

**Written Submission for the Pre-Budget
Consultations in Advance of the
2024 Federal Budget**

**By: Canadian Partnership for Women and
Children's Health**



Recommendation 1: That the Government of Canada commit to returning international development assistance to 2021/22 levels and then further increase funding over the next two years to reach a minimum annual investment of \$10b by the year 2025.

Recommendation 2: That the Government of Canada publish an annual, detailed and forward-looking budget for the International Assistance Envelope (IAE) in order to adhere to best practices recommended by the International Aid Transparency Initiative, and to enable and deepen partnerships with civil society on the implementation of Canada's 10 Year Commitment to Global Health and Rights.

Recommendation 3: That the Government of Canada contribute to closing the global gender gap in nutrition and maximize its overall development impact by continuing to leverage low-cost, high-impact nutrition investment opportunities integrated in sectors such as education, maternal health and SRHR; and further harness its global nutrition track record and leadership to scale up financing for nutrition globally.

Recommendation 4: That the Government of Canada delivers on its commitment to significantly increase its global investments in the most neglected and stigmatized areas of sexual and reproductive health and rights (SRHR), namely, family planning and contraceptives, comprehensive sexuality education, safe abortion and post-abortion care, and advocacy for SRHR.

Recommendation 5: That the Government of Canada invest in strengthening health systems' resilience, including key support for community health workers as a vital component of equitable primary health care systems.



Introduction

Why are women and children still dying from preventable causes? And not just dying - but dying at staggering rates. Every day in 2020, nearly 800 women and nearly 7,000 newborns died from preventable causes related to pregnancy and childbirth; a maternal death occurred nearly every two minutes; and every year malnutrition kills more women than tobacco, alcohol and air pollution combined.^{1,2}

Women's health is one of the most under-financed, under-resourced areas of health care - from research to solutions to prevention - and it's holding back global progress. The McKinsey Global Institute found that between \$12 and \$28 trillion could be added to global GDP by 2025 by advancing women's equality and addressing "globally pervasive issues" in gender equality including low standards of maternal and reproductive health, inequitable education levels, unpaid care work, amongst others.³

As the impacts still linger from the pandemic, they continue to burden women and children the most. According to a UN report published last year, data shows a "critical regression across virtually every major measure of childhood well-being, and many key indicators of the Sustainable Development Goals (SDGs)."⁴ The report also shows staggering gaps in the chance of survival between high-income and low- and middle-income countries (LMICs), noting that a woman in sub-Saharan Africa has a 130 times higher risk of dying from causes related to pregnancy or childbirth.⁵

The health of women, in all their diversity, and children cannot be an afterthought to global investment. It's not a nice to have – it's a must have. A woman's health lays the foundation for her children's health, her family, her community and for generations to come. Cuts to international assistance, to gender equality and to global health mean shorter lives, underdeveloped communities, and destabilized economic growth, not only in the global south, but around the world.

Even in the face of rising populism and economic uncertainty, Canadians recognize the importance of international assistance for women and children, and support increases in global assistance through health-related investments.⁶ Canada has established itself as a global leader in gender responsive and transformative approaches and we know what is needed to tackle the most critical gaps and unmet needs of those most marginalized and left behind. Today, that means investing in global health architecture grounded in a feminist approach. An approach that reflects the needs of women and children and places their untapped potential and sustainable

¹ <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

² <https://gendernutritiongap.org/about/>

³ <https://www.mckinsey.com/featured-insights/employment-and-growth/how-advancing-womens-equality-can-add-12-trillion-to-global-growth>

⁴ <https://www.who.int/news/item/18-10-2022-staggering-backsliding-across-women-s-children-s-and-adolescents-health-revealed-in-new-un-analysis>

⁵ <https://www.who.int/publications/i/item/9789240060104>

⁶ https://canwach.ca/sites/default/files/2019-08/2019-1434%20CanWaCH_Nanos_2019%20Public%20Opinion%20Research_FINAL_EN_0_0.pdf

futures at the helm of health priorities. At the core of these recommendations herein is the recognition that human capital means women's and children's capital.

