HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

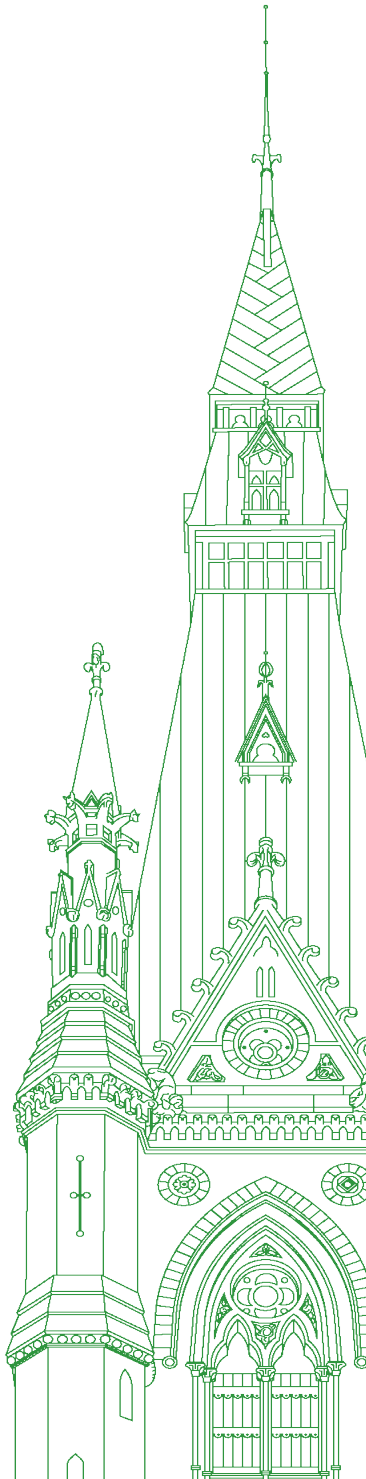
44th PARLIAMENT, 1st SESSION

Standing Committee on Foreign Affairs and International Development

EVIDENCE

NUMBER 051

Thursday, February 16, 2023



Chair: Mr. Ali Ehsassi

Standing Committee on Foreign Affairs and International Development

Thursday, February 16, 2023

● (1105)

[*English*]

The Chair (Mr. Ali Ehsassi (Willowdale, Lib.)): Welcome to meeting number 51 of the Standing Committee on Foreign Affairs and International Development.

Today's meeting is taking place in a hybrid format, pursuant to the House order of June 23, 2022. Members are attending in person in the room as well as remotely using the Zoom application.

I'd like to take a few moments for the benefit of the members.

Please wait until I recognize you by name before speaking. For those participating by video conference, click on the microphone icon to activate your mike, and please mute yourselves when you are not speaking. Interpretation for those on Zoom is at the bottom of your screen, and you have the choice of floor, English or French. For those in the room, you can use the earpiece and select the desired channel. All comments should be addressed through the chair.

In accordance with our routine motion, I'm informing the committee that all witnesses have completed the required connection tests in advance of our meeting.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday, June 20, 2022, the committee resumes its study of the sexual and reproductive health and rights of women globally.

It is now my great pleasure to welcome, from the Department of Foreign Affairs, Trade and Development—

Ms. Heather McPherson (Edmonton Strathcona, NDP): Mr. Chair, I'm sorry to interrupt you. I want to have the floor for a moment before we introduce the witnesses, if I could.

The Chair: Yes, please proceed.

Ms. Heather McPherson: Thank you.

I am very excited that we are going ahead with this study. It's long overdue.

I also recognize that this is the last day before we have a two-week break, so I want to ask for a vote on the two motions that have been shared with my colleagues in both official languages. If you'd like, I can read them into the record, but I would like to get that out of the way so we can focus on the important work of SRHR.

I'll read the first one: “That the committee report—

Ms. Rachel Bendayan (Outremont, Lib.): I have a point of order, Mr. Chair.

The Chair: Go ahead, Ms. Bendayan.

Ms. Rachel Bendayan: I am deeply committed to the studies that my colleague would like to raise. Frankly, I agree with them, but I cannot help but question the procedure of doing this at this point, while we have witnesses before us. This is not committee business. I'm not really sure that this is in order at this time.

The Chair: I've been advised that she is very much in order, because she does have the floor. Also, she tabled this previously.

Ms. Heather McPherson: I want to point out that this was something that Mr. Bergeron did before our meeting at the last meeting. It is something that is a normal practice for this committee.

We could do this quite quickly. I think most people are in agreement with this.

The motion is this:

> That the committee report the following to the House: The committee calls on the Government of Canada, without delay, to amend sections of the Criminal Code currently preventing Canadian humanitarian organizations from delivering aid in Afghanistan and similar contexts without fear of prosecution.

Mr. Chair, this has been something that the government has been promising for some time. I would like to see this come forward. I know that we brought this forward within the report for Pakistan, but I think it is something that all members of this committee would like to see the government move on.

We will be giving them two weeks to take this under advisement.

● (1110)

The Chair: Go ahead, Mr. Sarai.

Mr. Randeep Sarai (Surrey Centre, Lib.): Mr. Chair, I move that we adjourn debate on these motions until the last 15 minutes of the meeting. That way we can go through the witnesses, and then we can discuss this in the last 15 minutes.

I have no problem with Ms. McPherson's motions, but I would like to move that we adjourn debate until the last 15 minutes, in light of the witnesses who are lined up.

Ms. Heather McPherson: Mr. Chair, Mr. Bergeron did this in the last meeting. I think this is something we could vote on quite quickly. I would rather do this now.

The Chair: We will put it to a vote.

The vote is on Mr. Sarai's motion to adjourn debate.

(Motion negatived: nays 6; yeas 4)

The Chair: We'll resume our debate on the first motion that is before us.

Not seeing anyone, shall we put it to a vote?

The vote is on the motion by Ms. McPherson.

(Motion agreed to: yeas 11; nays 0)

The Chair: I presume you would like to proceed to your second motion, Ms. McPherson.

Ms. Heather McPherson: That is correct.

The second motion is as follows:

> That the committee hold three meetings to study the current situation in Iran, including examining (i) the federal government's refusal for listing of the Iranian Revolutionary Guard Corps (IRGC) as a terrorist entity, (ii) the connections between people or assets in Canada and the IRGC, and (iii) paths forward to support Iranian human rights activists, artists, journalists and other political refugees; that the committee invite the Minister of Foreign Affairs to testify as well as additional witnesses submitted by members of the committee; and that the committee report its findings back to the House and that, pursuant to Standing Order 109, the government table a comprehensive response to the report.

Again, I'd like to put that to a vote. I think we can all agree that this is an important study that needs to be done, considering the situation in Iran and the deteriorating situation of political prisoners.

● (1115)

The Chair: No one wants to speak to it, so we'll go to a vote.

(Motion agreed to: yeas 11; nays 0)

The Chair: We will resume our committee hearing.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday, June 20, 2022, the committee is resuming its study of the sexual and reproductive health and rights of women globally.

It is now my pleasure to welcome, from the Department of Foreign Affairs, Trade and Development, Mr. Joshua Tabah, who is the director general of health and nutrition, and Ms. Tanya Trevors, who is the director of health and rights of women and girls.

Mr. Tabah, you will be provided a maximum of five minutes for your remarks, after which we will proceed to questions from the members. I will signal to you when you have only 30 seconds left, and I would be grateful if you could wrap it up in short order.

The same rule applies when we go to the members for questions. If there are only 30 seconds remaining for that particular slot, I will put this sign up.

Welcome to our committee, Mr. Tabah. You have five minutes.

Mr. Joshua Tabah (Director General, Health and Nutrition, Department of Foreign Affairs, Trade and Development): Thank you, Mr. Chair.

Good morning, members.

We appreciate the opportunity and the invitation today to provide information on how Global Affairs Canada supports women's sexual and reproductive health and rights globally.

[*Translation*]

As my colleague, Assistant Deputy Minister Peter MacDougall, said at the committee's December meeting, Canada has committed to increasing its funding to an average of $1.4 billion per year by 2023-24. It also committed to maintain this level of funding until 2030 to support the health and rights of women and girls around the world.

Of this total funding, $700 million is to promote global sexual and reproductive health and rights. The focus will be on areas of sexual and reproductive health and rights that are too often neglected by international donors.

These neglected areas include: first, family planning and contraception; second, safe and legal abortion services and post-abortion care; third, comprehensive sexuality education; fourth, health promotion activities and reproductive rights; and fifth, prevention and response to sexual and gender-based violence.

