



**CSIH** CANADIAN SOCIETY FOR  
INTERNATIONAL HEALTH  
**SCSI** LA SOCIÉTÉ CANADIENNE  
DE SANTÉ INTERNATIONALE

**Submission by the  
Canadian Society for International Health  
to  
Canada's International Assistance Review**

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## Introduction

The Canadian Society for International Health (CSIH) brings the Canadian global health community together to better achieve a shared goal of improving health worldwide. Founded in 1977, CSIH is governed by a volunteer Board of Directors and relies on the work of dedicated staff and the input of its members to achieve its goals. CSIH accomplishes its mission by providing space for its members and the broader Canadian global health community to share knowledge and build partnerships, by improving health systems through international projects that build local capacity, and by preparing future global health leaders.

This CSIH submission examines the overall positioning of Global Affairs Canada's (GAC) priorities within the current global agenda and assesses Canada's International Assistance Review's (IAR) discussion document, identifying gaps/omissions and noting opportunities where Canada could build on its comparative advantage.

CSIH's submission comes from the perspective of recognizing the role of health as a beneficiary of and contributor to sustainable development in Canada and globally. Health is a critical indicator of the Sustainable Development Goals (SDG) rights-based equity approach; health outcomes are also an end in and of themselves to measure achievements for sustainable development. A healthy society is a productive society able to detect and respond effectively to unforeseen infectious disease outbreaks and demonstrate resiliency in the face of unexpected natural disasters.

Four recommendations for enhancing the Canada's International Assistance policy, together with a rationale for each recommendation, are presented below. These include:

1. Enhance governance, sustainability and resiliency by including health systems strengthening and institutional capacity building (particularly at local/district levels) into International Aid Programming;
2. Advance and support alignment with the global agenda on maternal, newborn, and child health with continued emphasis on equity oriented, evidence-based, health systems strengthening. (Canada's comparative advantage);
3. International Assistance policies and programming must be in line with the principle of "No-one left behind";
4. International assistance programming must recognize the impact of policies and investments in other sectors on population health and well-being; and,

In addition, six recommendations for ways to improve the delivery of Canadian International Assistance are provided at the end of this submission.

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## CSIH assessment of GAC priorities for International Assistance

The 2030 Agenda for Sustainable Development and the SDGs represent the new global framework for global development going forward. The realization of the 2030 Agenda should be the core of Canada's approach.

In the course of the GAC consultations on International Assistance, the role of civil society and women's organizations (local, national, regional) has emerged again as a strong theme, with a focus on building systems and human capacity. Similarly, the following themes have re-emerged: the need for long-term, predictable and flexible support; the need for investments in research, long-term monitoring and evaluation, and learning and knowledge-sharing; public engagement and global citizenship.

In CSIH's opinion, there are three SDGs wherein Canadian international assistance can make a difference. These are SDG 3 (health and well-being), SDG 16 (governance, transparency, and legal identity) and SDG 17 (targeted interventions through revitalized partnerships that are informed by data and indicators for enhanced monitoring and evaluation to ensure a positive impact on health). SDG 3 addresses several issues which could and should inform the GAC IAR approach: maternal, newborn and child health; aboriginal health; human rights; ethics; gender equity; communicable and non-communicable disease burden; and, the impact of climate change on health.

The GAC IAR discussion document addresses many areas where Canada has a comparative advantage and it is evident that Canada intends to build on these strengths, including gender, engagement of civil society, and support for maternal child health. **However, what has been omitted from the discussion paper is recognition of Canada's strength in institutional strengthening and capacity-building through effective technical cooperation.** Therefore, while the approaches identified (gender equity, evidence-based decision-making, leaving no one behind, the data revolution, etc.) are consistent with the SDG agenda, **effective approaches through technical cooperation/assistance are crucial for putting these elements of this SDG agenda into practice. Furthermore, the document does not sufficiently address the interconnectedness of the various priority issues.**

**The importance of health systems strengthening (HSS) is also not reflected within the IAR discussion paper.** It is an issue that most global development organizations have recognized and integrated into their foreign policy/aid strategies; indeed that Canada has recognized, not only in terms of foreign aid but also in terms of its research for development focus. The World Health Organization (WHO) and World Bank have extensively documented the importance of HSS in achieving development results.

Access to high quality and appropriate health services and institutional capacity building are key elements to improve health and ensure a rights-based approach to health and health equity for women and children. Health systems go beyond just health services and programs and incorporate necessary building blocks such as health financing, health human resources, health governance, the social determinants of health, and principles of equity.

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The urban environment, poverty, food security, access to clean water and sanitation are recognized as determinants of health and are integrated into any health systems model. Central to an effective HSS approach is the principle of equity and the notion of leaving no one behind. Strategies and emerging opportunities to promote principles of universality through universal health coverage and universal access to effective interventions to promote health and well being should underpin these discussions.

Canadian international assistance should support working together in order to prevent the balkanization of the sectors, and to maintain the necessary gains we have made in reducing global disease and premature death. The application of a ‘health in all policies and programs’ approach within GAC programming, no matter the focus (e.g., education, agriculture, etc.), will help to ensure that future Canadian technical assistance has no negative impacts on population health and health equity.

