FPI

ADVANCING CANADA'S GLOBAL LEADERSHIP ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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FUTURE PLANNING INITIATIVE

ADVOCATING FOR CANADIAN LEADERSHIP ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Advancing Canada's global leadership on sexual and reproductive health and rights

Prepared by the Future Planning Initiative

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The Future Planning Initiative is a coalition of six Canadian civil society organizations working globally and domestically to advance sexual and reproductive health and rights. Member organizations include: Action Canada for Sexual Health and Rights, Canadian Partnership for Women and Children's Health, Canadian Council for International Co-Operation, Inter Pares, Global Canada and Oxfam Canada.

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Action Canada for Sexual Health & Rights

CanWaCH
Canadian Partnership for Women and Children's Health
CanSFE
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CANADA'S COALITION TO END GLOBAL POVERTY

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Table of Contents

EXECUTIVE SUMMARY

Canada sits at a critical juncture in its efforts to advance gender equality and implement its Feminist International Assistance Policy (FIAP). This policy paper will explore why and how Canada can advance its global leadership on sexual and reproductive health and rights (SRHR). This includes the case for Canadian investment in SRHR, and how a rights-based approach can lead to greater development impact. Canada is uniquely positioned to accelerate progress in the most neglected areas of the global SRHR agenda, which include: adolescent SRHR including comprehensive sexuality education, comprehensive contraceptive care, safe abortion care, advocacy for SRHR and SRHR in emergency settings.

Through increased and sustained investment in the most neglected areas of SRHR beyond-2020 and a clear global SRHR policy rooted in feminist principles, Canada can achieve significant impact on gender equality, human rights and economic development.

The Future Planning Initiative is calling on Canada to:

- Invest a minimum of $500 million/year over 10 years starting in 2020 in the neglected areas of SRHR, as part of a $1.4 billion commitment to women, adolescents and children's health and rights[1] starting in 2020;
- Create a Canadian global SRHR policy, integrating and centring SRHR in the national, regional and international decision-making spaces in which Canada engages.

Through these key financial and political investments, Canada will be well positioned to safeguard the SRHR gains that have been made in recent years and move the needle on the realization of sexual and reproductive health and rights for all, contributing to the realization of the Sustainable Development Goals, realizing the commitments of the International Conference on Population and Development Programme of Action and meeting international human rights obligations.

THE CASE FOR INVESTMENT

WHY CANADA?

Canada is uniquely positioned to achieve significant impact on gender equality, human rights, economic development and positive social change through increased and sustained investment in the most neglected areas of SRHR. In the face of rising conservatism and populist movements, the rollback on sexual and reproductive rights has been acutely felt around the globe. Women in particular have experienced an attack on their right to bodily autonomy and others, such as youth and LGBTQI+ people, face discrimination and increased barriers in accessing essential health services. Canada has played an increasingly significant role mobilizing political and financial resources to prevent a backsliding on women's rights, and ensuring they have access to critical life-saving services and information.

In the face of rising conservatism and populist movements, the rollback on sexual and reproductive rights has been acutely felt around the globe.

Canada's role as global champion of sexual and reproductive health and rights - in diplomatic, multilateral and development spaces - is grounded in the 2015 mandate letter to the Minister of International Development. It calls to ensure "that Canada's valuable development focus on Maternal, Newborn and Child Health is driven by evidence and outcomes, not ideology, including by closing existing gaps in reproductive rights and health care for women."

This mandate letter contributed to the launch of a policy review process led by Global Affairs Canada in the summer of 2016, resulting in Canada's Feminist International Assistance Policy (FIAP). The FIAP positions sexual and reproductive health and rights as central to Canada's contribution to sustainable development and the realization of women and girls' rights. In working to support health outcomes for women and girls, it mandates Global Affairs Canada to:

...**Work to close persistent gaps in sexual and reproductive health and rights for women and girls**. **To achieve this goal, Canada will support increased access to a full range of health services, including family planning and modern contraception; comprehensive sexuality education; safe and legal abortion, and post-abortion care; and prevention and treatment of HIV/AIDS and sexually transmitted infections. This work will be supported by an investment of $650 million over three years**.[2]

Beyond Global Affairs Canada, there is a strong commitment across the Government of Canada to employ Gender-Based Analysis+ to ensure the voices, needs and experiences of women and the most marginalized are heard in decision-making, and to strive for the realization of all

peoples' rights. Sexual and reproductive rights lie at the core of improving gender equality and realizing human rights.

Sexual and reproductive rights are grounded in Canada's legal framework - the Constitution, human rights law, and related legislation. As a signatory to international human rights treaties, Canada has an obligation to respect, protect and fulfill sexual and reproductive rights, both domestically and through Canada's development assistance. In addition to Canada's legal obligations, Canadians remain deeply supportive of sexual and reproductive rights.[3,4]

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In recent years, **significant progress has been made towards greater respect, protection and fulfillment of sexual and reproductive health and rights in Canada**. In 2015, Health Canada approved the gold-standard drug, Mifegymiso, for medical abortion, a step towards increasing options for those seeking abortion services and addressing access barriers, particularly in rural remote communities. For decades, Prince Edward Island (PEI) was the only province in Canada that did not provide in-province abortion care. Finally, in 2017, PEI's first abortion clinic opened. Similarly, Quebec lacked a formalized approach to the delivery of comprehensive sexuality education for generations. In 2018, the province launched a new, modern curriculum with mandatory classroom time, enabling young people to receive accurate, evidence-based information regarding their sexual and reproductive health. In 2018 alone, advocates in Ontario and Alberta successfully campaigned for the creation of 'safe access zone' legislation which seeks to protect the privacy and safety of those delivering and seeking sexual and reproductive health care.

These are just a few examples reflecting the strong steps governments across Canada have taken to address violations of sexual and reproductive rights, and fill gaps in the delivery of comprehensive sexual and reproductive health information and services. The work Canada has initiated globally to safeguard and advance sexual and reproductive rights parallels and strengthens the work undertaken by advocates, organizations, governments and allies in Canada.

Canada's role globally is greatly respected. It has repeatedly demonstrated an ability to mobilize donor resources, convene diverse stakeholders, engage in constructive diplomacy, and contribute to the research community. Domestic and global allies agree - Canada punches well above its weight.

Canada has particular credibility and respectability vis-a-vis its relationship to the International Organization of the Francophonie, and thereby regions where there is immense need for the strengthening of access to the most neglected areas of SRHR. Canada has also driven progress on women's rights within the international human rights accountability framework through the leadership role it played in creating the mandate of the Special Rapporteur on violence against

women and annual resolution on the elimination of violence against women at the UN Human Rights Council (which it continues to lead).

