



CAN-MNCH Submission to the Finance Committee in advance of Federal Budget 2017

Submitted: August, 2016

Executive Summary

The Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH), which brings together over 100 Canadian organizations working to ensure that women and children worldwide survive and thrive,¹ believes that a strong and inclusive economy for individual Canadians and for Canadian businesses depends on peace and stability globally. Peaceful and healthy communities globally have healthy women and children at their foundation. To this end, the Government of Canada has made a laudable commitment to supporting the attainment of the Sustainable Development Goals (SDGs) both at home and internationally. Official Development Assistance (ODA) has long played an important role in building communities and supporting the realization of human rights and will be critical to achieving the SDG agenda. While Canada has been an important global leader on women's and children's health, its overall assistance to the people and places that are most vulnerable has fallen to historic lows. Therefore, the Canadian Network recommends that the Government of Canada's 2017 budget:

1. Commit to increasing ODA by 10% per annum to support the attainment of the Sustainable Development Goals, thereby doubling aid by 2023 and achieving the global gold standard for Official Development Assistance of 0.7% of Gross National Income by 2030.
2. Within the above commitment to expanding ODA, the budget should affirm and expand existing investments in women's and children's health (\$3.5 billion by 2020) by committing new, additional resources to close gaps in adolescent health and sexual reproductive health and rights.
3. Budget 2017 should affirm Canada's commitment to sustained global leadership on women's and children's health and promoting predictability in aid flows by pledging to renew investments in mutually reinforcing reproductive, maternal, newborn, child and adolescent health and sexual and reproductive health and rights interventions at levels greater than existing investments beyond 2020.

We thank you for the opportunity to contribute to the pre-budget review process and would welcome the opportunity to appear before the Finance Committee to provide greater insight into any of the above recommendations.

¹ The Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH) is a unique and innovative Canadian multi-stakeholder partnership that includes Canadian NGOs, academic institutions and health professional associations who work in over 1000 regions globally to improve the health and lives of women, children and adolescents in the world's poorest countries. Together we have the evidence-base and experience to implement and drive results for the most vulnerable. Our organizations benefit from the support of millions of individual Canadians whose financial support and engagement testify to the value they place on Canadian leadership to ensure every woman, child and adolescent survives and thrives.

Introduction

In an interconnected, global economy opportunities for individual Canadians and Canadian businesses are intimately linked to global peace and security. The Canadian economy thrives when businesses have new markets in which to sell to and invest. Conversely, instability causes havoc for businesses as markets shut down and access to primary resources or labour markets are disrupted. Thus as Canada makes critical investments in our own economy in Budget 2017, we must think equally about how we will support the pre-conditions for a strong Canadian economy through investments overseas.

While trade and defence are two tools that Canada has at its disposal, Official Development Assistance (ODA) continues to play a unique role in building a peaceful and prosperous global economy. Official Development Assistance is a critical tool in promoting gender equality and the realization of human rights. These are not only values that Canadians believe should be enjoyed universally, but also investing in women and girls has long been argued by the Organization for Economic Cooperation and Development (OECD) and many others as a critical pre-requisite for sustainable development and pro-poor growth.² The Canadian Network for Maternal, Newborn and Child Health believes that unlocking that potential begins with investments in comprehensive reproductive, maternal, newborn and child health and rights.

When **every** woman **everywhere** can choose whether, when and with whom she has children, when that choice is met with adequate, comprehensive and age appropriate services, when giving birth is not a life or death proposition but, like it is for most Canadian women and men, a safe, professionally assisted experience from conception through delivery and the post partum period, we lay the foundation for economic empowerment and gender equality.

When a child is brought into the world with appropriate neo-natal care, vaccination, nutrition, and early childhood development interventions, we lay the foundation for not only survival but success in school and the workforce.

For adolescent girls and boys, when they have access to comprehensive sexuality education, development programs that support gender equality by transforming the way they relate to each other, the opportunity to access and shape the health services they need and dismantle age and gender based discrimination which perpetuates poor access to health services, we consolidate the foundation for changing gender norms that perpetuate early pregnancy, early marriage and economic disempowerment.

From the Catalytic Initiative to Save a Million Lives (2007-2013), through the Muskoka Maternal Newborn and Child Health (MNCH) investments (2010- 2015), the health of women and children has been a cornerstone of Canada's work to promote gender equality and human rights, build economies and reinforce stability globally.

