



Sexual and Reproductive Health and Rights of Women Globally

The SOGC would like to thank the Committee for inviting us to present the Women's Sexual and Reproductive Health and Rights Globally. We have been advocating for these issues for nearly 80 years in Canada. We are also committed abroad: For over 20 years, the SOGC has been involved in countries such as Ghana, Congo-Kinshasa and Haiti. Thanks to our volunteers invited by organizations such as Oxfam, we offer training programs and develop curricula for local healthcare professionals. We have trained over 10,000 healthcare professionals in low-to-middle resource countries for emergency obstetrical care, grounded in the philosophy of respectful care and reproductive rights.

From our observations, women's sexual and reproductive health and rights have been at risk globally for many years and the situation seems to be deteriorating even further due to numerous crises that are currently unfolding in many countries. This sentiment was recently echoed at the opening of the 67th Session of the Commission on the Status of Women by United Nations Secretary General, Antonio Guterres, who stated that *"women's rights are being abused, threatened and violated around the world."*¹

Maternal Mortality

In February, the United Nations issued an alarming report on the trends of maternal mortality across the world. The report states that in 2020, an estimated 287,000 women died of preventable causes. That is the equivalent of one woman dying every two minutes.² Many countries lack the proper healthcare infrastructure that could help women and girls during and after their pregnancies. Research also shows that more than one third of pregnancies worldwide are unintended and that nearly 50% end in abortion.³

In fact, 13% of all maternal deaths recorded annually are abortion-related, with the highest rates in Asia and Africa. As much as 62% of all abortion-related deaths are recorded in Africa alone. Legal access to abortion is still an ongoing issue. Regions such as Asia, Africa and Latin America have some of the most restrictive abortion laws in the world and account for 97% of all unsafe pregnancy terminations.⁴ As a result, many women have to turn to other methods to manage or end their pregnancies. Despite the lack of commitment from regional governments, some women are able to find outside resources to help them mitigate the consequences of their pregnancies, such as online information sources, peer-led support groups, and even hotlines. To some extent, these outside resources contribute to a slight reduction in maternal mortality, yet not enough to make a significant impact overall.⁵

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Contraception has proven to be an effective method in reducing maternal mortality rates and helping women manage their pregnancies. Yet access to modern contraception is still limited. Almost 120 million women worldwide have unmet needs for contraception each year. There are many contributing factors to this, such as overburdened health services,

¹ [Secretary-General Warns of 'Baked-in' Gender Discrimination in Technology, Decries Rights Roll-Backs, Opening Commission on Status of Women](#) – March 6, 2023

² Trends in maternal mortality 2000 to 2020 Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division

³ Pottie K, Greenaway C, Feightner J, et al. Evidence-based clinical guidelines for immigrants and refugees. *Cmaj*. 2011;183:E824-925

⁴ Awowole IO, Ijarotimi OA. Restrictive abortion laws, COVID-19, telehealth, and medication abortion in the SDG era. *Lancet Glob Health*. 2022;10:e14-e5.

⁵ Awowole IO, Ijarotimi OA. Restrictive abortion laws, COVID-19, telehealth, and medication abortion in the SDG era. *Lancet Glob Health*. 2022;10:e14-e5

cultural pressures regarding fertility, poorly trained service providers, health services disrupted by conflict, distance to service delivery points, transportation costs, religious opposition, language barriers with providers, and provider biases.⁶

Looking inwards, Canada has its own issues when it comes to maternal mortality rates, abortion, and contraception. In 2019, the Society of Obstetricians and Gynaecologists of Canada (SOGC) published a study and found that maternal mortality is infrequent but significant. In many cases, there were no interventions that could have saved the mother's life, but in others, there were opportunities for prevention.

Over the past four years, The Society of Obstetricians and Gynaecologists of Canada (SOGC) has been working with experts and partners to develop a system that ensures every maternal death in Canada is comprehensively reviewed and recommendations focused on prevention are created and implemented within the context of Canada's healthcare system.

The **Confidential Enquiry into Maternal Mortality Program** has been launched and is beginning to be piloted in every province and territory in Canada. The program consists of a toolkit, training materials, a maternal mortality hub, virtual communities of practice, a national consortium for governance, an annual symposium on maternal mortality, as well as data and trend reports.

The World Health Organization's (WHO) 2010 report indicated a rise in Canada's maternal mortality and prompted us to develop better data tracking methods. We approached provincial leaders and tried to implement a national system of confidential enquiry into maternal deaths and severe maternal morbidity in Canada.⁷ The historic lack of communication between governments, healthcare facilities, and physicians has hindered our efforts in assessing and quantifying reliable data on this phenomenon. However, this trend could finally be reversed due to the recent announcement by the federal government in relation to data sharing and collaboration between the provinces and territories.⁸

The **Maternal Mortality Toolkit** includes generally standard materials to provide useful templates for maternal morbidity and mortality review, and which each jurisdiction/committee can adapt to their own environment. Those who are new to the review process will have the materials, tools and resources that they need to be able to initiate a process without a lot of difficulty, and with guidance from a very experienced group who are motivated and excited to provide leadership. The toolkit and the education and training materials are available in both official languages.