As the largest funder of global health, the United States' Global Gag Rule has had dramatic repercussions that reach far beyond abortion. The expanded policy, while directly affecting International Family Planning and Global Health Assistance,[5] has much broader implications and is estimated to move approximately US $9 billion in US government health assistance away from family planning, maternal and child health, nutrition, and HIV/AIDS organizations.[6]

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The donor response to the Global Gag Rule was swift and strong, with many countries stepping forward in an effort to fill the gap. The Minister for Foreign Trade and International Development of the Netherlands, Lilianne Ploumen, led the ´SheDecides´ initiative to mobilize donors. SInce its 2017 launch it has mobilized over $450 million from both individual donors and governments.[7] But while the past two years have seen increased commitments to SRHR from countries including Canada, Belgium, the Netherlands and Denmark, this funding does not come close to reversing or preventing the effects of the Global Gag Rule.[8]

Over the next few years, many of these commitments will wind down. The Netherlands, a strong supporter of SRHR, is expected to decrease its commitment in the coming years.[9] In addition, programmes such as its 215 million euro Strategic Partnership Agreements, which supports youth, rights and advocacy, will end in 2020, creating much uncertainty for organizations leading on these issues.[10]

Generally, there are few donors doing concerted work particularly in the neglected areas of SRHR - with the size of the donor circle being relatively small. Canadian investment has already demonstrated a commitment to this group and contributed to offsetting the impact of the GGR. Undoubtedly, increasing its support would solidify Canada's position among the leaders of this small community of bold donors.

Changes such as the Global Gag Rule should also be considered in the context of stagnating levels of Official Development Assistance (ODA). 2017 saw Development Assistance Committee (DAC) countries' ODA drop from 0.32% to 0.31% of their combined gross national income (GNI).[11] This falls well short of the United Nations' recognized minimum commitment target of 0.7 percent.[12] Canada's ODA of 0.26% represents a substantial decrease from the still low 0.31%[13] levels of 2012.

Canadian funding can both **help fill the gap and mitigate the damage of the Global Gag Rule**, providing a sustainable source of funding for SRHR initiatives. By ring-fencing funding for the neglected areas of SRHR, it can further this impact, supporting essential SRHR programming where other donors have not been brave enough to lead.[14]

WHY NOW?

Women and girls have waited too long for progress on sexual and reproductive health and rights. While the Millenium Development Goals lacked meaningful emphasis on SRHR, the Sustainable Development Goals (SDGs) set the stage for countries to advance this central tenet of women's rights. On the 25th anniversary of the International Conference on Population and Development, **Canada has the opportunity to lead the world towards the 2030 goal of universal access to sexual and reproductive health care services, including family planning**, a target first set at the landmark conference in 1994.

Canada's existing leadership and domestic widespread support for SRHR supports an even bolder commitment to SRHR – it has worked quickly to shape its Feminist International Assistance Policy and integrate SRHR into programming. With the Muskoka Initiative and Canada's initial investment of $650M for SRHR set to expire in 2020, the time is ripe for Canada to step up and solidify its leadership on SRHR. Canada has a chance to embed SRHR into a new vision for global health and sustainable development – a vision that addresses inequality, embraces gender equality and can empower over 18 million women and girls[15] - roughly the same number of women and girls that make up Canada's population.[16]

Globally, Canada has the potential to have a positive impact on the frameworks which guide the delivery of sexual and reproductive health services nationally, regionally and globally through the integration of SRHR into Universal Health Coverage (UHC) implementation strategies and the development of the World Health Organization SDG 3 (health) action plan, among others.

Beyond timeliness and opportunities, the current global context demands action from supportive governments. Around the world and in multilateral spaces, there is a growing attack on civil society, with a shrinking space for people to engage in advocacy to defend the hard-fought gains made by feminist and women's rights movements. With civil society and civic space under attack in 111 countries and on every continent,[17] action is needed to counter the coordinated offensive seeking to undermine progress towards human rights.

Canada must continue to safeguard space for civil society and human rights defenders - including those holding the line on SRHR locally, nationally, regionally and globally. Without support from governments like Canada, the global community risks backsliding on gains and missing targets established in global development frameworks.

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WHY $500M?

The Future Planning Initiative is calling on Canada to invest a minimum of $500 million/year over 10 years starting in 2020 in the neglected areas of SRHR, as part of a $1.4 billion commitment to women, adolescents and children's health and rights[18] starting in 2020. To achieve a comprehensive outcome, the Government of Canada must commit an additional $400 million, on top of current annual levels of $1 billion for global health. Total funding needed is $1.4 billion of ODA per year, over ten years, with additional resources above current ODA levels. Within this, in order to safeguard fragile progress on SRHR, Canada should enhance its recent increase of $217 M per year ($650 M over 3 years) to a minimum of $500m/year, ringfenced and over 10 years, focused on the neglected areas of SRHR.

An investment of $500M for the neglected areas of SRHR would be in addition to the approximately $215M/ year already funding other components of SRHR, including: reproductive health, testing, treatment and care for sexually transmitted and blood borne infections (including HIV), child, early and forced marriage, and female genital mutilation/cutting, among other areas of work.

A ringfenced investment of $500M for the neglected areas of SRHR, with 80% going towards programming with a focus on service delivery, capacity building and systems strengthening and 20% for advocacy for SRHR, would have a significant impact towards filling critical gaps and would position Canada as a true leader in the sector.

The Future Planning Initiative

endorses the 'Thrive Agenda' which seeks to drive forward the significant progress Canada has made in relation to women, adolescent and children's health and rights. The Thrive Agenda responds to calls for partnership, and illustrates what the FIAP looks like when implemented collectively. Thrive outlines a series of feminist, integrated and gender-transformative policies and programming that will enable Canada to deepen its impact on the lives of women, adolescents and children around the world. It is a holistic agenda that places women, adolescents and children at the centre, layering around them the interventions they need and to which they are entitled, and closing artificial silos that negatively impact health and other progress.

The Thrive case also leverages Canada's unique voice and global reputation to drive progress around a strategic objective. This leverage is where the Future Planning Initiative sees the greatest opportunity: furthering Canada's support for the most neglected and stigmatized areas of SRHR.

The Future Planning Initiative's call for investment in the neglected areas of SRHR is captured in the 'LEAD' section of the Thrive Agenda, which seeks an increase in the foundational investment of $217M (one third of the $650M over three years made in 2017 for SRHR) by $380M/year, to reach the target of $500M/year for the neglected areas of SRHR.

WHY A MINIMUM OF $500M *RINGFENCED*?

Despite its unique combination of rights, health, and economic benefits, SRHR remains one of the most neglected elements of an integrated health agenda. In some developing countries, women are 6 times more likely to be vaccinated, and 3 times more likely to have access to skilled birth attendants, than they are to be using modern contraception.[19]

Recognizing the stigma and undue politicization of the most neglected areas of SRHR, it is critical that Canada's support to SRHR be ringfenced within a broader approach. This ringfencing will ensure the safeguarding of the nascent progress achieved thus far, while also ensuring targeted support for areas that are traditionally excluded from international assistance funding.

An investment of $500M/yr for the neglected areas of SRHR has the potential to empower the same 18 million women globally with critical, life-saving and empowering sexual and reproductive health services and information - services and information to which they are entitled under international human rights law.

Despite its unique combination of rights, health, and economic benefits, SRHR remains one of the most neglected elements of an integrated health agenda.

A ten-year commitment is required to achieve the desired outcomes and maximize opportunity for greatest impact. Driving change related to attitudes, beliefs, social norms and laws and policies requires long-term, sustained commitment. It also signals to the global community that Canada's support for SRHR will remain unwavering. This is particularly critical in the face of political shifts driven by ideology that put the health, rights, and lives of women and girls at risk.

Full uptake of SRHR services is a multi-decade process requiring transformative change. A ten year commitment improves both efficiency (administration and operational costs) and effectiveness (sustained momentum and maximum impact on the ground). A 10-year commitment beginning in 2020 also aligns with Canada's efforts within the SDG timeframe.

