



Canada's Global Leadership

on Sexual and Reproductive  
Health And Rights  
Within the Thrive Agenda



Canada received global praise in 2017 with a bold \$650 M, 3 year investment in women's sexual and reproductive health and rights (SRHR).



## CANADA'S GLOBAL LEADERSHIP ON SRHR

### A RING-FENCED \$500 M PER YEAR FOR 10 YEARS WILL:

- Empower 18 million women and adolescent girls (the equivalent of every woman and girl in Canada) and achieve transformative development results
- Significantly enhance the impact of the overall Thrive Agenda, and
- Demonstrate Canada's indisputable global leadership on sexual and reproductive health and rights (now enshrined in SDG 5.6), on the 25<sup>th</sup> anniversary of the Cairo Conference on Population and Development

### 5 ELEMENTS OF SRHR GLOBAL LEADERSHIP WITHIN THRIVE:

- 1.** Complete the ramp-up started in 2017 to **empower 18 M women and adolescent girls** with rights-based SRHR: from \$217 M per year (\$650 M/3 years) to \$500 M per year.
- 2. Commit for 10 years:** from 2020 to 2030—the deadline for the Sustainable Development Goals.
- 3. Focus on 4 key neglected areas:** contraception; safe abortion; adolescents (including comprehensive sexuality education); and advocacy.
- 4.** Complement programmatic leadership with **diplomatic and policy leadership** on SRHR. In particular, encourage the integration of SRHR into Universal Health Coverage (UHC) implementation around the world.
- 5.** Play a global leadership role in **mobilizing donors, host governments, foundations**, etc. to fully close the funding gap and achieve global universal access to SRHR by 2030.

### INDISPUTABLE LEADERSHIP, GLOBAL IMPACT:

- **Indisputable leadership:** Canada will be a top 3 global donor on SRHR
- **Massive scale:** will empower 18 M women, the equivalent to every woman and girl in Canada
- **Global impact:** Canada's support will directly address 8% of the global unmet need of 214 M women; combined with its policy and resource mobilization leadership, the total impact will be much greater

## MASSIVE, MEASURABLE DEVELOPMENT OUTCOMES

Empowering 18 million women with a rights-based approach to SRHR has massive short, medium, and long-term impacts on women's empowerment, human rights, health, social costs, economic prosperity, peace and stability.

### SHORT-TERM:

- Gender transformative: empowers millions of women to complete their education, start careers and plan their futures.<sup>1</sup>
- Results in 4 million fewer unintended pregnancies and one million fewer unsafe abortions every year.
- Reduces maternal and neonatal mortality and morbidity: 50 thousand fewer deaths and 200 thousand fewer injuries every year.
- \$2.20 in health cost savings for every \$1 spent on contraception due to reduced number of unplanned pregnancies<sup>2</sup>. Annual savings of up to \$1 billion.

### MEDIUM TERM:

- Healthier babies with healthier mothers have better development outcomes.<sup>3</sup>
- Smaller families results in better family outcomes in health, education, income.
- Fewer children allow families and the public sector to invest more in the education of each child.<sup>4</sup>

### LONG-TERM:

- Enhanced gender equality and realization of women's rights
- Increased per capita economic growth in the most vulnerable communities and least developed countries<sup>5</sup>
- Increased resilience of fragile communities and states<sup>6</sup>
- Reduced vulnerability to environmental degradation<sup>7</sup>

## UNIQUELY NEGATIVE NET COST AND "BEST BET" RETURN ON INVESTMENT

- Negative net costs as every \$1 invested in contraception results in \$2.20 in reduced pregnancy and neonatal costs. *RMNCH costs less per capita than providing MNCH alone.*
- In addition to critical rights and health benefits, the associated costs savings and economic benefits of contraception results in an astounding \$120 of benefit for every \$1 invested, according to the Copenhagen Consensus which declared it a "development best bet".<sup>8</sup>





## RING-FENCING ENSURES FOCUSED ATTENTION ON NEGLECTED, STIGMATIZED ISSUE

- 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<sup>9</sup>.
- Challenge of inertia within the healthcare profession, stigma within some communities and opposition by some external actors.
- Successfully serving key groups (e.g. adolescents, stigmatized communities) with SRHR often requires different outreach and delivery models than other healthcare services.
- Ring-fencing will ensure focused attention on SRHR within an integrated Thrive Agenda.
- The transformative impact of Canada's recent ring-fenced funding of \$650 M demonstrates the merit of this approach.

## 10 YEARS LOCKS-IN GLOBAL LEADERSHIP, ACHIEVES TRANSFORMATIVE CHANGE, OPTIMIZES COST-EFFECTIVENESS AND IMPACT

- Committing to 2030 will underline Canada's unshakeable commitment to long-term leadership on this issue.
- Full uptake of SRHR services in societies is a multidecade 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).
- Canada has made 20 year commitments to specific funding streams in its recent Strong, Secure, Engaged defence policy<sup>10</sup>. If Canada can make 20 year commitments to warships and weapon systems as part of its defence policy, now is the time to make a 10 year commitment to women's health and empowerment as part of its Feminist International Assistance Policy.

1 Santosh K.M., 2016. *Sexual and Reproductive Health and Rights and Post-2015 Agenda: An Investigation into Development Scenario*. *Women's Health International*, 2(1): 114.

2 Guttmacher Institute, 2017. *Adding It Up: Investing in Contraception and Maternal and Newborn Health 2017*, December 2017 Fact Sheet.

3 International Center for Research on Women, 2014. *How Have Fertility Declines Benefitted Women's Lives in Low- and Middle-Income Countries? A Review of the Evidence*, Fertility & Empowerment Network Working Paper Series.

4 United Nations Economic Commission for Africa and the African Union Commission, 2013. *Initiating the Demographic Dividend by Achieving a Fertility Decline*.

5 Starbird, E., Norton, M., and Marcus, R., 2016. *Investing in Family Planning: Key to Achieving the Sustainable Development Goals*. *Global Health: Science and Practice*. June 20, 2016 4(2):191-201.

6 Coleman, I., and Lemmon, G.T., 2011. *Family Planning and U.S. Foreign Policy*. *Council on Foreign Relations*.

7 Engleman, R. et al., 2016. *Family Planning and Environmental Sustainability: Assessing the Science*. Washington, DC: Worldwatch Institute.

8 Copenhagen Consensus Center, 2014. *Women and Child Health Targets: Benefits and Costs for the Post-2015 Development Agenda*.

9 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.

10 "Strong, Secure, Engaged commits \$74.2 billion over 20 years to fully fund 281 projects that were planned, but for which Defence had insufficient funding to acquire. Adequate funding has now been allocated to deliver these core equipment projects". "Total funding available to Defence over the next 20 years will be \$497 billion on an accrual basis, or \$553 billion on a cash basis. . . Canadian Armed Forces must be able to plan well into the future. This policy ensures it can." <http://dgaapp.forces.gc.ca/en/canada-defence-policy/docs/canada-defence-policy-report.pdf>. See pp 43 and 98 for overall 20 year commitments, p. 102 for breakdown of commitments by areas.