Reinforcing principles of equity (universality/no one left behind) and multi-sectorality, will require a seismic shift in the way the development and humanitarian community thinks, acts and is supported by Canada’s international assistance. This will require new dynamic partnerships and networks at the national and international level.

## CSIH Recommendations on Priority Areas

### Recommendation 1:

***Enhance governance, sustainability and resilience by including health systems strengthening and institutional capacity building (particularly at local/district levels) into International Assistance Programming.***

**Rationale:** Universal health (care) coverage and improved population health should be central to the international assistance priorities; the focus should include improved quality services, i.e. effectiveness (which calls for evidence-based care), a fairer distribution of services accessible to all (equity issues), and a response to the social determinants that influence population health.

Universal Health Coverage (UHC) is a mandatory agenda supported by a WHO consensus with Ministers of Health. Canada’s health system is based on this principle of universality and is one where Canada has potential to provide support internationally. The achievement of an equitable health system is the importance of health systems strengthening. What this means in a practical sense is strengthening the capacity of partners/communities/recipient countries to generate, own, and use their own data and information for decision making for resource allocation and planning – including Human Resources for Health. This clearly links to the goals on governance which is a process by which the other SDG goals are met. Improved governance at the local level by empowerment of communities to plan and make their own decisions on health will improve transparency and accountability.

From the governance perspective, Canada can help support the reform and strengthening of country systems, including improving the management of public administration and public funds more broadly. This would include addressing issues of jurisdictional challenges/policy divergence in promoting access

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to universal health care and the necessity for inter-sectoral policy development, and a “social determinants of health” lens. The effective use of data and indicators for enhanced monitoring and evaluation is needed to provide evidence for decision-making. These data will also render the health system more accountable. The application of quality data will provide evidence for decision-making, support best practices and build research capacity to support health policies and programming.

Addressing governance deficits by strengthening the capacity to generate, use and “own” data and information for decision making will improve transparency and accountability for resource allocation and planning – a key element in effectively reducing disease burden and preventable deaths . By improving processes of governance including transparent monitoring of public funds, Canada can help support the reform and strengthening a county’s public administration. Improved governance will also address issues of jurisdictional challenges/policy divergence (power and politics) in promoting a rights-based approach and equity of access to services and programs such as access to universal health care.

## **Recommendation 2:**

***Advance and support alignment with the global agenda on maternal, newborn, and child health, with continued emphasis on equity-oriented, evidence-based, health systems strengthening.***

**Rationale:** Canada’s comparative advantage in terms of being able to support technical assistance and health systems strengthening approaches which reinforce equity of access and rights-based approaches will contribute to addressing more effectively Canada’s international assistance priorities, in particular women’s and children’s health. Indeed the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016 – 2030) references the critical importance of health systems strengthening. Recognizing that the SDGs include more than MNCH as a health priority, there is a critical need to ensure that there is attention paid to and resources allocated to health systems strengthening in every health project. A health systems strengthening approach can support MNCH as well as broader health goals as reflected in SDG 3 (e.g., communicable and non-communicable diseases, mental health SRH, STBBI, etc.). It can also be linked to other non-health goals and goals of inter-sectoral collaboration in future deliberations.

A commitment to a full range of health rights, including sexual and reproductive rights implies ensuring that quality health-oriented services that include prevention and health promotion measures are available to support those rights. This commitment must be to women and girls as well as men and boys within a gender-equity framework.

## **Recommendation 3:**

***International Assistance policies and programming must be in line with the principle of “No-one left behind”***

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**Rationale:** The principal purposes of Canada’s ODA – as defined by the ODA Accountability Act – are to reduce poverty, to promote international human rights and their realization, and to understand and respond to the voices of the poor. The poorest and most vulnerable are those we should be seeking to assist, regardless of where they live.<sup>1</sup> As the global economy improves in general and GDP in many countries improves, there are also growing inequities among and within countries, and often these growing inequities are most glaring in middle-income countries. Canada’s international aid strategy should reflect these growing inequities and the potential for conflict and unrest that such inequities may bring. This means that we must focus our efforts not just on poor people, but on the poorest and most marginalized – women and girls, people with disabilities, Indigenous peoples, the urban and rural poor, and people who are discriminated against because of their caste, religion, sexual orientation, ethnicity or age. While recognizing the focus on “women and girls” and the feminist lens, it is still critical to include the role and importance of working/training/education with boys and men as part of a gender based framework.

There is a significant need for improved information (sex and age-disaggregated data as well as socio-economic gradients) to target the most marginalized and improve accountability. Of note is the significant amount of resources allocated from the World Bank to improve civil registries, recognizing that strengthening civil registration and resulting analysis is an essential foundation for this critical element. Mapping needs of children, girls and women in the areas where programs are operating, and ongoing sex and age disaggregated data collection are crucial to better identify groups that are being excluded.