THE CASE FOR THE NEGLECTED AREAS

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

The exclusion of these key elements of SRHR disproportionately affects the most vulnerable and marginalized populations. These areas include: adolescent SRHR including comprehensive sexuality education, comprehensive contraceptive care, safe abortion care, advocacy for SRHR and SRHR in emergency settings. These areas also tend to be overlooked by funders, creating gaps in service delivery and starving these areas of much needed resources. Without resources, data and research is difficult to carry out, which in turn leads to misinformation and a lack of understanding of the issues themselves.

Despite increased recognition and programming around sexual and reproductive health in the global health sector, recent gains in health tend to disproportionately focus on specific components of SRHR, in particular contraception, maternal, newborn and child health and HIV/AIDS. This disproportionate focus has led to inequitable gains and lack of access to sexual and reproductive health services amongst and within countries.

Canada, with its recently adopted FIAP as guidance, is well placed to address these inequalities. By scaling its international assistance commitment to focus on historical and emerging funding gaps and underserved areas, Canada can

Key figures

Each year 25 million unsafe abortions take place worldwide,[20] with more than 200 million women wanting to avoid pregnancy but unable to use modern contraception.

It is estimated that over the course of their lives, almost all 4.3 billion people of reproductive age worldwide will experience inadequate access to sexual and reproductive health services and information.[21]

Globally, there is a trend towards the liberalization of abortion laws around the world,[22] yet many women still lack access to this life-saving service.

Evidence shows that access to comprehensive sexuality education is key to achieving gender equality and improving reproductive health outcomes.[23]

support critical levers that accelerate progress on SRHR and ensure sustainable development. Advancing strategic investments in SRHR (such as investing in comprehensive sexuality education and integrating it in educational curricula for example), will further strengthen existing synergies between existing Canadian investments in education, health and gender.[24] Investing in a more comprehensive package of sexual and reproductive health[25] services and advocacy will support progressive law and policy change. These investments must be targeted to address the rights and lived realities of people in communities, particularly young women and girls, placing autonomy and bodily integrity at the centre of Canada's feminist approach to international assistance.

Canada's investments have the potential to help countries with the highest health burdens bridge funding gaps and address their unmet need for SRHR.

Investing in SRHR pays multiple dividends - it saves lives, improves health and wellbeing, promotes gender equality, increases productivity and household income and has multigenerational benefits by improving children's health and wellbeing.[26,27] Achieving universal access to sexual and reproductive health services and modern contraception by 2040 is estimated to provide an approximate US $120 return for every $1 spent,[28] with over US $400 billion in annual benefits, assisting groups living in poverty and young people, increasing education for women and children and female labour force participation and reducing maternal and infant mortality.[29] Failure to make this investment would lead to an increase in financial burdens, erosion of health and wellbeing and productivity reduction.[30] In 2011, private consumers in developing countries paid over US $34 billion in out-of-pocket expenses for family planning, reproductive health and HIV/AIDS related expenses.[31] Canada's investments have the potential to help countries with the highest health burdens bridge funding gaps and address their unmet need for SRHR.

ADOLESCENT SRHR, INCLUDING COMPREHENSIVE SEXUALITY EDUCATION

From the available data, the acute SRHR needs of adolescents are clear. National survey data from over 100 countries shows that many adolescent girls self-report experiences of being sexually active before 15 years of age,[32] where a majority first experience sexual intercourse under coercion and/or violence. An estimated 7% of girls in developing regions marry before 15 years of age, and 28% marry before 18.[33] Married adolescent girls in particular are at greater risk of intimate partner violence and sexual violence.[34] Domestic and sexual violence against women and children is estimated to cost US$ 8 trillion each year, with intimate partner violence against women alone costing 5.2% of global GDP.[35] Of almost half of 19-year-old women

in developing regions that are sexually active, almost half of their pregnancies are unintended.[36] An estimated 250,000 adolescents aged 15-19 years contracted HIV in 2015, of which almost two-thirds (160,000) were female adolescents.[37]

Early adolescence (between 10-14 years) is a development period that establishes behaviours that impact an individual's SRH and future wellbeing. Despite increasing recognition of the need for holistic SRH information and services for adolescents, data and funding deficits persist. Disaggregated research is needed to understand the needs of 10-14 year olds to develop effective interventions, specifically as they relate to the creation of strategies and delivery of youth-friendly adolescent SRHR services and information, legal and policy frameworks that prevent adolescents and young people from freely exercising their sexual and reproductive rights and the development and implementation of comprehensive sexulity education.

Acknowledging the critical need to address gender-based violence, contribute to gender equality and improve health outcomes, Comprehensive Sexuality Education (CSE) is recognized as a key upstream intervention that is both cost-effective and cost-saving. CSE acts as a critical pathway to increasing access to SRH services and information for children and adolescents, establishing a culture of consent, and fostering positive social norms and attitudes that support their human rights, gender equality and non-violence. Further, it is correlated with effectively delaying the age of first sexual intercourse and increasing safe sexual behaviour to reduce unwanted pregnancies and HIV transmission.[38] The longer-term impact of CSE includes benefits to health and other social development outcomes, creating opportunities for a healthier demographic to strengthen economic growth and eradicate poverty.[39]

CSE acts as a critical pathway to increasing access to SRH services and information for children and adolescents, establishing a culture of consent, and fostering positive social norms and attitudes that support their human rights, gender equality and non-violence.

While many countries (including Canada) have domestic laws and policies that support CSE, successful integration and implementation in both formal and informal settings remains a challenge. Canada has the opportunity to work closely with civil society organizations, ministries of education, health care providers and other stakeholders to scale up delivery and hold decision-makers accountable to the implementation of existing laws and policies in this regard. This includes establishing adolescent and youth-friendly services, eliminating legal and policy barriers that limit access to SRH services such as parental consent, and investing in developing youth and adolescent leadership so they themselves can engage with decision makers in the development of policies and programmes that address their rights.

Investing in the SRHR of adolescents during early childhood provides countries with a multiplier effect of benefits. It positively impacts the prevention and/or delay of early marriage, early pregnancy and early motherhood, thereby preventing girls from dropping out of school as well as the transmission of HIV. Despite this correlation, an assessment in 2013 measured that only two cents of every ODA dollar is spent on adolescent girls.[40] By investing in adolescent SRHR, including access to CSE, Canada can empower adolescents to realize their SRHR and to live healthy lives.

Investing in the SRHR of adolescents during early childhood provides countries with a multiplier effect of benefits.

COMPREHENSIVE CONTRACEPTIVE CARE

High-quality contraceptive services are essential for enabling women to exercise their reproductive rights, avoid unintended pregnancies and plan their births. As of 2017, 214 million women of reproductive age (13% of women aged 15–49 years) in developing regions have an unmet need for modern contraception.[41] About half of the 1.6 billion women of reproductive age living in developing regions want to either postpone or stop a pregnancy.[42] Despite this, many legal, political and socio-cultural barriers such as restrictive and judgmental attitudes of service providers, prevent women and adolescents from accessing and effectively using modern methods of contraception.

