

# Mapping Complexity: Lessons from the Project Explorer

JUNE 2026

## *Disclaimer*

*The insights and data referenced in this report have been provided by contributing organizations and have not been independently verified by CanWaCH. Numbers are accurate as of the data retrieval date indicated in this report and may change as projects are updated. As such, the figures in this report may differ from current data shown on the Project Explorer database. CanWaCH does not endorse or recommend specific programs or activities, and the content of this report is intended to be inspirational and not prescriptive. The designations and maps in this report or on our website do not imply the expression of any opinion on the part of CanWaCH concerning the legal status of any country, territory, city or area, its authorities or the delimitation of its frontiers or boundaries.*

## Purpose of this report

Since 2016, the Canadian Partnership for Women and Children’s Health (CanWaCH’s) Project Explorer has helped make Canadian-supported global health and development work more visible. A decade later, it also offers an important reflection on the opportunities and limitations of aggregating complex, multisectoral work through project level data.

## Canadian leadership in global health

A look back provides important context on why the mapping undertaken by the Project Explorer matters in the Canadian global health ecosystem. Since 2010, Canada has established itself as a leader in global health and gender equality. Across successive governments and historic commitments (e.g., Muskoka I, Muskoka II, the

10 Year Commitment to Global Health and Rights) the Government of Canada has invested billions of dollars to strengthen health systems, expand access to vaccines and nutrition, advance sexual and reproductive health and rights, and respond to humanitarian and public health crises around the world. These investments reflect not only financial contributions, but a broader commitment to multilateral cooperation, equity and long-term systems strengthening.

Canada’s investments in sexual and reproductive health and rights (SRHR), as well as maternal, newborn and child health (MNCH), have delivered measurable global results over the past decade. In 2023-24, Canadian family planning assistance helped 4.7 million women and couples access modern contraception, preventing an estimated 1.6 million unintended pregnancies, 478,000 unsafe abortions and more than 2,100 maternal deaths in low and middle income countries.<sup>1</sup>

<sup>1</sup> Guttmacher Institute, Just the Numbers: The Impact of Canada’s International Assistance for Family Planning, 2023–2024 (January 2026).

Through Canada's \$6.5 billion MNCH Initiative (2010-2020), efforts catalyzed through the Muskoka Initiative are estimated to have contributed to saving the lives of approximately 64,000 mothers and 1.3 million children worldwide.<sup>2</sup>

These investments have also helped build the capacity, expertise, and global reach of Canadian organizations working across health and development. Collectively, this leadership has enabled Canada, as a middle power, to play an outsized role in shaping global health and development efforts internationally.

## What the Project Explorer set out to capture

Emerging from Canada's investment, CanWaCH has worked with partners over the past decade to aggregate global health and development project data via the Project Explorer. This ambitious undertaking sought to create visibility and coherence across a decentralized and multi-sectoral ecosystem over time. The Project Explorer represents one of the few attempts to aggregate Canadian-supported global health and development initiatives across organizations and sectors over such a significant timeframe.

*As an open-access tool, the Project Explorer compiled detailed information on global initiatives with Canadian contributions across various areas, including health, development, humanitarian action, human rights and gender equality. The aggregated data provided a landscape of Canadian-supported initiatives and thematic patterns of these initiatives.*

Beyond the aggregated data, the Project Explorer also captured the qualitative dimensions of these initiatives through project descriptions, expected

and achieved results. These narratives offered real-life accounts of intersectoral collaboration, global-local partnerships and implementation realities that numbers alone cannot fully convey. They provided context to the aggregated data, illustrating not just how many people were reached, but how and through what mechanisms change was achieved. In this sense, the Project Explorer served as both a quantitative repository and a qualitative landscape of development experience, offering a more complete picture of the scope, depth and complexity of global health and development efforts.

