



Advancing Canada's global leadership on sexual and reproductive health and rights

Future Planning Initiative
Report on the Virtual Convening

MAY 20-21, 2021





FUTURE PLANNING INITIATIVE

ADVOCATING FOR CANADIAN LEADERSHIP ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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Future Planning Initiative — Report on the Virtual Convening May 20-21, 2021

Prepared by the Future Planning Initiative

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The Future Planning Initiative is a coalition of six Canadian civil society organizations working globally and domestically to advance sexual and reproductive health and rights. Member organizations include: Action Canada for Sexual Health and Rights, Canadian Partnership for Women and Children's Health, Canadian Council for International Co-Operation, Inter Pares, Global Canada and Oxfam Canada.

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BACKGROUND

The Future Planning Initiative (FPI) is a coalition of six Canadian civil society organizations working globally and domestically to advance sexual and reproductive health and rights (SRHR). Member organizations include Action Canada for Sexual Health and Rights, Canadian Partnership for Women and Children's Health, Cooperation Canada, Inter Pares, Global Canada and Oxfam Canada. The fifth FPI retreat brought stakeholders together from across government and the global health, human rights, feminist, and development sectors (in Canada and globally) to take stock of Canada's commitment to advance SRHR, examine Canada's global leadership on SRHR in relation to the COVID-19 pandemic, and strategize around sustaining and growing Canada's leadership, particularly within the current political context. Over two virtual sessions, participants shared knowledge, discussed gaps and barriers, developed strategies to advance accountability, and identified further opportunities for Canadian leadership and advocacy on SRHR.

GOALS

The objectives of the FPI retreat were to:

1. Take stock of Canada's commitment to advance SRHR and assess implementation, accountability and ramp-up, and
2. Map and discuss strategies to strengthen Canada's global SRHR commitment.

Canada's Commitment to SRHR

CANADA HAS STEPPED UP FINANCIALLY AND POLITICALLY

On June 4, 2019, Prime Minister Trudeau announced a ten-year commitment of \$700 million annually to SRHR, “focusing on the most neglected areas of this field” in order to “empower 18 million women and girls in developing countries by 2030.”

Canada has set ambitious funding targets related to SRHR and has disbursed \$650 million as of May 2021. This funding was spread among 187 projects being led by 68 lead organizations in 56 countries. The majority of funding (74%) went to NGOs, with the remainder going to multilaterals (15%) or other partners (11%).

Importantly, the country has also been leveraging its political power to encourage other partners to join its efforts and to mainstream SRHR internationally. While Canada is working closely with proven progressive partners in SRHR (e.g., the Netherlands, Sweden), diplomatic focus is increasingly on building strong partnerships with countries in the Global South (e.g., Mozambique). Partners in the Global South have emphasized the importance of receiving “moral support” or solidarity from Canada.

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COVID-19

As illustrated through the experiences of [various partners working across the Global South](#), the COVID-19 pandemic presents a substantial threat to SRHR around the world.¹ The pandemic has exposed and exacerbated vulnerabilities, disrupted critical supply chains, challenged conventional service delivery methods, and triggered a backslide in many key areas. The COVID-19 pandemic meant that sexual and reproductive health (SRH) services

¹ In partnership with partners and health providers in the Global South, Action Canada has produced a video about how COVID-19 has impacted the delivery of sexual and reproductive services, and how the global community can support their work. It is available here: <https://www.youtube.com/watch?v=h5uteKW1RZI>

were often deemed “non-essential”. The deprioritization of SRHR impacted people’s day-to-day ability to access SRH services as well as institutional supports, including funding. For example, in April 2021, the United Kingdom announced it would cut its support for the United Nations Population Fund’s (UNFPA) reproductive health programs by 85%, citing the pandemic as forcing the country to make “tough but necessary” decisions about funding.² The UK had been the second largest bilateral funder of SRH services.