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The disease prevention approach that is often used - instead of a health promotion lens that celebrates and de-stigmatizes sexuality, pleasure and contraception - impacts both health and contraceptive use.[43] The trend of wanting to avoid pregnancy reflects much higher amongst adolescents between 10-14 years of age; their unmet need for modern contraceptives is greater than in women aged 15-49 (57% versus 24%). Younger adolescents aged 15–17 also generally have a greater unmet need than those aged 18–19.[44] There is a need to expand existing contraceptive choices offered to this age cohort from condoms to a full range of contraceptive methods,[45] including emergency contraception. This expansion should be integrated within investments in youth-friendly services for adolescents and should be based on their needs.[46]

Similarly, sex workers, indigenous women and girls, those living with HIV and/or other disabilities and LGBTQI+ people who regularly experience discrimination within health systems and policies, should have access to the full range of contraceptive methods.

Meeting women's contraceptive needs is considered the 'best buy' among health interventions,[47,48] with every US $1 spent on contraception leading to a cost savings of $2.20 in maternal and newborn health care due to declines in unintended pregnancies.[49] A holistic approach to SRHR that includes both contraceptive and maternal and newborn services together, yields a net savings of US $6.9 billion annually compared with investing in maternal and newborn health care alone.[50]

By scaling up investment in this critical area, hundreds of thousands of women and couples would gain the ability to decide if, and when they will have children, as well as how many children they will have. As part of a comprehensive package of sexual and reproductive health services and advocacy to support progressive law and policy change to empower individuals to claim their rights, investment in this area has the potential to transform families, communities, societies and countries.

Canada's commitment to family planning

has had a demonstrated impact on the lives of hundreds of thousands of women who, as a result of this commitment, are empowered to exercise their reproductive rights. Investments of CA $42.6M in 2017/2018 were assessed by the Guttmacher Institute as having contributed to 1.4 million women and couples receiving contraceptive services and supplies; averting 387,000 unintended pregnancies, including 187,000 unplanned births and 147,000 induced abortions (108,000 of which would have been provided in unsafe conditions); as well as averting 1,100 maternal deaths.[51] With each additional investment of CA $10 million, 323,000 more women and couples would receive contraceptive services and supplies, averting an additional 91,000 unintended pregnancies, and leading to 250 fewer maternal deaths.[52]

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COMPREHENSIVE ABORTION CARE

There is a trend towards the liberalization of abortion laws worldwide, with only a handful of countries prohibiting abortion under any circumstance. Yet each year, tens of thousands of women continue to die from unsafe abortions, with over 25 million performed in developing countries each year.[53] The costs associated with treating complications resulting from unsafe abortion are staggering: US $600 million per year in out-of-pocket expenses for women, girls and families,[54] and US $800 million per year spent by developing country health systems treating complications from unsafe abortion, often consuming up to half of hospital obstetric budgets.[55]

Nearly 14% of all unsafe abortions in developing countries are provided to women under the age of 20.[56] Impoverished and rural women are among the most vulnerable and are more likely to develop severe complications.[57] This situation persists despite global evidence that shows almost all abortion related morbidities and mortalities can be prevented by providing CSE, access to and effective use of contraception, the provision of safe and legal abortion and timely care for complications.[58]

From 2010 to 2014, over half of all estimated unsafe abortions occured in Asia, and every 3 out of 4 abortions that occurred in Africa and Latin America was considered unsafe.[59] Each year, between 4.7% to 13.2% of maternal deaths can be attributed to unsafe abortion, with the highest rates of maternal mortality concentrated in Africa.[60] An estimated 6.9 million women in developing regions sought treatment for complications from an unsafe abortion in 2012.[61]

The costs associated with treating complications resulting from unsafe abortion are staggering: US $600 million per year in out-of-pocket expenses for women, girls and families, and US $800 million per year spent by developing country health systems treating complications from unsafe abortion, often consuming up to half of hospital obstetric budgets.

The state of unsafe abortion has been made more critical with the US government's reenactment and expansion of the Global Gag Rule, a policy with a strong effect on aid to foreign NGOs, affecting health programmes, in particular quality contraceptive services, in about 60 low and middle-income countries.[62] With the dangerous implications of these funding conditions, Canada has acted to increase its support for access to safe abortion care, in terms of service delivery and advocacy, as part of a comprehensive package of sexual and reproductive health services. But Canada must continue to do more.

Canada's investments need to focus on eliminating barriers faced by women (particularly young women and girls) in seeking safe and legal abortion, including third party authorization and parental consent. Providing timely access to safe abortion care and emergency obstetric care and treatment is crucial to this endeavour. These services should be provided without

discrimination or fear of criminalization and regardless of legal restrictions to protect women's fundamental rights to their life and health. Programming in this area must also bridge service delivery initiatives with advocacy directed at creating enabling environments for improved access to safe abortion care.

ADVOCACY FOR SRHR

Women's and adolescents' SRHR have been historically influenced by major trends including health system reform and the funding it receives, as well as a human rights approach to influencing laws and policies on SRHR.[63] Advocating for financing neglected areas within SRHR with governments, donors and other key decision makers and monitoring the accessibility of SRH services helps protect the rights of individuals and their entitlements under international human rights law and challenges regressive, and often deep-rooted, social norms and gender inequities.

While advocacy for SRHR tends to require substantial financial and time commitments, it has been proven to lead to policy and legal reform, and is critical to countering coercion in reproductive decision making, including attacks on adolescents',women's, and LGBTQI+ individuals' rights.[64] In order to implement these approaches, civil society must be able to hold governments accountable to improve health and uphold human rights.[65] A vibrant civil society is part of a healthy democracy.

Advocacy is particularly relevant within the neglected areas of SRHR, such as safe abortion and adolescent sexual and reproductive health and rights, where stigma exists and/or where governments, donors and other actors are actively working to prevent access to services to which individuals are entitled, discriminate against specific population groups, and ultimately seek to control women's position in society. For change to happen, investments in civil society to advocate for and sensitize members of the judiciary, police, health and legal sectors on women's rights and SRHR, and benchmark good practice in the operationalization of laws, need to be increased.[66]

Canadian investments need to provide sustained support to grassroots feminist advocates, particularly adolescent and youth groups and Women's Rights Organizations (WROs) leading change at local, national and regional levels to advocate for their SRHR.

Canadian investments need to provide sustained support to grassroots feminist advocates, particularly adolescent and youth groups and Women's Rights Organizations (WROs) leading change at local, national and regional levels to advocate for their SRHR. Support for this work will also help protect the many progressive changes led by feminist and WROs on the ground. Further, with its LGBT-inclusive feminist approach, Canada should integrate support for advocacy for the diverse

SRHR needs of queer groups within its foreign aid,[67,68,69] as well as harmonize these values in its commitment to achieving the SDGs.

Financing advocacy for SRHR can lead to greater civil society participation and representation at decision-making tables, thus enabling people to claim their rights and promoting rights-based partnerships, as was affirmed by 164 governments in 2011 at the Fourth High Level Forum on Aid Effectiveness.[70] Despite recognition that advocacy is a critical factor in ensuring political accountability and driving rights-based, user-centered service delivery, there are limited donors investing in this arena.

In its FIAP Canada states its commitment to "...prioritize the investments, partnerships and advocacy efforts that have the greatest potential to close gender gaps, eliminate barriers to gender equality and help achieve the Sustainable Development Goals," and specifically identifies "advocacy and programming that address discriminatory laws that prevent women from realizing their economic, political and social rights".[71] Canada should now act on this commitment and support SRHR advocates to hold decision-makers accountable to their human rights obligations and SRHR commitments.

