

Pathways for Achieving Gender Equality through Health and its Social Determinants: Guiding Implementation of the Feminist International Assistance Policy

A. Introduction

Canada's Feminist International Assistance Policy (herein referred to as **the policy**) provides a significant opportunity to contribute to the realization of the 2030 Agenda for Sustainable Development, the Every Woman Every Child Global Strategy, and the Government of Canada's commitment to advance gender equality and girls' and women's empowerment abroad.

Fulfilling the policy's ambitions and commitments, however, will require a distinct focus on realizing the health and rights of women and children, and particularly on the urgent unmet needs of adolescent girls who face double discrimination through their age and gender, compounded by other sources of exclusion (e.g. extreme poverty, race, religion, disability and sexual orientation).

The implementation of the policy will also require an integrated and multi-sector approach as development has greater impact when we work better together across sectors; up to fifty percent of health outcomes come from outside the direct health sector. For example access to education, water, and sanitation and have a major role to play in ensuring positive health outcomes for women, men, girls and boys. This will be important to address the underlying determinants of poverty and inequality, including poor health outcomes. Direct health and nutrition interventions are foundational to good development. Using an integrated multidisciplinary framework in health that addresses social determinants will help to achieve not only global health goals, when coupled with a gender transformative approach it will reduce inequalities.

Built on decades of Canadian commitment, investment, and life-changing programs in developing countries, Canada already has a strong reputation as a leader in global health, a key area that underpins gender equality. For Canada to achieve the ambitious goals set out in the policy, Canada must not only continue its global leadership and good work on maternal, newborn and child health (MNCH), but must also make a continued and increased investment in mutually reinforcing MNCH and sexual and reproductive health and rights (SRHR) to maximize impact.

We welcome the opportunity to provide input across each Action Area of recommendations for how the Government of Canada can operationalize the policy's specific global health commitments.

B. Action Area 1 - Gender Equality and the Empowerment of Women and Girls

CanWaCH is pleased that the policy acknowledges gender equality and empowerment of women and girls as a key part of addressing poverty and inequality. Great progress has been made in meeting the urgent health needs of women and children; maternal deaths have declined by almost half and child deaths by over 50 percent since 1990. Still women and girls are held back due to systemic gender discrimination that results in the inability to realize their basic rights. The direct relation between social determinants of health and health outcomes cannot be separated from gender inequality and poverty; health is a driver of women's and girl's empowerment.

To address root causes of gender inequality, gender must be recognized as an important determinant of health for women and girls, men and boys. **Gender inequality leads to both physical and mental health risks**, including sexual and gender based violence and harmful practices that affect health outcomes, including Female Genital Mutilation/Cutting (FGM/C), and child, early and forced marriage (CEFM), which leads to early pregnancy and too often leads to permanent disability (fistula) and death.

Gender inequality, rooted in harmful social norms and power relations, also has influence over how women and girls can protect and promote their health-related rights. This leads to a lack of access to health services, including Sexual and Reproductive Health and Rights (SRHR), and inadequate response of health systems to the specific needs of women and girls, especially the unique needs of adolescent girls.

Rights-based gender transformative approaches must be integrated into policy and programming. This approach should acknowledge that intersecting inequalities (e.g. age, race, religion, disability, class, and sexual orientation) also factor into unequal power dynamics, and should adopt an integrated approach in protecting and promoting the health and rights of women and girls.

Practically, a rights-based approach means **women’s and girls’ agency is strengthened in decision-making processes to reduce unequal power dynamics** by enabling their voices to be heard, encouraging participation—including child participatory approaches—and by creating health systems that are respectful and responsive to their needs. Strengthening agency in the home and community facilitates positive health-seeking behavior and health outcomes and is especially important for adolescent girls who face double discrimination due to their gender and age.

Involving boys and men in transforming harmful social norms is critical to achieve gender equality. This includes engaging men and boys in ending gender-based violence, and ensuring health systems meet the needs of men and boys who experience violence.

