

Submission to the Standing Committee on Foreign Affairs and International Development Study: Sexual and Reproductive Health Rights of Women Globally

Even before the COVID-19 pandemic, sexual and reproductive health and rights (SRHR) consistently faced deprioritization and limitations of access which led to critical gaps in information and services for millions of women and girls around the globe. We don't need to look any further than here in North America where access to stable, safe and affordable SRHR services is persistently in flux, and women and girls have continued to see their health rights threatened and rolled back. To address these critical gaps, we must ensure that health systems are strengthened and transformed to fully integrate a comprehensive approach to SRHR, including integrated investments in maternal and newborn child health. Globally, Canada has made key commitments to ensuring universal access to SRHR in both the 2030 Sustainable Development Goals, and the 1994 International Conference on Population and Development (ICPD) which called for all people to have access to comprehensive reproductive health care, including voluntary family planning, safe pregnancy and childbirth services, and the prevention and treatment of sexually transmitted infections.

Canada has been a leader in advancing a gender transformative agenda through the Feminist International Assistance Policy (FIAP). **In 2019, Canada made a significant commitment to scale up its investments to reach \$1.4 billion annually to advance the health and rights of women and girls around the world, with \$700 million to be dedicated to SRHR beginning in 2023.** A significant focus of this \$700 million was committed to scale up Canada's programmatic work and investments in four neglected areas of SRHR, namely, access to safe abortions and post-abortion care, advancing SRHR for adolescents (including comprehensive sexuality education), supporting family planning and advocating for the advancement of SRHR. In the face of major setbacks over the past three years, this commitment is even more critical than ever.

Where does SRHR stand right now?

The pandemic has not only setback global health efforts including on SRHR, but has widened already persistent gaps leaving the most marginalized and vulnerable women and girls even further behind. A recent report from the Lancet indicates that while full information on SRHR setbacks have not been sufficiently examined yet, "a survey done by WHO showed that disruptions in maternal and reproductive care were still reported by more than 35% of countries in early 2021."¹ It further notes that "the overall toll of the pandemic is much greater than its direct impacts, and evidence suggests that the indirect effects are shaped by marginalization and disadvantage, which are influenced by gender, and are health and non-health related....Health-related impacts of the pandemic have been reported in areas such as forgone use of care; increased disruptions in reproductive health services; [and] increased violence against women and girls..."²

As countries around the world diverted resources into pandemic mitigation and response measures, this only further limited and strained access to SRHR services for women and girls due to diverted resources

¹ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2900008-3>

² <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2900008-3>

and cutbacks of global investments into SRHR. These setbacks in access to SRHR services have been further exacerbated by growing and overlapping global crises including increasing global conflict, intensified effects of climate change and extreme weather events, and one of the worst hunger and nutrition crises we've seen in decades. These crises disproportionately affect women and girls, and without reproductive choice, the consequences are even more dire. Women and girls continue to bear the brunt of the consequences of forced displacement, particularly in conflict zones where they face soaring levels of sexual violence.

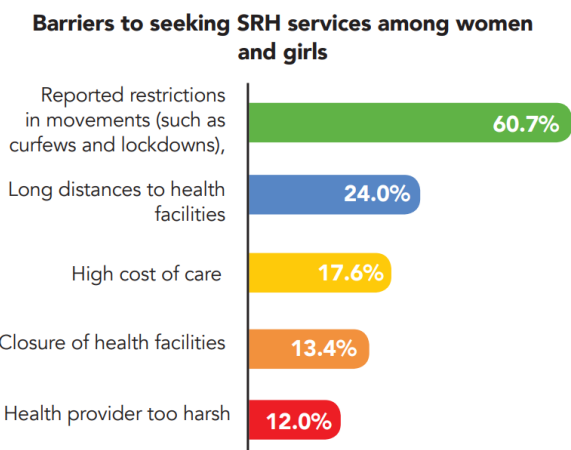
What are the key issues facing SRHR?

1. Global Funding Cuts to SRHR Programming

Around the world diverted investments from SRHR programming and the reductions of donor funds to SRHR services have been significant. These cuts have resulted in significant gaps in the ability of governments and global partners to effectively implement SRHR programming.³ In 2021, the International Planned Parenthood Federation reported on the catastrophic cuts made to SRHR programming and the impact that they would have on programming including the delivery of life-saving contraceptives and sexual and reproductive health services for women and girls in some of the world's poorest and most marginalized communities.⁴ According to a recent study by Countdown2030 Europe, there's an estimated 88% gap in what is currently being funded in SRHR, and what is needed, leaving about 257 million women and girls in low and middle income countries (LMICs) with an unmet need for family planning, against the 218 million in 2019.⁵

