress in this area will require a strong intersectional approach that actively seeks to work across and beyond the silos that exist within the SRHR movement. This approach includes, for example, ensuring that safe abortion and contraceptive care are integrated, or integrating initiatives working on other aspects of SRHR that are often separated out into different streams (i.e. STIs, sexual rights, HIV, etc.). On the issue of integration, the creation of silos in humanitarian settings has resulted in the exclusion of safe abortion care, emergency contraception, and long acting contraceptive methods in programming in this area. Similarly, in fragile and protracted crisis settings, inequity in access to comprehensive health care is significant, which can exacerbate existing vulnerabilities. This requires us to examine issues of need (demand) alongside issues of vulnerability (social determinants of health) and inequalities.



Integration means adopting a comprehensive approach. Arguments for integration include health system strengthening. For example, the outbreak of the Zika virus demonstrated shortcomings in the ability of health systems to address sexual and reproductive health (SRH) needs in middle income countries. No earmarked funds have come into the Latin American and Caribbean region since the beginning of the outbreak. Learning from these experiences, an integrated approach requires a shift away from a “supply” driven approach towards a “demand” driven approach. A demand-driven approach focuses on the needs and realities of individuals, rather than verticalized health interventions stemming from donor-driven agendas and resource limitations. In discussing this issue, “what works for women, works for health systems. Not the other way around.” Also, focusing on women who need access to services and information the most is needed to overcome the conversation on priority vs non-priority countries.

An intersectional approach requires a strong feminist analysis and the application of a human rights-based approach. It means acknowledging the root causes associated with barriers in access to sexual and reproductive information and services, which include sexism, gender norms, patriarchy, misogyny (and the harmful social and cultural norms that are created as a result), and an analysis of how they result in structural and systemic inequalities. Addressing these concerns from a feminist perspective means positioning choice, autonomy, and agency at the centre of the approach, as well as supporting organizations working to advance SRHR and intersecting women’s rights issues, including feminist organizations and youth-led and women’s rights organizations. The application of a rights-based approach is consistent with an approach grounded in the social determinants of health. Identifying the intersections between these approaches creates opportunity for buy-in from a range of stakeholders, thereby broadening the support base.

Supporting scale-up of quality sexual and reproductive health services and information and empowering rights-holders to access services

While many donors prioritize neglected contraceptive care, abortion remains neglected by all but a handful of donors. Action in this area will therefore require targeted efforts and dedicated resources to integrate support for safe and legal abortion services within Canada’s SRHR efforts, including in neglected areas, particularly in Francophone West Africa, and in response to sexual and gender-based violence in both humanitarian and stable settings, among others.

Canada’s new international assistance policy must make explicit commitment to contribute to universal, rights-based access to sexual and reproductive health information and services, particularly comprehensive abortion care and contraception,⁵ focusing on the poorest and most vulnerable, including those in fragile settings, by:

- Leveraging expertise and evidence in relation to abortion and contraceptive care to ensure integration into GAC programming;
- Paying particular attention to adolescents, displaced persons and victims of humanitarian crises, Indigenous peoples, rural populations, West African countries and la Francophonie, among others;⁶
- Ensuring investment focuses on addressing demand-side factors related to seeking contraceptive care and supplies, including removal of barriers, quality of care, contraceptive awareness and information, and suitable availability of a range of modern methods;

⁵ Comprehensive abortion care is rooted the ability of individuals to be able to access high-quality, affordable abortion care in the communities where they live and work. This care includes contraception, post-abortion care and pain management.

⁶ Examples of work in this regard include: developing targeted strategies to meet the needs of those who experience systemic barriers in access to services (i.e.: adolescents, unmarried women, those living in rural areas, those with limited access to financial resources, etc.), working with governments to provide access to a range of contraceptive methods in existing health clinics, including those that provide HIV/AIDS treatment, care and support and youth clinics, creating awareness raising campaigns, integrating information regarding local access to contraceptive services into national sexuality education curricula, etc..