[*English*]

This 10-year commitment to global health and rights is unprecedented in its scope and length for Global Affairs Canada, and it's something that Canadians should be particularly proud of because of how it builds on more than a decade of successful maternal and child health work, and because the need for global leadership on these issues remains acute.

Extensive input from Canadian and international experts and partners in 2016-17 during the development of Canada's feminist international assistance policy, combined with scientific and programmatic evidence outlined in the 2018 Guttmacher-Lancet Commission as well as other studies, reinforced how investments in comprehensive SRHR are critical for advancing sustainable development goals, promoting gender equality and ensuring economic prosperity. This evidence informed the development of the health and SRHR action areas of the feminist international assistance policy and the subsequent programming we have been undertaking since.

[*Translation*]

Canada is making good progress in meeting its existing commitments. In 2020-2021, Canada contributed $489 million to support initiatives related to sexual and reproductive health and rights, or SRHR. This funding directly reached over 4.5 million people with sexual and reproductive health services in 29 countries.

[*English*]

I look forward to your questions and to sharing more about the work that Canada is undertaking in this space.

Thank you.

The Chair: Thank you very much.

We now proceed with questions from the members.

The first person will be MP Kramp-Neuman.

● (1120)

Mrs. Shelby Kramp-Neuman (Hastings—Lennox and Addington, CPC): Good morning to both of you, and thank you for joining us here today.

As a mom—I have two young teenagers—this is certainly something that hits home for me. I'd like to speak specifically about our teenagers, who are growing up in a very different context than any generations have before. For example, we have smaller families. They are definitely much more digitally connected, and they are less likely to use contraception and also less likely to be married before the age of 18, so a lot has changed over the generations.

Conversations about menstrual hygiene and health, HIV, sexually transmitted infections and intimate partner violence are all very concerning. I'm thankful that I have a very open relationship and conversation with my children, but a lot of people do not.

What efforts or actions are needed to build on the progress and efforts that have been made over the last several years?

Mr. Joshua Tabah: Mr. Chair, I'd like to thank the member for an excellent question, a question that Tanya and I, who are both parents, also certainly ask as we raise our teenagers.

I can probably offer the most insight speaking about the international context. You are right that too often around the world youth and adolescents in developing countries don't receive adequate information both on their own rights, the right to bodily autonomy in particular, but also on sexuality and reproductive functions and services that they should have access to.

That's one of the reasons we are trying to take a comprehensive approach to sexual and reproductive health and rights, such that we are adding to our significant portfolio of maternal and child health programming with a specific focus on adolescents to ensure that they get access to current information, both through the formal curricula in the schools they attend but also more broadly through social services being made available to them so they can use that information to properly exercise bodily autonomy.

Whether that is by seeking out contraception or making decisions about their future, it is something we consider fundamental, and we feel that the comprehensive approach we have taken for SRHR, which follows best practices as identified by the World Health Organization, is the best way for us to support that.

Mrs. Shelby Kramp-Neuman: Thank you.

Following up on that, I really believe it is important for adolescents to have a place at the table and in the conversations. Learning first-hand the appropriateness and the effectiveness from our teenagers and meaningfully involving them in the process is fundamentally important.

What barriers do you see that are currently happening in the progression of sexual and reproductive health?

Mr. Joshua Tabah: I think there is a growing awareness in the international assistance community, and more particularly in the global health and SRHR communities, about the leadership role that we want to ensure communities, and the persons we aim to serve, themselves play in the work that we do, whether it be programming or policy. That includes adolescents in particular, adolescent girls and adolescent boys.

In some of the initiatives we work with, we try to ensure not just a seat at the table but really an active and direct participation by youth representatives. I have the great privilege of working with an organization called the Global Financing Facility, which is a World Bank mechanism that ensures effective primary health services and comprehensive SRHR in 32 countries. We've worked to ensure not just a youth voice at the table, but an active role in the governance of the mechanisms such that the youth representative has an equal voice and vote to other donors or affected communities themselves. A youth representative will sit with me as a donor representative, along with ministers of health, and really be equipped to occupy that space.

We also ensure that the youth delegates are provided with any additional support that they require before the meeting so that they are able to be prepared and conversant on the topics. Sometimes our counterpart ministers of health can get swept away a little bit with dialogue. It's important to level the playing field to make sure that everyone is able to engage meaningfully in a way that's consequential as well.

That's just one example, but I think it shows that from the top, in terms of global governance of an international health institution, right down to the community level, we are making every effort to increase the local participation and direction that we receive for the efforts we make.

Global Affairs only provides international assistance for global health and SRHR that supports local priorities. Increasingly, we want to make sure that those local priorities are shaped not just by national governments but also by subnational and community voices, including youth.

● (1125)

Mrs. Shelby Kramp-Neuman: Excellent. Thank you.

Could you speak a bit more specifically to the HIV infections and what can be done to prevent those among our adolescents?

Mr. Joshua Tabah: It's an excellent question.

The only segment of the population where we are not seeing the reductions in HIV transmissions that we expect is adolescent girls in sub-Saharan Africa. It's a particularly vulnerable group. Obviously, this is intimately tied to broader questions of bodily autonomy and gender equality.

Our primary partner for work on HIV is the Global Fund to Fight AIDS, Tuberculosis and Malaria. I have the great privilege to serve as a board member on that organization. We are really ensuring that, from a top-down perspective, this specific segment becomes a much greater focus for the Global Fund's HIV efforts. It's fantastic that the Global Fund is able to ensure that all countries in sub-Saharan Africa have access to the ART treatments that everyone requires to be able to manage the infection. But we're really going to scale up the attention to prevention with adolescent girls over this coming strategy cycle.

I was recently in Ghana, and I spent time with the Global Fund. I was very impressed, working with nurses, doctors and community health workers, by how they respond to people with HIV infections very well, getting those case levels right down to zero so there isn't further transmission. But where there is an opportunity for more is on the prevention side. It's directly related to bodily autonomy, because an adolescent girl has to be able to choose who her partners are. She has to have effective systems to prevent and address the incidence of SGBV that she could be subject to. Without protection for bodily autonomy, it becomes very difficult to ensure that she is able to protect herself from HIV transmissions in the way that we would want.

Mr. Chair, the honourable member is pointing to an area of very high priority for me personally and for the department over the coming years.

The Chair: Thank you, Mr. Tabah.

We next go to Dr. Fry.

You have six minutes.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much, Chair.

I want to thank the witnesses for coming to this first hour of our meeting.

The fact is that we're talking right now about the comprehensiveness of the whole sexual and reproductive health and rights spectrum. I want to suggest that you've just touched on one aspect. As adolescents talk about sexual and reproductive health, they're not talking only about contraception. They're also talking about information with regard to sexually transmitted diseases.

We know that in some countries young girls are married off to much older men, maybe because of poverty reasons, maybe because of cultural reasons. Many of these young girls do not necessarily have the autonomy or the say in whether or not they're protected from sexually transmitted diseases. We know that in some countries, with the taboo of HIV, the taboo of any kind of sexually transmitted disease, that girl may not have the opportunity to have autonomy, to have decision-making powers.

What are you guys doing to help that situation change?

Mr. Joshua Tabah: Mr. Chair, I thank the honourable member for a great question.

I would maybe take a step back. Since the development of the feminist international assistance policy, we have scaled up our support not just for sexual and reproductive health and rights, but also for gender equality programming. We are now recognized, by the OECD DAC, as the largest bilateral donor for gender equality initiatives. We're scaling up our SRHR such that we are one of the top two or three right now.

A cross-cutting issue for both is preventing child, early and forced marriages, as the honourable member has suggested. Very rarely is there adequate consent. Very rarely is that a reflection of effective bodily autonomy, and very rarely is that an expression of equality, which we would like to see in the countries that we serve.

There are both global and local initiatives where Canada provides both financial and policy support. These issues are inextricably linked: autonomy, empowerment and CEFM. You can expect to see Canada to continue to play a significant role on those issues.

● (1130)

Hon. Hedy Fry: I want to follow up on something to do with this. I know about forced marriages, and I know that we have legislation here with regard to female genital mutilation. That is part of comprehensive sexual health. What is going on with that? Have we been successful? Is it successful in eliminating this particular practice? Are we having problems? What are the challenges?

Mr. Joshua Tabah: I would say we have been successful at fostering a global dialogue around both child, early and forced marriage and female genital cutting and mutilation. We work with a number of like-minded countries to shine a light on where these harmful practices continue. They have not been eradicated yet, and we continue to work with stakeholders in countries both to support the policy and legislative change that the honourable member refers to and to help shift social and cultural norms at a local level.

We don't do this by coming in with our own norms and values, but rather we seek to partner with the organizations themselves that are advocating for greater respect and autonomy for young women in these countries. Whether that's through support for these youth-led or women-run organizations or support for local organizations, while also advocating through our bilateral relations for changes in legislation, it's something that has been important for us.