Recommendations:

For effective promotion of gender equality, including the social determinants of health, we recommend that the guidance documents for the policy implementation:

- **Promote empowerment and social norm change** to address underlying harmful practices and attitudes related to gender, health, and its social determinants.
 - **Address intersections of inequality through a gender transformative approach.** This entails confronting barriers at the rights holder level (girls and women) and challenges at the moral duty bearer level (family, community—including traditional and religious leaders—and especially men and boys).
 - Engage with principal duty bearers at the institutional level to ensure, for example, gender responsive and adolescent friendly health services.
- **Support strengthening of gender equitable health systems through the approach to and promotion of** gender-based analysis, gender budgeting with an eye on intersecting issues, gender disaggregated data, and focus resources on those who are most in need.
 - **Support the collection of disaggregated data** by age, race, class and other context-specific relevant factors to get a complete picture of the country and community context, and to ensure that power dynamics that limit marginalized groups are addressed.

- Ensure that **multilateral indicators**, including for the Sustainable Development Goals, Global Fund, and Global Financing Facility, collect disaggregated data.
- Provide clarity on how **gender equality targets** for Government of Canada funded initiatives (including NGO, bilateral and multilateral) will be measured to support evidence-based decision making.

C. Action Area 2: Human Dignity

Health and Nutrition

When we invest in women and girls' health and nutrition, we create a ripple effect that yields multiple benefits.

We are pleased that the policy seeks to address the unfulfilled rights of women and girls through access to SRHR, prevention and treatment of HIV and other sexually transmitted infections including HPV, and access to nutrition, specifically for women, girls and all children. The policy also focuses its efforts on programs and projects that put gender at the heart of efforts to improve health care.

We welcome that this action area showcases links between gender transformative approaches in health through a focus on sexual and gender-based violence (SGBV) and harmful practices including CEFM and FGM/C, as well as governance broadly. However, the policy should make clear the links between gender transformative approaches and health and nutrition broadly, as articulated above (section B).

The policy confirmed that the Government of Canada will continue to support maternal, newborn and child health (MNCH), through its 2015 to 2020 commitment to invest \$3.5 billion in programs that strengthen health and data systems, improve nutrition and combat infectious diseases. While the policy does well to articulate new areas of focus, it is a missed opportunity that continuing areas of work are not reimagined through the lens of the policy. For example, how will Canada support health systems strengthening by using an explicit feminist approach. The Canadian government has an opportunity to be truly innovative in terms of gender transformative approaches to MNCH programming and health systems strengthening and we would encourage stronger articulation of a policy vision for MNCH programming and health systems in the policy guidance documents.

To ensure that the goals of the policy are achieved the guidance documents for implementation should better speak to the unique needs of specific age groups, including through a **greater focus on intersectionality**. Outside of accessing nutritious foods and supplements, the policy does not address child health in depth, including early childhood development. Although reference is made to the adolescent age group, it should be more strongly integrated across policy action areas (in addition to the humanitarian response section), specifically in terms of adolescent girls and gaps in their SRHR.

Recommendations:

For effective implementation of the policy in putting gender at the heart of efforts to improve health care, including access to sexual and reproductive health and rights, we recommend that the guidance documents for the policy implementation:

- **Ensure health programs seek to address the underlying social determinants and structural drivers of poor health**, particularly for adolescent girls as progress has been slowest and they are too often the most marginalized and hardest to reach. This should be done through supportive funding and

Government of Canada engagement with bilateral and multilateral health programs that seek to address intersectional inequality, socio-cultural norms, sexual and gender-based violence (SGBV) and taboos on sexuality.