- Ensuring the sustainable supply of abortion-care commodities, including manual vacuum aspiration (MVA) and medical abortion drugs, reaching health facilities and providers, as donor support for this critical concern is seriously lacking;
- Ensuring investment in addressing adolescent-specific demand factors, such as supporting comprehensive sexuality education, youth-friendly services, and information campaigns targeted at young people;
- Mapping what is already happening that can be leveraged;
- Using costed implementation plans at country level – country driven, country owned plans, to start tying all vertical funds together;
- Linking the strengthening of the health system and a comprehensive SRHR strategy in each country, and building the capacity of public health-care systems to provide integrated SRH services, including high-quality comprehensive abortion care, by training and equipping a wide range of health-care professionals at all levels of the health-care system; and
- Investing in research to fill gaps in evidence and inform policies and practices related to abortion, including in the critical area of addressing women’s and girls’ neglected need for safe abortion in humanitarian settings.

Adolescents and youth

Stigma around sexual activity is exacerbated within the context of adolescent sexual activity. There is a need to invest in adolescent SRHR – both as a human rights imperative and recognizing the significant impact on other development outcomes (e.g. educational attainment, employment, and peace and security). This requires investing in neglected issues within the context of adolescent SRHR, e.g. related to abortion, contraception, emergency contraception, HIV treatment, care and support, supports for young parents, comprehensive sexuality education that addresses gender norms and power dynamics beginning at young ages, youth friendly services, and data collection for 10-14 year olds. Particular attention must be paid to addressing stigma and discrimination experienced by young people and adolescents when accessing SRH services, and the strategies required to make services youth friendly.

The stigma and discrimination experienced by adolescents and youth can lead to barriers in their access to SRHR 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 SRHR 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.

Programming related to adolescent SRHR must also engage young people in its design, delivery, monitoring, and evaluation. Related to this, it must be recognized that adult leadership may differ from youth leadership. There must therefore be specific mechanisms in place to facilitate meaningful youth participation – including those who are marginalized in relation to their access to SRHR. Young people and adolescents must be viewed outside of a “protective” lens, which limits their ability for self-expression. It would also be important to explore opportunities for young people in Canada to engage with young people globally, in part through the leveraging of youth networks in Canada as a way to facilitate dialogue around SRHR for adolescents and young people in Canada and globally.

Canada’s new international assistance policy must make explicit commitment to promote and catalyze collective action in support of youth SRHR, by:

- Holding global partners accountable to implementation of adolescent SRHR;
- Applying a youth and gendered lens consistently to all programming, including and beyond SRHR programming;
- Establishing a platform profiling work that champions adolescent SRHR globally;
- Creating a youth ambassador within the PMO to champion adolescent SRHR;



- Developing a portfolio of highly successful domestic and international programs for/with adolescents;
- Partnering with youth organizations/players who are working on adolescent SRHR; and
- Convening practitioners to grow and expand programming and create a platform for SRHR;
- Supporting comprehensive sexuality education that aims to eliminate gender norms and stereotypes, discrimination and stigma while embracing diversity and respect for the evolving capacities of young people;⁷ advocacy by and for adolescents; including efforts to eliminate discriminatory laws and policies (including those that prevent young people from accessing services without parental consent);
- 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;
- Supporting services for adolescents including initiatives such as youth organizations that support peer-to-peer organizations and health facilities that provide services for adolescent girls; and
- Investing in research that examines and seeks to address adolescents' barriers in access to comprehensive SRHR information and services.

Governance, diversity, pluralism and human rights

The adoption of a human rights-based approach to Canada's international assistance requires a strong commitment to voice accountability at all levels of decision-making, support for initiatives that seek to challenge discriminatory laws and policies, and the advancement of human rights standards in global policy forums. Canadian NGOs and global partners are playing an important role in strengthening spaces for civil society that work towards greater respect, protection and fulfilment of human rights.

Advocacy was recognized as an area that continues to be underfunded and neglected by donors, particularly in relation to more sensitive parts of the SRHR agenda, such as abortion, sexual rights, and adolescent sexuality. This is despite the evidence that demonstrates the positive impacts associated with the twinning of advocacy and programmatic interventions, and the reality that top-down approaches are not always successful in meeting the needs of all individuals, particularly the most marginalized. It is therefore important to support a range of advocacy initiatives that seek to identify and engage gate-keepers and decision-makers; to invest in the capital required to influence the political agenda; and to develop mechanisms to hold duty-bearers accountable to their human rights obligations – at all levels. In doing so, Canada would be joining and contributing to a global movement of actors working to advance the realization of sexual and reproductive rights, and human rights more broadly, and facilitating development outcomes.