For Canada to be a leader on the world stage and follow through on its laudable commitment to support the realization of the Sustainable Development Goals (SDGs) at home and abroad, will require significant, sustained and predictable investment in the lives of women and children globally. While we have seen significant progress in lowering mortality rates for women and children, progress has been uneven as the most marginalized did not benefit equally from the investments. To reach those who have been left behind will require bold investments which can not come at the expense of underinvesting in other interconnected areas of development such as education and the environment. As a result, this submission will make three interconnected and actionable recommendations for increased investment in international development in Budget 2017.

1. Increase Investment in Official Development Assistance

² Promoting Pro-Poor Growth : the role of empowerment (2012). www.oecd.org/dac/povertyreduction/50157530.pdf

While Canada has made significant investments in international women and children's health, overall, Canadian official development assistance has been falling since 2011.³ Canada's investment in ODA (0.28% GNI in 2015) has fallen well below the average country effort of OECD DAC members of 0.41%. If Canada is going to fulfill the ambitious mandate laid out for the Minister of International Development, including Canadian leadership on women's and children's health, Canada must commit adequate resources to achieve its development objectives. Our ODA budget must reflect the fact that, just as human rights are indivisible, so is progress on development objectives. We must therefore commit adequate resources to ensure that our development objectives are not pitted against one another but pursued in tandem in ways that are effective and efficient. **CAN-MNCH therefore recommends that Canada commit to increasing ODA by 10% per annum to support the attainment of the Sustainable Development Goals, thereby doubling aid by 2023 and achieving the global gold standard for Official Development Assistance of 0.7% of Gross National Income by 2030.**

2. Affirm and Expand ODA to Women and Children's Health

In 2015, Canada committed \$3.5 billion in funding over 5 years (2015-2020) to women and children's health. Budget 2017 should, consistent with the mandate letter for the Minister for International Development, confirm **Canada's intention to maintain and expand its investment women's and children's health by supporting comprehensive integrated packaged of health and nutrition interventions across the continuum of care and announce new, additional resources to close gaps in adolescent health and sexual reproductive health and rights.**

3. Signal Renewed and Expanded investments in Women and Children's Health beyond 2020.

While Canada's support to women's and children's health up to 2020 is greatly appreciated, for Canadian organizations and multi-lateral partners to be effective in sustaining their efforts to achieve the health related Sustainable Development Goals requires predictable and sustained Canadian investment in an expanded reproductive, maternal, newborn, child and adolescent health and rights agenda beyond 2020. This expanded agenda is necessary not only to pursue a comprehensive and integrated approach to health and nutrition but also to account for the increased upfront costs of reaching those living in fragile contexts. By 2030, over two-thirds of the world's extreme poor will be living in fragility, through a combination of poor governance, violence, poverty, inequality, corruption, injustice and environmental vulnerability.⁴ Vulnerable populations remain more likely to die of preventable causes than their counterparts in more stable contexts: 60% of preventable maternal deaths, 53% of deaths in children younger than five years and 45% of neonatal deaths take place in fragile settings of conflict, displacement, and natural disasters. While the upfront costs may be higher, the dividends and yield of impact from interventions are greater. UNICEF Report, "[Narrowing the Gaps to Meet the Goals](#)," concludes that investing to reach the most disadvantaged children first has two key advantages: (1) it allows us to be faster at making progress toward key global targets ; and (2) it is more cost-effective than focusing on those easiest to reach, as the majority of deaths occur in fragility where services are weak or non-existent so larger gains within interventions can be made.⁵

The 2017 Budget is a critical opportunity to affirm Canada's commitment to predictable and effective

³ While one off-concessional loan to the Ukraine and refugee resettlement costs in 2015-2016 increased ODA levels, these investments, while important, do not translate into increases in the international assistance envelope, the amount of money Canada invests in development and humanitarian programming (See CCIC, (2016), Smart, Transparent, and Impactful AID Submission to Consultations on Budget 2016 p. 2 for full details)

⁴ OECD (2015). *States of Fragility 2015: Meeting Post-2015 Ambitions*, OECD Publishing, Paris. Retrieved: <http://www.oecd.org/dac/governance-peace/publications/documentuploads/SOF2015.pdf>

⁵ UNICEF (2010). *Narrowing the Gaps to Meet the Goals*. Retrieved from: http://www.unicef.org/media/files/Narrowing_the_Gaps_to_Meet_the_Goals_090310_2a.pdf

aid to achieve the health related SDGs and support the everywhere agenda by committing to **renew investments in mutually reinforcing reproductive, maternal, newborn, child and adolescent health and sexual and reproductive health and rights interventions at levels greater than existing investments beyond 2020**. Consistent with the principles of the ODA Accountability Act, Canada should further affirm that these resources will prioritize investments in the people and places in greatest need.