Because SRHR is rarely understood as a core component of essential healthcare, many countries saw an increase in maternal mortality and gender-based violence, and rollbacks in access to contraception and other SRH services during the pandemic. Current estimates are that 12 million people lost access to contraception because of the COVID-19 pandemic.³ While innovations in telemedicine and other digital solutions are promising, the digital divide means that inequity in access persists.

Advocates have met these challenges with innovation and strong feminist advocacy. Participants emphasized the importance of feminist policy and grassroots organizing in mitigating the pandemic’s harms: community-led initiatives should remain at the forefront in the coming months and years.

NEGLECTED AREAS

Focus on the four neglected areas is key. These areas are: 1) safe abortion care, 2) comprehensive contraceptive care, 3) adolescent SRHR, including comprehensive sexuality education (CSE), 4) advocacy for SRHR.⁴ Focusing on the neglected areas can concentrate financial and political efforts in a way that maximizes impact. Canada’s work on the neglected areas is particularly important because there are very few funders working in this space. There is thus tremendous need for leadership in terms of service provision and advocacy.

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2 Worley, William. “UK Cuts Family Planning Funding to UNFPA by 85%.” Devex, April 28, 2021. <https://www.devex.com/news/sponsored/uk-cuts-family-planning-funding-to-unfpa-by-85-99785>.

3 UNFPA. “New UNFPA Data Reveals That Nearly 12 Million Women Lost Access to Contraception Due to Disruptions Caused by the Pandemic, Leading to 1.4 Million Unintended Pregnancies,” March 11, 2021. <https://www.unfpa.org/press/new-unfpa-data-reveals-nearly-12-million-women-lost-access-contraception-due-disruptions>.

4 Future Planning Initiative. “Addressing Neglected Areas in Sexual & Reproductive Health and Rights: Principles and Effective Practices: A Report on the SRHR Learning Forum Held on October 1-2, 2019,” n.d. <https://www.actioncanadashr.org/sites/default/files/2021-05/FPI%20Report%20-%20addressing-neglected-areas-in-SRHR-EN.pdf>.

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2. **comprehensive contraceptive care**
3. **adolescent SRHR, including comprehensive sexuality education (CSE)**
4. **advocacy for SRHR**

Strengthening Canada's Global SRHR Commitment

FINANCIAL LEADERSHIP

Over the past decade, domestic funding and pro-SRHR policy commitments have been increasing in many countries. Nonetheless, funding remains vulnerable (as the recent UK cuts show). Participants argued that one of the key areas in which Canada has an important role to play is in keeping the pressure on donor and recipient countries to maintain and grow funding for SRHR. An acceleration of existing funding commitments might help catalyze further funding by other countries. Further, Canada can help push for quality, long-term, accessible, flexible, and core funding and lead on getting funding to local organizations through innovative funding models (e.g., participatory grants). Canada can model this by taking more risks in terms of what they fund and how they administer their funding. For example, participants point out that very little funding is available for safe abortion programs and Canada's explicit leadership in this area could be transformative. Similarly, funding applications and reporting requirements are often needlessly complicated, which sets up considerable barriers for smaller and grassroots NGOs. Government action on this issue could help improve access to funding for these organizations.

Funding can also play a critical role in localizing SRHR; this is discussed further below.

DIPLOMATIC LEADERSHIP

Financial support must be buttressed by strong diplomatic leadership. Canada must continue to work to protect the gains that have been made. Participants suggested that Canada should take on new global leadership opportunities, such as convening an international SRHR summit or taking on a leadership role in FP2030. There may also be potential benefits from the development of Canadian SRHR champions (e.g., people akin to Bill and Melinda Gates) and private sector leadership.

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Participants identified a key tension in Canada’s diplomatic strategy on SRHR. Canada needs to be visible but also needs to accomplish its SRHR goals. Canada tends to negotiate behind the scenes, and while some participants would like to see Canada taking a more visible and confrontational role, others suggest that taking a bold stance on the international stage has occasionally backfired by shutting down the conversation. Participants agreed that a careful, tailored, adaptable, and strategic approach is necessary. It is important to establish which contexts require Canada to be bold and visible, and which contexts require a softer strategy and approach. There was also agreement that Canada should prioritize solidarity and allyship rather than a “microphone approach”; centering and supporting the initiatives of other governments and civil society organizations is critical.

