



Beyond 2020: An Agenda for Canadian Leadership in Women and Children's Health

Pre-Conference Discussion Paper

Setting the Context: Why Canadian Leadership?

Canadians are known for our bold leadership in both global health and gender equality. From Canada's ground-breaking Feminist International Assistance Policy and recent initiatives like *Her Voice, Her Choice*, to historic leadership at the *Beijing Conference on Women* and the *Muskoka Initiative for Maternal, Newborn and Child Health*, Canadians in our sector have demonstrated their ability to lead, tackling challenges from which others shy away. Canadians also have a proud history of creating pathways for others to follow in our footsteps.

It is no coincidence that we are at a pivotal moment for the merging of our historical leadership in gender equality and global health. The Sustainable Development Goals (SDGs) and Canada's Feminist International Assistance Policy (FIAP) set ambitious targets and a bold vision. We are at a moment when one country's boldness can be catalytic and drive change. In 2018, the Canadian Government chairs the Group of Seven, and has chosen gender equality as a key theme. In 2019, Canada will host the largest Women Deliver conference to date. This is Canada's moment, and the opportunities are in front of us.

Now is the time to be aspirational. It is the time for a bold, new vision that plays to Canada's strengths and builds on its past work. And it is time for action to deliver on that vision, with a firm course to a world Canadians want to see – one where every woman and child has the health, choices and rights they need to live a full life with agency and empowerment.

Purpose

This discussion document is intended to spark conversation in advance and during the *Beyond 2020: An Agenda for Canadian Leadership in Women and Children's Health* conference. It was developed by CanWaCH with direction and inputs from the Conference Program Advisory Committee, the CanWaCH Stakeholder Engagement and Policy Working Group members, and consultations with other external stakeholders. The document endeavors to summarize some of the key sectoral challenges and opportunities that we collectively face going forward, in the context of the SDG goals and the FIAP.

Canada's leadership in implementing the Feminist International Assistance Policy and reaching the SDGs will be defined by our collective ability to take a holistic approach to women and children's health. Paradigm, conceptual, and programmatic shifts are required by civil society, global health and gender researchers, the private sector and governments around the world. The conference brings many of these actors together and asks the question: what have we learned to date and what will we collectively do differently in the next 10 years?

Process

The conference intends to inspire action across the CSO, research, and government communities. The conference will explore some of the questions laid out in this discussion document. Two sessions of the conference will be specifically dedicated to discussing the paper. Additionally, there will be multiple roving rapporteurs capturing conversations in the plenaries, breakouts, and even the hallways. Following the conference, the CanWaCH Secretariat and the Conference Program Advisory Committee will produce an outcomes document reflecting the conference proceedings. The outcomes articulated in the final document will inform CanWaCH's ongoing work with its membership and Global Affairs Canada.

Key questions for discussion

- What are the lessons learned from the past ten years of Canadian global health and development programming and research?
- What is the theory of change that unites us across multiple and complex health and gender equality programs?
- Based on evidence, what are the most catalytic program investments for scaling up global health impacts that lead to gender equality?
- What data do we need to ensure progress?

- What types of financing do we need for this progress?
- How are we ensuring that local partners are genuine stakeholders from the start?
- How can we best design, measure and monitor our programs to ensure they contribute to both gender equality results and health outcomes for women and children?
- How can Canada use its multiple levers including funding, global influence and soft power, to increase gender equality and health results?
- What are the most effective pathways for collaboration within the global health sector, as well as across disciplines and sectors, to enhance global gender equality and health results?
- What changes do we need to make to adopt gender-transformative approaches?

What is the Big Vision?

The SDGs and the Feminist International Assistance Policy lay out a vision for a world in which every woman and child is able to access the tools and supports they need to be healthy and empowered, a world where every child is able to realize their rights and reach their full potential, a world where no girl or woman is held back by her gender, and no boy or man is restricted by harmful gender norms. In this world, we recognize health outcomes are always boosted by a focus on gender equality, and that we will not improve gender equality without a focus on healthy women and children.

Canadian Leadership: Empowerment

The story of Canada's leadership in global health and development is the story of a healthy, empowered woman, with the rights and choices she needs to thrive. It is the story of this woman's life, from a newborn, to a child, to a teenager, to the woman she is now. It is about the foundational interventions that shape her life, and allow her to make the choices she needs to be healthy and to succeed.

Good health is both a means and an end. It is a right and a necessity for exercising one's other rights. The journey to an equal, empowered woman starts early, and it starts with equitable access to health.

When women and girls are healthy, educated, safe from violence, and able to exercise their rights, they have skills and increased opportunities to help pull themselves, their children, their families, their communities, and their countries out of poverty.

The FIAP correctly identifies that unlocking the potential of women and girls is critical to solving today's most pressing global challenges. The question for our sector is how to ensure we address the full spectrum of care needed to unlock this potential. What are the crucial interventions? How can they be delivered in the most comprehensive and cost-effective way? If women and girls need a continuum of care, how do we ensure our programming works across traditional sectoral divisions?

