Health and Rights of Women and Children

Introduction

Inter Pares was founded in 1975. Our feminist analysis informs our understanding that unequal power structures are at the root of underdevelopment, and that transformative social change is required for true positive development. The following is a summary of the relevant section of our full submission to the International Assistance Review (IAR).

As currently articulated, a focus on the "health and rights of women and children" is too broad to allow either thematic the prominence each requires. By conflating these two issues, it could be difficult to report on specific funding investments and results, in addition to preserving an outmoded social welfare approach to women`s rights that is counter to a feminist approach. We have therefore divided our comments into two sections: rights and health.

A. Women's Rights and Girls' Rights

The use of a feminist lens necessitates an analysis of power relations. Programs supporting women and girls' rights, and viewing women and girls as autonomous agents of change have been eroded over the past decade both domestically and internationally, and given the universal nature of Agenda 2030, a coherent approach would be welcome and more effective.

Inter Pares is a feminist social justice organization. As such, a strong focus of our work is women and girls' rights. We support both grassroots women's rights organizations carrying out service delivery as well as advocacy. We support young women's feminist leadership training. Furthermore, Inter Pares also supports mixed organizations – many of these mixed organizations have a strong gender analysis, and with others, we look for entry points to support the development of such an analysis.

Recommendations

The rights of Women and Girls should be a stand-alone programming pillar.

Canada should separate the "Health and Rights of Women and Children" thematic focus into two, one focusing on health and the other focusing exclusively on the rights of women and girls.

Inter Pares has had success with direct programming on women's rights in conjunction with both targeted and gender mainstreaming approaches. The UN recognizes "*a continued need . . . to complement the gender mainstreaming strategy with targeted interventions to promote gender equality and women's empowerment, particularly where there are glaring instances of persistent discrimination of women and inequality between women and men*."[1] The 2008 evaluation of CIDA's gender programming[2] stated unequivocally that both were necessary for an effective approach. It was further underscored in the department's own Gender Equality Action Plan Reports for 2010-2014[3].

This thematic should address root causes such as violence against women, strengthening of feminist movements through support for women's organizations and gender inequality including legal and political discrimination. Given the emphasis on the theme of the Rights of Women and Girls (RWG), we anticipate the need to increase departmental capacity and expertise in this area.

Canada's engagement needs to be both political/diplomatic as well as programmatic.

Political and programmatic efforts reinforce each other – political opportunities often come at little monetary cost but can have significant impact. Furthermore, it is not just elected officials but Canadian diplomatic staff around the world that can be engaged and given a mandate to further the agency of women.

Programmatic leadership (i.e. resourcing and supporting programs on the rights of women and girls) is complemented by political leadership, and defined not just by the *quantity* of resources invested into the RWG, but also the *quality* of the resources. In this regard, it is important to fund not just service delivery but also advocacy.

Programmatic support must focus on root causes and systemic barriers to the full achievement of women's rights.

Approaches that focus only on the root causes of inequality for women and girls provide much better development outcomes. As stated by a recent OECD paper, " . . . *focusing exclusively on short-term results can get in the way of addressing root causes and building the necessary foundations for sustainable development and resilience*."[4] Certainly, the department has been criticized for focusing on immediate results without enough attention paid to root causes as in the recent review of MNCH programming[5]; such attention would strengthen overall results. Focusing on root causes requires a long-term approach; but it also means that results will be more sustainable.

Advocacy has been underfunded in recent years, and can help build movements for women's rights that result in lasting change. For example, in Sudan, the efforts of women's organizations including our counterparts resulted in a 25% quota for the number of women's seats in Parliament for the 2010 elections – this rose to 30% in the 2015 elections. In the Philippines, our counterparts engaged in a sustained effort for a national reproductive healthcare law which came to fruition in 2012.

20% of all ODA must support RWG programming, including specific support to women's organizations.

