

**Written Submission for
the Pre-Budget Consultations
in Advance of the 2023 Federal Budget**

By:

The Canadian Partnership for Women and Children's Health

Recommendation 1: That the Government of Canada commit to increasing its international assistance envelope each year over the next three years to reach a minimum of \$10 billion in the 2025 budget, in line with the government's own commitment to year on year increase towards 2030 to realize the United Nations Sustainable Development Goals (SDGs).

Recommendation 2: That the Government of Canada re-affirms its historic 10-year commitment to raise funding to reach \$1.4 billion annually starting in 2023 to support women, adolescent and children's health around the world, including a \$700 million annual investment dedicated to sexual and reproductive health rights (SRHR).

Recommendation 3: That the Government of Canada recognizes and scales-up investment in SRHR to meet the commitments outlined in 2019 and accelerates increased investments in the four neglected areas of SRHR including comprehensive contraceptive care; safe and legal abortion; adolescent SRHR (including comprehensive sexuality education); and support for advocacy.

Recommendation 4: That the Government of Canada includes additional funding over and above the previous commitments to the Access to COVID-19 Tools Accelerator (ACT-A) to continue the ongoing global fight against COVID-19 through investments in comprehensive health systems strengthening, including investments in primary healthcare, which address the setbacks in women and children's health outcomes.

Recommendation 5: That the Government Canada includes new, sustainable investments that build on Canada's nutrition commitments in order to address the global malnutrition and hunger crisis, including investments dedicated to the prevention, early detection and treatment of malnutrition and wasting.

Introduction

Canada's leadership in women and children's health has always been a critical component of the global health architecture - but today as the world faces a confluence of crises from the climate emergency, to devastating levels of malnutrition and hunger, to the ongoing battle against COVID-19 – we risk a recovery and response that fails to meet the needs of the most vulnerable and threatens to leave women and children behind.

Investments in international assistance have worked. For decades we have made global progress on combating deadly and preventable diseases, stabilizing financial systems, enabling the creation of good jobs, moving the needle on gender equality, building infrastructure and advancing sustainable development – and Canadians agree. Even in the face of rising populism and economic uncertainty, Canadians recognize not only the importance but the imperative for international aid for women and children, and largely seek to see increases in global assistance in health-related investments.¹

Canada has established itself as a global expert and leader on gender responsive and transformative approaches and knows what is needed to tackle the most critical gaps and unmet needs of those most inequitable, marginalized and left behind. To build forward from the pandemic and realize strengthened, resilient and prepared health and food systems, within a new Global Health Architecture – that upholds equity, human rights, and health for all – the world will need funding, tactics, and indicators of impact, that are grounded in a feminist approach.

This is Canada's wheelhouse and the world needs Canada to step up and step out - more than ever.

Recommendation 1: That the Government of Canada commit to increasing its international assistance envelope each year over the next three years to reach a minimum of \$10 billion in the 2025 budget, in line with the government's own commitment to year on year increase towards 2030 to realize the United Nations Sustainable Development Goals (SDGs).

In solidarity with [Cooperation Canada](#), CanWaCH urges the Government of Canada to increase its international assistance envelope over the next three years, to reach a minimum investment of \$10 billion by 2025. Recognizing the current fiscal context, we recommend an investment of \$0.6 billion of new and additional funding in Budget 2023. This increase would meet the government's commitments to increase international assistance every year, articulated in the 2021 Speech from the Throne and the Minister of International Development's 2021 mandate letter.

Bold global leadership is needed now more than ever. Long-term and predictable international assistance funding is imperative to preserve the hard-won development gains of the recent years and achieve the ambition of Canada's Feminist International Assistance Policy.

¹ https://canwach.ca/sites/default/files/2019-08/2019-1434%20CanWaCH_Nanos_2019%20Public%20Opinion%20Research_FINAL_EN_0_0.pdf

Recommendation 2: That the Government of Canada re-affirms its historic 10-year commitment to raise funding to reach \$1.4 billion annually starting in 2023 to support women, adolescent and children’s health around the world, including a \$700 million annual investment dedicated to sexual and reproductive health rights (SRHR).

In 2019, building on the global health sector’s “Thrive Agenda,” Canada made a historic \$1.4 billion annual commitment which recognized that to reach the SDG targets by 2030 a clear focus was required on improving the health, rights and well-being of women, adolescents and children. This investment was built on a foundation of evidence and impact-driven programming integrated into a holistic approach to women’s, adolescent and child health. The setbacks on the health outcomes for women and children as a result of the COVID-19 pandemic make this explicit commitment even more significant today than it was when first announced. The need for gender transformative and responsive approaches to women and children’s health which recognize the underlying inequalities and power dynamics that hinder access to healthcare is a critical part of rebuilding health systems following the impacts of the pandemic.

One of the underlying principles of this commitment is the need to remove the silos in which health and development funding often operate. Given the scale of health spending during COVID-19 and the subsequent impacts on health outcomes, this is particularly important to guide any new investments - a multisectoral and integrated approach must centre and prioritize women, adolescents and children.

Recommendation 3: That the Government of Canada recognizes and scales-up investment in SRHR to meet the commitments outlined in 2019 and accelerates increased investments in the four neglected areas of SRHR including comprehensive contraceptive care; safe and legal abortion; adolescent SRHR (including comprehensive sexuality education); and support for advocacy.