Obviously, we have data about the spending we have done on these issues, and it is substantial. But I think more than anything, it is working with that new generation in these countries where these practices continue, to ensure that they are empowered so they can demand that their rights be respected from the duty-bearers in their countries.

Hon. Hedy Fry: Thank you.

How much time do I have left, Chair?

The Chair: You have a minute and a half.

Hon. Hedy Fry: All right. I'll ask a quick one.

I just want to follow up on that issue, because I know that we are all globally working very hard—UNFPA and lots of countries—to try to deal with these practices of female genital mutilation and, of course, early and forced marriage. With early marriage, we're talking about those who are married off at 14, but we all know that medically a young woman who has a child before the age of 19 runs a very high risk of pregnancy complications.

What are we doing about contraceptive advice with regard to postponing their first child so that women don't have to face some of these complications of eclampsia, premature birth, and a fair amount of damage to the child and themselves if they have children very early? I don't mean at 14 and 15; I'm talking about relatively early. At the age of 17 or 18, as we know, there are still high risks associated with that.

Mr. Joshua Tabah: Thank you.

Perhaps as a framing statement, I would just say that we support the goal of ensuring that every pregnancy is wanted, that every birth is safe and that every girl and every woman is treated with dignity and respect. That informs our approach to SRHR more broadly.

As I mentioned, we take a comprehensive approach where we provide partners with support so they can deliver integrated services. Our family planning programming is largely focused on access to modern contraception. It includes activities to provide individuals with information, and then, of course, the methods to allow them to attain their desired number of children and determine the spacing of the pregnancies involved.

I'm happy to go into further detail, but I believe I'm at time.

Hon. Hedy Fry: Thank you very much.

Thanks, Chair.

The Chair: Thank you.

We will next go to MP Bergeron.

You have six minutes.

[*Translation*]

Mr. Stéphane Bergeron (Montarville, BQ): Thank you very much, Mr. Chair.

I thank the witnesses for being with us today.

In Canada's action plan for the implementation of the United Nations Security Council resolutions on women, peace, and security for 2017-2022, Canada had set as a priority objective in Afghanistan to support increased representation of women in the Afghan national defence and security forces and to support women's rights organizations in advancing the Afghanistan action plan on women, peace and security 2017-2022.

Given what has happened in 2021 and given the constraints of the Canadian Criminal Code, how can Canada ensure the implementation of the objectives it had set out in the 2017-2022 national plan and how can we ensure a follow-up on the ground given the situation?

● (1135)

Mr. Joshua Tabah: Mr. Chair, I would like to thank Mr. Bergeron for his excellent question.

To be more precise, I will speak in English. I apologize for that.

[*English*]

Unfortunately, I'm not in a position to provide a substantive or detailed answer to that question. We would be happy to come back to the committee in writing to ensure that the member has access to that information.

I think specifically what you're asking is, since the change last summer, how is Canada ensuring continued progress against the objectives of its women, peace and security strategic outcomes specific to Afghanistan?

We understand the question and we will come back to you in writing.

[*Translation*]

Mr. Stéphane Bergeron: Thank you.

With respect to Syria, in the national action plan, the objective was for Canada to share with Syrian stakeholders its priorities and positions on the objectives of Canada's National Action Plan on Women, Peace and Security, in order to increase their awareness of these issues.

As you know, the political and security situation in Syria is chaotic, to say the least, especially with the earthquakes. You also know that there are still Canadian citizens, including children, trapped in camps in Syria.

How is the implementation of Canada's action plan for Syria being monitored, particularly in the refugee camps?

Mr. Joshua Tabah: That is an excellent question, again.

I thank the members of the committee for their patience, but as I am not responsible for the Women, Peace and Security Program, I am not in a position to answer this question in detail with sufficient information.

Once again, we offer to forward this information in writing on the achievement of our objectives under the Women, Peace and Security Program in Syria.

Mr. Stéphane Bergeron: Thank you.

According to Global Affairs Canada, 45% of abortions performed worldwide are unsafe. This leads to the hospitalization of 7 million women per year worldwide, accounting for 5% to 13% of all maternal deaths.

In your opinion, what are the main factors contributing to these unsafe abortions around the world?

In what ways will Canada try to improve the situation for women who undergo these potentially life-threatening practices?

Mr. Joshua Tabah: This is a very good question.

[*English*]

Preventable maternal death is a driving force behind our comprehensive approach to SRHR. Women are dying unnecessarily because they can't get access to basic, essential health services.

The member has properly provided us with the level of severity of this incident, with seven million ending up in hospital and requiring hospitalized care for unsafe abortions. We have estimates of somewhere above 40,000 women dying annually because of unsafe abortion, and the actual figure is likely much higher, according to our partners. This is something that is certainly under-reported.

To be clear, the case fatality for these situations is much higher in sub-Saharan Africa than in other regions of the world. It's more than twice as high as the case fatality in Asia, three or four times higher. This is a problem that is particularly affecting women in sub-Saharan Africa.

The member asked what the drivers of this are. They are primarily a lack of access to effective reproductive health services, including safe and legal abortion services and postabortion care at a significant scale to meet the need. We are working with partners like Ipas and others to try to strengthen the capacity of national health systems to address these situations. I can note that this is something that ministers of health across sub-Saharan Africa and, in particular, in western Africa have underlined to me as among the highest priority areas that they are seeking reinforced support for.

I mentioned the Global Financing Facility before. The Global Financing Facility provides on-budget support to ministries of health in sub-Saharan Africa to help them develop and implement comprehensive approaches to SRHR that would include improved services for women. That's an important part of what we support.

The most vulnerable women, of course, are those who are marginalized, from diverse communities and, in particular, those outside of major urban settings, where they don't have access to adequate reproductive health services. This has been an important area of focus for us and will continue to be as we try to increase our investments, specifically for these areas of comprehensive SRHR that have traditionally been neglected by international donors.

There are—

● (1140)

The Chair: Thank you, Mr. Tabah. You're considerably over time, sir. I apologize.

We next go to MP McPherson.

Ms. Heather McPherson: Thank you very much, Mr. Chair.

It's nice to see you here again, Mr. Tabah. I want to take a moment to congratulate you, and all of Global Affairs, on the funding that's been announced for public engagement for the Provincial and Regional Councils for International Cooperation. I was very happy to see that. I know that you may not be working on that right now, but you have been. You've been very instrumental in that work, so thank you.

Obviously, I'm delighted that we are starting this study. It's long overdue. This is work that I've been engaged in for most of my career. I think it's vitally important that we are doing this study.

I want to start with some of the information I received from an Order Paper question I submitted some time ago that talked about the spending on SRHR. As you will know, in 2019, at the Women Deliver conference in Vancouver, the government announced $700 million that would be spent annually on the neglected areas of SRHR. Now, from what I understand, we've significantly underspent every single year. In 2019-20, we spent only $450 million. In 2020-21, we spent only $498 million. We've never gotten close to that $700 million.

Why is that?

Mr. Joshua Tabah: Mr. Chair, first I'd like to thank the member for her recognition of some new programming from Global Affairs. I'll make sure that we pass that on to our colleagues responsible for that program.

In terms of SRHR, the commitment by the Prime Minister in 2019 was to scale up our support for SRHR to an average level of $700 million by the next fiscal year, 2023-24, and then to maintain that spending out to 2030. At the time the commitment was made, we were providing a much lower level of support than $700 million annually, so every year we have been building in our programming to increase. We expect to hit that target of $700 million for comprehensive SRHR next year, so we feel we are on track to deliver on the government's commitment. We are also on track to then maintain that level of spending out to 2030.

Furthermore, I would say it isn't just about writing big cheques to our largest international partners and doing the same thing. The commitment in 2019 really was about shifting to a comprehensive approach to SRHR. The investments that we're making to increase access to comprehensive sexuality education, to family planning services, and to safe abortion and postabortion care are investments that we're proud of and that we think are taking us in an important direction.

Ms. Heather McPherson: Thank you.

What is the number, then? We don't have that in the Order Paper question. Do you know the number for the 2021-22 fiscal year?

Mr. Joshua Tabah: I do. Our formal financial reporting for 2021 is that we disbursed $489 million to SRHR. Again, that was a very significant increase above—

Ms. Heather McPherson: It was a decrease from the 2020-21 year, though, wasn't it? In fact, you were supposed to be at $700 million each year, so will you be catching those numbers up? Is there a plan for Global Affairs not just to catch up to the $700 for the final year of this but also to make up the money that was promised? The government did promise $700 million each year. To say that you need to scale up is completely understandable, but that would mean you would need to scale up quite a bit further than $700 million, because that was money that could be used for the sector, of course.