For Canada to be a leader, it is clear that there needs to much a greater investment. The latest figures indicate that programs where gender equality is the principle objective has only been 1-2% of total program funding over the past 5 years.[6] In recent years (2012-13), donors such as Sweden (17.1%), Spain (15.2%), the Netherlands (10.4%) have allocated relatively high percentages of total allocable aid to gender equality as a principal objective. In allocating 20% to gender equality as a principal objective, Canada would rank as the top donor – manifestly demonstrating its support for gender equality.

Women's rights organizations and gender programming can be supported by a variety of means. Each mechanism has particular benefits and drawbacks requiring assessment by Global Affairs but a diversity of mechanisms will reach diverse organizations. Many of our counterparts are at the forefront of change in their countries, and see themselves as part of a global women's movement. This global movement includes Canadian feminist organizations that work internationally. At the moment, these organizations are severely stretched, including Inter Pares.

B. Health

Canada has made large investments in Maternal, Newborn and Child Health; however the narrow focus of this programming has neglected to address root causes of health issues.[7] Canada must look at the broader social determinants of health, the health of women (not only as mothers) and of men, with continued attention to boys and girls. Investments need to be made in universal

access - the privatization of healthcare has consistently been proven to undermine access and increase inequality between men and women, rich and poor.[8] In the context of fragile situations, where accountable government systems are limited or non-existent, a conflict analysis needs to be applied to interventions, and innovative approaches should include supporting local health initiatives.

Canada's lack of focus on support for a comprehensive range of sexual and reproductive health and rights (SRHR) in its international assistance over the past decade has compromised the potential for longer-term, systemic development outcomes. A comprehensive investment in SRHR will strengthen and complement Canada's existing MNCH investments; it is also a gateway for women and girls to reach their full potential in many other areas: economically, politically and socially.

Inter Pares promotes a holistic approach to healthcare, including sexual and reproductive health, that addresses the relationship between health, poverty, equality and social conditions. We work with counterparts to advocate for integrated, accessible, publicly funded healthcare systems that are sensitive to the needs of women and girls. We work with organizations in Asia, Africa, Latin America and Canada that conduct research, while also educating and mobilizing the public. Overseas, we also help fund health services where they are difficult to access due to conflict or government negligence.

Recommendations

Canada should promote universal health care as a public good.

Universal Healthcare is fundamental to Canadian identity and we should promote its value internationally as a public good. The WHO recognizes the importance of universal healthcare in saving lives and reducing poverty.[9] The commodification of healthcare in countries where we work, such as the Philippines, has led to tremendous gaps in coverage; it has deepened inequality within the country and has had a particular impact on women and girls.[10]

International assistance should prioritize community-based primary care.

In 2014 we facilitated a study tour of the Canadian healthcare system for a team of health leaders from Burma. We met with practitioners and municipal, provincial and federal policy makers in BC and Ontario. When asked about the challenges of our system, the consistent message was that our system was based upon a hospital-centric curative care model. Shifting the emphasis and resources to a robust community-based primary care model with public health leadership providing comprehensive population health programs, is a difficult shift. While Canada continues to struggle to make this shift domestically, this lesson can and should be used in the health system strengthening work we do internationally.

Incorporate "demand" as well as "supply" side approaches in providing healthcare.

Health is not just about supplying services and commodities such as medicines; it is also about creating a demand for appropriate and high-quality healthcare through information, education and awareness-raising, so that, for example, women will demand competent birthing attendants, couples will demand family planning appropriate to their circumstances and families will demand immunizations for their children. This has been a recognized weakness in Canada's approach.[11] A holistic and comprehensive approach including services, education and advocacy, is critical in producing health results.

When working in fragile contexts, Canada should invest in local health organizations.