## Health within a broader development landscape

Health, as a fundamental human right, is a core entry point for advancing equitable development as a most basic determinant of who can survive, thrive and fully participate in society. Disparities in health outcomes reflect structural inequities (i.e., gender, geography, income) rather than individual circumstances alone. Evidence consistently shows that when health systems prioritize equity, universality and non-discrimination, they not only improve population health outcomes but also reduce intergenerational cycles of poverty and exclusion.<sup>3</sup> Strengthening equitable access to primary health care, including sexual and reproductive health services, is therefore both a matter of justice and a proven pathway to advancing inclusive, sustainable development.

Good health is a cornerstone to strong outcomes and health programming is inherently intersectoral, requiring coordinated action across health, education, gender equality, nutrition, climate and economic systems to address the underlying social determinants that shape health outcomes. The global health and development sector has long understood that a lifecycle and social determinants of health approach is crucial.

<sup>2</sup> Global Affairs Canada, Evaluation of Canada's Maternal, Newborn and Child Health Programming, 2010-2017 (2019).

<sup>3</sup> World Health Organization. *Social Determinants of Health* (2026).

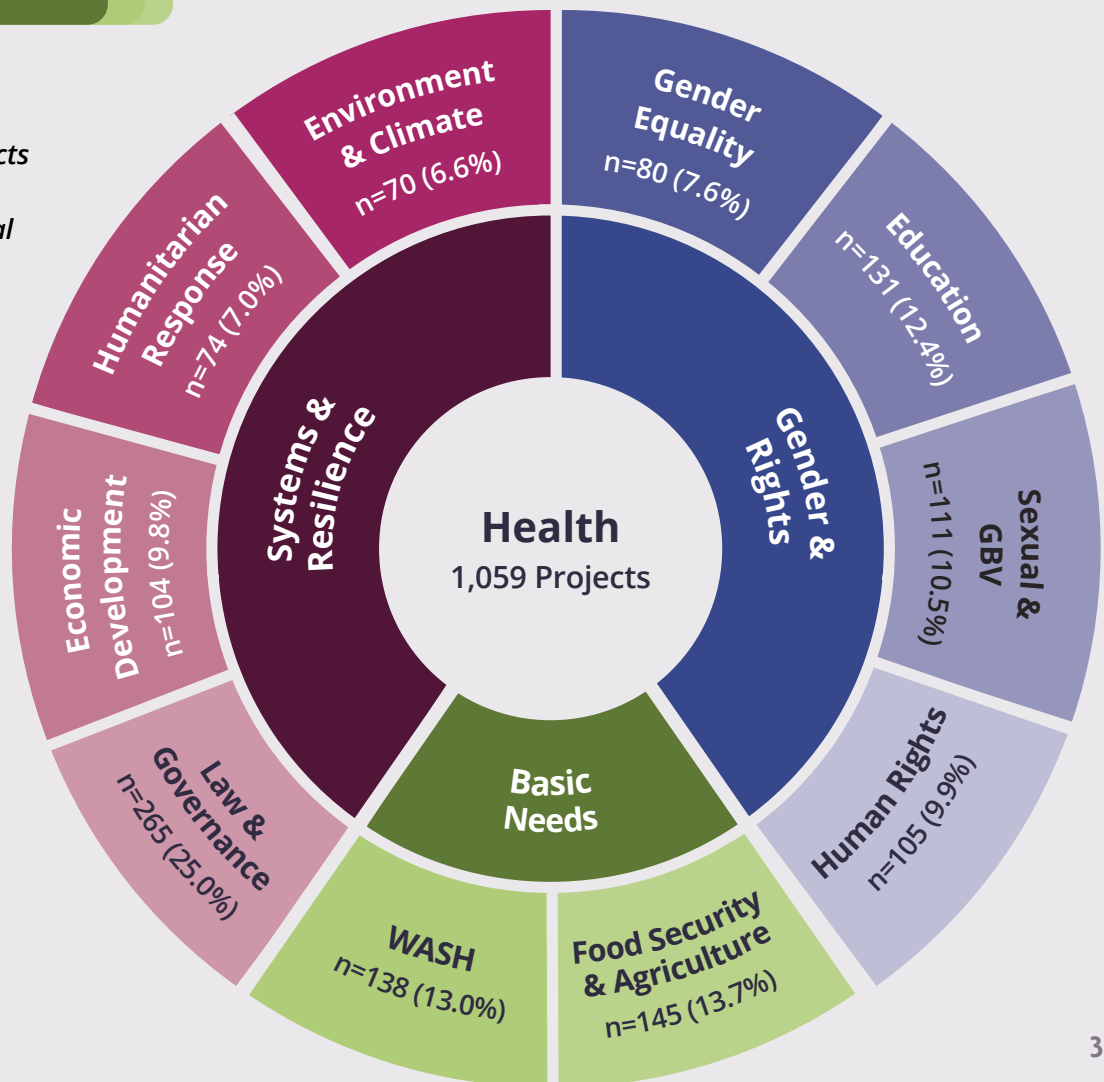
In tandem, the sector is often asked to tell the story of impact of our work. Initiatives such as Project Explorer highlight the challenges inherent in representing this interconnected work through standardized thematic categories and reporting structures. While categorization remains important for understanding investment trends and areas of focus, many projects operate across multiple sectors simultaneously, reflecting the complex realities organizations are responding to in practice.

