



## **Every One Matters: Investing in the Health of Women and Children to Achieve Agenda 2030**

### **A Roadmap for Canadian Leadership**

**The Road Already Travelled:** It has been a good news story for many: as the sun set on the Millennium Development Goals, the global community celebrated a 45% decline in maternal mortality and an over 50% decline in child mortality since 1990 and 2.4 million lives saved since 2010. Our Partnership of over 100 Canadian organizations made up of NGOs, academic institutions and health professional associations, have also been instrumental in this work: active in over 1000 communities worldwide, we have contributed to reducing mortality, promoted accountability to women and children, cultivated innovation, generated research and supported monitoring and evaluation.

**The Road Ahead:** Equality for every woman, adolescent and child starts with respecting their health-related rights everywhere; yet, despite tremendous progress serious gaps remain. To address uneven progress to date, we must continue our existing work and expand our efforts by deliberately investing in the people, places, policies and interventions that were too often neglected by the global agenda. While upfront costs may be higher to reach everyone, everywhere, sound investments from the Government of Canada will contribute to a greater yield of impact for beneficiaries. Cost effective bundled interventions that are well targeted and managed will deliver health benefits and value for money. By harnessing the credibility and experience of Canadian organizations and investments of the Canadian Government, we can catalyze progress so every woman, adolescent and child survives, thrives and realizes their right to health with dignity.

#### **Steps Forward for Canadian Leadership:**

##### **1. Policy Approaches**

Improving health and well-being relies on changing the policies and systems that effect health outcomes. We must fundamentally shift policies toward approaches that deliberately promote the inclusion of those left out. For example, to end Female Genital Mutilation/ Cutting, a social practice that affects over 200 million women, adolescents and girls worldwide with an additional 3.6 million new cases documented annually mostly carried out on young girls between infancy and adolescence, the underlying dynamics that cause vulnerability need to change. To achieve lasting change, Canada's development policies should:

- a. Adopt equity-driven policy and programming approaches that address structural barriers which limit access to healthcare and focus resources beginning with those who are most in need.
- b. Lead on a feminist foreign policy within a rights-based framework that is gender transformative. This means focusing on changing conditions of the most excluded, rebalancing power relations and reconfiguring the social position of women and girls in the household and in society. Together, gender transformative measures result in choice, empowerment and autonomy.
- c. Promote accountability through evidence-based approaches to health, such as through investing in local knowledge and research, and working with a range of actors, including civil society, so decisions are based on the best available evidence.

## **2. Invest in Interventions**

Progress to date was achieved through investments in an integrated basket of high-impact interventions, including linking reproductive, maternal, newborn, child and adolescent health (RMNCAH) with other health issues. Further, we know that investing in comprehensive health packages gives a high return on investments. For example, poor water, sanitation and hygiene (WASH) access is associated with higher levels of maternal mortality and infection. Hygiene promotion, including hand-washing by birth attendants and mothers at the time of birth, the integrated management of childhood diseases through vaccination, health worker training and community education have been integral components of global efforts in RMNCAH that have, among other things, contributed to cost-effective health interventions and progress in maternal mortality. To continue strengthening the whole of the health system, Canada should:

- a. Support comprehensive, integrated and innovative interventions for all women, adolescents and children from pre-pregnancy through early years of life and health system strengthening from home to hospital.
- b. Continue existing work on MNCH and add critical investments in sexual and reproductive health and rights (SRHR) to support a mutually reinforcing approach to RMNCAH and SRHR.
- c. Amplify investments in underinvested areas of SRHR, nutrition, and early childhood education across the continuum of care.

## **3. Invest in Adolescents**

Globally, complications during pregnancy and childbirth are the second leading cause of death for 15-19 year-old girls. Young women age 15-24 account for 17.4% of new HIV infections or 7,000 new infections a week. Lack of access and lack of choice to methods of contraception and prevention against sexually transmitted infections directly impact adolescents' sexual and reproductive health. To leverage existing investments and deliver its commitment to SRHR, particularly for adolescents, Canada should:

- a. Revise the MNCH strategy by identifying adolescents as a target population and addressing their unique needs through comprehensive, gender transformative, evidence-based programming.
- b. Provide technical support to priority countries to integrate adolescent health and nutrition fully within their national health strategy.
- c. Host an international conference to discuss gaps and best practices in adolescent health.

## **4. Invest in Fragile Contexts**

Currently 60% of preventable maternal deaths, 53% of deaths in children under five, and 45% of neonatal deaths take place in fragile settings of conflict, displacement and natural disasters. By 2030 over two-thirds of the world's extreme poor will live in fragility and climate change will cause an additional 250,000 deaths each year from malaria, diarrheal disease, heat stress and undernutrition alone. This has serious implications for achieving the right to health as fragility exacerbates access to basic healthcare. To facilitate access to health services for vulnerable populations across the continuum of care, Canada should:

- a. Consult stakeholders to identify best practices in fragile contexts, including around: proportional investment; comprehensive service delivery; longer-term, flexible funding and programming; capacity building for national health systems; and research.
- b. Adopt and champion a fit for purpose approach to comprehensive health and nutrition programming across the continuum of care for women and children in fragile contexts.
- c. Invest in mitigating the impact of climate change on health and nutrition outcomes by building healthier and more sustainable societies, including through climate change adaptation programs.

**Together we can ensure that every woman, adolescent and child survives and thrives, everywhere.**