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SRHR IN EMERGENCIES

In 2017, a record-breaking 68.5 million people were forcibly displaced due to conflict, natural disaster, persecution or other human rights abuses.[72] And of the estimated 131.7 million people who will require humanitarian assistance in 2019, approximately 25 percent are women and adolescent girls of reproductive age.[73] These women and girls continue to require sexual and reproductive health services while navigating the effects of conflict and displacement, a time when these needs may even become greatest. Conflict often further perpetuates the dissolution of public infrastructure, including the health system that supports the provision of these services.

The sexual and reproductive health needs of those in humanitarian settings are vast. While there is growing recognition of the sexual and reproductive health needs of people living in emergency settings, many gaps remain. Young women and girls in conflict situations face higher risk of physical and sexual violence, including coercive practices such as rape, child, early and forced marriage, forced pregnancy and forced abortion, and trafficking.[74] Crisis situations can also lead to increased risk of sexually transmitted infections including HIV, unintended and unwanted pregnancy, and maternal morbidity and maternal mortality.[75]

Further, healthcare services such as safe abortion, long term and permanent contraceptive methods, emergency contraception, and clinical care for victims of sexual and gender-based violence are not readily available.[76] Despite this high need, conflict-affected settings receive 57% less funding for sexual and reproductive health care than countries not experiencing conflict.[77]

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While the provision of and responsiveness to women's sexual and reproductive health services in emergencies were largely lacking until approximately 20 years ago, advocates and humanitarian agencies have progressed by developing policies, guidelines, demand and global awareness about the need to prioritize the reproductive health of women in crises. Despite progress in this area, gaps in service delivery continue to fall significantly short of the enormous need. While humanitarian actors are increasingly recognizing that sexual and reproductive health and rights are a key component of humanitarian assistance, along with shelter, water, food and security, implementation gaps remain. Failures to implement the provision of SRHR services at the onset of emergencies remain substantial. Among the weakest areas are services for adolescents and vulnerable groups such as sex workers, women with disabilities and LGBTQI+ populations. Gaps also exist in safe abortion care, long term and emergency contraception and clinical care for victims of sexual and gender based violence.

A range of barriers have been identified in the provision of sexual and reproductive health care in humanitarian settings. Financial and resource constraints are significant, with global support delivering just slightly more than half of the US $22.1 billion in requests and appeals in 2016. Health system breakdowns present barriers to service delivery, as do logistical obstacles that make collecting information in crises challenging for promoting evidence-based interventions. Another key obstacle is cultural and ideological opposition, and the stigma it perpetuates.[78] Stigma fuels myths and misinformation regarding safe abortion, for example, which often leads organizations, donors and practitioners to make incorrect assumptions about the provision of safe abortion care in emergencies. They might incorrectly assume that there is no demand, that the delivery of abortion is too complicated in these settings, that donors won't fund abortion care, and/or that abortion is illegal, even in situations where it is not.[79] The lack of provision of safe abortion settings in crises is a gap that must be filled given both that rape is widely used a weapon of war and the UN estimate that 25-50% of maternal deaths in refugee settings are caused by complications associated with unsafe abortions. As a result of this well-documented dearth of sexual and reproductive health services for women displaced by conflict,[80] millions of women are put at risk. In fact, 61% of all maternal deaths occur in fragile states, many of them affected by conflict and natural disaster.[81]

Support for the full range of women and girls' sexual and reproductive health needs during humanitarian responses is spelled out explicitly in the FIAP. This support must be coupled with initiatives that address the stigma, discrimination, and violence that prevent people from using sexual and reproductive health services in these settings. Canada must continue to invest boldly in gender-transformative humanitarian action that aims to change gendered power relations and address the unique needs and challenges of women, including their sexual and reproductive health and rights and protection from gender-based violence.

Specifically, leadership should be provided on expanding access to neglected areas of SRHR and supporting signatories of the Call to Action on Protection from Gender-Based Violence in Emergencies in meeting their gender equality commitments.

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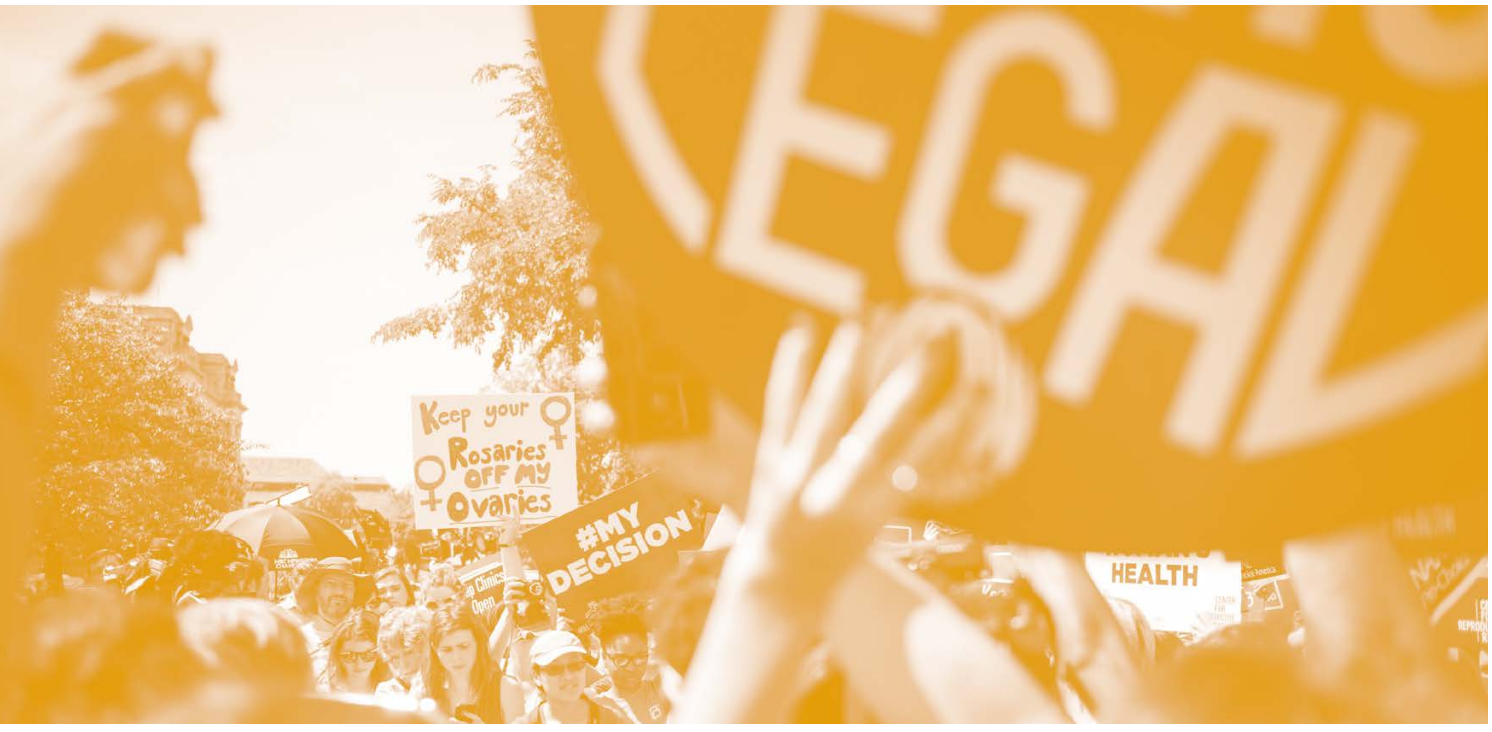

FROM POLICY TO PRACTICE

Canadian leadership and investment in SRHR must be clearly guided by a *feminist approach*, a *Canadian SRHR policy* to guide program implementation, policies and decision-making in intergovernmental spaces, and an *accompanying strategy* that sets goals, timelines and benchmarks for the policy.