● (1145)

Mr. Joshua Tabah: I'm sorry if our communication on this hasn't been clear enough, but again, I do think the website is quite specific in noting that the commitment to reach $700 million is in fiscal year 2023-24, and that we are scaling up from 2019-20 to 2021. There has been an annual increase in our SRHR spending. We will hit that commitment of $700 million next year, as per the commitment made by the Prime Minister, and then we do expect to maintain that level of funding of $700 million from 2023-24 out to 2030.

Ms. Heather McPherson: But you just told me that there was a decrease from.... In 2021-22, there was actually a decrease from what was spent in 2020-21.

Mr. Joshua Tabah: I'm sorry if I misspoke, but the $489 million was for fiscal year 2020-21.

I don't yet have a figure for 2021-22. We will close our books only in March of this year, so at that point I'll be able to provide you with a figure for 2021-22, and then next year for 2022-23—

Ms. Heather McPherson: Okay. Thank you.

Mr. Joshua Tabah: I would just say informally that we are on track to hit that $700 million in spending in 2023-24, and then again, there will be a lag of about a year and a half before we can formally confirm that this is what we have spent.

Ms. Heather McPherson: It's interesting, because the response that Global Affairs Canada gave me is different from the numbers you're giving me, but I can look into that after.

Of that $489 million, can you tell me what percentage is going to what size of organization? You talked a little bit about not wanting to write these massive cheques to perhaps the big multilateral organizations. What percentage of that money is going to small or medium-sized organizations, local Canadian-based CSOs?

Mr. Joshua Tabah: I can provide that level of detail, again, for fiscal year 2020-21, which I know seems like the ancient past right now, but unfortunately that's how long it takes us to close the books.

For that year, roughly half of the investments we made were through international organizations through our multilateral branch. They weren't all large, though. Some of them are very large. We have to provide a significant amount of funding to the Global Fund so they can respond at scale, to provide the reproductive and HIV services we want.

About 30% of that spending went to civil society organizations. I don't have that disaggregated data with respect to whether they were international or local or Canadian civil society organizations, so I can get back to you.

Ms. Heather McPherson: Please do.

Mr. Joshua Tabah: Then, about 5% was spent through partner governments directly, and then there are a variety of other kinds of organizations that fit in there. Essentially, a very significant amount went through the global health institutions, which include the Global Fund, Gavi for immunizations, and the World Health Organization for both normative and health systems work, and then a lot of the CSOs doing really important community-level work in terms of the delivery, but also working with partner governments for some of that non-budget support when we have pooled funds.

I'm getting a note from the chair that I'm almost at time.

Ms. Heather McPherson: Thank you, Mr. Tabah.

The Chair: Thank you.

We now go, for the second round of questioning, to MP Epp. We have three minutes for this round.

Mr. Dave Epp (Chatham-Kent—Leamington, CPC): Thank you, Chair.

Thank you to the witnesses.

I should share, as others have, that I'm honoured and blessed to have four daughters. One is a nurse, one an administrator and one a lawyer, so we've had many good family room discussions on many subjects that I'm involved with.

Prior to being elected, I also had the honour to serve with the Canadian Foodgrains Bank, an organization that delivers aid internationally, works through partner organizations, as the briefing notes show here as well, and works toward SDG 2 on zero hunger. I recall, 40 years ago, on our own farm, bagging yellow corn to support that organization. It was being shipped to Africa. The reason I raise this is that later on we learned that yellow corn is animal food and white corn is human food, so the organization had to learn to be responsive to the context in which they were working.

In fact, that organization led to a change in Canadian policy in 2008. I won't go into the specifics, but that leads to my question.

You're working with 400 partner organizations delivering almost 700 projects. You mentioned in your opening testimony that you're conscious and aware of our societal norms and of going into, obviously, other contexts. What's the mechanism of interaction with your partner organizations so that is taken into account?

Mr. Joshua Tabah: Let me share that I have a great deal of respect for the CFGB as well, and I think that we all miss Jim Cornelius these days. What a great leader he was.

We have an extensive field footprint in the countries we work with and serve, so all the initiatives we work on bring together our local capacity and capability in these countries, as well as a team of outstanding professionals here at headquarters and also in our multilateral missions in New York and Geneva.

For an organization like The Global Fund, which is so large and works in almost every developing country—and we now have a commitment to provide $400 million a year—we work at multiple levels with an organization like that. At a global level, I sit on the board of governors of the organization to help shape both policy and programs, but, more importantly, we work with our field teams in each of the countries that The Global Fund serves to ensure that they have up-to-date information, not just on what The Global Fund is intending but also on ways they can be involved in the country's coordination mechanisms to ensure that the requests for funding that are coming back up to The Global Fund are informed by the perspectives that we have to share at a local level, and that involves—

● (1150)

Mr. Dave Epp: I'm going to cut you off; I want to get one more quick question in.

Going back to the previous iteration of the federal Muskoka Initiative, was a fuller report done on that? Because of time, could you share the evaluation of that report with the committee?

The Chair: Please respond in 30 seconds.

Mr. Joshua Tabah: We did have a closing evaluation of the Muskoka investments that we made; it's on our website. We'd be happy to share that report with the committee. It's a fantastic foundational document from which to learn more about these issues.

The Chair: Thank you.

We now go to MP Bendayan.

Ms. Rachel Bendayan: Thank you, Mr. Chair.

Thank you to the witnesses for being here.

Since my time is limited, perhaps I'll ask all my questions at once and leave you the remainder of the time to respond.

You mentioned earlier in this meeting that Canada is assisting 4.5 million people in 29 different countries, if I heard you correctly. I would be interested in getting a list of those 29 countries tabled with the committee after this meeting. I hear you on the situation in Africa and in other developing countries, but the truth of the matter is that we've seen backsliding of women's reproductive rights around the world, including in many countries in the west. Of course, I am referring to the decision to overturn Roe v. Wade in the United States, but also to some of the draconian laws restricting access to abortion in Poland, as well as attempts to restrict abortion rights in Italy.

I would like to hear you on what Canada can do in order to stem this trend, if you agree that it is a concerning trend. Also, what is Canada's role, if any, in allied countries such as Poland, given the state of their laws restricting access to abortion for women?

Mr. Joshua Tabah: We'd be very happy to share that list of countries. I'll note that we are now producing, on an annual basis, a report on our 10-year commitment that includes a very careful look at all the allocations from both the SRHR and global health pillars of the 10-year commitment. It also includes information on specific advocacy that we have carried out with other countries. It's something that I hope the committee will be interested in year over year, because I think that's where you'll see the progress we're really able to make with something like a 10-year time horizon.

Ms. Rachel Bendayan: Does that advocacy include the United States?

Mr. Joshua Tabah: I'm not in a position to comment on specific items, but I think that the Prime Minister and other ministers were outspoken the day after and the day of the decision for Roe v. Wade. The Prime Minister tweeted out his disappointment with the decision. I would characterize that as advocacy at the very highest levels.

You are right to point to backsliding by a number of countries. I do want to show, though, that there is light in the sense that many countries have moved to liberalize their laws and provide a more supportive and evidence-driven approach. That includes Benin, Argentina, Colombia, the DRC and Mexico, which have all been working to increase the scope of their abortion laws. We work with countries like those and other like-minded countries, both in multilateral forums and bilaterally, to ensure that countries understand Canada's positions and the evidence on which we base them.

● (1155)

The Chair: Thank you. I'm afraid you're out of time, Ms. Bendayan.

We next go to Mr. Bergeron.

You have a minute and a half.

[*Translation*]

Mr. Stéphane Bergeron: Very briefly, Mr. Tabah, I am going to let you continue with the answer that you started to give me earlier, which was very interesting.

I would perhaps add a brief question.

Of course, there is a need to provide abortion resources and post-abortion care, but would it not be equally important to invest in awareness and access to contraception to avoid getting into these kinds of situations?

Thank you.

Mr. Joshua Tabah: Thank you.

We fully agree. That is why we take a comprehensive and integrated approach.

[*English*]

Just to be very clear, it starts with comprehensive sexuality education so that adolescents have access to clear and evidence-based information about the services they can access.

Of course, we want to provide robust family planning and access to modern contraception so that the pregnancies that do occur are intended and wanted, and then, in the event that that's not the case, safe abortion support and postabortion support.

There is also a need to continue with the advocacy work and supporting that at country level, so that those services are provided in a way that makes sense for the adolescents and other groups they aim to serve. That's why it is important that Canada has taken a comprehensive approach. In most of the initiatives that we work on, you'll see a combination of these different elements intermingled, all part of an essential universal health coverage system that aims to provide primary health care for communities.