- **Continue investing in essential interventions to support MNCH across the continuum of care**, including antenatal care, postnatal care, maternal nutrition and, breastfeeding. This should be done as part of a mutually reinforcing approach to MNCH and SRHR.
- **Give appropriate attention to child health programs** separate from youth and adult programming, recognizing the need for continued and targeted investments in this area.
 - **Create a child health-specific** performance measurement framework that clearly identifies child health commitments, including, early childhood development, immunizations, Vitamin A supplementation, and deworming.
 - Continue to build off prior Canadian leadership in **child health and immunization**, including through Canada's strong investment in Gavi. Immunizations saves girls and boys from infant mortality, keeps them healthy, attending school and empowered. Healthy children limit mental, physical and financial stress of mothers.
- **Prioritize adolescent girls** as a target population:
 - Ensure investments in adolescent-specific programs and adolescent-friendly health services including increased investments in underfunded areas of sexual and reproductive health and supporting comprehensive sexuality education, anemia interventions, youth-accessible services, and information campaigns targeting young people.
 - Provide technical support to priority countries to integrate adolescent health and nutrition fully within their national health strategies.
 - Focus disaggregated data collection on adolescents, specifically 10 to 15-year-olds.
- **Promote the role of men and boys in strengthening SRHR** by encouraging them to share responsibility for contraception and in supporting women and girls' rights to control their own bodies.

Education

Health outcomes and education are deeply interconnected. We are pleased to see the policy recognize that lack of education can affect health-related outcomes, including CEFM; early pregnancy and motherhood; sexual and gender-based violence in and to-and-from schools; and inadequate infrastructure that affects water and sanitation (e.g. separate toilets, menstrual hygiene). We are also pleased to see recognition that low levels of education among girls and boys are associated with limited access to sexual and reproductive health information.

This action area should better acknowledge the multi-sectoral and bidirectional nature of health and education. Not only are health and nutrition foundational for a child's access to and success in education, but also that schools are an important platform for health and nutrition service delivery. Education is a space **to teach girls and boys about their human rights, including the right to health** and to SRHR through comprehensive sexual education.

Recommendations:

For effective implementation of the policy in promoting gender equality through education, including an integrated health and nutrition approach, we recommend that the guidance documents for the policy implementation:

- **Acknowledge health and nutrition interventions as foundational to improved access to education**, specifically for children and adolescent girls.
- **Assert the fundamental role of education**, both formal and informal, **in providing a platform to deliver critical health interventions** and support the realization of human/child rights, including the right to health and sexual and reproductive health rights, and protection from violence, child protection services.
- **Promote and support the role of education, including comprehensive sexuality education** that recognizes children's vulnerabilities and supports comprehensive age appropriate SRHR education, and in preventing all forms of discrimination and gender-based violence including CEFM, human trafficking, and sexual exploitation.

Gender-responsive Humanitarian Action

We commend Canada's commitment to reaching the most vulnerable, including those in humanitarian crises. There are now over 125 million people in need of humanitarian assistance, a fivefold increase from only a decade ago. Of some 100 million people who were targeted in 2015 with humanitarian aid, an estimated 26 million are women and girls of reproductive age.

The policy focuses on providing women and girls with empowerment, protection from gender-based violence, and roles in conflict resolution and development processes. While these are all critical areas of focus, there is no identification of the use of general child and youth engagement and protection including safe spaces, education, or provision of general health solutions. Specific to SRHR, the policy should **recognize the global evidence gap of what works in SRHR in humanitarian settings, and incorporate known best practices into current policies and projects.**¹

Humanitarian contexts can exacerbate weakened health systems already struggling meet the health needs of the most vulnerable. In humanitarian settings, women and children, both boys and girls, face increased risks of sexual and physical violence, forced and early child marriage, psychological distress, deepened poverty, food insecurity, and loss of access to health services including SRHR and education and protection services.

Given these immediate life-threatening consequences and potential long-term effects on health and wellbeing, investing in mitigating their effects and building healthier and more resilient societies should be clearly stated as a key objective in the implementation of the policy.

We welcome Canada's commitment to providing more flexible and predictable funding in response to humanitarian crises, including multi-year funding for protracted crises. The implementation of the policy can strengthen action on *how* Canada will deliver equitable, accountable, sustainable, predictable, and flexible financing that recognizes the frequent transitions between crisis and relative stability in which people live their lives in protracted conflicts and climate related crises.