Examples of ongoing work in this area include efforts by civil society organizations and activists to liberalize laws related to sexual and reproductive rights (i.e.: removing restrictions on access to comprehensive abortion care, spousal and parental consent laws, which limit access to contraception to those who are married and have permission from their husband, for example, etc.) and members states advancing the global policy and normative human rights framework towards greater respect, protection and fulfilment of sexual and reproductive rights. This work includes interventions with U.N. Treaty Monitoring Bodies, the Universal Periodic Review, and other mechanisms. International, regional and Canadian NGOs are playing an important role in strengthening the voice of civil society in numerous countries, an essential step in building a global movement in support of comprehensive SRHR, including the right to safe legal abortion.

⁷ This 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. It is also a key part of empowering adolescent girls to have control over their own bodies.



Canada's new international assistance policy must invest in feminist organizations, including youth-led and women's rights organizations to advocate for SRHR, by:

- Directly funding organizations doing advocacy (with legitimacy and credibility) that work to promote respect for human rights and full implementation of human rights standards in relation to SRHR;
- Funding organizations that work to reform restrictive laws and policies related to abortion;
- Establishing and/or joining diverse funding mechanisms for advocacy in support of SRHR;
- Engaging in direct government and political advocacy; and
- Identifying and utilizing opportunities to advocate for comprehensive SRHR (exercising political leadership); and
- Supporting the capacity of local, national, regional and global civil society to build movements in support of comprehensive SRHR.

Gender equality and women's rights

The adoption of a feminist approach to Canada's international assistance will require the creation of a dedicated pillar for the advancement of gender equality and women's rights, alongside a commitment to thoroughly integrate feminist principles and gender equality across all other areas of Canada's development policy.

A standalone pillar on gender equality and women's rights would seek to operationalize feminist principles through targeted programming in areas that fall outside the scope of the remaining elements of the international assistance policy. In addition to funding women's rights and feminist endeavours falling outside of other pillars, a standalone pillar would also ensure the centering of a feminist approach within the policies, portfolios and programmes within other pillars.

Canada's new international assistance policy must establish a stand-alone pillar on gender equality and women's rights that:

- Invests in research that examines and seeks to address gender norms and stereotypes, power structures, systemic inequality and intersectionality;
- Provides adequate funding to implement long-term, predictable, responsive, diverse programming that is gender targeted;
- Maintains a funding mechanisms for the provision of core funds to feminist organizations, including youth-led and women's rights organizations, with a focus on small to medium-sized organizations;
- Creates a pool of technical experts with the resources required to provide gender-based analysis across all areas of programming and builds the capacity of actors in and out of Global Affairs Canada to adopt feminist principles;
- Supports efforts to address the root causes of gender-based violence by looking holistically at discrimination in all its forms, including social norms, laws, policies and institutions;
- Regularly engages with feminist organizations, including youth-led and women's rights organizations, in Canada, at the global level and in the Global South, regarding thematic focus for future programming; and
- Leads donor community in strengthening existing monitoring and evaluation practices that seek to report on the extent to which Canada contributes to gender specific and gender integrated programming.

Humanitarian

Recent evidence demonstrates the clear ways in which women and girls are disproportionately affected when crisis strikes, whether related to conflict, climate change, or natural disaster. According to the 2016 United Nations Population Fund State of World Population Report, gaps in the provision of comprehensive maternal health care, for example, contribute to the



reality that three fifths of all maternal deaths occur in humanitarian and fragile contexts. The report more broadly highlights gaps in access to support service for survivors of sexual violence, particularly post-exposure prophylaxis, emergency contraception, and antibiotics to prevent sexually transmitted infections, among other issues, particularly in humanitarian settings. UNFPA, and other global actors,⁸ show that SRHR services in humanitarian settings have been systemically underfunded and neglected for decades, resulting in sexual and reproductive health services often being left out of response strategies all together. Investing in SRHR may seem like an added burden in the short term, but it has multiple positive effects in the short and long term – particularly around increasing resilience and breaking the cycle of violence (specifically sexual and gender-based violence).