International Assistance: Transparency, predictability and sustainability - and getting to \$10 billion by 2025.

The world order that Canada has taken for granted over past decades is rapidly shifting and our international assistance must shift with it. The current level of investment not only risks Canada's ability to continue to serve as a progressive global partner to the world's most marginalized populations, it also risks Canada's reputation as a global defender of human rights, peace and security, and diplomacy.

International assistance had seen a boost in recent years driven by the response to COVID-19, rising from \$5.5 billion in 2019-2020 to \$7.7 billion in 2020-2021 and then to \$8.1 billion announced in Budget 2022; however, Budget 2023 then saw a significant reduction in international assistance investments. In the context of multiple and intersecting global crises, Budget 2024 must see Canada rise to the prolific challenge of the day. To do so, we urge Canada to return international development assistance to 2021/22 levels and then continue to significantly increase funding over the next two years to reach a minimum annual investment of \$10b by 2025.

Each year Canada provides historic budget information on international assistance through its Statistical Report to Parliament and its landmark Annual Report on the 10YC. What is ultimately needed however, for improved planning, stability and policy coherence is a clear, detailed, and forward-looking budget for the IAE which adequately reflects the best practices and standards recommended by the International Aid Transparency Initiative (IATI).⁷

Additionally, deepening the partnership between Global Affairs Canada and Canada's civil society is a necessary tool in achieving the key outcomes and objectives of improved transparency, data and accountability in international assistance. The data behind programmatic interventions is crucial to evaluating outcomes and obtaining measurable, clear results that demonstrate successful, long-lasting and transformative change. As highlighted in the Auditor General report earlier this year on 'International Assistance in Support of Gender Equality,' accountability and transparency are key to sustaining the confidence of Canadians in Canada's global gender equality work.

Closing the gender nutrition gap through integrated, comprehensive and holistic programming

Food security and nutrition have surpassed crisis levels. More than ever women and girls are being left behind as those who eat last and least, who sacrifice when food is limited, and who suffer the educational and economic consequences of the poor health outcomes which result.

⁷ <https://iatistandard.org/en/guidance/standard-guidance/budgets-overview/>



The Gender Nutrition Gap notes, “Women's and girls’ nutrition is disproportionately affected by the ongoing and interrelated impacts of the COVID-19 pandemic, escalating conflict, climate change, the food crisis, and the cost-of-living crisis...[and] there are 150 million more women and girls who are hungrier than men and boys.”⁸

The statistics are grim:

- Almost one-third of non-pregnant adolescent girls and women are deficient in iron, zinc, and/or folate and for adolescents, iron-deficiency anemia is the leading cause of disability-adjusted life years lost;⁹
- Progress on anemia has stalled, with only one country (Guatemala) on track to meet the globally agreed 2030 target to cut anemia in half for adolescent girls and women of reproductive age;¹⁰
- In 2022, an estimated 45 million children under 5 (6.8%) were affected by wasting;¹¹
- There is insufficient progress to reach the 2025 World Health Assembly global nutrition targets. Only about one third of all countries are ‘on track’ to halve the number of children affected by stunting by 2030.¹²

The need to fully integrate programmatic approaches and investments across the development portfolio has never been more clear. Addressing malnutrition means coordinated policy and funding responses across education, water, sanitation and hygiene (WASH), and social protection spheres while at the same time recognizing and addressing the unique nutrition needs for women and girls. Leveraging existing entry points as opportunities to increase equal access to nutrition services can support women and girls health outcomes, including embedding critical points to prevent, detect and treat malnutrition especially in adolescents through school and community programs. Approaching this issue from a comprehensive life-course lens which integrates SRHR, is critical to the long-term success of policies and the ability to achieve positive change in intergenerational health outcomes. Actions must be sustained to reach women and girls at all stages of their lives.

