

# CARVING PATHWAYS TO INNOVATION

## REFLECTIONS FROM THE GLOBAL HEALTH IMPACT SUMMIT ON SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

### BACKGROUND

As a proud membership of organizations dedicated to improving the health outcomes of women and girls, The [Canadian Partnership for Women and Children's Health \(CanWaCH\)](#) has a behind-the-scenes look at many innovative projects taking place in the global health sector. From that unique vantage point, we saw an opportunity: What if we created a platform for the folks on the ground, doing the work, to not only present their ongoing projects, but to open a dialogue with their peers in the field?

In April 2023, CanWaCH brought that idea to life by hosting our first Global Health Impact Summit, with the theme of building bridges towards shared impact and accountability in sexual and reproductive health rights (SRHR). Over two rainy days in Ottawa, we watched Canadian organizations present 17 projects of every size, scope and stage of implementation. Presenters engaged with a panel of [technical experts](#) for a deeper dive on their challenges and triumphs, and watched their peers do the same. True to our vision, everyone in the room was there to share, listen and learn.



# WHAT WE SAW

The summit focused on five neglected areas of SRHR, including adolescent SRHR, comprehensive contraceptive care, advocacy, access to safe abortion services, and sexual and gender-based violence. Each project provided insights into different and diverse approaches to advancing SRHR, from forming adolescent committees, to improving menstrual hygiene, to collecting data on self-managed abortions. These projects went far beyond the surface-level topics of SRHR, reaching instead into complex, nuanced, often-overlooked pockets of need.

## 1. ADVANCEMENT OF ADOLESCENT SRHR, INCLUDING COMPREHENSIVE SEXUALITY EDUCATION

- » **Sexual Health and Reproductive Education (SHARE)**, *Right To Play, Uganda, Ghana, and Mozambique.*
- » **Access to Health Services for Women and Girls in Kinshasa (ASSK)**, *Santé Monde, Congo (DRC).*
- » **BiomedElles-Strengthening health facility staff biomedical knowledge and capacity building to support accompaniment for global/comprehensive health**, *Collaboration Santé Internationale (CSI), Côte d'Ivoire.*
- » **HerWASH: Menstrual Health for Sexual and Reproductive Health and Rights**, *WaterAid Canada, Burkina Faso, Pakistan, Liberia, and Sierra Leone.*
- » **Improving Adolescents and Youth's Access to Sexual and Reproductive Health and Rights (RESPECT)**, *Doctors of the World Canada | Médecins du Monde Canada.*

## 2. ACCESS TO COMPREHENSIVE CONTRACEPTIVE CARE

- » **My Choice for My Life**, *Plan International Canada, Ethiopia.*
- » **Together: Improving Women and Girls' Sexual and Reproductive Health and Rights**, *Humanity & Inclusion Canada, Senegal, Côte d'Ivoire, and Togo.*
- » **Support to Local Health Care Educational Communities for Women and Girls (CLEFS)**, *Université de Sherbrooke – CIDIS, Mali.*
- » **Sexual Health and Empowerment – Philippines**, *Oxfam Canada, the Philippines.*

# WHAT WE SAW

## 3. ADVOCACY (SRHR ADVOCACY AND REFORM)

- » **Power to Choose**, *Oxfam-Québec, Congo (DRC), Ghana, Bolivia, Honduras, Jordan, Lebanon, and Palestine.*
- » **FOUNDATIONS: Strengthening Adolescent Girls' Sexual and Reproductive Health**, *Save the Children Canada, Niger, Mali, and Sierra Leone.*
- » **My Voice, My Health: Improving the Sexual and Reproductive Health of Adolescents in Senegal**, *Crossroads International, Senegal.*
- » **Healthy Adolescents and Young People (HAY!) Initiative**, *University of Calgary, Uganda.*

## 4. ACCESS TO SAFE ABORTION SERVICES AND POST ABORTION CARE

- » **Collecting data on self-managed abortion in humanitarian and fragile settings: A global initiative**, *University of Ottawa, Congo (DRC), Jordan, Pakistan, Thailand, and Venezuela.*
- » **Improving Sexual and Reproductive Health and Rights in Dhaka**, *HealthBridge Foundation of Canada, Bangladesh.*

## 5. SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- » **Tumaini – Health and Rights of Women, Adolescents and Children**, *Unité de santé internationale de l'UdeM/CHUM, Congo (DRC), Burundi.*
- » **Uniting Towards Gender Equality for Enjoyment of Women's and Girls' Total Health and Rights (TOGETHER)**, *Salanga, Cambodia, Kenya, the Philippines, and Uganda.*

# WHAT WE HEARD

## SHARED BARRIERS

While every project was unique, the challenges and themes were not. From **data gaps to safety concerns**, we heard about many of the same barriers across projects, regardless of size, stage or geography.

## STIGMA

We heard about how shame and **stigma** continue to pose challenges in communities across the global south. The first step to solving any problem is to name it, but that's a tall order when topics around sexuality remain taboo.

## LANGUAGE

Similarly, **language** itself was a barrier in many of the projects. Terminology around sexual and reproductive health is not universal, nor is the lexicon of gender equality.

## ENGAGEMENT

Sometimes barriers of **engagement** came not from the 'how' but the 'whom'. Several presenters reflected on the challenges of navigating local health ministries, education ministries or both. Their experiences underscored the need to involve the right stakeholders, especially governments and decision-makers, from the beginning, and to leverage existing champions (for example, health ministries) to push for whole of government commitment to advancing the agenda.

## CONTINUITY

Finally, challenges around project **continuity** were woven throughout presentations from all five priority areas. One participant put it best when they described this type of work as "powerful but fragile". Many expressed the need for long-term, sustainable funding to ensure that SRHR doesn't take two steps back for every step forward.



Special guest speaker **Patricia Peña**, Assistant Deputy Minister for Partnerships for Development Innovation (Global Affairs Canada) pointed out that while Canada is a leader in SRHR programming, demonstrating impact is a perennial challenge in all development work. She stressed the importance of flexibility and the ability to adapt and balance theories of change with the messy reality, leaving time to test and reflect along the way.

# WHAT WE LEARNED

For every challenge, there were countless lessons to be learned and wins to be celebrated.

The event itself demonstrated the value of **engaging in knowledge exchange mid-project, building the flexibility to pivot as needed.** Likewise, **shifting from competitors (for funding) to collaborators sparked new connections and fresh ideas.**

We learned new considerations for demonstrating impact — particularly when it comes to advocacy — including **innovative measurement, evaluation, accountability and learning (MEAL) practices and leveraging the power of storytelling.** At the same time, there is a clear opportunity to develop new ways to measure and demonstrate impact in the future.

*“We share the same challenges.”*

- Summit Presenter/Attendee

We also learned the true power and potential of localization. These projects exemplified what it means to adapt activities to fit the local context and **embrace the intersectionality of local social, cultural, economic, and political factors.** The success of the projects highlights how **strong localization creates sustainable, community-driven solutions that pave the way for lasting change.**

As experimental formats go, this one was a success overall, creating a platform for those on the ground to share valuable insights, learn from each other and work together to advance SRHR.



To learn more about the **Global Health Impact Summit** or any information in this summary, please contact [info@CanWaCH.ca](mailto:info@CanWaCH.ca)