

MSI Reproductive Choice's Submission to the Standing Committee on Foreign Affairs and International Development Hearing on the Sexual and Reproductive Health and Rights of Women Globally

March 2023

[MSI Reproductive Choices](#) (MSI) is one of the world's largest providers of quality, sexual and reproductive health services, and an advocate for gender equality and reproductive choice. Our 9000 team members work across 37 countries as a key partner to ministries of health, private providers, and civil society organizations. In 2022 we reached to 21.1 million women with lifesaving and lifechanging reproductive health services. As a key partner to Global Affairs Canada in the implementation of the 'Feminist International Assistance Policy' (FIAP), we are delighted to make this submission to this critical hearing and would be delighted to provide further details or evidence about any aspect of our work.

Canada is at the forefront of global efforts to address gender inequality and the empowerment of women and girls. As stated in Canada's FIAP *'Promoting gender equality is the most effective approach to reducing poverty and building a more inclusive, peaceful and prosperous world.'* This focus and the inclusion of sexual and reproductive health and rights (SRHR) as a clear priority and pillar within the Plan is crucial and sets out a progressive plan that is appreciated by development actors across the world. MSI are deeply proud of the collaboration and impact of our partnership with GAC which has consistently delivered lifesaving services at scale, providing results and value for money for the Canadian taxpayer.

Our recommendation is for Canada to continue to be a global leader on SRHR, taking a comprehensive approach, and scaling up investment to honor the commitments they have made.

By investing in SRHR, we invest in women's futures. Evidence has consistently found it to be a development best-buy, contributing to numerous Sustainable Development Goals like Gender Equality; No Poverty; and Health and Wellbeing. Every \$1 invested in contraception generates over \$8 in health and socio-economic gains, and in 2022, it is estimated that MSI's services saved \$849 million in direct healthcare costs.

In 2022, MSI saw unprecedented demand for SRHR globally. With reproductive choice, women and girls have the freedom to decide if or when to become pregnant, and are more likely to remain in education, achieve financial independence and drive positive change in their communities.

Over the last decade, awareness of SRHR – and its benefits – has increased significantly. In the same period, the number of women and girls reaching their reproductive years has grown by over 100 million – a number currently standing at more than 1 billion in low and middle-income countries. So as community awareness and need continue to rise, we have seen an unprecedented demand for MSI's services. In 2022, against a backdrop of rebuilding after the COVID-19 pandemic, we partnered with governments and civil society to deliver reproductive choice to more people than ever before.

'A decade of cross-sector investment in SRHR is really paying off. We have more quality access points across public, private and NGO facilities, more providers trained, and together we're removing policy, legal, and financial barriers to services. Our donors, partners, and local teams are transforming access for the next generation. Millions more women and girls are making choices about their bodies and futures, empowering them to access the education they want, and gain and exercise their economic and political power.'

Banchiamlack Dessalegn, MSI's Africa Director

With support from our partners and donors such as GAC MSI's impact in 2022 included - 82,000 people supported with reproductive choice every day; 7.2 million unsafe abortions averted 14.6 million; unintended pregnancies avoided; and 42,600 women and girls' lives saved.

Partnering for Sustainable Access

Many people rely on their local government facility for their healthcare, but SRHR services are often limited or unavailable. This particularly affects marginalized groups, such as young people and those living in rural areas. Our community partnership models are increasing the availability of quality, locally led services, empowering clients and providers, and bolstering health systems. As more people gain access, community awareness and demand builds, creating a ripple effect. Last year, MSI partnered with governments in 24 countries to strengthen reproductive healthcare and support over 6 million clients to access high-quality care. Across over 6,000 clinics, we strengthened the skills of health providers, put client-centered data and evidence at the heart of decision-making, and built stronger supply chains. Our collaborative efforts are shaping health systems, so that high quality sexual and reproductive healthcare is available for decades to come.

MSI works across 37 countries and each country has its own legal and regulatory framework that governs the extent of abortion services that we can offer. MSI works within the national legal frameworks of the countries where we operate, expanding access to safe abortion within the fullest extent of the law. It is worth noting that the abortion legislation in the countries we work, particularly the most restrictive countries, were for the most part imposed by colonial rulers. **Article 14 of the Maputo Protocol, which protects SRHR, has been ratified by 42 Africa Union Member States** indicating that there is a strong regional consensus that bodily autonomy is fundamental to human rights. In recent years opposition to abortion, CSE and contraception has increased in Africa, and this opposition is not coming from grassroots African organizations but originates in Europe and North America with international NGOs who are building a footprint in East Africa by opening offices and hiring local staff, but exporting playbooks, strategies, and funding.

Why SRHR?

In 2015, with unanimous acceptance by member states, the United Nations adopted the *2030 Agenda for Sustainable Development*. *The Agenda*, building on the Millennium Development Goals, calls on all countries to come together in global partnership for sustainable development to improve lives and protect the environment. Reproductive health is incorporated in the Sustainable Development Goals (SDGs) under Goal 3 (target 3.7) and Goal 5 (target 5.6). Target 3.7 states that, **“By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education and the integration of reproductive health into national strategies and programs.”**

The challenge

Increasing access to SRHR saves lives and supports other goals that are critical to development priorities such as stronger economies, greater prosperity and strengthened resilience to climate change. Countries will not meet the SDGs and national commitments on poverty alleviation, health and gender equality, unless we invest in reproductive choice for women and girls and capture the opportunities afforded by the demographic dividend.

