Global Challenges and Opportunities for Canadian Leadership on SRHR

A multi-stakeholder conversation

Ottawa, June 6 & 7 2016

Brief summary of discussion[1]

Background

The *Global challenges and opportunities for Canadian leadership on SRHR: a multi-stakeholder conversation*[2] brought together over 40 senior stakeholders representing Canadian and international civil society organizations, government representatives, publically elected officials, activists, and the private sector. The goals of the meeting were to develop a shared understanding of issues related to sexual and reproductive health and rights (SRHR), including global gaps in this area; to explore options for a collective approach to Canada's SRHR policy over the next five years; and to build momentum for such an approach.

The conversation took place during an opportune moment in Canada's political context. The mandate letter to the Minister of International Development specifically calls on Global Affairs Canada 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." With the Global Affairs Canada policy review underway, this is the time to build a cohesive and meaningful plan that will allow Canada to significantly impact the lives of women and girls around the world.

> "It was really fantastic to be part of the conversations which are ***laying the groundwork for SRHR to emerge as a pillar of Canada's international engagement***."

Participants from around the world confirmed Canada's comparative advantage. With its historical reputation on these issues and a self-proclaimed feminist Prime Minister, Canada is well-positioned to provide global leadership on SRHR. 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. Other notable gaps and opportunities for Canadian leadership on comprehensive SRHR include: high-level advocacy and services for adolescents; displaced persons and victims of humanitarian crises; West Africa and the Francophonie.

The following summary provides key highlights and proposed recommendations that emerged from the meeting

Why now?

Participants began by situating the SRHR agenda within current national and global contexts: the situation is dire.

[1] While this document summarizes the key observations and perspectives voiced by participants in the multi-stakeholder conversation referenced in the title, its content, including the specific recommendations, does not necessarily reflect the views of any individual participant or co-organizer.
[2] Organized by: Action Canada for Sexual Health and Rights, the Canadian Council for International Co-operation, the Canadian Network for Maternal, Newborn and Child Health, Global Canada, Inter Pares, the International Development Research Centre and Oxfam Canada.

Using the metric of "unmet contraceptive need" over 225 million women who want to avoid pregnancy are not using an effective contraceptive method.[3] Participants noted that in reality, the rate is much higher. In addition, there are an estimated 22 million unsafe abortions each year. Pregnancy and its consequences 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 and 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.

Participants recognized 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).

There has been too little progress on SRHR in 20 years. The modest MDG targets (such as 5b calling for universal access to reproductive health) were badly missed. The more ambitious SRHR targets in the Sustainable Development Goals provide a new opportunity to redress the failures of the past. Still the goals and targets of the SDGs do not go far enough in addressing SRHR comprehensively.

Participants identified a number of barriers to progress. This discussion began with the acknowledgement that it is often difficult to discuss realities and share results in SRHR as they are sometimes sensitive. This is often because of stigma and taboos surrounding sex, pleasure, adolescent sexuality, among other issues, which, given that they involve women's and young people's control over their own bodies, are seen as fundamentally problematic. Furthermore, 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 justified by a seeming lack of consistent public support for SRHR or the controversial nature of elements within the SRHR agenda.

In addition, 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.

Recognizing these challenges, participants discussed powerful recent evidence on the direct and indirect benefits of SRHR.

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. (See also Annex I)

The investment case for SRHR is strongest for adolescents, where the need is also greatest.

Participants acknowledged that we know what works, and we have much of the evidence required to build a strong case of support for further investments in SRHR; yet, support for and investment in SRHR continues to face considerable backlash at the global level.