Sexual and reproductive health and rights are not just about the ability to delay or prevent pregnancy. They are about women's full experiences of reproduction, regardless of her stage in life. They include comprehensive sex education, menstrual hygiene management, miscarriage, menopause, pregnancy, maternal health and rights, safe childbirth, post-natal care, breastfeeding and more.

Women and girls' health and rights also require the inclusion of men and boys as partners in change and co-beneficiaries. Men and boys can be allies in progress, yet they themselves are constrained by negative gender norms or harmful gender stereotypes. In many cases, these harmful gender norms cause unequal power distribution and discrimination against women. These challenges are complex and require innovative thinking and partnerships connecting new actors driving together towards change. How can we as a sector think about new and innovative partnerships that will take our programming to the next level? For example: How does a gender analysis enhance how we

deliver vaccines? How does a menstrual health intervention support educational projects in rural areas? How do neonatal nutrition interventions support women to re-enter the workforce and support her children?

There is no one pathway in a woman's life. Rather, her pathway is a series of empowered and informed choices she can make because she has access to the services, supports and rights to make those choices. If at any point in her life, she cannot access those rights, or the interventions she needs are not available, her outcomes suffer and she is vastly less likely to fulfil her potential.

What is the Shift?

This bold new agenda to implement the FIAP means a fundamental shift in approach across all sectors - health care practitioners, researchers, civil society, academics, private sector and government. It means changing the 'how' in the way we do our work. It means reassessing how we partner with other organizations and government, both here in Canada and in the countries where we

work. It means pulling lessons from what has worked and what we need to do differently in how we work and partner with indigenous communities both here in Canada and abroad. It means looking critically at how and why we are collecting data for our projects and collective investments, and how this information is and will be used, and by whom? It means everyone finding their own ways to embrace a gender-transformative approach to women and children's health, and a health-focused approach to gender equality.

At its heart, a gender-transformative approach addresses the systems of oppression and unequal distribution of power that prevent men and boys, women and girls from living their fullest, healthiest lives. It is a comprehensive strategy that cuts across file areas, and implicates institutions and cultures, as well as individual interactions and behaviours. It is not about simply targeting women and girls in any given intervention. It is an opportunity to evaluate our own programming and ask: how can this program be improved by a gender transformative approach? A gender-transformative approach offers the best path to increasing health equity, health access and health outcomes for women and girls, as well as for men and boys. It is the best way of strengthening health systems, institutions and policies, because it addresses the fundamental drivers of health inequality, particularly for women and girls.

Key Questions for Discussion:

- How do we implement Canadian leadership? How do we know if we are succeeding?
- How do we hold all partners accountable for their role in this vision?

Gender Equality and Health: A Whole-of-Life Map

This paper and the conference will recognize the many ways to discuss how we implement a rights-based approach to women's and children's health. For example, we could explore global health interventions through the frames of social determinants, the continuum of care or the spectrum of reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N). Any narrative that explains and links the various policy and health interventions necessary to reach the end goal of healthy empowered communities requires us to grapple with the complexity of a person's full journey from infancy to adulthood. For the conference we have developed a tool for dialogue, where we envision a 'whole-of-life approach'. The approach will give us a frame for conversation and deliberation throughout the conference proceedings, as well as generate challenging discussion about how to design and

prioritize policy and programming that meets the whole needs of a person at any stage in their life.

The graphic below shows the continuum of services and care a woman needs throughout her life, and encourages discussion about how best to recognize and address the complex intersections of a woman's life. These are gendered interventions specific to SDG indicators that demonstrate a high return on investment. They place the woman at the heart of a comprehensive, intersectional approach, and are essential interventions to achieving both SDG 3 and SDG 5.

Health-specific interventions directly address health needs. These interventions relate to the full spectrum of RMNCAH-N.

Examples: Nutrition, non-communicable diseases, mental health, and civil registration and vital statistics.

Health-sensitive interventions are the complementary and essential half of the picture. These are gendered, non-health areas that either directly impact a child or woman's ability to be healthy or enable her to access health rights. Given the importance of social determinants of health, about 50% of health gains comes from non-health investments.