As we move ahead with the implementation of a Confidential Enquiry System, the information shared will contribute to increasing awareness of the issues surrounding pregnancy-related morbidities and deaths and to promoting change among individuals, healthcare systems, and communities to avoid preventable cases of morbidity and mortality while optimizing outcomes for women and babies. Confidential Enquiry Systems have been well established in other countries and have led to reductions in maternal deaths and improved outcomes for women, care providers, and systems of care.

Resolving the many issues surrounding women's sexual and reproductive health and rights will take a tremendous amount of effort, collaboration, and innovative solutions to overcome recent global calamities such as the pandemic, which caused a massive shortage of resources, directly impacting women's health in underserved populations throughout the world. As an organization that undertakes many global health initiatives, we can only summarize that we need to be able to understand the trends, gaps, and opportunities if we are to more efficiently serve the health needs of all women around the world. We cannot stress enough how the sexual and reproductive health rights of women need to be treated as a top priority.

Recommendations

⁶ Davidson N, Hammarberg K, Romero L, et al. Access to preventive sexual and reproductive healthcare for women from refugee-like backgrounds: a systematic review. *BMC Public Health*. 2022;22:403.

⁷ Measuring Maternal Mortality in Canada: An Update on the Establishment of a Confidential Enquiry System for Preventing Maternal Deaths

⁸ [Working together to improve healthcare for Canadians](#). – February 7, 2023

- We have to support our healthcare teams with innovative models of care and think outside the box to improve access, decrease stigma, and improve experiences and outcomes. Human resource shortages are here to stay; we must find solutions that do not rely on importing professionals from other countries that are also struggling.
- We have to reach the public and our patients with the right information, in the right language, to be able to make the best decisions for their health. We have to share the same science and recommendations with women and physicians, so that they can speak the same language.
- We have to continue to work with federal, provincial, and territorial data systems to ensure that we can identify issues and trends and measure impact.

The SOGC is passionate about addressing health inequities and promoting timely access to quality, culturally safe care. The health of marginal and vulnerable populations is particularly at risk and requires increased attention in relation to the social, cultural, and economic factors that can influence health outcomes.

We look forward to #savingmoms and #savingbabies together!

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The SOGC's Global Women's Health Program

The SOGC is committed to advancing women's sexual and reproductive health and rights at home and around the world, by addressing health inequities and promoting timely access to quality, culturally safe care. The health of marginal and vulnerable populations is particularly at risk and requires increased attention in relation to the social, cultural, and economic factors that can influence health outcomes. The SOGC has been involved in supporting women's healthcare providers and organization around the world for over 20 years, with support in funding from the Government of Canada (i.e., Global Affairs). Our program is summarized below:

ALARM International Program for health professionals

The SOGC's ALARM International Program (AIP) is designed as a program for health professionals who provide emergency obstetric and neonatal care in middle and low-income countries. The AIP 5-day training tool has been delivered in more than 30 countries around the world and has helped improve the clinical skills of obstetricians/gynaecologists, nurses, midwives, and assistant medical officers. The AIP is based on the latest research and evidence in obstetric and neonatal care.

ALARM International Program for health administrators

AIP Admin is an introductory program that will provide health administrators with a basic understanding of obstetric and neonatal care as well as administrative skills oriented towards implementing respectful maternity care in unique clinical settings. The curriculum has a human rights-based approach and includes topics such as supply chain management, monitoring and evaluation, stewardship and governance, as well as basic clinical chapters related to maternity and newborn care. AIP Admin is generally delivered over 5 days by experienced health professionals.

Coaching and mentoring of health professionals

Coaching and Mentoring is an important component when working towards closing the gap between knowledge and quality clinical practice. The SOGC's mentorship and coaching activities help strengthen healthcare systems around the world. The SOGC's experienced mentors use specific evaluations and coaching tools as well as advanced communication skills, real-time feedback, on-site case reviews, and bedside teaching.

Advocacy: Dying during childbirth is a shameful violation of women's human rights

The SOGC asserts that a woman has a basic human right to make choices throughout their reproductive life and to survive pregnancy and childbirth, and health professionals are in an exceptional position to effect change in the area of sexual and reproductive health. We believe in a rights-based approach and our programs and partnerships aim to empower individuals to advocate for these rights in their respective countries.