Global projects in the project Explorer that include a health focus reflect three main categories of cross-sectoral links between health and other sectors:

- **Gender and rights:** links health with gender equality, sexual and gender-based violence, education, and human rights, advocacy & public engagement.
- **Basic needs:** links health with food security & agriculture and WASH, reflecting a focus on addressing underlying key determinants of health.
- **Systems and resilience:** links health with governance, economic development, humanitarian response, and environment & climate change. The strong linkage with law, governance, and public policy indicates that many health projects operate at the systems level, aiming for long-term sustainability rather than temporary relief intervention.



*n and % out of 1059 health-focused projects (N=1741 total). Each segment is equal size. Percentages do not sum to 100%.*



## The limits of categorization

The Project Explorer provides an interesting case study about an age old debate and discussion on siloes and coding in the development sector. In order to aggregate data and speak to results, development practitioners are often asked to categorize their work. While complex systems have been developed by various actors to enable complex breakdowns of programming, development practitioners are often forced to compartmentalize, sort and find order in complex human contexts.

*This tension is not unique to the Project Explorer. It reflects a broader sector-wide challenge: accountability and reporting systems often require distinct categories, while the work itself frequently operates across multiple systems at once.*

A project focused on adolescent health, for example, may also depend on education, nutrition, governance, gender equality, water, sanitation and hygiene (WASH) and community-level economic resilience. The Project Explorer surfaced this tension.

## What the health-focused project data showed

As of Spring 2026, the Project Explorer featured more than 1,700 projects reported by more than 400 organizations across multiple continents and areas of focus. A primary criteria during CanWaCH's data sourcing was that projects advance the health and rights of women and girls around the world. As organizations entered their data, they were asked to provide the project budget and allocate a percentage of the budget per area of focus. Inevitably, allocations were therefore shaped by differing organizational interpretations, evolving terminology and practical challenges of reducing complex programming into distinct thematic categories. This resulted in a self-reported 1,059 projects (approximately 61% of the 1,741 projects in the Project Explorer) included a primary focus on

health, with the most common being **Reproductive Health & Rights incl. Maternal Health (375 projects; 35.4% of health-focused projects)**, **Health Systems, Training & Infrastructure (349; 33%)**, and **Primary Health Care (313; 29.6%)** (see Appendix A). This distribution reflects a strong emphasis on both service delivery and system-level interventions.

Looking across project-level areas of focus in health-related initiatives (1,059 of 1,741 projects), data shows that health interventions are frequently combined with Governance, Social, Economic and Environmental areas of focus (see Appendix B). The most notable cross-sector links are observed with **Law, Governance and Public Policy (25% of projects that also focus on health)**, followed by **Food Security & Agriculture (13.7%)**, **WASH (13%)**, and **Education (12.4%)**. Other areas, such as Sexual and Gender-based Violence, Human Rights, and Economic Development also appear consistently, each present in approximately 10% of projects.