The Chair: Thank you.

For our final minute and a half, we go to MP McPherson.

Ms. Heather McPherson: Thank you very much, Mr. Chair.

Thank you again to our witnesses today. This has been very interesting testimony.

Mr. Tabah, I believe Canada is going to be presenting a voluntary national review at the high-level political forum on SDGs this summer. Is that correct?

Mr. Joshua Tabah: That's my understanding.

Ms. Heather McPherson: Of course, knowing that SDG 5 is all about gender equality and very much fits in with the goals of the government, how will you be ensuring that it is being reported at the high-level forum?

Mr. Joshua Tabah: The report, I believe, will primarily concern itself with Canada's domestic implementation, but there will be an opportunity to flag where there has also been international engagement on these issues. It might not be the main story, but we do hope it will be there. I've seen some of the draft work, as we think about that report.

Again, we're always happy to follow up with more detail.

Ms. Heather McPherson: Thank you very much.

Speaking of following up with more detail, as I mentioned, the numbers that I received during my Order Paper question request are different from the numbers that you've brought to the committee. If you could provide us with those numbers, including the numbers for 2021-22 when those are available, that would be great. Thank you.

Mr. Chair, those are all my questions for today.

Mr. Joshua Tabah: Thank you. That's understood. We'll take note.

The annual report that I made reference to before should lay out relatively clearly the numbers for 2021, and we think the next iteration of that report will be ready in the fall. But some time between March and the fall, we'd be happy to come back and provide clarity on what the 2022 numbers show us.

Ms. Heather McPherson: Thank you very much.

The Chair: Thank you very much. That concludes the questions.

At this point, allow me to thank Mr. Tabah and Ms. Trevors for their expert testimony. I have every confidence that this will be very useful and helpful for the purposes of concluding our study. Thank you very much.

Members, we have approximately four or five minutes, so I will suspend briefly. For all those members who are virtual, we will remain on the same link.

● (1155)

_____(Pause)_____

● (1205)

The Chair: Welcome back, everyone.

As you know, we will be proceeding with the second panel. Before we turn to the witness, I was wondering whether all the members would agree to set aside the last 20 minutes of this hour to discuss the details of the trip that will be happening in the next couple of weeks. Of course, that segment would be in camera.

Is that okay with everyone?

● (1210)

Hon. Hedy Fry: I have one question, Chair.

Is this only for the people who are on the trip or for the whole committee?

The Chair: Well, since it is in camera, if anyone would like to leave and has other things to tend to, that would be perfectly fine. It is in camera.

Hon. Hedy Fry: Thanks.

Ms. Rachel Bendayan: Mr. Chair, to the extent that you're requesting unanimous consent, I am withholding it. It is now 12:10, and you are seeking 20 minutes out of this panel. That would leave us very little time to ask questions.

Ms. Heather McPherson: I would also be withholding it.

The Chair: Okay. My apologies to the members who requested this.

Now, pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday, June 20, 2022, the committee resumes its study of the sexual and reproductive health and rights of women globally.

It is now my great pleasure to welcome before this committee Ms. Kelly Bowden, a representative from Action Canada for Sexual Health and Rights.

We are very grateful that you took the time to be with us today. You will be provided five minutes for your opening remarks, after which we will proceed with questions from the members. Again, just as with the previous speaker, when you have 30 seconds remaining, I will put this sign up. Kindly wrap things up as expeditiously as possible.

That having been said, Ms. Bowden, the floor is now yours. You have five minutes.

Ms. Kelly Bowden (Director, Policy, Action Canada for Sexual Health and Rights): Thank you, Mr. Chairperson.

Action Canada for Sexual Health and Rights is a national organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally.

Through our frontline programming in Canada managing a toll-free sexual health information line for Canadians and through our work with partners around the world advocating for the advancement of SRHR, our analysis is grounded in the experience of the most vulnerable people who are seeking access and facing barriers when it comes to SRH services.

Investing in and advocating for the promotion of sexual and reproductive health and rights—specifically the underfunded and neglected areas of access to safe abortion services, contraception, comprehensive sexual health education and advocacy for sexual health—play a fundamental role in advancing global development and human rights. Support for SRHR, and the neglected areas specifically, saves lives, reduces overall health care systems costs, advances gender equality and promotes economic participation.

Every year, about half of pregnancies in low- and middle-income countries are unintended. About 218 million women have an unmet need for contraception. There are currently an estimated 35 million unsafe abortions each year, with almost four million of these among girls 15 to 19 years old.

The consequences of unsafe abortions are dire. They result in mortality, morbidity and lasting health problems. Almost every abortion death and disability could be prevented through a combination of sexuality education, effective contraception, provision of safe abortion care and timely care for complications. Providing safe abortion care also reduces health care cost burdens from the fallout of unsafe procedures. World Health Organization estimates from 2006 show that complications from unsafe abortions cost health systems in developing countries $553 million per year for postabortion treatments.

When young women have unintended pregnancies, it makes them more likely to stop their education and less likely to participate economically later in life. Comprehensive sexuality education plays an important role in providing information that allows young people to understand their bodies and their rights and to make the decisions that are best for them.

I understand that this committee was just looking at the situation in Turkey and Syria. In humanitarian situations like this, the need for these services is exponentially higher. Unless SRHR is fully integrated into health systems as a foundational aspect of health care, it is easily deprioritized when the system comes under stress or strain. We see this in fragile states and humanitarian settings, and we saw this around the world throughout the COVID-19 pandemic. Maternal mortality and gender-based violence increased and rollbacks to contraception and other SRH services occurred.

When we think about the experience of the pandemic, the importance of investing in advocacy for SRHR is also clear. It was women's rights organizations in this time that raised the alarm on service disruptions, helping to ensure that provision returned. It was local youth organizations that created ways to ensure that important sexual health information continued to be disseminated through new and virtual means.

Investing in advocacy plays a critical role, to both open up civic space and navigate appropriately within constraints to make sure that the delivery of programming for SRHR is both possible and effective.

Canada’s work on the neglected areas is critical, because there are very few donors working in this space globally. There is thus a tremendous need for leadership in terms of service provision and global advocacy.

Focusing Canada's investments in the four neglected areas can concentrate financial and political efforts in a way that maximizes impact. Canada's 10-year commitment to women and children's health can show that Canada is stepping up where the world is falling short—by emphasizing the fundamental importance of a rights-based approach to sexual health and investing where the need is greatest.

Canada's investment in SRHR is unique precisely because of this focus. Yet, in the last reported spending from 2020-21, Canada has invested only $104 million of its SRHR spending in the neglected areas. Canada needs to aggressively scale up spending here if we are going to garner the political effort that is needed from partners around the world to make progress and transform the lives of millions of women and girls.

Broadly, I would like to leave the committee with four key recommendations.

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 $500 million per year to the neglected areas by the end of 2023.

The second recommendation is that, as a country, we double down on our engagement with the G7 and with other allies around the world to catalyze further global investment and support for the neglected areas of SRHR.

The third recommendation is that we continue the important work of investing in grassroots women's organizations and taking a localized approach to implementing SRHR programming.

Lastly, we recommend that we ensure that sexual and reproductive rights are not relegated only to a conversation about development assistance, but also integrated into a more fulsome approach through a feminist foreign policy.

● (1215)

I thank you for your time and attention.

The Chair: Thank you very much, Ms. Bowden.

We now go to the first questioner, Mr. Chong.

Mr. Chong, you have six minutes.

Hon. Michael Chong (Wellington—Halton Hills, CPC): Thank you, Mr. Chair.

Thank you, Ms. Bowden, for coming to our committee.

My first question is about something you referenced towards the end of your opening remarks. Where does Canada rank among donor governments in relation to funding for global health writ large, and for sexual and reproductive health and rights specifically?

Ms. Kelly Bowden: I don't have the statistics differentiating between Canada's investment in health as compared to other OECD countries.

One thing I will say is that a step that Canada has taken with this new commitment is to introduce tracking codes so we can see what our investment is as a country in these neglected areas of safe abortion access, contraception access, CSE and advocacy. This is a first among OECD DAC countries, and in fact it is an important step in being able to push other countries to trace and understand where that financing is going.

Overall, Canada is one of the top donors and in the top 10 with investments in multilaterals like the UNFPA, which is the global multilateral leader on investing in SRHR.

While I don't have the numbers on health specifically, I think we're in a good position as a country to be able to push others to be clear on how they are investing and how we continue to invest in these areas.

Hon. Michael Chong: Thank you for that answer.

What percentage of Canada's overall official development assistance is devoted to women's, children's and adolescents' health? Do you have a sense of what percentage women's, children's and adolescents' health makes up of the overall ODA envelope?