Canada’s approach to humanitarian assistance within the new international assistance policy must:

- Establish targeted investments in areas traditionally neglected in humanitarian assistance, specifically those related to SRHR – namely emergency contraception, a range of methods of contraception methods and comprehensive abortion care;
- Take measures to address demand-side factors (i.e.: removal of barriers, quality of care, awareness and information, and suitable availability of services) in delivery of humanitarian assistance, particularly those related to health (including SRHR) and supports for survivors of gender-based violence;
- Invests in research that examines and seeks to address gaps in SRHR services in humanitarian assistance;
- Ensure application of feminist principles across all humanitarian efforts; and
- Ensure coordination between development and humanitarian efforts, specifically as they relate to the provision of comprehensive SRHR.

Delivering results

In recent years, the Government of Canada has made minimal investments in ‘family planning’ and ‘reproductive health care,’ with limited to no support for: safe abortion, emergency contraception, supporting women’s rights and sexual and reproductive rights-related advocacy, including efforts to change discriminatory laws and policies (for example: laws that prohibit young people from accessing contraception without parental consent), provision of contraception in humanitarian settings or to survivors of sexual violence, strategies to address negative gender stereotypes and norms, etc.⁹ As a whole, Canadian spending has fallen short of the global commitment to allocate 10% of ODA to sexual and reproductive health.¹⁰

Canada’s approach within the new international assistance policy must:

Allocate 15% ODA for SRHR

Canada should demonstrate leadership on SRHR by catching up to and leading the donor community towards investments which exceed existing global targets.¹¹ Canada can do so by establishing an overall funding target of 15% of ODA for SRHR. Within this, some funds should be earmarked for the advocacy of feminist organizations, including youth-led and women’s rights organizations, for SRHR and intersecting women’s rights issues. On the global stage, Canada should play a leadership role within the donor community by partnering with like-minded donors (i.e. the UK, Sweden, and the Dutch) to invest in

⁸ <https://www.theguardian.com/global-development/2015/aug/06/reproductive-health-in-crises-women-family-planning-abortion-inter-agency-working-group>

⁹ WHO 2014. [Ensuring human rights in the provision of contraceptive information and services](#) and [WHO factsheet on family planning](#) (May 2013).

¹⁰ Repeatedly agreed to by parliamentarians (including Canadian MPs) during International Parliamentarians Conferences on the Implementation of the International Conference on Population and Development. See: <http://www.unfpa.org/Node/8521>,

¹¹ Including the target of 10% ODA for SRHR agreed to during the International Conference of Parliamentarians on the Implementation of the International Conference on Population and Development Program of Action (IPCI, ICPD PoA).



addressing gaps/neglected areas in SRHR, and should create opportunities for shared learning among donors in the SRHR community.

At a minimum, Canada should invest \$500 Million/year in new funding over and above the current levels, and committed over a 10-year period, broken down accordingly:

- Minimum of \$400 Million/year for **universal access to sexual and reproductive health information and services, particularly contraception and comprehensive abortion care,¹² focusing on the poorest and most vulnerable, including those in fragile states;**
- Minimum of \$100 Million/year in **feminist organizations, including youth-led and women’s rights organizations to advocate for SRHR** through:
 - Direct funding and funding through Canadian CSOs (ensuring support for those doing the advocacy, with legitimacy and credibility);
 - Establishing and/or joining diverse funding mechanisms;
 - Direct government and political advocacy (see ‘Demonstrating leadership’ section below);
 - Identifying and utilizing opportunities to advocate for comprehensive SRHR (exercising political leadership).

Allocate 20% ODA for projects and programmes for which the principle focus is advancing gender equality, by:

- **Developing a national funding instrument for feminist organizations, including local women- and youth-led organizations** who are leading the effort towards great respect, protection and fulfilment of women’s rights;
- **Establishing funding opportunities for small to medium sized organizations¹³ that are diverse, predictable, multi-year, and responsive, and support core funding for these organizations;**
- **Investing in feminist tracking and reporting mechanisms** that ensure accountability and recognition for spending in this area.¹⁴

Develop Effective and efficient disbursement mechanisms, that:

- **Establish flexible and diverse funding mechanisms that are long-term and allow for core funding, and general rather than project-specific;**
- **Create funding opportunities (solicited, targeted, or unsolicited) for organizations that focus exclusively on SRHR advocacy and service delivery/capacity building to address gaps in Canada’s approach.** [This approach acknowledges that organizations which were successful in receiving funds via Muskoka Initiative calls for proposals may or may not be suited to address these gaps.]