PRINCIPLES

Prioritizes feminist organizations and advocacy - Progress on SRHR has always been made, largely due to the commitment and work of a strong feminist movement and women's rights organizations. Canada should coordinate with, support and build on the work of grassroots feminist and women's rights movements, organizations and leaders that have a wealth of knowledge and evidence about context, needs and rights. In addition, these groups should receive direct, predictable and core support.

Rights-based - As a party to international human rights treaties, Canada has an obligation to respect, protect and fulfill sexual and reproductive rights, both domestically and through Canada's development assistance. This entails ensuring programming meets human rights standards; including, for example, the delivery of a *comprehensive* package of sexual and reproductive health information and services that are accessible, available, accepted and of quality. A human rights-based approach also requires effective accountability mechanisms that integrate meaningful participation of rights-holders in decision-making processes. By putting rights-holders at the centre of international assistance, Canada can play a role in supporting their ability to claim their rights, while demanding that governments and duty bearers respect fundamental sexual and reproductive rights.

Demand-driven and rooted in bodily autonomy and choice – Women, adolescents and other groups in need to sexual and reproductive health services should be able to demand programs and interventions based on their needs, desires and realities over the course of their lives. Choice and the right to bodily autonomy should be at the heart of these programs and interventions.

Inclusive and intersectional - Programs and policy must put the voices, needs, rights and experiences of women and the most marginalized at the heart of decision-making and make a commitment to transform power dynamics at all levels. This 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 including adolescents and youth, Indigenous peoples, women, LGBTQI+ individuals, sex workers, those in conflict and emergency settings, among others.

Centrally positioned within Universal Health Coverage and integrated between sectors – Beyond a holistic approach, SRHR must be a central component of Universal Health Coverage. While also a standalone area of programming, SRHR should be integrated across and between sectors, including in the humanitarian and education sectors, in violence against women and girls programming including child early and forced marriage, LGBTQI+ issues, etc.. Canada must not only ensure the integration of SRHR into UHC strategies at country-level, but also within global decision-making spaces that touch upon UHC.

A focus on data, transparency, monitoring, evaluation and learning – The regular collection, analysis and use of data that is disaggregated by gender, sexuality, age, location, ability, etc., is important for benchmarking progress on SRHR. Of similar importance is the need for applying feminist principles to monitoring and evaluation frameworks. These frameworks should include principles of transparency, space for the co-creation of knowledge, and minimum standards of "do no harm", to name a few. Goals for Canada's SRHR commitments must also align with other time-bound commitments such as the SDGs. Legislative options for accountability and reporting should be explored.

Foreign policy coherence and whole-of-government approach – As a priority of Canada's development assistance, SRHR should also be *clearly* articulated and championed diplomatically (in bilateral, multilateral and intergovernmental spaces). This diplomacy must include clear instruction and guidance to Canadian diplomatic presences and the development of strategic alliances with like-minded governments to support the advancement of SRHR in foreign policy spaces. A whole-of-government approach requires 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.

Country-ownership and leadership - Just as rights-holders themselves must guide the development, implementation and evaluation of laws, policies and programmes that affect their lives, governments and institutions - particularly those in the Global South receiving development assistance - must drive decision-making.

SRHR POLICY

An SRHR policy is critical for providing the direction, clarity and accountability for Canada's commitment to SRHR within and across the FIAP and Global Affairs Canada over the long-term. An SRHR policy would situate SRHR not only as a development issue, but one requiring a defined approach in foreign policy spaces. Such a policy would clearly articulate strategies to advance neglected areas of SRHR and identify opportunities to integrate SRHR across sectors and movements. The benefit of such a policy would be to firmly ground SRHR as one of Canada's principle priorities in global spaces, reducing the likelihood of SRHR being sidelined in the future.

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This policy would ground Canada's SRHR commitment in a feminist, human rights-based approach, which entails flexible, predictable and long-term investments, a feminist approach to monitoring and evaluation frameworks (e.g. intersectional, transparent, co-creation of knowledge, "do no harm", etc.); and a commitment to transform power dynamics at all levels of decision-making. Specifically, the policy should:

- Be grounded in core feminist and rights-based principles;
- Prioritize work in neglected thematic areas;
- Integrate across and between sectors: UHC, humanitarian sector, child early and forced marriage, LGBTQI+ issues, education sector, etc.;
- Provide clear instruction and guidance to Canadian diplomatic presences on championing of SRHR; and
- Identify regular reporting, transparency and accountability mechanisms as well as integration with global commitments such as the SDGs, Agenda 2030 and beyond.

An SRHR policy would identify implementation priorities for progressive SRHR programming, and should position the needs, rights and realities of people and their bodily autonomy at the centre of decision-making within programming. In practice, this includes:

- Direct support for feminist, women's rights and youth-led advocacy for SRHR at the local, national and regional levels, enabling communities to challenge restrictive laws and policies and hold their governments accountable;
- Providing comprehensive contraceptive care that is rights-based and user initiated, and ensuring supply-chain management and accessibility, including in humanitarian contexts;

- Providing safe abortion through the integration of abortion care into healthcare systems, advocacy to address restrictions and to create an enabling political environment, and investment in innovation to improve access;
- Adolescent-specific SRHR programming, including comprehensive sexuality education, the provision of youth-friendly services, and support for youth organizations addressing the needs of youth and adolescents;
- Support for SRHR in humanitarian action, ensuring full access to sexual and reproductive services for those in emergency settings;
- Support for strategies to address inequalities in access to sexual and reproductive health services and the realization of sexual and reproductive rights within populations;
- Support for initiatives that bridge the gap between humanitarian and development contexts;
- Knowledge-building to support investment and help drive advocacy.

A Canadian Global Strategy on Sexual and Reproductive Health and Rights should include:

The principles of a feminist, rights-based, intersectional approach;

An integrated and whole of government approach, including guidance on diplomatic championing and a scoping of and commitment to multi stakeholder and bilateral opportunities to advance SRHR;

An action plan and timetable for measuring progress and results;

A department that is fit-for-purpose - training, hiring more feminists, identification of additional senior champions, improved capacity and guidance on implementation;

The creation of new and innovative government funding mechanisms that support long-term, sustainable investments in the core work of feminist and women's rights organizations working on SRHR service-delivery and advocacy;

Alignment with the ODA Accountability Act (i.e. a focus on poverty reduction, perspectives of the poor taken into account, meets human rights standards);

Robust accountability mechanisms to ensure effective implementation of the Policy;

A transparent framework to track investments across the neglected areas of SRHR; and

Targets for investment that include a percentage of support earmarked for feminist and women's rights organizations and which meet the goal of allocating 15% of Canada's ODA for 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;
- 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 a clear and consistent approach to SRHR across an amalgamated department.

CONCLUSION AND RECOMMENDATIONS

Canada's growing support for feminist approaches to development assistance and sexual and reproductive health and rights has the potential to transform the lives of women, adolescents, girls and LGBTQI+ people around the world - with ripple effects on the health and well-being of children, families and communities, economic growth, peace and security. With sustained political and financial commitment, Canada would be firmly positioned among the top global leaders in SRHR, leaving a global legacy of empowering individuals to claim their rights.