The second part to that question is, what percentage do sexual and reproductive health and rights make up as a percentage of the overall ODA envelope, just roughly? I don't need an exact figure. I just want to get a sense of that.

Ms. Kelly Bowden: I wouldn't wager to do the math myself at the moment, but we have the commitment of $1.4 billion a year from the government to global women's and children's health. Half of that, $700 million per year, should be dedicated to SRHR funding. That's the scale-up goal that is to be met by the end of 2023.

It would be your colleagues from the department who would be best placed to give numbers around the breakdown in relation to other financing that Canada has.

● (1220)

Hon. Michael Chong: Yes, I think the overall envelope is headed roughly towards $7 billion, so that gives us a sense. Thank you for that.

The other question I have concerns the UN's health goal, SDG 3. The goal that was set was to reduce global maternal mortality to less than 70 maternal deaths per 100,000. It's presently at roughly 220 maternal deaths per 100,000 live births.

Can you tell us where that was a decade ago or two decades ago and how much progress has been made on that goal in the last decade or two? How much progress is currently being made on reducing those maternal deaths?

Ms. Kelly Bowden: I don't have specific numbers in front of me, though I'd be happy to follow up and provide those.

What I can say confidently is that we have seen gains in the reduction of maternal mortality over that time. Obviously, the COVID-19 pandemic created a number of setbacks around issues of maternal mortality, gender-based violence and access to a wide range of SRHR services. We're currently in a time period when there are losses to be regained on that front, but overall there has certainly been progress made. I am happy to follow up with the statistics around it.

Hon. Michael Chong: I was talking to our analyst during the suspension, and she mentioned to me that in Canada we have roughly eight maternal deaths per 100,000 live births, compared to 218 on average globally, which means that, in some countries, it's going to be a lot higher than that. Obviously there's a lot of work that needs to be done in that area to meet the SDG 3 that has been set.

The other question I have concerns the SDG as well. One of the key goals of the SDG, when it was first agreed to several years ago, was to better collect data on what exactly is going on. At the conclusion of the MDG initiative, the progress report highlighted that only 51% of countries maintained some data on maternal causes of death.

Can you tell us what progress has been made globally in terms of data collection so that we can make informed decisions about where to allocate resources for the SRHR goals?

Ms. Kelly Bowden: There are two elements to this. There is progress at the national, country level around health systems data collection, and then there is the increase or analysis of research being done by multilateral institutions, research initiatives, to try to document changes in this progress.

I can't comment on the progress of individual countries and their health systems data collection. I will say that this is why continued investment in institutions like the UNFPA, which are continuing to collect and monitor these types of health indicators, is an important investment for Canada to make.

Hon. Michael Chong: I just have a quick follow-up.

The Chair: I'm afraid you're out of time, Mr. Chong. You're considerably over time. Thank you.

We now go to Dr. Fry.

Dr. Fry, you have six minutes.

Hon. Hedy Fry: Thank you very much, Chair.

Welcome, Ms. Bowden.

I think what is distressing about the statistical data with regard to the whole aspect of sexual and reproductive health, the comprehensive nature of it, is that back in 1995—and I am long enough in the tooth to have been at the Beijing conference—it was Canada that brought forward the fact that unsafe abortions around the world represent a public health emergency.

I am now hearing—and we now know—that 25 million women around the world do not have access to safe abortions. We also know that it's not simply having access to safe abortions. When you have unsafe abortions, a woman may not be able to have children after that because of the morbidity, and her reproductive organs are all infected, etc.

What do you see as the barriers to initiating sexual and reproductive health and rights around the world? We can talk about the developing world, but what do you see as the barriers?

I have a second question, and then I'm going to let you answer them. What is the difference between non-conflict countries and conflict countries, where we see rape now being a strategy, a tactic of war, and what are the barriers in both instances to achieving the full range of sexual and reproductive health and rights?

Thank you very much, Ms. Bowden.

● (1225)

Ms. Kelly Bowden: Thank you.

I will first speak to barriers to abortion access in particular. I mentioned that fundamentally, one challenge is that SRHR services are not being integrated as a foundational part of health care in countries around the world. If you think about somebody who is looking to access a doctor to get support on any range of medical services, that point of service won't necessarily be one where they can access abortion or other sexual health services.

A big element of being able to ensure the provision of these services is to see them integrated fully into universal health care. This is not only abortion; this is also access to contraception. I think that's a big piece, on the abortion access in particular. I think Canada's investments in advocacy for SRHR can play a very critical role in this.

For example, I met with an organization called Resurj in Mexico earlier this year. It is a women's rights organization that is supporting community-led initiatives to bring people from rural communities into Mexico City, where they can access dispensing locations for medication abortion.

You can see community initiatives like this that are helping to fill the gaps in the existing health care systems in these countries. Those kinds of initiatives can be scaled up. By working with partners, they can also advocate towards their governments to help them understand that these are the stopgaps they're putting in place to address the lack of access that is apparent in the health care system. That's on the first point around abortion access.

On the differential challenges in fragile and conflict-affected settings, I think there is fundamentally an erasure of provision of services that happens there. When we prioritize what a humanitarian response looks like, it is often blind to the inclusion of SRH services in the face of that. We look at water, sanitation and infrastructure. Fundamentally understanding that people not only need access to food in those times, but they also need access to health care, is an important part of being able to address those settings in particular.

Hon. Hedy Fry: Thank you.

In this committee, when we looked at Ukraine and the illegal war there, we heard from various people that many Ukrainian women were raped by Russian soldiers. Then, many of them are going to neighbouring countries as refugees, where they do not have access to abortion services. That is a real concern in terms of conflict.

One reason I brought forward this motion was that I am very concerned that we are not seeing a lot of access to the full range of sexual and reproductive health services globally. You are absolutely right when you say that this should be part of an integrated health service, but we know that in many countries where it's not part of an integrated health service it's because of a lack of health infrastructure. It's a lack of clinics, doctors, nurses, midwives, and a lack of all sorts of information.

What recommendation would you make so that we can ensure that women have access to those rights that they need, especially in conflict areas like Ukraine? What can we do to help women have access to abortion after they have been raped?

Ms. Kelly Bowden: To your point, this goes back to why it's important to have not only an integrated and comprehensive approach to health care systems—integrating this into building up those programs through our development assistance—but also stand-alone programming to help ensure access to these services in times of great need.

In situations like Ukraine and other humanitarian situations, it's about ensuring that we are providing direct financing to organizations and initiatives that are delivering access to safe abortion care in those settings and are providing and distributing comprehensive contraceptive supplies. Those are the types of initiatives that Canada can finance to intervene immediately in those cases and ensure those supports are in place.

● (1230)

Hon. Hedy Fry: How much time do I have, Chair?

The Chair: You are literally out of time, Dr. Fry. You're on the dot.

Hon. Hedy Fry: Thanks very much.

The Chair: Thank you.

We now go to Mr. Bergeron.

You have six minutes.

[*Translation*]

Mr. Stéphane Bergeron: Thank you, Mr. Chair.

Ms. Bowden, on your website it says that in 2019 you called on the Government of Canada to increase access to contraception around the world by funding supplies for the United Nations Population Fund, UNFPA.

Has this call in 2019 been followed up with concrete action by the Government of Canada?

Do you feel that, since 2019, access to contraception has improved around the world?

Has Canada increased its contribution to UNFPA, as you requested?

What other international agencies should receive more funds from Canada for this purpose?

[*English*]

Ms. Kelly Bowden: Thank you for the question.

As of 2020-21, we know that Canada has made significant investments in UNFPA programming. We've made contributions to UNFPA core funding. We have also made investments in the UNFPA supplies mechanism, which is the multilateral institutions' specific contraception provision services. With the last investment in UNFPA supplies in particular, we saw an increased one-time, $20-million commitment over a period of four years. It's a slight increase from the sort of annual commitment we had been making to the supplies initiative in particular.

If you look historically at the trajectory of Canada's funding to UNFPA, we've had a consistent core investment of between $15 million and $17 million. We've seen a significant growth in programming investments. UNFPA also does a significant amount of programming in fragile and humanitarian settings, so I think there is a big portion of the programming that is addressing that direct need in fragile states.

Where we continue to see less movement around investment in the neglected areas is in relation to abortion and comprehensive sexual health education specifically. Of the $104 million I was speaking of that is in the neglected areas right now, about $40 million is in contraception services. Another good chunk is in advocacy towards SRHR, and a very minor amount is in abortion and CSE.

[*Translation*]

Mr. Stéphane Bergeron: I understand from your answer, Ms. Bowden, that on the issue of abortion there has been a reduction or a slowdown, if I may say so, of Canadian support.