Canada is in a unique position to overcome these challenges, to become a leader in SRHR in Canada and globally, among G7 and OECD countries. Participants expressed deep support for Canada to leverage its new position to advance SRHR at

[3] 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

the global level. Participants also acknowledged the domestic factors that are aligning, namely the Prime Minister's support for a feminist approach to policies, the ongoing International Assistance Review, and recent statements made by public officials that support SRHR in Canada and globally. Despite these new developments, participants recognized that Canada has been absent from the global SRHR movement and has work to do in order to "catch up." Political and financial investments are required to build meaning behind the new rhetoric. For Canada to realize this potential, the Government will have to adopt a solid approach to development and foreign policy that is driven by outcomes, sustained by long-term investments and reflective of domestic positions. Participants also acknowledged that while this is one important moment, it is the beginning of a larger conversation both domestically and globally, noting that the vision of the SDGs is one that requires both action at home and Canadian leadership overseas.

Key highlights

Canada's added value

Canada needs to 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. In the coming weeks and months, it will be critical for the Government of Canada to clearly articulate the approach from which it can identify clear priorities, milestones, and benchmarks for success.

Adopting an integrated and intersectional approach

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. Participants noted that 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, one participant noted that "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 SRH 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 youth-led organizations. Participants discussed what indicators would best apply to such an approach. 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.

Making global-domestic linkages

Participants made reference to Canada's obligations towards the realization of sexual and reproductive rights. The SDGs create opportunities for Canada to address SRHR issues domestically as well as globally and these discussions are ongoing within the highest levels of government. Individuals who are marginalized in Canada and globally, i.e.: those who face barriers in accessing health services or information due to age, sexual orientation, gender identity or expression, religion, gender, location, socioeconomic status, discriminatory laws and policies, etc., should be positioned at the centre of advocacy or programming.

From the broader discussion, specific barriers within Canada were identified as three-fold:

1. barriers to what is available (e.g. contraceptive implants);
2. access including in particular regions and through restrictive regulation around medical abortion; and
3. out-of-pocket costs in relation to specific SRH goods and services.

Strengthening Canada's role in the world

Participants made repeated reference to the present juncture as a leadership moment. Canada is strategically positioned to champion SRHR issues. Participants engaged in focused discussion on the levels of leadership Canada should be demonstrating on SRHR. The summary results of this conversation can be found in Annex II.

Recommended next steps for collective action regarding the advancement of global SRHR in the Canadian context

Canada should establish an SRHR policy or strategy

Participants stressed that the most significant role for Canada to play was in political leadership, and particularly demonstrating leadership on the more sensitive elements of the SRHR agenda, including safe abortion care and adolescent sexuality. Canada could demonstrate sustained leadership on SRHR by establishing a Canadian Global Policy on sexual and reproductive rights that would guide Canada's overseas development efforts as well as its diplomatic efforts. 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 adoption of a rights-based approach creates opportunity for Canada to become a leader in the human rights principle of universality, whereby in the context of SRHR, Canada works to promote sexual and reproductive rights globally, as it does domestically, and is seen as a leader in doing both. A Canadian SRHR policy or strategy would also reduce 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).

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, ensuing 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.

The issue of accountability was discussed at length. 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.

SRHR leadership through programming

Canada should demonstrate leadership on SRHR by catching up to and leading the donor community towards investments which exceed existing global targets.[4] Canada can do so by establishing an overall funding target in excess of 10% of ODA for SRHR. Within this, some funds should be earmarked for the advocacy of feminist and youth-led organizations for SRHR and intersecting women's rights issues. Mechanisms through which these funds flow must be flexible, allow for core funding, be general rather than project-specific, and long-term. 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 addressing gaps/neglected areas in SRHR and should create opportunities for shared learning among donors in the SRHR community.

The dialogue was initially structured around four areas which have been traditionally been neglected from Canada's approach under the Muskoka initiative – contraception, safe abortion care, advocacy for SRHR and adolescent and youth SRHR. Strong feedback from the discussion reflected a need to take meaningful steps to address these four areas within a comprehensive and integrated approach to SRHR. The following sections outline key areas requiring targeted investment both in terms of advocacy for SRHR and supporting the scale-up of quality SRH services and information, including investment in safe abortion and contraception. It will be critical to centre and prioritize the SRH needs of adolescent and youth across the approach.