To realize its global impact, the Government of Canada should:

Commit a minimum of $500M/yr, over 10 years, for the neglected areas of SRHR in Canada's development assistance

The Future Planning Initiative is calling on Canada to invest a minimum of $500M/year over 10 years starting in 2020 in the neglected areas of SRHR. This investment aligns with the Canadian global health sector's broader vision of a comprehensive approach to Canada's post-2020 leadership in global health.[82]

This should include investment in both advocacy and service delivery: A commitment to ensuring a 80/20 ratio of resources for programming to resources to advocacy, including significant support for feminist and women's rights organizations engaged in advocacy for SRHR.

Create a Canadian global SRHR policy

Recognizing the global pushback on SRHR and withdrawal of support from other donors requires that Canada prioritize evidence over ideology, stand firm in its support for human rights and mobilize its influence as a credible global stakeholder to prevent rollbacks on these critical, life-saving issues. Evidence demonstrates that without an explicit focus on SRHR – both politically and financially – we risk backsliding on gains made. The continued integration and centring of SRHR in national, regional and international spaces is critical to Canada's leadership and long-term commitment to SRHR.

The Future Planning Initiative is calling on Canada to develop a stand-alone policy, aligned with existing policies such as the FIAP, to institutionalize and mainstream SRHR within and beyond Global Affairs Canada over the long-term. The policy should include:

- **Clear articulation of and strategy to advance the neglected areas of SRHR**, including clearly establishing Canada's approach to programming in this area and linkages across other related issues and sectors;
- **A defined strategy to advance SRHR in bilateral, multilateral and intergovernmental spaces**;
- **Accountability** through a well-resourced implementation strategy, with clearly established accountability mechanisms to monitor implementation;
- **Meaningful consultation** with diverse stakeholders, including SRHR advocates from the Global South, in the development, implementation and evaluation of the policy;
- **Leadership and diplomacy** within donor circles and in multilateral, bilateral and intergovernmental spaces. This includes building the capacities of Canadian officials to advocate to the donor community for increased support for SRHR and UHC implementation at the country level, and to convene new and traditional donors towards investment in the neglected areas of SRHR.

References

1 The Thrive Agenda is a collective vision for the future of Canadian leadership in women's, adolescent and child health and rights around the world, created and endorsed by Canada's leading organizations in global health. (The Thrive Agenda. CanWaCH 2019. https://www.canwach.ca/article/thrive-agenda)

2 Feminist International Assistance Policy. Global Affairs Canada 2017. https://international.gc.ca/world-monde/assets/pdfs/iap2-eng.pdf

3 Support for abortion rights strong in Canada, but Ipsos poll shows we are 'middle of the pack' globally. Global News. March 6 2017. https://globalnews.ca/news/3290006/support-for-abortion-rights-strong-in-canada-but-poll-shows-we-are-middle-of-the-pack-globally

4 Are you in favour of same-sex marriage? Crop Inc. Nov 20 2017. https://www.crop.ca/en/blog/2017/207/

5 Understanding Trump's Global Gag Rule. PAI 2017. http://trumpglobalgagrule.pai.org/understanding-the-policy/

6 'A gift to feminists': how Trump's 'gag rule' inspired a worldwide movement. The Guardian. Dec 2018.https://www.theguardian.com/global-development/2018/dec/26/how-trump-gag-rule-inspired-worldwide-movement-shedecides

7 Ibid.

8 Understanding Trump's Global Gag Rule. PAI 2017. http://trumpglobalgagrule.pai.org/understanding-the-policy/

9 Netherlands Global health. Donor Tracker. https://donortracker.org/netherlands/globalhealth

10 Ibid.

11 Development aid stable in 2017 with more sent to poorest countries. OECD 2018. http://www.oecd.org/newsroom/development-aid-stable-in-2017-with-more-sent-to-poorest-countries.htm

12 Assessing Canada's Global Engagement Gap, Second Edition. 2017.

13 http://global-canada.org/news/2017-global-engagement-gap-report/; https://www.oecd.org/dac/peer-reviews/DAC-Canada-2018-Main-findings-and-recommendations.pdf

14 Understanding Trump's Global Gag Rule. PAI 2017. http://trumpglobalgagrule.pai.org/understanding-the-policy/

15 Canada's Future Planning Initiative to empower 18 million adolescents and women. Nov 2017. http://www.18millionwomen.ca/wp-content/uploads/2016/11/Future-Planning-Initiative-22-November-2016.pdf.

16 Population by Sex, Canada. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14152/tbl/tbl1-eng.htm.

17 State of Civil Society Report 2019. Civicus March 2019. https://www.civicus.org/index.php/state-of-civil-society-report-2019.

18 The Thrive Agenda. CanWaCH 2019. https://www.canwach.ca/article/thrive-agenda

19 Immunization data from WHO and UNICEF, birth attendance data from UNICEF State of the World's Children, Childinfo and DHS surveys; modern contraceptive prevalence rates from FP2020 calculated estimates, 2017.

20 Ganatra B, Gerdts C, Rossier C, Johnson Jr B R, Tuncalp Ö, Assifi A, Sedgh G, Singh S, Bankole A, Popinchalk A, Bearak J, Kang Z, Alkema L. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet. 2017 Sep.

21 Executive Summary, 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', May 2018. http://dx.doi.org/10.1016/S0140-6736(18)30293-9.

22 New Report: Global Trend of Expanding Legal Abortion Services Continues. Center for Reproductive Rights. 2014. https://www.reproductiverights.org/press-room/new-report-global-trend-of-expanding-legal-abortion-services-continues

23 Global Review finds Comprehensive Sexuality Education key to gender equality and reproductive health. UNESCO 2015. https://www.un.org/youthenvoy/2016/03/comprehensive-sexuality-education/

24 Vanderkooy A, 'Education, Health, and Gender Linkages to Improve Learning Outcomes for Women and Girls', Canadian International Development Platform, May 2018. Link: http://cidpnsi.ca/improving-education-quality-and-learning-outcomes-for-women-and-girls-a-feminist-g7-agenda/.

25 Executive Summary, 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', May 2018. http://dx.doi.org/10.1016/S0140-6736(18)30293-9.

26 Smart Investments for Financing the Post-2015 Development Agenda, High Level Task Force on ICPD.

27 Canning D, Schultz TP. The economic consequences of reproductive health and family planning. Lancet 2012; 380: 165–71.

28 Population and Demography. Post-2015 Consensus. www.copenhagenconsensus.com/post-2015-consensus/populationanddemography.

29 Kohler, Hans-Peter and Jere R. Behrman, (2014) Population and Demography Assessment Paper: Benefits and Costs of the Population and Demography Targets for the Post- 2015 Development Agenda: Copenhagen Consensus Center.

30 Smart Investments for Financing the Post-2015 Development Agenda, High Level Task Force on ICPD.

31 United Nations (2013) The Flow of Financial Resources for Assisting in the Implementation of the ICPD Programme of Action- Secretary-General Report to the Commission on Population and Development E/CN.9/2013/5.

32 Executive Summary, 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', May 201. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext

33 Darroch JE, Woog V, Bankole A, Ashford LS. Adding it up: costs and benefits of meeting the contraceptive needs of adolescents. New York, NY: Guttmacher Institute, 2016.