In light of the COVID-19 pandemic, there is an urgent need to address critical, persistent and worsening gaps in SRHR. Reporting from 2020 (Gutmacher Institute) and 2021 (USAID) showed that SRHR needs were dramatically impacted during the pandemic and that ‘global responses to COVID-19 are intersecting with pre-existing pervasive SRHR health inequities which disproportionately impact vulnerable populations’.² The UNFPA identified in 115 low and middle income countries that the disruptions to family planning services resulted in nearly seven million unintended pregnancies. The deprioritization of SRHR within the broader global health context both as result of COVID-19 and otherwise has resulted in perceptible reductions in investments for programs to foster the comprehensive health and rights of women, adolescents and children.

The last three years of declining global investments have shown that investments in SRHR has never been more critical, and significant scale-up is required to accelerate investment to Canada’s commitment to reach \$700 million annually starting in 2023 and additional opportunities remain for scaling up Canada’s investment into the four neglected areas of SRHR. The existing record of Canadian investment in SRHR has shown to be significantly behind comparable investments in global health - where bilateral investments in health more than tripled in 2018-19; SRHR spending increased by only 1.3x in the same period, and overall funding for SRHR was only marginally

² <https://reliefweb.int/report/world/effects-covid-19-sexual-and-reproductive-health-case-study-six-countries>

increased between 2018 and 2021. Of the neglected areas of SRHR - safe abortion and post-abortion care - only received \$3.4 million in 2020/2021. There is a significant gap between existing levels of spending as of 2022 and the required scale-up to meet commitments to SRHR spending starting in 2023/24.

The pandemic has significantly sidelined progress in SRHR and has resulted in a reduction of services and limited access to care, including even basic menstrual health and hygiene services and care, as a result of re-allocated funding. Canada's global leadership in SRHR is more critical now than ever.

Recommendation 4: That the Government of Canada includes additional funding over and above the previous commitments to the Access to COVID-19 Tools Accelerator (ACT-A) to continue the ongoing global fight against COVID-19 through investments in comprehensive health systems strengthening, including investments in primary healthcare, which address the setbacks in women and children's health outcomes.

For the second year in a row, the world has not made progress towards the SDGs.³ COVID-19 significantly set back progress on women and children's health outcomes, reversing decades of health and development gains that had been made to 2020. It is believed that for every COVID-19 death that has been officially reported globally, 2+ women and children lost their lives. This translates into an overall increase in child mortality and maternal mortality to be 3.8% and 1.4% respectively.⁴ Global health systems have been overwhelmed, and essential health services were disrupted as resources were diverted, undermining years of progress on combating deadly disease and preventable causes of death.

Canada must prioritize investments in a gender-responsive, integrated and equitable approach to combating COVID-19 which both address the current gaps in COVID-19 recovery for women and children while also rebuilding health systems to 'reclaim the gains' in women and children's health outcomes. One of the key priorities in this response must be the collection of sex-disaggregated data. In July 2022, the Lancet reported that gender remains marginalised as part of the global COVID-19 vaccine response, noting that only 13% of countries reporting on vaccine coverage have included sex-disaggregated data.⁵ Disaggregated data is critical to undertaking gender analyses and addressing root causes of gender inequality.

Canada must also increase investments towards health systems strengthening, including strengthening of primary healthcare systems and ensure its investments adopt multisectoral approaches that address persistent gaps. The WHO reports that one third of health care facilities do not have what is needed to clean hands where care is provided; one in four facilities have no water services, and 10% have no sanitation services. This means that 1.8 billion people use facilities that lack basic water services and 800 million use facilities with no toilets. A global

³ <https://s3.amazonaws.com/sustainabledevelopment.report/2022/2022-sustainable-development-report.pdf>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7217645/>

⁵ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01189-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01189-8/fulltext)

investment of \$9.6 billion is required to reach universal access to WASH services in healthcare facilities in least developed countries by 2030⁶ and Canada must do its fair share.

Recommendation 5: That the Government Canada includes new, sustainable investments that build on Canada's nutrition commitments in order to address the global malnutrition and hunger crisis, including investments dedicated to the prevention, early detection and treatment of malnutrition and wasting.

The confluence of crises between the COVID-19 pandemic, the climate emergency and the ongoing war in Ukraine has exacerbated a global malnutrition and hunger crisis with levels that haven't been seen before. This crisis is having dire consequences for people in the world's most vulnerable regions. In fact, upwards of 828 million people, many of them women and girls, in countries like Afghanistan, Ethiopia and Somalia don't have enough food to eat. Canada has shown leadership in the last two years in responding to the crisis and its continued leadership in facing this crisis head on is critical.

Women and girls often eat least, last, and poorest quality, and are withheld access to and control over resources needed to act on their right to good nutrition, disempowering them further and making them vulnerable to sexual and gender-based violence. Canada must lead the way in investing in the fight against malnutrition which directly impacts the health and well-being of women and girls around the world and forwards Canada's commitments to support gender equality and women and children's health and rights.

In doing so, it is critical that Canada integrates critical nutrition elements into future emergency and non-emergency food security funding to ensure a robust, comprehensive response that saves lives and protects futures. Embedding prevention and treatment of malnutrition in emergency food security funding, while maintaining existing investments in nutrition will ensure a robust, comprehensive response that saves lives and protects futures.

⁶ <https://www.who.int/publications/i/item/9789240017542>