Canada’s leadership position and global track record on nutrition presents a clear opportunity to catalyze increased political will and financing from other donors and governments. This will allow the Government of Canada to maximize overall impact while using every development dollar to its fullest by crowding in global funding for nutrition to support efforts that span across multiple related sectors.

⁸<https://gendernutritiongap.org/closing-the-gap/>

⁹ [Iron Status, Anemia, and Iron Interventions and Their Associations with Cognitive and Academic Performance in Adolescents: A Systematic Review - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/378924007/)

¹⁰ <https://gendernutritiongap.org/closing-the-gap/>

¹¹<https://www.who.int/publications/i/item/9789240073791>

¹² <https://www.who.int/publications/i/item/9789240073791>

Entrenching comprehensive sexual and reproductive health and rights as a pillar of global health

In a recent study led by researchers at the Guttmacher Institute they note that “[A] Women's right to determine whether and when to have children hinges in part on individuals’ ability to prevent unintended pregnancies. There are substantial disparities among countries and regions in women’s success in exercising this fundamental right.” As democracy and human rights have backslid globally in recent years, so have the rights of women – as noted in a June 2023 report by the International Centre for Research on Women. The report notes that “Reproductive rights have been inextricably linked to democratic institutions. In many instances, access to SRHR is targeted first, undermining individuals’ bodily autonomy and paving the way for repealing other rights, such as voting rights. Restrictions on SRHR can have a chilling effect on other human rights, including freedom of speech and assembly, health, and equality.”¹³

In 2019, over 218 million women and girls of reproductive age were unable to properly access SRHR in LMICs. That situation has only grown and worsened since the pandemic. Not only has progress stalled in some places; it has slipped behind. Projections tell us that a 12% average decline in access to modern contraception would result in an additional 734,000 unintended pregnancies. A 25% average decline in essential pregnancy-related care would result in an additional 134,000 obstetric complications and 3,400 maternal deaths. A 23% shift from safe to unsafe abortions will lead to an additional 491,000 unsafe abortions.

Policies, investments and most critically, rights must be protected and scaled up. Investment, coupled with cohesive policy that ensures SRHR is not a siloed or sidelined issue, is critical. For Canada this means we cannot mask, divert or subvert the funds we have clearly allocated to SRHR. We must meet our commitments for consistent and predictable increases to this funding, which means successfully scaling up to the direct investment of \$700 million in SRHR by the end of this year, with a significant focus on the four most neglected and stigmatized areas.

Strengthening Resilient Health Systems

Community health workers (CHW) are one of the main pillars of a strong, resilient health system. Moreover, research has shown that they are amongst the most effective at transforming health outcomes at scale and reaching large populations through trusting and strong relationships.¹⁴ Community health is key to achieving Universal Health Care (UHC) and the outcomes in the SDGs. A new report from USAID estimates a global gap of \$2 billion USD per year to achieve effective coverage through community health in Sub-Saharan Africa alone.¹⁵ The report further highlights that investments in community health deliver on long-term returns while generating short-term cost savings in the scaling of health intervention.¹⁶ With the right

¹³ <https://www.icrw.org/wp-content/uploads/2023/06/SRHR-and-the-Democracy.pdf>

¹⁴ <https://www.exemplars.health/stories/women-make-the-most-effective-community-health-workers>

¹⁵ <https://www.usaid.gov/cii/strengthening-primary-health-care-through-community-health-workers-closing-2-billion-gap>

¹⁶ <https://www.usaid.gov/cii/strengthening-primary-health-care-through-community-health-workers-closing-2-billion-gap>



investments, political will, and resourcing, CHWs have the power to transform health systems and the health of entire populations.

Horizontal, well-integrated and well-resourced community health programs are the frontlines of disease surveillance, routine vaccine programs reaching children and newborns, neonatal care and providing family planning and SRHR services to women and girls. To achieve UHC, these community health programs must be multisectoral in their design, enhancing access to water, sanitation and hygiene while delivering a comprehensive suite of health interventions.

To contribute to building a more equitable world - the world Canadians want to be a part of - Canada must urgently invest now.