INNOVATE IN NEW SPACES

While Canada has strong partnerships in traditional spaces for SRHR advocacy (e.g., UNFPA, International Planned Parenthood Federation (IPPF), the “She Decides” movement), there is great potential for developing and strengthening partnerships in spaces where the neglected areas are overlooked. This includes global financing initiatives, the Commission on Population and Development, the Commission on the Status of Women, the High-Level Meeting on HIV/AIDS, the World Health Organization’s initiatives around abortion guidance, UNICEF, the Global Alliance for Sustainable Funding for Feminist Movements, and the Gender Equality Forum. Participants urged Canada to “own the agenda” in these spaces by emphasizing the interconnection of SRHR with other human rights issues.

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TAKING A HEALTH-SYSTEMS APPROACH TO SRHR

Historically, SRHR has been under-funded, neglected, and embattled. The result is that much of the SRHR funding has emphasized specific and time-bound interventions rather than the long-term work of building out robust health systems and infrastructure (of which SRHR is an integral part). The COVID-19 pandemic has highlighted the disadvantages of this approach: unless SRHR is fully integrated into health systems as a foundational aspect of healthcare, it is easily deprioritized when the system comes under stress or crisis. Participants emphasized that to reassert the importance of SRHR and return financial support to pre-pandemic levels, SRHR must be understood as a core element of essential health services and systems. Building better health outcomes necessitates a strong system-wide foundation in SRHR.

SRHR must be understood as a core element of essential health services and systems.

Importantly, a health-systems approach must not neglect the role of civil society and advocacy organizations, whose work is a critical part of improving health systems and health service delivery. Feminist movements and health systems are interconnected. Thus, while strengthening healthcare provider capacity is important, strengthening capacity outside of formalized health systems is also key.

ECONOMIC RECOVERY AND SRHR

Economic recovery from COVID-19 must be equitable and based on proven frameworks for gender equality. There is a strong evidence-based case to be made for the importance of SRHR as a key driver of economic transformation. While SRHR saves lives, it also has the potential to change lives by generating economic benefits. Investing in contraception and abortion care ultimately provides cost savings for countries. For every dollar spent on contraception, three dollars can be saved on the cost of maternal, newborn and abortion.⁵ While such an instrumental argument might not come naturally to advocates working within a rights-based approach, it can be a useful tool in advocacy. Partnership with private sector workplaces, health insurance companies, and labour organizations may be fruitful in making this case.

MEANINGFUL ENGAGEMENT

Youth and 2SLGBTQIA+ communities are neglected in many SRHR agendas. Meaningful engagement means that members of these groups take leadership roles in the design, implementation, and evaluation of programs and initiatives. Participants pointed to opportunities for young people to work with other stakeholders to create more opportunities for meaningful youth engagement, as well as the need for NGOs to prioritize making change towards more meaningful youth engagement.

Participants highlighted the importance of examining the unspoken assumptions in how we talk about SRHR and who may be left behind by the current models of advocacy and service delivery. Aligning language with anti-oppression agendas is critical, as is concrete support and movement building. Ensuring funds reach organizations that are led by and serve marginalized people is critical, as is building sustainable support for grassroots organizations. Strong movements are necessary in pushing the agenda forward and holding governments to account on the local and international levels.

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5 Sully, Elizabeth A, Ann Biddlecom, Jacqueline E Darroch, Taylor Riley, Lori S Ashford, Naomi Lince-Deroche, Lauren Firestein, and Rachel Murro. "Adding It Up: Investing in Sexual and Reproductive Health 2019." New York: Guttmacher Institute, 2020. https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf.