How do you account for that reduction or slowdown?

[*English*]

Ms. Kelly Bowden: Only in 2021 have we been able to concretely see the number of investments that Canada has made in abortion services. We can't say that there has been an increase or a decrease in our financing in particular. Around the world, I think we have seen a reduction in spending around SRHR programming writ large. For example, there have been reductions in the U.K.'s ODA spending. They cut a significant amount of SRHR programming over the past year, a big portion of which was to contraceptives, and we've seen reductions from other donors.

While this was already a small field of investment, there is a growing need and a decreasing amount of investments from other donors, which is why Canada's leadership in this space is so critical right now.

[*Translation*]

Mr. Stéphane Bergeron: I would like to go back to one of the questions I asked you earlier.

Do you feel that since your call in 2019 there has been an increased access to contraception around the world, or has there been, again, setbacks?

[*English*]

Ms. Kelly Bowden: Overall, we have seen growing access to contraception. Canada has a number of partnerships, like the Ouagadougou partnership, which is a connection among a number of west African countries that are investing to ensure the provision of contraceptive services there. There are things like the Family Planning 2020 platform—now Family Planning 2030—which is another forum where countries are working together to ensure a coordinated scale-up of both supply provision and demand generation for contraceptives in countries.

Broadly, we have seen an increased provision of these services. The piece that continues to need further attention is on the demand side, ensuring that people have an understanding of what these supplies are and how access can be met.

● (1235)

[*Translation*]

Mr. Stéphane Bergeron: Thank you.

Your website also says this:

> Engaging with the international human rights system involves gathering and submitting evidence to the UN that shows where Canada is failing to meet its human rights obligations.

Very specifically, in relation to this goal that you describe very clearly on your website, what are the gaps in Canada's human rights record in terms of women's reproductive health?

[*English*]

Ms. Kelly Bowden: Through both the financial commitment that Canada has made in our international development assistance and the way we are showing up at international forums like the Human Rights Council, the Commission on the Status of Women and the Commission on Population and Development, Canada has been largely clear that we are standing in support of these rights. I think it's about doubling down on that advocacy so that it is clear and so that we can push other countries to do the same.

[*Translation*]

Mr. Stéphane Bergeron: Thank you.

[*English*]

The Chair: We next go to MP McPherson.

You have six minutes.

Ms. Heather McPherson: Thank you very much, Mr. Chair.

It's delightful to have you here with us today, Ms. Bowden. Thank you so much for being here. It's nice to see you again. I wish I could be there in person.

Your testimony is not new to many of us. However, I can't help but be shocked by these numbers. We all know them, but they are shocking nonetheless: the 219 million women who have unmet needs with regard to reproductive rights and health, and the loss of life that is happening because of unsafe abortions.

I think your testimony makes it very clear that limiting women's access to health care does not stop abortions from happening; it simply stops safe abortions from happening. The number that you gave us for the cost to the health care system of $553 million per year because of unsafe abortions is another indication of how we are failing women around the world.

I know that you are such an expert in this field, so I just want to give you some time to expand on your recommendations on how or where Canada could specifically scale up funding for SRHR in neglected areas.

Ms. Kelly Bowden: Yes, thank you.

As I mentioned, there are the neglected areas of abortion, contraception access, CSE and advocacy for SRHR. There is the neglected among the neglected of investment in abortion and comprehensive sexual health education. It's under $2 million in 2020-21 that Canada invested in access to safe abortion services. Look at the scale of the need and the financial implication of not providing these services. While we're naming this as a part of the comprehensive package of care, we are not putting the money in this area just yet.

I think that aggressively scaling up in all four of those areas, in particular the ones that remain underfunded by this government and governments around the world, is a key step for Canada to be taking if we are going to use this 10-year commitment as a way to catalyze global investment and backing for the advancement of these rights. I would say that two of those four require further attention.

I also think that global advocacy on behalf of the country has an important role here. We cannot go this challenge alone. The amount of money that Canada is putting into this work is significant. Its long-term nature is significant. What is unique about it is the potential for us to demonstrate investment in these neglected areas and catalyze other countries to do the same. We need to be organizing with other allies and donors, making clear the impact of these investments and that there is a rationale and a need for them to further invest themselves.

There is a lot of good work being done by Canada already, but there are things like the global SheDecides partnership on abortion that I think we could really lean further into, working with those allied countries to make investment in this area grow.

Ms. Heather McPherson: Thank you very much.

You speak about the need for Canada to be a leader in advocacy work. I'm conscious that I will be in Sweden later on—in just a few days, in fact—and they have recently announced that they will no longer have a feminist international assistance policy. You spoke about Canada not yet having a feminist foreign policy. My colleagues have spoken about the backsliding in the United States. You mentioned the U.K. and the reductions that are happening there.

Are you concerned that Canada is going to take some of the lessons from these allies? How do you feel about Canada's perspective now? I'm concerned about the direction that some of our allies are going in. I'm wondering if you could provide your perspective on that.

● (1240)

Ms. Kelly Bowden: As has been mentioned, we've seen backsliding on these rights in many different settings and many different places of the world. I think Canada has a huge platform to stand on with the investment that we've made. There is an opportunity that needs to be leveraged in order to take global leadership and work with others to continue to ensure that we make progress on these rights.

I want to be clear that I feel it's really important to expand that beyond development assistance and development minister conversations. There's a role for us to play in World Health Organization conversations and international affairs. It was last year at the assembly of ministers for religious freedoms that took place in the U.K. that we had the situation where introduction on SRHR language was there and then disappeared in further versions of the negotiating documents.

It is across many different forums that we see the risk of backsliding on a consensus that these are rights that require investment and progress. I think there is an opportunity for us, and I think it spans far beyond the development arena, which is why looking at how this integrates into a more fulsome foreign policy approach is required.

Ms. Heather McPherson: You spoke about the SheDecides campaign. If you would send us some information on that, I think it would be great for the analysts to have some of that.

My very last question in this round is that we look at ODA—

The Chair: You have 12 seconds remaining.

Ms. Heather McPherson: I will save that for my next round.

Thank you, Mr. Chair.

The Chair: Thank you ever so much, MP McPherson.

For the second round of questioning, we go to Mr. Chong.

Mr. Chong, you have four minutes.

Hon. Michael Chong: Thank you, Mr. Chair.

I want to follow up on what I wanted to ask earlier, in my first intervention.

The sustainable development goals, as you know, Ms. Bowden, are universal in nature, as opposed to the millennium development goals, which applied only to developing countries. The SDGs apply to both developed and developing countries. As I mentioned, and as you know, one of the goals of the SDGs is to ensure the availability of robust data. At the time of the MDG final report, they noted that only 51% of countries maintained data on maternal causes of death.

News reports last fall highlighted something that I think is of concern as the SDGs apply to Canada. According to reports at the time, the WHO reported a higher maternal mortality ratio for Canada in 2017 than Statistics Canada did, and by a significant amount. In fact, reports indicate that Canada's data is so incomplete that the World Health Organization, UNICEF and others estimate that Canada's maternal mortality rate could be as much as 60% higher than what is being reported by Statistics Canada. If those estimates by the WHO are correct, while our maternal mortality rate is still low by global standards, those higher numbers would put us in the bottom tier of countries in OECD.

Can you tell us what gaps there are in data collection in Canada?

Ms. Kelly Bowden: Certainly. One of the things we have long called for, which I understand we will likely see the introduction of soon in Canada, is a national sexual health survey, providing a kind of broad census information around some of these points in particular.

It is difficult across the federal system to compile data from a clinical level up to a provincial level and to a national standard. I think the introduction of a survey like this is something that could help close those gaps.

● (1245)

Hon. Michael Chong: We're not the only federation in the OECD. There are plenty of other federations that collect data that is much more cogent than our federation's, so why are there gaps in our data collection?

Ms. Kelly Bowden: I think that would be a question for Statistics Canada.

Hon. Michael Chong: Okay. I appreciate that answer.

I don't really have any further questions. Perhaps my colleague Mrs. Kramp-Neuman does. I just wanted to follow up on that one issue.

Thank you, Mr. Chair.

Mrs. Shelby Kramp-Neuman: Certainly. I'll follow up.

Certain segments of your website suggest that it starts with youth taking action and advocating. In part of the particular op-ed that you wrote, I understand, you spoke about the alarming increase in rates of chlamydia, gonorrhea and syphilis amongst young girls between the ages of 15 and 19.

Now, that's speaking here nationally in Canada. Comparing that to underdeveloped countries, where are we at?

Ms. Kelly Bowden: Again, with our health care system provisions, those numbers are lower in Canada than they are in many countries around the world, but broadly the same populations remain at risk.