While the New Deal for Engagement in Fragile States calls for "nationally-owned and led

development plans"[12] it is important to use a conflict analysis when implementing this approach. The provision of healthcare can be politically-loaded and can, particularly in fragile contexts, create or perpetuate tensions. In Burma, for example, some international NGOs have initiated projects with the national government to extend healthcare into ethnic[13] communities. For the past fifty years, people in these communities have relied on their own competent local health organizations. Often the only experience these people have had with the national government is through the face of soldiers. For them, an expansion of government services can be seen as an expansion of government control over their lives – something which they have learned to fear. Meanwhile, many donors have invested in the systems and skills of these local health providers, when the national government had no capacity or interest to serve these people. In order to maintain efficient and effective healthcare there is a need to take a balanced approach: to support existing local health organizations and to slowly work towards a convergence of systems. Undermining local systems risks fueling conflict and leads to poor health outcomes.

Canada must apply an international human rights framework and abide by international obligations.

Canada's international development should recognize health as a human right and pay particular attention to the commitments made in the area of sexual and reproductive health where Canada has a significant gap. During the International Conference of Parliamentarians on the Implementation of the International Conference on Population and Development Program of Action, a target of 10% of ODA was established for SRHR initiatives. We recommend a 10 year plan where 80% of that figure is dedicated towards a comprehensive, rights-based program on SRHR that includes family planning and abortion, while 20% is focused on advocacy. There is a close link between domestic policy and international policy in these issues and such coherence is critical to demonstrating political leadership.[14]

GAC should engage in a participatory process to create a long-term SRHR Policy.

To embed the importance of SRHR issues into the guidance architecture of Canada's ODA, and to create clarity with respect to expectations for Global Affairs partnerships, it is critical that an SRHR policy or strategy be established.

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[1] http://www.un.org/womenwatch/osagi/gendermainstreaming.htm

[2] Evaluation of CIDA's Implementation of its Policy on Gender Equality, Executive Report. April 2, 2008. http://www.oecd.org/derec/canada/42174775.pdf

[3] DFATD Gender Equality Action Plan (2010 – 2014), Final Report. Accessed through ATIP Request

[4] Measuring and managing results in development co-operation: A review of challenges and practices among DAC members and observers. November 2014. https://www.oecd.org/dac/peer-reviews/Measuring-and-managing-results.pdf

[5] Formative Evaluation of Canada's Contribution to the Maternal, Newborn and Child Health (MNCH) Initiative. December 2015. http://www.international.gc.ca/department-ministere/evaluation/2016/MNCH-eval.aspx?lang=eng

[6] Fraser Reilly-King, Canadian Council for International Cooperation – Personal Communication.

[7] "Programs that address the root causes of high maternal and child mortality at the community level were underrepresented in the MNCH Initiative." Formative Evaluation of Canada's Contribution to the Maternal, Newborn and Child Health (MNCH) Initiative http://www.international.gc.ca/department-ministere/evaluation/2016/MNCH-eval.aspx?lang=eng

[8] For example, see *Comparative Performance of Private and Public Healthcare Systems in Low- and Middle-Income Countries: A Systematic Review* http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3378609/

[9] http://www.who.int/universal_health_coverage/en

[10] The Philippines Health System Review http://www.wpro.who.int/asia_pacific_observatory/Philippines_Health_System_Review.pdf

[11] Formative Evaluation of Canada's Contribution to the Maternal, Newborn and Child Health (MNCH) Initiative http://www.international.gc.ca/department-ministere/evaluation/2016/MNCH-eval.aspx?lang=eng

[12] Http://www.oecd.org/dac/governance-peace/conflictfragilityandresilience/good%20development%20support%20FINAL.pdf

[13] Burma is a multi-ethnic country and the majority ethnic group is Burman. Those people who are not Burman identify as a group as "ethnic".

[14] Brief emerging from the consultation on Global Challenges and Opportunities for Canadian Leadership on SRHR, jointly authored by Inter Pares and the following organizations: Action Canada for Sexual Health and Rights, Canadian Network for Maternal, Newborn and Child Health, Oxfam Canada, Global Canada.