In reality, however, health relevance extends well beyond this subset. Many of the projects in the Project Explorer were tagged under thematic areas which carry a significant, if indirect, health impact even while not captured by an explicit health labelled area of focus.

In many cases, organizations categorized projects primarily through Governance, Humanitarian, Agriculture, Education, or Gender Equality lenses even where significant health outcomes were embedded throughout the work. Take for example the 228 projects focused on Food Security & Agriculture — a category that tackles chronic food insecurity and poor dietary diversity, which are among the leading drivers of malnutrition, stunting and micronutrient deficiencies. These are conditions that fall within the health domain.

Similarly, the 202 projects addressing Sexual & Gender-based Violence are responding to a public health issue. The 256 Humanitarian Response projects span a wide range of crisis interventions, from emergency food assistance and shelter to protection and displacement support. While not always explicitly labelled as health projects, many tackle health-related activities such as WASH and emergency medical care.

*In many instances, the Project Explorer highlights that health outcomes are addressed through multi-sectoral approaches and that it is a challenge to meaningfully isolate 'health' from the wider system, structures and policies that shape social determinants and outcomes within communities.*

Project Explorer



The 210 projects focusing on WASH address one of the most essential determinants of public health — access to clean water and sanitation — which is associated with the prevention of water-borne and communicable diseases.

## What the Project Explorer experience revealed

One of the clearest reflections emerging through the Project Explorer is that international cooperation often resists simplification. While reporting systems and thematic categories remain important tools for understanding investment trends and areas of focus, the realities organizations respond to are inherently interconnected. Health outcomes are shaped not only through direct health interventions, but through broader work related to governance, education, nutrition, gender equality, economic opportunity, humanitarian response, climate resilience and water and sanitation systems. At the same time, improved health outcomes themselves contribute to progress across these sectors, reinforcing health not only as a development outcome, but also as a foundational driver of broader social and economic well-being.

The patterns reflected throughout the Project Explorer reinforce the extent to which global health and development initiatives operate across overlapping systems and priorities simultaneously. Efforts to improve maternal and child health, for example, are often closely connected to girls' education, food security, community governance structures, economic empowerment, and access to clean water and sanitation. Similarly, initiatives categorized primarily

under Humanitarian Response, Agriculture, or Gender Equality frequently carried significant implications for health and well-being, even where health was not identified as the primary thematic focus.

In many ways, the Project Explorer became not only a tool for aggregating projects, but also a reflection of the complexity of modern global development itself. The initiative highlighted both the value and the challenges of attempting to represent systems-level work through project-level reporting structures, particularly in a sector where outcomes are often shared, overlapping and long-term in nature. While thematic categorization remains necessary for reporting, analysis and accountability purposes, the Project Explorer experience reinforced that many of the most significant development challenges, and solutions, extend across multiple sectors simultaneously.

At the same time, Project Explorer contributed meaningfully to increasing visibility into Canadian-supported global development efforts and demonstrated the breadth of engagement across Canadian civil society, academic institutions, multilateral organizations and international partners. It enabled ecosystem mapping, partnership brokering, increased transparency, surfacing patterns across sectors, demonstrating the interconnected nature of development work, and increasing visibility of Canadian organizations and investments globally (see [Appendix C](#)). The Project Explorer has not simply been a repository of projects, but an exercise that has generated important insights about complexity, categorization and systems-level development work.

## What this means for stories of impact

Taken together, these reflections point to an opportunity to build on project level data and tell a more fulsome story of Canadian global health impact. Aggregated data can help demonstrate reach, patterns and areas of concentration, while complementary approaches can help capture the relationships, partnerships, systems changes and long-term outcomes that also shape impact. The Project Explorer has been a tool in the toolbox of making the complexity of global health and development work more visible and easier to understand.