Recommendations:

For effective implementation of the policy in promoting gender responsive humanitarian action that promotes the health rights of women and girls, we recommend that the guidance documents for the policy implementation:

¹ For example, UNFPA has an Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings, found [here](#).

- **Support building resilient strengthened health systems** that can withstand crises at all levels with a particular focus on emergency preparedness, response, recovery and resilience. This will support meeting health needs, including MNCH, and nutrition, during crisis.
- **Promote universal access to the full range of SRHR services**, and support its implementation in preparedness, at the onset of, and in recovery from crisis. Implementation includes the provision of education, information and service delivery, and the Minimum Initial Service Package (MISP) for sexual and reproductive health.
- **Gather timely and relevant gender disaggregated data** in humanitarian contexts to support evidence-based decision-making on the most effective mechanisms to deliver quality health and nutrition services, including at the onset of crises, and to support closing the global evidence gap for SRHR.
- **Support the development of a financial tracking tool** to measure investment in family planning in humanitarian contexts to ensure greater transparency and accountability.
- **Leverage Canadian leadership in multilateral institutions and platforms** (such as the Global Compact on Refugees and Migrants) to champion policy, program and investment for women, adolescent and children’s health in humanitarian and fragile contexts.
- **Commit to flexible financing and approaches** that allow agencies to adapt to the changing needs of women and children in protracted humanitarian and fragile contexts. This should be complemented by advocating for increased proportional funding based on burden of disease and mortality, and allocated accordingly.
- **Work with implementing and financing partners** to further develop policy and programming that addresses the relationship between climate change and fragility, with identified actions for mitigation.

D. Action Area 3 -Growth that Works for Everyone

The hardest hit by extreme poverty are women and girls and they must be at the heart of efforts to end extreme poverty. We are pleased that the policy seeks to ensure that women and girls are empowered to take full advantage of economic opportunities and decisions critical to their health, daily lives and livelihoods.

The policy acknowledges the important link between women and girls’ economic participation and control over their own sexual and reproductive health choices. The action area should also recognize that good health and nutrition for women and their families is a key driver to women and girls’ economic empowerment. Improving the health of women and children is foundational for women to actively participate in the formal economy, building more equitable communities and economies.

We are also pleased that the policy recognizes that women need greater access and control over assets (e.g. land, loans, capital), as limited access to financial services makes it difficult for poor households to ensure the proper nutrition, seek basic and emergency health care and recover from a health crisis or a poor harvest.

The policy should distinguish between formal and informal employment as economic empowerment must strive to give women equal opportunity to move away from informal and precarious work and into the formal sector (better pay and security) and entrepreneurship, which is often reserved for men.

Implementation of the policy must concretely support women working in the informal sector and economically vulnerable women and girls including through promoting universal social protection that is child and gender sensitive and gender-equitable laws and policies.

Recommendations:

For effective implementation of the policy that includes the most vulnerable in growth that works for everyone, we recommend that the guidance documents for the policy implementation:

- **Support social protection initiatives that are child and gender sensitive** and work with duty-bearers so the poorest can access affordable health care. This should include moving towards Universal Health Coverage (UHC) to realize global health security and the right to health care, and relieve the financial burden of prioritizing health needs.
- **Leverage innovative financing mechanisms (including Global Financing Facility)** to promote women, adolescent, and children's access to health including sexual and reproductive health services.
- **Support the pre-conditions for a strong and inclusive economy** through investments in international assistance and by promoting a progressive trade agenda, that prioritizes the most marginalized and vulnerable.
- **Leverage Canada's comparative advantage in global health through a bold financial commitment** as successful implementation of the policy will only happen with a robust funding framework. Canada is the 6th largest donor in global health, which corresponds to 16% of Canada's ODA.²
- **Promote compliance amongst Canadian transnational corporations** to international health and safety standards and healthy work environments, and promote the application of child protection and child safeguarding principles in health and nutrition.