Advocacy for SRHR

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 presented by participants 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 the Canadian perspective, this will require a transformational shift beyond an MNCH approach towards one that supports comprehensive SRHR.

> "If we're talking about advocating for SRHR, and we're talking about a feminist, rights-based approach, it means that those who need to be doing this advocacy are actually adolescents, women, girls, the constituency for whom you're actually talking about doing this work to begin with. This is not from the exclusionary perspective who else shouldn't be allowed to support or who else shouldn't be part of the process. But ***I would want to see the Canadian government put money into making sure that three years from now there are structured ways of making sure that feminist advocates on SRHR have a political platform and political power to be able to advocate on SRHR."***

Goal: Invest in local women and youth-led and feminist organizations to advocate for SRHR by:

[4] 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).

1. Providing a new and immediate long-term investment of $100 M/year in funding to support SRHR advocacy 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.
2. Direct government and political advocacy (see 'Demonstrating leadership' section below).
    - Identifying and utilizing opportunities to advocate for comprehensive SRHR (exercising political leadership).

Supporting scale-up of quality SRH services and information[5] and empowering rights-holders to access services

Access to a range of contraceptive methods remains a critical challenge. While there has been renewed momentum in the last few years with ambitious global targets (including the provision of family planning support to 120 million women by 2020) major gaps remain. Canada can make a significant contribution towards universal access to contraception within a comprehensive SRHR strategy.

Participants noted that 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. It will be critical to bring a focus on the provision of safe abortion services during the upcoming Migration Summit in September 2016 and in discussion related to follow up from the World Humanitarian Summit.

> "[Family planning and safe abortion] are in fact closely linked…they do not have to be siloed. This is an artifact, an unnatural artifact of other donors' political calculations that **do not** need to be repeated in Canada."

Goal: Contribute towards universal rights-based access to SRH information and services, particularly contraception and safe abortion, focusing on the poorest and most vulnerable, including those in fragile settings, by:

1. Implementing a 10-year commitment of $400 M/year in funding for:
    - ensuring rights-based access to contraceptive information and services for 18 million women and girls;
    - comprehensive abortion care (which includes post-abortion contraception);[6]
2. Leveraging expertise and evidence in relation to abortion and contraceptive care to ensure integration into GAC programming;
3. Paying particular attention to adolescents; displaced persons and victims of humanitarian crises; Indigenous peoples, rural populations, West African countries and la Francophonie, among others);
4. Ensuring investment focusses 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. Ensuring investment in addressing adolescent-specific demand factors, such as supporting comprehensive sexuality education, youth-friendly services, and information campaigns targeted at young people;
6. Mapping what is already happening that can be leveraged;
7. Considering making a commitment to FP2020;
8. Using costed implementation plans at country level – country driven, country owned plans, to start tying all vertical funds together; and
9. Linking the strengthening of the health system and a comprehensive SRHR strategy in each country.

[5] Focus on comprehensive abortion care and contraceptive care as they are issues that remain neglected both globally and within Canadian programming.

[6] 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.

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.

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.

Goal: Promote and catalyze collective action in support of youth SRHR by:

1. Holding global partners accountable to implementation of adolescent SRHR;
2. Within 5 years, applying a youth and gendered lens consistently to all programming, including and beyond SRHR programming;
3. Establishing a platform profiling work that champions adolescent SRHR globally;
4. Creating a youth ambassador within the PMO to champion adolescent SRHR;
5. Developing a portfolio of highly successful domestic and international programs for/with adolescents;
6. Partnering with youth organizations/players who are working on adolescent SRHR; and
7. Convening practitioners to grow and expand programming and create a platform for SRHR.

Demonstrating bold leadership

Achieving Canadian leadership in SRHR will require strong, sustained leadership, such that Canada has demonstrated towards MNCH or the elimination of anti-personnel landmines. While participants applauded Canada's positive initial actions, they underlined that additional steps are required in order for Canada to become a leader in SRHR.