Yet progress towards fulfilling SRHR has been challenging because of weak political commitment, inadequate resources, persistent discrimination against women and girls, and an unwillingness to address issues such as abortion and comprehensive sexuality education. Multiple economic, social, political and cultural barriers and stigma to SRHR exist which perpetuate a cycle of poverty.

As a result:

- The international community is currently failing the 218 million women and girls who want but have no access to contraception. This number will increase to 300 million by 2030 if no additional action is taken.
- Unsafe abortion continues to be a public health crisis and is one of the leading causes of maternal deaths. 60% of unintended pregnancies end in abortion and this year, 25 million women will make the agonizing decision to have an unsafe abortion. An estimated 22,000 women will

die.¹ Unsafe abortions cost developing countries an estimated \$553 million per year in treatment costs alone.

Comprehensive access to SRHR is foundational to achieving gender equality. Investing in, and empowering women, adolescents, and girls to make informed decisions about their bodies leads to more equal and just societies where everyone can live free from violence and vulnerability.

Nearly half the world's population is under 25 and, as the largest generation of young people in history (1.8 billion young people) approach their reproductive years, we need to unleash their potential to contribute to economic and social progress.

Contraceptive access provides transformational benefits to women, families, communities and countries by helping countries to realise a 'demographic dividend.' This is a boost in economic productivity that occurs by harnessing the energy and creativity of younger people. It occurs when there are fewer births each year, growing numbers of young people in the workforce and falling numbers of dependents. With fewer people to support, a country has a window of opportunity for rapid economic growth if the right social, governance and economic policies are invested in. [Asia experienced a sevenfold increase in GDP per capita during its demographic dividend window, and Latin America experienced a twofold increase.](#)

However, this does not happen automatically, **access to SRHR services are needed to enable women and girls to fulfil their potential.** While rapid population growth in most global south countries contributed relatively little to the global climate crisis, it does hinder the ability of communities to adapt to climate change, increasing their vulnerability and depleting the land and water resources on which they depend. For example, in Niger, less than 17% of the land is arable and the population is expected to triple by 2050 which will put severe strain on resources and the health system. Easy access to contraception where there is high unmet need and environmental degradation helps women in vulnerable communities make informed reproductive choices, protect land and water resources and increase their resilience to climate change.

Girl's Education

Equal opportunity in education is not just good for girls. With education come increases in lifetime earnings that can benefit whole families. According to UNESCO, an extra year of secondary education can increase a woman's wages by 25%. And women invest up to 90% of their income back into their family compared to the 30-40% men put back into their households.

Studies have shown that a country's gross domestic product increases by an average of 3% when just 10% more girls attend school.

Increased access to education brings declines in child marriage rates, declines in maternal mortality and child mortality. Those declines mean lower healthcare costs for governments, freeing up funds for other essential services. **And yet, an estimated 132 million girls across the world do not go to school.**¹ In low income countries less than two-thirds of girls complete their primary education and only one in three complete lower secondary school.²

Early and unintended pregnancies are both a cause and a consequence of poor educational outcomes for girls.⁵ In developing regions, about 12 million girls aged 15 to 19, and almost 780,000 girls under 15 give birth each year.

Early and unintended pregnancies rob girls of their education. In Niger 1 in 2 girls will give birth before her 18th birthday, but only 1 in 100 will finish secondary school.⁶ A study in Chile found that becoming a mother reduces the likelihood of completing high school by up to 37%.⁷

¹ WHO Preventing Unsafe Abortion, 2020 <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>

Early and unintended pregnancies and child marriage are intrinsically linked and together have a major impact on girls' access to education. In most cases, child marriage is a driver of early pregnancy; in other cases, marriage follows a girl's unintended pregnancy.

Adolescents face unique and disproportionate barriers to access SRHR services, information, and rights. Many of the barriers to accessing SRHR services, such as lack of accurate information, inability to pay, and inability to travel to service points disproportionately affect adolescents.⁹ They also face additional barriers resulting from legal and social restrictions. For example, restrictive laws and policies in many countries forbid the provision of various forms of healthcare services (e.g. contraception) to adolescents or to those who are unmarried.

¹ UNICEF, Girls' Education, <https://www.unicef.org/education/girls-education>

² World Bank, Missed Opportunities: The High Cost of Not Educating Girls, 2018, <https://www.worldbank.org/en/news/factsheet/2018/07/11/missed-opportunities-the-high-cost-of-not-educating-girls>

³ UNICEF, <https://www.unicef.org/education/girls-education>

⁴ World Bank, Girls' Education, <https://www.worldbank.org/en/topic/girlseducation>

⁵ UNESCO, Developing an Education Sector Response to Early and Unintended Pregnancy, 2014, <http://unesdoc.unesco.org/images/0023/002305/230510E.pdf>

⁶ Analysis of Niger DHS, 2012

⁷ UNESCO, <http://unesdoc.unesco.org/images/0023/002305/230510E.pdf>

⁸ Human Rights Watch, Leave No Girl Behind in Africa: Discrimination in Education against Pregnant Girls and Adolescent Mothers, <https://www.hrw.org/report/2018/06/14/leave-no-girl-behind-africa/discrimination-education-against-pregnant-girls-and>

⁹ Chandra-Mouli, V. et al., A never-before opportunity to strengthen investment and action on adolescent contraception, and what we must do to make full use of it. *Reprod Health* 14, 85, 2017, <https://doi.org/10.1186/s12978-017-0347-9>