2. Restricting access to safe abortion care does not stop abortions from happening

Restricting women and girls' access to seek abortion care doesn't make abortions less likely, but it does make them less safe and puts the lives of women and girls at risk. More than 1 in 10 women worldwide who want to avoid pregnancy experience an unintended pregnancy each year, according to a report released by Guttmacher researchers.⁶ In a report from the African Population Health Centre which evaluated the change in access to SRHR services in 5 African countries (Burkina Faso, Ethiopia, Kenya, Malawi, and Uganda), findings showed that during the pandemic women and girls had to go to other, more distant health facilities to access SRHR services. These clients reported that the longer distances, combined with a fear of contracting the



³https://donorsdelivering.report/wp-content/uploads/2022/11/DD_Report2022_webversion.pdf
⁴<https://www.ippf.org/news/ippf-warns-millions-vulnerable-women-and-girls-will-pay-price-catastrophic-budget-cuts>
⁵<https://www.countdown2030europe.org/storage/app/media/uploaded-files/Annual%20Tracking%20Report%2021-22.pdf>
⁶<https://www.guttmacher.org/news-release/2023/each-year-more-one-10-women-worldwide-who-want-avoid-pregnancy-experience>

virus, the elevated cost of healthcare, and the occasional negative attitudes of providers, impeded access to SRH services (graph inserted).⁷

Globally, unsafe abortions count for upwards of 13% of deaths related to pregnancy and childbirth; and nearly 45% of all abortions performed around the world continue to be unsafe. In 2019, there were 218 million women in LMICs who wanted to avoid pregnancy but were not using a modern form of contraception; annually, this led to 111 million unintended pregnancies and 35 million unsafe abortions. Unintended pregnancy rates are highest in countries that restrict abortion access and lowest in countries where abortion is broadly legal. These rates, and the risk of gaps in care are worsened when we consider adolescents between the ages of 15 and 19 – in 2019 14 million adolescent women in LMICs faced an unmet need for modern contraception contributing to 10 million unintended pregnancies that year.

A woman's ability to control when, where, how and with whom she has a child is significantly impacted by her ability to prevent unintended pregnancies. Access to abortion services is critical in giving women control of their lives, their futures and being able to usher in intergenerational changes in poverty reduction, access to education and ensuring that women and girls survive and thrive.

3. *Reductions in comprehensive healthcare approaches for women and girls including SRHR services*

Since the pandemic, the lack of comprehensive approaches to preventative health care continues to risk the health of women and girls. One of these areas has been in the reversal of hard-won progress in virus and disease mitigation including in sexually-transmitted infections like HIV and HPV. Where previously women and girls had greater access to vaccinations and preventative treatments, a diversion of resources from that care has meant that these services have either been eliminated or no longer exist with the capacity to serve the demographic. Moreover, maternal and newborn care has taken a substantial hit - meaning where pregnancies occur, whether intended or unintended, neither mother or child is receiving the care that they need. In 2019, 16 million women and 13 million newborns did not receive care for major complications in pregnancy and childbirth, and there were 299,000 pregnancy-related deaths and 2.5 million newborn deaths.

What do we need Canada to do?

What this means for Canada is that we cannot mask, divert, or subvert the funds that we have clearly allocated for SRHR programs and we must meet our commitments for consistent, stable and predictable increases in this funding. Investment alone is not enough, the erosion of rights for women and girls calls for a multifaceted approach to ensure that rights are not further sidelined and those most marginalized are not left further behind. Policy and investment must come with advocacy - especially in the neglected areas of SRHR. Canada must push back against the stigma and discrimination around accessing SRH services and information that prevents women and girls from seeking what they need for control over their health and wellness not only today but for a generation to come.

We have three key recommendations for Canada in this regard:

⁷ <https://aphrc.org/wp-content/uploads/2022/05/APHRC-COVID-Report-Final-3.pdf>

- The first recommendation is for Canada to scale up spending in the neglected areas of SRHR to ensure that we meet the ambition of delivering \$700M per year in SRHR services by the end of this year.
- The second recommendation is that Canada embrace and act on its leadership role globally in championing and be leading conversations across the G7 and other allies to catalyze further global investment and programmatic action in SRHR, especially in the neglected areas.
- The third and final recommendation is that Canada continue to invest in a comprehensive health agenda which prioritizes the full spectrum of health rights of women and children and seeks to regain the progress lost over the pandemic.

The [Canadian Partnership for Women and Children's Health](#) (CanWaCH) is a network of over 100 non-governmental organizations, academic institutions, health professional associations and private sector actors partnering to improve health outcomes for women and children in more than 1,000 communities worldwide. We envision a world where every woman, every girl, every child realizes their right to thrive in full health.