E. Action Area 4- Environment and Climate Action

The connections between health and climate change are significant. The World Health Organization has recognized climate change as the defining public health issue of the 21st century, and considers the Paris Agreement to be a public health treaty with the potential to save lives worldwide.

We are pleased that the policy acknowledges the destabilizing effects of climate change. Climate change can undermine progress made on reducing preventable deaths for women and children. The guidance documents for the implementation of the policy can make clearer the linkages between climate action as part of disaster risk reduction and response in contexts of climate fragility with health, nutrition, and sustainable societies. Program implementation should address the link between health, the environment and climate change, including:

- Increased rates of vector-borne disease (e.g. dengue, malaria, and Zika) and diseases caused by poor water quality and sanitation (e.g. diarrhea), of which children are physically more vulnerable to.
- Increased flooding, desertification and drought which reduces the availability, quantity and quality of nutritious food for the poorest and most vulnerable, specifically children who are at a higher risk of mortality from malnutrition.

² Donor Tracker (2016) *Canada Deep Dive: Global Health* <https://donortracker.org/Canada/globalhealth>

- Increased risk of more forceful natural disasters, which in addition to the health consequences above, also lead to displacement and increased risk of violence against women and children as well as decreased access to health including sexual and reproductive health services. Severe natural disasters will also disrupt basic functioning of infrastructures, be it schools or hospitals.
- Increased exposure to pollution from macro-economic development, as well as carbon pollution caused by cooking and heating solid fuels, negatively affect health especially for children. Additionally, girls are primarily responsible for collecting water and fuel and are often at serious risk of violence and sexual violence, particularly in humanitarian settings.
- Increase inequities, as often there is an overlap between natural disasters, high poverty rates, and lack of access to basic services including health services.

We are pleased that the Government of Canada has prioritized tackling climate change and has committed \$2.65 billion to address climate change in developing countries. This commitment will go a long way to securing the future and health of millions of women and children, including those who are amongst the most vulnerable to the effects of climate change. **There must be transparency in how this investment in climate action will be utilized.**

The policy rightly recognizes that women and girls are disproportionately affected by the effects of climate change and water, sanitation and hygiene (WASH), and promotes women's active participation in the design and implementation of climate change mitigation and adaptation initiatives and resilience-building. **The environmental determinants of health across the continuum of care must also be recognized and invested in.** This includes water quality, soil quality, environmental degradation due to resource extraction, food security, and waste management.

Recommendations:

For effective implementation of the policy in protecting the most vulnerable and promoting climate resilience as part of gender equality, we recommend that the guidance documents for the policy implementation:

- **Promote the link between climate, fuel and water, and the role of women and girls** as providers of fuel and water who carry disproportionate burden when fuel and water supplies (and sanitation and waste management) are impacted by climate change or climate-induced fragility.
- **Strengthen the role of the Canadian Government in mitigating the impacts of climate change,** including on health.
- Support climate action and clean energy, in recognition that expanded global economic productivity is impacting the environment.
- **Invest in mitigating the impact of climate change on health and nutrition outcomes** for women and children by building healthier and more sustainable societies, including through climate change adaptation programs:
 - **Promote the use of Child-Centre Climate Vulnerability and Capacity Assessments (CC-CVCA) and Community Based Approaches (CC-CBA)** that focus on and recognize the specific risks/vulnerabilities, needs, capacities and voice, of children, particularly girls, in a changing climate.
 - **Promote RMNCAH funding that includes support for building resilient health systems** that are capable of withstanding and adapting to emergencies to meet the needs of women and children. This can include through early warning systems and other disaster risk reduction programs.