Again, young people who lack access to comprehensive sexuality education that would inform them about the risks related to sexually transmitted diseases are less well prepared to navigate preventing these diseases. While Canada has numbers that are lower, due to our overall health care systems investments, it is the same populations, I would say, in countries around the world that remain at greatest risk.

Maybe this speaks back to the other point about data in terms of maternal mortality rates, but in Canada we see populations that have lower income and are less resourced and less able to navigate health care systems being the ones that are consistently lacking access to services, which prevents their ability to address things like STDs today.

Mrs. Shelby Kramp-Neuman: Thanks so much. I have one last question.

The Chair: I'm afraid you're out of time, but that was a nice try.

We next go to MP Bendayan.

You have four minutes.

Ms. Rachel Bendayan: Thank you, Mr. Chair.

Thank you very much for being here.

Clearly we're all looking at your website. I just want to confirm that on your website it says that Action Canada is “The Planned Parenthood Federation of Canada, Canadians for Choice, the Canadian Federation for Sexual Health, and Action Canada for Population and Development”, so you are all of those things.

Ms. Kelly Bowden: Yes, we are the result of a merger of those organizations that took place in 2014.

Ms. Rachel Bendayan: Thank you for all the work you do in that context.

I was also reading one of your posts on the website, and something in particular caught my eye. I will quote from Action Canada's website:

> An increasingly well-funded anti-abortion movement in the U.S.—and in Canada!—is chipping away at our rights, culminating in this horrific legal challenge that is now threatening to overturn Roe v. Wade....
>
> It's not too far a stretch to imagine something similar happening in Canada too.
>
> Earlier this year, 82 MPs voted to restrict abortion rights. 82 MPs = 24% of parliament!

I wonder if you could expand on that statement and perhaps on what leads you to be fearful that here in Canada we might see similar backsliding of our abortion and sexual and reproductive health rights.

Ms. Kelly Bowden: Organizations like the Association for Women's Rights in Development, through the “Rights at Risk” report they produce annually, as well as the European Parliamentary Forum for Sexual and Reproductive Rights, have done an excellent job of tracking financial investments that are going into organizations that are doing active work, either legal work or public advocacy, to undermine access to these rights. There is interesting data there, which I am happy to share, that shows the increase in those financial flows, which leads us to be concerned that there is a growing organized movement in opposition to these rights. All of you have probably also heard of the Geneva Consensus and the conversation that exists there among a number of states in opposition to SRHR.

I think our interest is ensuring that democratically aligned states and organizations, which understand that these are not only health care services but fundamental human rights, are clear and united in our advocacy to ensure the protection of the use of rights and services.

● (1250)

Ms. Rachel Bendayan: Thank you for offering to share those figures with us. Could you please table them with our committee?

As well, given what you're seeing happening in Italy, with an increase in a movement to restrict abortion rights, and what has already passed in Poland, are you concerned about any other countries following this trend?

Ms. Kelly Bowden: I wouldn't name any countries in particular. I think that at the same time as we are recognizing the risk of backsliding, as was noted by a previous witness, we've also seen a significant amount of progress in legalizing access to abortion and withdrawing restrictions that exist. I think there is always a push-and-pull of progress versus risk, but I wouldn't say that there's any country in particular that we're following at this point.

Ms. Rachel Bendayan: Thank you very much for the work you do here in Canada.

Perhaps just to close, is there anything that you feel the Canadian government can do in order to advocate more strongly on this issue?

Ms. Kelly Bowden: I think it is about continuing to be present in those international spaces. The high-level political forum of the SDGs that was mentioned earlier is also an excellent opportunity for Canada to demonstrate where we are doing well and where we can do better on this at home as a kind of indication of what good progress looks like. Canada has very strong legal protections for abortion. Recognizing abortion as health care is in fact one of the best ways to ensure and protect that right. So using that as a way to share—

Ms. Rachel Bendayan: Are you concerned about any legislation that has been tabled or any private members' bills that have been tabled?

Ms. Kelly Bowden: Yes. Our opinion has always been that we do not need further legislation to protect those rights in Canada and that introducing legislation around abortion presents a high risk of, in fact, closing access as opposed to increasing it.

Ms. Rachel Bendayan: Mr. Chair, do I have any time left?

The Chair: No, you do not, I'm afraid.

We now go to Mr. Bergeron.

You have two minutes, sir.

[*Translation*]

Mr. Stéphane Bergeron: Thank you, Mr. Chair.

Thank you again, Ms. Bowden, for being with us today.

Representatives from Global Affairs Canada said:

> Over the past decade, Canada has been recognized as a global leader in supporting the health and rights of women, children and youth.

I am not trying to trick you with my question. I am genuinely seeking your views on this statement, which may sound a somewhat bombastic.

Do you agree with this statement? If so, why and how is he a world leader? If not, what more can he do?

[*English*]

Ms. Kelly Bowden: I think that Canada has taken many positive steps, from the introduction of the Muskoka program to the introduction of the 10-year commitment that we currently have. The FIAP—the feminist international assistance policy—has also been a huge policy piece whereby Canada has been able to very clearly carve out what taking an integrated and feminist approach to international assistance looks like. I think those investments and that policy framing have put Canada forward as a significant leader in this sphere.

Where I will say we are at risk is that we have stepped forward to say that what our current commitments will do is take that progress further to ensure that it is a rights-based and comprehensive approach to sexual and reproductive health and rights, and we continue to not see the investment in those neglected areas.

I think the proof will be in the pudding in the next two years as to whether Canada can scale up investment in those areas to ensure that we can continue to deliver on the ever-progressing leadership that we can be taking in the world.

[*Translation*]

Mr. Stéphane Bergeron: Thank you.

[*English*]

The Chair: Thank you, Mr. Bergeron.

For the last two minutes, we will go to MP McPherson.

● (1255)

Ms. Heather McPherson: Thank you very much, Mr. Chair.

I just want to say one more time how delighted I am that this has come forward. This motion was tabled over a year ago. The fact that this committee has been relatively frequently filibustered by one member is indicative, I think, of the challenges that we face talking about reproductive rights for women.

My question is a bit of a follow-up on the questions of my colleague Mr. Chong. With regard to SDG 5 and the nature of the universality of the SDGs, I also have concerns. There is a good legal framework in Canada, yet we consistently see lack of access to reproductive health care in this country for indigenous women, for remote and rural communities, for entire provinces in fact.

As we look at the VNR, is there work to be done in Canada in terms of access to reproductive health, including abortion?

Ms. Kelly Bowden: Yes, of course. In Canada in particular, as I also noted with respect to other countries, what we continue to see is that people who lack access to these services are in rural and remote areas. They are of lower economic status. They have fewer resources and means to navigate the health care system.

One thing that I will say is that in Canada, in the past five years, we have seen a significant increase in abortion access due to the introduction of medication abortion. This is something that was federally approved in Canada in 2017. That transformed our country from having hundreds of abortion care providers to having thousands of them, because you then had primary physicians and nurse practitioners who could dispense this medication that could be used.

We're slow. There are many other countries around the world where the uptake of medication abortion was significantly higher and faster. It actually remains a crucial component of ensuring service access in other countries globally.

I think there's definitely more that can be done. Right now, Canada has something called the Canada sexual and reproductive health fund, through Health Canada. It is providing financing to civil society organizations in Canada that are providing services and doing advocacy to improve access in Canada. I hope to see that fund continue or be made permanent to address some of these things.

Ms. Heather McPherson: Thank you very much for your testimony.

The Chair: That concludes our questions.

Allow me to thank you, Ms. Bowden, for your expertise and your knowledge. I also thank Action Canada for all that they do to tend to the significant challenges we deal with here in Canada. Thank you.

Members, before we adjourn, as you are aware, a budget was circulated regarding the briefing on the humanitarian crisis in Turkey and Syria. This was sent to everyone yesterday. Can we unanimously—

[*Translation*]

Mr. Stéphane Bergeron: Are we going to go in camera?

[*English*]

The Chair: No, we're not. The idea was defeated.

Is there unanimous consent for the adoption of the budget for the study on Turkey and Syria?

Some hon. members: Agreed.

The Chair: We have a point of order by Mr. Chong.

Hon. Michael Chong: Yes, it's a brief one.

My colleague MP Philip Lawrence indicated that he was asked to appear today on his private member's bill, Bill C-281, and was disappointed that he couldn't do that today. I wanted to convey that to you, Mr. Chair, and that he would like the committee to review his bill at some point, so it can be reported back to the House earlier, rather than later.

I'm conveying that information to you. Thank you.

The Chair: Absolutely. Thank you for that.

We stand adjourned.