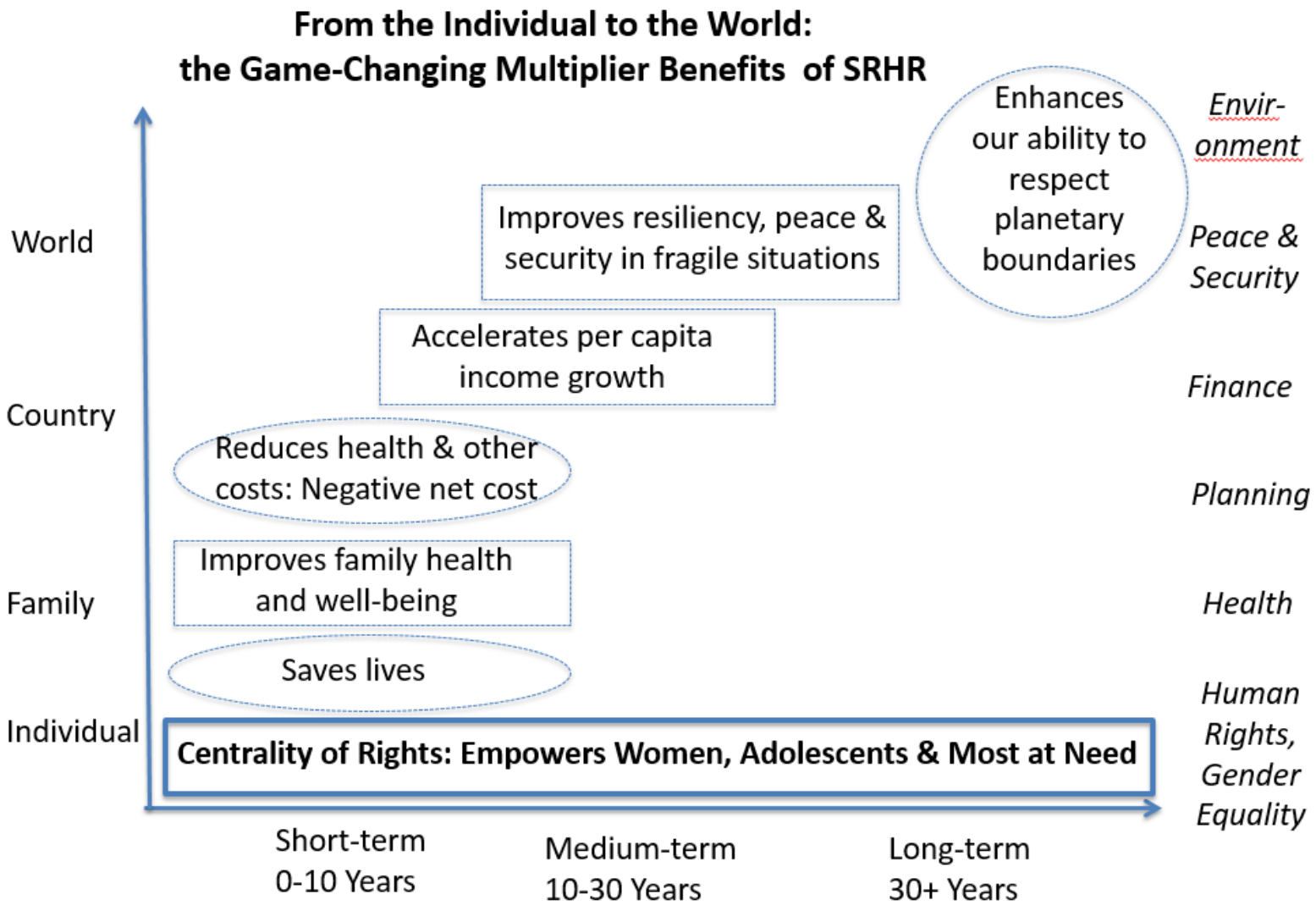
A number of specific actions for the Government of Canada were suggested, including:

1. **Using the G7 leadership moment:** hosting a **global universal SRHR access Summit** in Canada in 2018;
2. **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;
3. **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;
4. Featuring SRHR prominently in the outcome of the **international assistance review process**;
5. **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.;

"Important to keep this group informed and engaged as this effort develops – we can advise you on the **how** – ask us!"