Organizational capacity building

This program is designed specifically for the use of health professional associations interested in and committed to strengthening their overall capacity to promote women's sexual and reproductive health and rights. The SOGC's Organizational Capacity Improvement Framework focuses on internationally recognized organizational dimensions that must be built or strengthened to develop overall organizational capacity.

Power to Choose (2021-2028)

Financed by Global Affairs Canada and under the lead organization Oxfam Québec, the Power to Choose program (2021-2028) aims to strengthen the sexual and reproductive health rights of the most vulnerable, in seven countries around the world.

This program aims to act on three pillars:

- Empower young women and adolescent girls;
- Improve access to and quality of sexual and reproductive health services;
- Raise awareness among communities and governments to overcome taboos.

More than 90,000 young women and adolescent girls living in vulnerable and marginalized conditions will benefit from this initiative.

In Power to Choose, the SOGC will be active in Democratic Republic of the Congo (DRC) and Ghana, sharing technical expertise in the planning, implementation, monitoring and evaluation of the project. In close collaboration with the national associations of obstetricians and gynaecologists in Ghana (SOGOG) and DRC (SCOGO), the SOGC will contribute to improving provisions for gender-responsive, inclusive and accountable health services by healthcare providers for diverse groups of women, adolescent girls and children. Activities include:

- Training in emergency obstetric and neonatal care (EmONC) including obstetrical consequences of violence (gender-based violence);
- Training in family planning – sexual rights approach – for national trainers (ToT), health workers and administrators;
- Training of clinical mentors to support changes in health practices and harmful social norms;
- Support Ghana and DRC national ob/gyn associations in strengthening their technical and organizational capacity.

Haiti: The Egalitarian Sexual and Reproductive Health and Rights Support Project (PASSREL) (2021-2026)

The Egalitarian Sexual and Reproductive Health and Rights Support Project (PASSREL) aims to improve the ability of 60,000 adolescents, women, and marginalized persons in the district of Croix-des-Bouquets (Haiti) to exercise their right to health, in particular sexual and reproductive health and rights (SRHR). A two-pronged approach will be used to progress toward the goal of the project:

- Improve the accountability of Haitian health institutions, particularly in the area of SRHR; Strengthen the capacities of civil society organizations (including professional associations) and citizens to assert their rights and promote SRHR of women, adolescents, and marginalized persons.

PASSREL pools the efforts and resources of three Canadian organizations, the Fondation Paul Guérin Lajoie (FPGL), the Canadian Association of Midwives (CAM) and the SOGC. They will implement the project in partnership with three Haitian organizations: Fondation pour la Santé Reproductive et l'Éducation Familiale (FOSREF), Association des Infirmières Sages-Femmes d'Haïti (AISFH) and the Société Haïtienne d'Obstétrique et de Gynécologie (SHOG). The project will also be implemented in collaboration with the Haitian government. PASSREL is funded by Global Affairs Canada and all its activities must be completed by September 2025.

The SOGC-SHOG component will include the following activities:

- Continuing medical education activities for healthcare providers of targeted health facilities in the district of Croix-de-Bouquets (CBD) and for SHOG members in emergency obstetric and neonatal care, fistula prevention and repair, adolescent care, and others;
- Support for the CBD for the purpose of establishing within it a centre of excellence in maternal and newborn care, cervical cancer screening and management, adolescent services, and obstetric fistula repair;
- Support for SHOG's organizational strengthening efforts to enable it to assume greater leadership in the promotion of SRHR of women, adolescents, and marginalized people.

Rwanda: Sexual and Reproductive Health and Rights (SRHR) (2021 – 2027)

The Sexual and Reproductive Health and Rights (SRHR) project aims to increase enjoyment of health-related human rights by the most marginalized and vulnerable rights holders, particularly women, adolescent girls, and children in Rwanda. The six-year project will be led by AMIE (Aide internationale à l'enfance), in partnership with the SOGC, the Young Women's Christian Association (YWCA) and Rwandan partner Centre Marembo. In Rwanda, the project will seek to ensure increased and equitable access to SRHR services for the most vulnerable women and adolescents in the Gasabo District through activities aimed at strengthening the skills and practice of administrators and providers and raising awareness among target populations. In Canada, Canadian youth will be educated about SRHR issues and advocacy.

SOGC is a technical partner in the project and in collaboration with their Rwandan counterparts, the Rwandan Society of Obstetricians and Gynaecologists (RSOG) will carry out activities aimed at:

- Improving the delivery of gender-responsive, inclusive, and accountable health services by administrators and providers for diverse groups of women, adolescents, and children;
- Supporting and strengthening the Rwanda ob/gyn association by providing expertise in strategic planning and facilitating knowledge exchange;
- Coaching and mentoring activities to strengthen healthcare providers in family planning (FP), emergency obstetric and neonatal care, and obstetrical consequences of gender-based violence (GBV).