***A cautionary note on pooled funding mechanisms and safe abortion:** Despite the inclusion of safe abortion and post-abortion care as key interventions in the Global Strategy for Women’s, Children’s, and Adolescents’ Health, there remains strong scepticism of whether the Global Financing Facility (a pooled funding mechanism for implementing the Global Strategy) or other similar pooled funding mechanisms will address abortion adequately, as well as significant concerns as to whether it will even adequately address sexual and reproductive health more broadly. This is due to reasons like abortion

¹² Comprehensive abortion care is rooted the ability of individuals to be able to access high-quality, affordable abortion care in the communities where they live and work. This care includes contraception, post-abortion care and pain management.

¹³ It is increasingly difficult for Global Affairs Canada to provide small amounts of funding due to the work involved and disbursement pressures. New mechanisms to support this type of investment must be developed to ensure that funding can reach the organizations doing critical work at the grassroots level. Mechanisms should also be developed to ensure that INGOs direct money to local women’s rights organizations and account for this spending in a transparent fashion.

¹⁴ Global Affairs Canada currently uses a gender equality marker system to report to the OECD-DAC. However there has been recent confusion regarding this system and whether or not it is supplying reliable and consistent information. Attention to quality assurance is required.



stigma, the marginalization of abortion in the global aid architecture, the structuring of the mechanisms themselves, and limited ability for CSOs to engage effectively with these mechanisms. This reality speaks to the need for direct investment in organizations with specialized expertise and track records on abortion, as well as the need for strong advocacy by Canada as a member of the GFF investors' group and in other roles.

Feminist and human rights-based approaches to monitoring and evaluation:

- **Develop a feminist and human rights-based accountability framework** for tracking and reporting on results;
- **Create mechanisms that recognize the complexities associated with measuring qualitative change**, and establish systems that value qualitative results, methodologies and processes;
- **Integrate feminist and human rights-based indicators** (building on the work of the Office of the High Commissioner for Human Rights); and
- **Develop strategies to measure and assess Canada's role in multilateral fora** from feminist and human rights-based perspectives.

Canadian leadership

Canada can take advantage of specific opportunities to demonstrate new and continued leadership on SRHR, gender equality and the adoption of a feminist approach to international assistance. Such opportunities include:

- **Using the G7 leadership moment:** hosting a **global universal SRHR access Summit** in Canada in 2018;
- **Establishing a donor circle for SRHR** of like-minded donors who are interested in addressing gaps/neglected areas in SRHR funding and learning from best practice;
- **Hosting the next Global Safe Abortion Conference in 2017** (most recent conference took place in London in 2007) with a goal of **establishing a global partnership on safe abortion care ('Safe Abortion 2027')**, similar to FP2020 initiative;
- **Advancing SRHR in policy dialogue in UN forums and other human rights bodies**, including the General Assembly, functional commissions, Human Rights Council, regional human rights bodies, etc.;
- Pushing for greater focus on SRHR from a rights-based perspective in **Canada's hosting role for the Global Fund replenishment in September 2016**;
- Bringing a rights-based approach to the **Global Financing Facility and other pooled funding mechanisms:** ensuring indicators are rights-based, pushing for support for a comprehensive approach to SRHR (including support for safe abortion and advocacy for SRHR);
- **Bringing attention to neglected aspects of SRHR at the UN Summit on Refugees and Migrants, September 2016: including** bringing focus to safe abortion care and emergency contraception;
- **Establishing Special ambassadors/envoys/councils:** engaging in dialogue with experts and other like-minded countries and leading dialogues to assess how best to support and galvanize efforts (i.e.: Dutch model with both an Ambassador and youth Ambassador on SRHR working together);
- Organize a public **launch of Global SRHR strategy**; and
- Convene a **group of experts to strategize on advancement of SRHR, globally** (building on [World Leaders Consultation Uniting for Safe and Legal Abortion](#)).