- **Promote access to safe and sustainable energy** provided in homes and shared spaces such as health centers, as a critical opportunity for improved results for health, education and safety, including reduced exposure to air pollution. This should include supporting the Safe Access to Fuel and Energy (SAFE) guidelines and their incorporation in programs.
- **Provide more explicit alignment between the policy and Canada’s \$2.65 billion climate-change funding commitment**, and ensure this investment includes support for climate resilience and adaptation programs.

F. Action Area 5- Inclusive Governance

We welcome that the policy advocates for women’s participation as critical in fulfilling human rights, and equitable access to the rule of law and to political participation. There are many benefits to all citizens when women are recognized as full participants in public life. It will also be important to engage and include girls in commitments to protect human rights defenders and promote equal access to leadership and decision-making positions.

The policy rightly recognizes that women experience disproportionate levels of violence, exploitation and abuse. Sexual and gender-based violence is one of the most widespread abuses of human rights worldwide and its prevalence makes it an obstacle to peace and development. It must also recognize that children, particularly adolescent girls are subject to SGBV, as well as harmful practices of CEFM and FGM. These injustices often ostracize women and girls within society and obstruct access to seek justice. As well as there is often a lack of available legal services and quality services in handling SGBV cases.

The policy, however, lacks recognition of health as paramount in a human-rights and child rights based approach to justice and inclusive governance. Its implementation should support ensuring national governments prioritize the need for capacity building and the needs of their citizens, including access to healthcare and specifically the health and nutrition needs of children.

Recommendations

For effective implementation of the policy in protecting the most vulnerable through promoting inclusive governance, we recommend that the guidance documents for the policy implementation:

- **Leverage its leadership in multilateral fora to prioritize access to health-related rights** for every woman, adolescent and child as a foundation to building voice, agency, and the right to participate as a contributing member of society.
- **Girls Voice, Girls Choice:** empowering girls by supporting their participation in the decisions that affect their lives, makes them better able to protect themselves and their peers. Support youth-led and focused organizations that encourage child participation to empower both girls and boys. In particular, empower adolescents to fulfill their health-related rights, including SRHR.
- **Support strengthening laws and governance systems** to promote women and girl’s rights so they can access justice and realize their right to health with dignity, including for health services, SRHR and psychosocial support for SGBV.
- **Encourage peer, partner and recipient countries to secure the reproductive health rights of women and girls** in relevant legislation, policy and programs to support access to human rights and justice.

G. Action Area 5 - Peace and Security

We appreciate the policy's direction to advance the Women, Peace and Security agenda-- including the Government of Canada's 2017-2020 Women, Peace and Security Agenda -- by supporting meaningful participation of women and women's rights organizations in peace negotiations and conflict-prevention efforts, as well as in post-conflict state building.

Unfortunately, the role of health is completely absent in this action area. The implementation guidance documents of the policy should acknowledge that the health sector plays a large role in combating and responding to sexual violence, by providing care and rehabilitation, including psycho-social rehabilitation to victims of violence for women and girls, men and boys.

More broadly, policy and programming should acknowledge that peace and security is a determinant of health and wellbeing. This includes the role of health workers in the preservation and promotion of peace as a significant factor for the attainment of health for all. As well, there are severe health impacts from conflict such as violent deaths, trauma and deteriorating mental health, and increases in famine and epidemics from lack of clean water and sanitation practices. We also believe attention should be given to initiatives that have contributed to peace and security, including ceasefires for immunization campaigns for children.

For effective implementation of the policy in protecting the most vulnerable, promoting stabilization, and encouraging peacebuilding, we recommend that the guidance documents for the policy implementation:

- **Ensure safe access to comprehensive healthcare, including SRHR services, for women and girls living in crisis-affected contexts.** This includes promoting with parties in conflict the application of International Humanitarian Law, which sets out the obligation to safeguard health-care services.
- **Expand peace and security to include health,** education, and other development interventions that support peace and security and prevent unrest.
- **Support engaging all children and youth as peacebuilders** in the peace and security process, to reinforce the empowerment of women and girls.
- **Engage men and boys** in preventing and responding to violence, including SGBV.