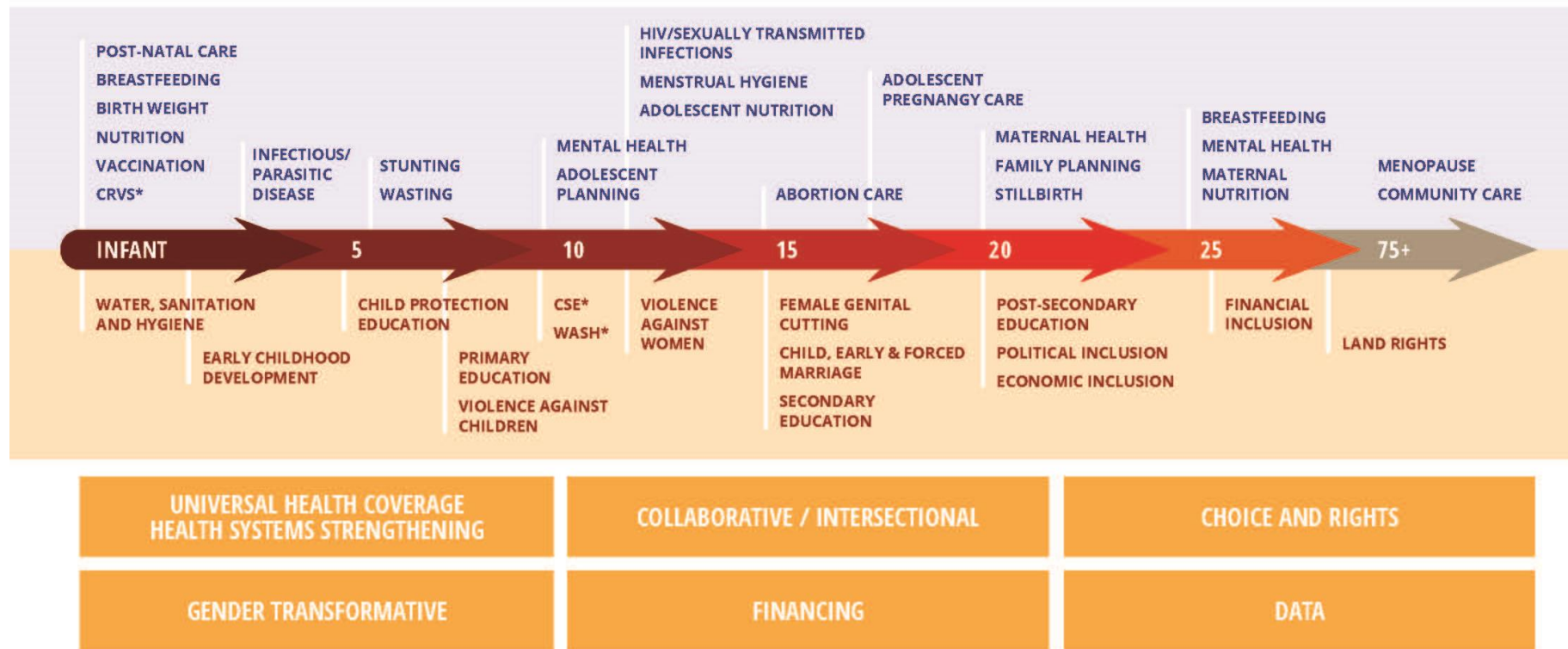
Examples: Access to quality education, the role of water, sanitation and hygiene systems, increased political participation, and land rights.

Foundational pillars are cross-cutting, systems or themes, upon which progress on women and children's health and rights rest. These themes are essential to both health-specific and health-sensitive areas and need to be understood through a gender lens.

Examples: Gender-based analysis and the collection of disaggregated data, and equitable access for women and girls to Universal Health Coverage.

Finally, a **gender-transformative approach** is the fundamental shift in approach all Canadian stakeholders need to take in order to see SDGs 3 and 5 as complementary and essential to each other. A gender-transformative approach dismantles systems and structures of oppression that underlie health inequity for women and children. It closes gender gaps through gender responsive and transformative health strategies, with a specific focus on reaching the poorest and most vulnerable. Gender transformative programs create opportunities for individuals to actively engage in systemic change, including changing gender norms and stereotypes. Gender transformative approaches tackle the root causes of inequality that block women from realizing their rights and achieving their full potential. As well, these approaches offer the greatest opportunity to improve global health, address development challenges and meet the Sustainable Development Goals.

LEGEND: CORE FOUNDATIONS HEALTH SPECIFIC HEALTH SENSITIVE



***Definitions:**

CRVS: Civil Registration and Vital Statistics

WASH: Water, Sanitation and Hygiene

CSW: Comprehensive Sexuality Education

Looking Forward

As the conference considers how our sector can best advance the goals outlined in the SDGs and the FIAP, are there common pathways that draw on Canadian expertise to achieve desired development impact and results? For example:

1. **Holistic approach to women and children's health.** Across sectors, Canadian stakeholders put women and girls at the heart of their strategies, and address the full range of rights, services and care women need throughout their lives. This includes addressing a lifecycle of women's experiences with reproduction, as well as simultaneous health and non-health interventions a woman may require. What structural, policy, network and funding changes are needed across the sector to ensure this seamless coordination?
2. **Social and gender determinants of health.** Canadian development actors place equal focus on the gender and social determinants of health, as they do to direct health interventions, and ensure coherence between them. What additional funding or data would we need to implement this increased focus?
3. **Data and Impact.** If impact and results are high priorities, how can our strategies accommodate the data, indicators, metrics and markers we will need to gender-lens our work, and to ensure efforts reach women and children?