As global development approaches continue to evolve toward increasingly integrated and systems-oriented models, the reflections emerging through the Project Explorer may help support broader conversations around how complex, multisector development work can be more effectively understood, represented and communicated over time. In a fiscally constrained environment, there is increased impetus to tell the story of impact. From systems-based storytelling, to partnership or outcome mapping, to generational framing, there are many models and methodologies that we can use to tell the story of our work. At CanWaCH, we know that the Canadian global health sector and their partners provide life-altering support to women and girls around the world. We remain inspired and excited to convene and collectively rise to the challenge.

# Appendix A

Distribution of health-focused projects based on reported areas of focus (N=1,059)

Health Area of Focus	n (%) Projects
Reproductive Health & Rights incl. Maternal Health	<b>375 (35.4%)</b>
Health Systems, Training & Infrastructure	<b>349 (33.0%)</b>
Primary Health Care	<b>313 (29.6%)</b>
Nutrition	<b>310 (29.3%)</b>
Health Promotion & Education	<b>258 (24.4%)</b>
Sexual Health & Rights	<b>188 (17.8%)</b>
Infectious & Communicable Diseases	<b>186 (17.6%)</b>
Newborn & Child Health	<b>105 (9.9%)</b>
Adolescent Health	<b>72 (6.8%)</b>
HIV	<b>47 (4.4%)</b>
Mental Health	<b>34 (3.2%)</b>
Secondary/Tertiary Health Care	<b>13 (1.2%)</b>
Non-Communicable Diseases	<b>8 (0.8%)</b>
Neglected Tropical Diseases	<b>8 (0.8%)</b>

## Notes:

- N=1,059 projects that listed at least one health-related area of focus.
- Each row = number of distinct projects out of 1,059 that listed that area.
- Rows are not mutually exclusive. A project listing multiple health areas appears in each relevant row.

# Appendix B

## Non-health sectors linked to health-focused projects

Non-Health Area of Focus	n (%) Projects*
Law, Governance & Public Policy	265 (25.0%)
Food Security & Agriculture	145 (13.7%)
WASH	138 (13.0%)
Education	131 (12.4%)
Sexual & Gender-based Violence	111 (10.5%)
Human Rights, Advocacy & Public Engagement	105 (9.9%)
Economic Development & Empowerment	104 (9.8%)
Gender Equality	80 (7.6%)
Humanitarian Response	74 (7.0%)
Environment & Climate Change	70 (6.6%)
Protection	48 (4.5%)
Other	47 (4.4%)
Disaster Risk Reduction & Early Recovery	16 (1.5%)
Financing for Development	10 (0.9%)
Shelter & Construction	10 (0.9%)
Logistics	3 (0.3%)

\*Percentages indicate the proportion of health-focused projects (n=1,059) that include each sector. As projects may include multiple areas of focus, percentages do not sum to 100%.

# Appendix C

## Countries with the highest number of reported projects with a health focus

Countries	Number of Projects
Haiti	89
Mali	82
Bangladesh	51
Ethiopia	43
Tanzania	37
Ghana	34
Afghanistan	33
Canada	33
South Sudan	31
Mozambique	29
Congo (DRC)	26
Pakistan	25
Burkina Faso	20
Nigeria	18
Cameroon	17

Health-focused projects extend across diverse geographic locations and contexts, addressing both development and humanitarian actions. The countries with the highest number of reported projects include Haiti, Mali, Bangladesh, Ethiopia, Tanzania, Ghana, Afghanistan, Canada, South Sudan, Mozambique and the Democratic Republic of the Congo. A single project may be implemented in one or more countries. Canada was listed in a number of projects by reporting organizations, often reflecting its funding and leadership role in these initiatives, while other organizations may have reported only the countries where projects were implemented.



**CanWaCH**  
Canadian Partnership for  
Women and Children's Health



In partnership with  
**Canada**