BUILDING STRONG PARTNERSHIPS AND LOCALIZING SRHR

Participants lauded the “extraordinary partnership” between civil society organizations, elected officials, and government agencies that has developed in Canada over the past five years. This work is essential in terms of building the “critical mass” necessary to ensure progress on SRHR. Nonetheless, participants expressed that there is still a lot of work to do in terms of creating linkages between those working at the global level and those working at the local level.

It is necessary to accelerate the localization of the SRHR movement. This means that greater emphasis needs to be placed on community organizing and mobilization, recognizing the importance of knowledge held by grassroots organizations, and harnessing pre-existing local and regional leadership initiatives. Participants emphasized the importance of working in solidarity with grassroots organizations and emphasized continued collaboration, knowledge sharing, and “cross-cultural fertilization” in the face of a continually changing set of challenges. However, it is important to recognize that efforts in localization must be accompanied by a commitment on the part of Global North partners to interrogate how colonialism and racism continue to inform the structures, agendas, and funding and advocacy strategies of NGOs/INGOs.⁶

It is necessary to accelerate the localization of the SRHR movement.

Participants emphasized the importance of continuing to build strong relationships between government and civil society (both nationally and internationally). This is particularly important in terms of building international solidarity in places where government support for SRHR is lacking, or the government is outwardly hostile towards the SRHR agenda.

Localization takes time and money; funding models need to reflect the unique challenges associated with localization and commit to long-term financial support, as well as funding smaller or informal grassroots groups and organizations. Funds need to reach local women and groups, and funders must be more willing to fund “risky” local projects as a matter of course. Implementing or enhancing innovative approaches to designating funds, including participatory grantmaking, can help achieve this objective.⁷ These recommendations are in line with efforts to decolonize aid by “transfer[ing] power and resources to local organisations”.⁸

6 Paige, Shannon, and Dimitri Kotsiras. “Time to Decolonise Aid.” Peace Direct, May 2021. https://www.peacedirect.org/wp-content/uploads/2021/05/PD-Decolonising-Aid_Second-Edition.pdf, p.8

7 Gibson, Cynthia M. Gibson. “Deciding Together: Shifting Power and Resources Through Participatory Grantmaking.” New York, NY United States: GrantCraft, October 2, 2018. <https://doi.org/10.15868/socialsector.32988>.

8 Paige, Shannon, and Dimitri Kotsiras. “Time to Decolonise Aid.” Peace Direct, May 2021. https://www.peacedirect.org/wp-content/uploads/2021/05/PD-Decolonising-Aid_Second-Edition.pdf, p.6

At the same time, it is important to recognize that conventional funding approaches or homogenizing advocacy frameworks may sometimes act in opposition to the tenets of localization.⁹ For example, the impetus to scale up advocacy or programming frameworks may directly conflict with the importance of considering local particularities and contexts.

DATA AND TRACKING FUNDING AND OUTCOMES

There is a need for solid data to support the call for increased funding for SRHR. In many places around the world, there are significant challenges to gathering data on abortion or other SRH issues, which leads to disparities in our level of understanding about these services.¹⁰ COVID-19 has further disrupted data collection and highlighted already weak health information systems.

In addition to funding for improved data mechanisms themselves, building a shared language around SRHR monitoring and evaluation mechanisms is key to understanding the impacts and outcomes of funding. New SRHR-specific funding codes will help unpack what exactly is being funded and help reinforce the government's priorities. Local partners have an important role to play in monitoring and evaluating initiatives, as well as generating evidence to fill the gaps in available data. It is important that this data be locally owned as a way of improving programming and funding frameworks and ensuring an ethical approach.

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9 Merry, Sally Engle. *Human Rights and Gender Violence: Translating International Law into Local Justice*. University of Chicago Press, 2009, p 131

10 Popinchalk, Anna, Cynthia Beavin, and Jonathan Bearak. "The State of Global Abortion Data: An Overview and Call to Action." *BMJ Sexual & Reproductive Health*, July 20, 2021, bmjsrh-2021-201109. <https://doi.org/10.1136/bmjshr-2021-201109>.