34 Girls Not Brides, ICRW. Taking action to address child marriage: the role of different sectors. Washington, DC: International Center for Research on Women, 2016.

35 Hoeffler, Anke and James Fearon (2014) Conflict and Violence Assessment Paper: Benefits and Costs of the Conflict and Violence Targets for the Post-2015 Development Agenda: Copenhagen Consensus Center and Klugman, J. et al., (2014) Voice and Agency: Empowering Women and Girls for Shared Prosperity, World Bank, Washington D.C.

36 Darroch JE, Woog V, Bankole A, Ashford LS. Adding it up: costs and benefits of meeting the contraceptive needs of adolescents. New York, NY: Guttmacher Institute, 2016.

37 UNICEF. The state of the world's children 2016 statistical tables. Paris: United Nations International Children's Emergency Fund, 2016.

38 UNESCO (2009) International Technical Guidance on Sexuality Education An evidence-informed approach for schools, teachers and health educators, UNESCO: Paris.

39 UNESCO (2011) Cost and Cost-effective analysis of School-based Sexuality Education Programs in Six Countries, UNESCO: Paris.

40 Cited in UNFPA (2013). See also Chaaban, J. & Cunningham, W., (2011) Measuring the Economic Gain of Investing in Girls: The Girl Effect Dividend, Policy Research Working Paper 5753, The World Bank Human Development Network Children and Youth Unit & Poverty Reduction and Economic Management Network Gender Unit.

41 Darroch J E, Sully E, Biddlecom A. Adding It Up: Investing in contraception and maternal and newborn health, 2017. New York, NY: Guttmacher Institute, 2017.

42 Executive Summary, 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', May 2018

43 Higgins JA, Smith NK. The sexual acceptability of contraception: reviewing the literature and building a new concept. *J Sex Res* 2016; 53: 417–56.

44 Darroch JE et al., Adding it Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents, New York: Guttmacher Institute, 2016. Guttmacher Institute, 2016.

45 'A never-before opportunity to strengthen investment and action on adolescent contraception, and what we must do to make full use of it, Part 1.' World Health Organization, GFMER 2018.

46 2013 State of the World Population Report. New York: UNFPA, 2013.

47 Levine R, and the What Works Working Group. Millions saved: proven successes in global health. Washington, DC: Center for Global Development, 2004.

48 Jamison DT, Breman JG, Measham AR,et al. Disease control priorities in developing countries, 2nd edn. Washington, DC: World Bank, 2006.

49 Greater Investments Needed to Meet Women's Sexual and Reproductive Health Needs in Developing Regions. Guttmacher Institute 2017. https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs

50 Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017. Guttmacher Institute. https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017.

51 Just the Numbers: The Impact of Canadian International Assistance for Family Planning, 2017-2018. New York: Guttmacher Institute, 2018.

52 Ibid.

53 Ganatra B, Gerdts C, Rossier C, Johnson Jr B R, Tuncalp Ö, Assifi A, Sedgh G, Singh S, Bankole A, Popinchalk A, Bearak J, Kang Z, Alkema L. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet. 2017 Sep.

54 Vlasshoff, Michael et al. (2008) Economic Impact of Unsafe Abortion-Related Morbidity and Mortality: Evidence and Estimation Challenges, Institute of Development Studies at the University of Sussex, United Kingdom.

55 Ibid.

56 'When Abortion Is A Crime' The Impact on Young Women, IPAS 2014.

57 "Abortion in Latin America and the Caribbean. Guttmacher Institute: 2018. https://www.guttmacher.org/fact-sheet/abortion-latin-america-and-caribbean.

58 Factsheet - Preventing Unsafe Abortion, World Health Organization, February 2018. Link: https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion.

59 Ibid.

60 Ganatra B, Gerdts C, Rossier C, Johnson Jr B R, Tuncalp Ö, Assifi A, Sedgh G, Singh S, Bankole A, Popinchalk A, Bearak J, Kang Z, Alkema L. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet. 2017 Sep.

61 Ganatra B, Gerdts C, Rossier C, et al. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. Lancet 2017; 390: 2372–81.

62 Starrs M Ann, 'The Trump global gag rule: an attack on US family planning and global health aid', The Lancet, Vol 389 February 4, 2017.

63 Sen G, Sexual and Reproductive Health and Rights in the Post 2015 Development Agenda, ICPD Beyond 2014, International Conference on Human Rights, Netherlands, 8-10 July, 2013.

64 Percival V, 'The trouble with Canada's approach to maternal health', Canadian International Development Platform, October 2015. Link: http://cidpnsi.ca/the-trouble-with-canadas-approach-on-maternal-health/.

65 Executive Summary, 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', May 2018. http://dx.doi.org/10.1016/S0140-6736(18)30293-9.

66 'When Abortion Is A Crime' The Impact on Young Women, Ipas 2014.

67 Mason Corinne L., 'Is Feminist Development Queer?', Canadian International Development Platform, December 2017. Link: http://cidpnsi.ca/is-feminist-development-queer/.

68 Graham R, Berkowitz B, Blum R, et al. The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding. Washington, DC: The Institute of Medicine, 2011.

69 Blondeel K,Say L, Chou D,et al. Evidence and knowledge gaps on the disease burden in sexual and gender minorities: a review of systematic reviews. Int J Equity Health 2016; 15: 16.

70 Organization for Economic Cooperation and Development. Busan Partnership for Effective Development Co-Operation; Fourth High Level Forum on Aid Effectiveness; Busan, Republic of Korea, 29 November–1 December 2011. December 2011.

71 Feminist International Assistance Policy. Global Affairs Canada 2017. https://international.gc.ca/world-monde/assets/pdfs/iap2-eng.pdf

72 Global Trends: Forced Displacement in 2017, Geneva: UNHCR, 2017, https://www.unhcr.org/globaltrends2017/

73 Global Humanitarian Review 2019. UN OCHA. https://www.unocha.org/sites/unocha/files/GHO2019.pdf.

74 Factsheet: Sexual and Reproductive Health and Rights in Conflict. 2017. https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/GLP_GA_SRHR_FS_0817_Final_Web.pdf

75 State of the World Population: Shelter from the Storm. 2015. https://www.unfpa.org/swop-2015#!/Risk.

76 In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations. 2017. https://www.guttmacher.org/sites/default/files/article_files/gpr2002417_1.pdf.

77 Reproductive Health in the Changing Humanitarian Context. Inter-agency Working Group on Reproductive Health in Crises 2014. http://iawg.net/wp-content/uploads/2016/08/IAWG-Global-Evaluation-2012-2014-1.pdf

78 In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations. 2017. https://www.guttmacher.org/sites/default/files/article_files/gpr2002417_1.pdf.

79 Safe Abortion Care in Humanitarian Settings. Ipas and Action Canada. 2018. https://www.actioncanadashr.org/wp-content/uploads/2018/10/Ipas-Action-Canada_abortion-on-crisis-settings-brief_Sept-2018.pdf

80 Why access to sexual and reproductive health in emergencies is life-saving. Care International. 2017. https://insights.careinternational.org.uk/development-blog/why-access-to-sexual-and-reproductive-health-in-emergencies-is-life-saving

81 Corrected Statistic. Inter-agency Working Group on Reproductive Health in Crises. 2017.

82 The Thrive Agenda. CanWaCH 2019. https://www.canwach.ca/article/thrive-agenda