6. 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);
7. Pushing for greater focus on SRHR, from a rights-based perspective in **Canada's hosting role for the Global Fund replenishment in September 2016**;
8. **Bringing attention to neglected aspects of SRHR at UN Summit on Refugees and Migrants**, September 2016**: including** bringing focus to safe abortion care and emergency contraception; and
9. **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).

Annex I


From the Individual to the World:
the Game-Changing Multiplier Benefits of SRHR
World
Country
Family
Individual
Improves resiliency, peace & security in fragile situations
Enhances our ability to respect planetary boundaries
Accelerates per capita income growth
Reduces health & other costs: Negative net cost
Improves family health and well-being
Saves lives
Centrality of Rights: Empowers Women, Adolescents & Most at Need
Short-term 0-10 Years
Medium-term 10-30 Years
Long-term 30+ Years
Envir-onment
Peace & Security
Finance
Planning
Health
Human Rights, Gender Equality

Annex II

Levels of Leadership to Achieve SRHR Breakthrough — Now

Assessment by Participants at June 6/7 SRHR Multi-Stakeholder Gathering — Future

Level of Leadership	*First: Going through the motions (Initial)*	*Second: Checking the box (Minimalist)*	*Third: Making a Difference (Meaningful)*	*Fourth: Leading the charge (Masterful)*
POLITICAL LEADERSHIP				
Seriousness of commitment	Aspirational speeches	Election platform	Mandate letter/ speech from the throne	International undertaking
Clarity of commitment	General statements	Directional statements	Concrete but unbound targets	Ambitious, concrete, time-bound (HIV/AIDS 3 by 5 initiative, FP2020 120 M women)
Top-level engagement	Minister not engaged-delegated	On Minister's list of priorities	Clearly a top 3 issue for Minister (Axworthy Landmines)	Priority for head of government (Blair 0.7%, Harper MNCH)
Global advocacy	Sub-Ministerial participation in key events	Minister/PM participation in key intl events	Creating/shaping key intl events on the topic	Priority item for top multilateral gatherings (UNGA, G7, G20)
DEPARTMENTAL ENGAGEMENT				
Staffing	Added to existing responsibilities	1-2 junior people committed full-time	Director/DG plus staff (MNCH); Ambassador/ special envoy (Dutch on SRHR)	ADM/DM plus dedicated staff (Afghanistan)

Funding	Re-allocated funds: "shell game"	Modest additional funds	Meaningful additional funds	Leadership funding (US/UK on Global Fund, Rotary club on polio)
Engaging global expertise	Ad hoc meetings with experts	One-off group consultation	Regular, well-structured group consultations	World-class, expert advisory group (Polio Strategic Advisory Group of experts)
Multi-stakeholder outreach	Pro-forma consultations	Periodic, meaningful discussions	Structured, ongoing civil society engagement	Co-design of strategic objectives and implementation plans
MULTI-STAKEHOLDER LEADERSHIP				
Canadian civil society programming	New terms, same projects. No real changes.	Some minor new programming, no change in priorities	Significant new work	Creative, breakthrough projects and partnerships
Canadian private sector	No engagement	Ad hoc, CSR engagement	Structured involvement	Deep, multiyear engagement (Merck for Mothers)
Canadian Foundations	No engagement	Modest, ad-hoc engagement	Meaningful support	Substantial sustained funding and top-level engagement (e.g. Gates for Global Fund, FP2020)
Public advocacy	Limited structured advocacy	Coordinated actions	Innovative social media and broad public engagement	Strong public campaign with credible, high profile spokespersons (e.g. Malala, Emma Watson)