#### **Recommendation 4:**

***International assistance programming must recognize the impact of other sector policies and investments on health and well being.***

**Rationale:** The World Health Organization (WHO) recognizes the important role of health impact assessment of government policies as a means to monitor their impact on health issues and identify opportunities to improve health and health equity. This approach is well advocated as “Health in all policies.” Effective health system governance allows for monitoring of the positive as well as negative impacts on health resulting from policies in non-health sectors (e.g., environment, transportation, trade, etc.). CSIH’s framework for health systems includes consideration of the impact of policies from another sector on health. For example, transportation policies will determine the road infrastructure which can have significant impact on a woman's ability to access maternal health services, especially in emergencies. Economic and industrial investment policies can have detrimental effects on the environment and access to clean air and water.

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<sup>1</sup> Global Affairs Canada, *The Official Development Assistance Accountability Act*, 2015, <http://www.international.gc.ca/development-developpement/partners-partenaires/bt-oa/odaaa-lrmado.aspx?lang=eng>

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Just as a human rights framework should underpin all of the work that Canada invests in, so too should a health systems framework act as a touchstone for all the investments across the board for the SDG's. For example, policies and investments in the environment, resource development and education sectors should be promoting equal opportunities from the health perspective and not merely reducing health inequities. The impact of private sector partnerships should be measurable in terms of the synergistic effects on health equity and well-being. Tradeoffs should not come at the expense of a nation's health and well-being; adopting a health systems framework that ensures the examination of the impact of other policies and investments on health equity is essential. From the Canadian international development assistance perspective, there is a need for policy coherence across government (i.e., between international assistance, trade, defense, and the broader foreign policy agenda). The ethical engagement of the private sector in equitable public private partnerships of investment should be encouraged with clear, precise and transparent principles and directives which promote human rights and equity of access to government funded services.

## Recommendations for Improved Delivery of Canadian International Assistance

In terms of improved program development and delivery, CSIH wishes to emphasize the importance of the principle of **responsiveness to the population's needs and realities** and that all proposals/funded projects put the **overseas partner 'in the driver's seat'** in terms of proposal development and project management/ governance, with resources being allocated within the project to build local organizational, technical, managerial and monitoring & evaluation capacity for assessing not only population health gains, but also health equity gains. In order to achieve this, there is a **need for a diversity of mechanisms for aid delivery** – not just through multilateral organizations, but with complementary technical assistance delivered by Canadians in collaboration with their national and local partners. A diversified portfolio of tools and approaches will reduce risk and enhance efficiency in our international assistance efforts.

### Recommendations:

- **Include a broad range of development actors.** The 2030 Agenda has emphasized that all development actors have a role to play. Accordingly, Canada should rebalance the recipients of Canadian ODA away from the strong bias towards multilateral institutions of recent years, towards a clearer balance between multilateral, bilateral and civil society, among others. In its 2012 Peer Review, the OECD underscored, for example, the importance of strengthening civil society organizations in Canadian countries of focus.
- As a corollary to the above, **working with a diverse range of actors** in the health and related sectors to develop and implement Canada's international assistance package will help maximize impact by utilizing each partner's unique expertise and capacity. For example, Canada's multilateral contributions may emphasize supporting cohesion and stability at a regional level; its bilateral approach may be more focused and directive; and its work with civil society partners should aim to be as flexible and responsive as possible – in keeping with the government's civil society partnership



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policy. **Reconsider the barriers imposed by cash-contribution requirements** by Canadian executing agencies; this requirement excluded a number of small but effective Canadian partner organizations in past years.

- **Ensure that health and development programming remains diverse** by: i) building the substantive, procedural and technical capacity of our partners to deliver this agenda; and, ii) ensuring steady investment in research for policy development and programming alternatives, mutual learning and knowledge development, and innovation.
- The time frames for programming need to be realistic which will improve effectiveness and sustainability, key elements in Canada's development assistance requirements which are rarely acknowledged. **Longer time frames for programming** will allow for baseline research, programme development based upon the evidence, and to improve programme implementation effectiveness and sustainability.
- **Ensure predictability in Canada's development assistance.** In recent years, frequent shifts in direction of Canadian development assistance, including the lack of clarity about how long a given country will remain a focus, makes it difficult for partner countries to manage and forecast budgets, and fulfil their duties to their citizens. Sustained and long-term investments in partners bring greater predictability, not only in the level of Canadian funding but in the positive impacts it generates.
- Canadians at large must be supportive and engaged. **Investments in public engagement**, and a public engagement strategy for the government, will not only help link the universal SDG agenda for the world with Canadian realities – they will also build the public's understanding of the complexity of international development, and in turn build Canadian support for maintaining and enhancing Canada's contribution to global development – including through citizen- and community-driven change, which includes the voices of Indigenous peoples.

## Conclusion

The Canadian Society for International Health is urging the Canadian government to recognize the role of health as a beneficiary of and contributor to sustainable development. Investment in health and particularly health systems strengthening will contribute to building local capacity for development in every area targeted by the SDGs just as the realization of the SDGs across the board will impact health. It is therefore essential to move health out of its silo and build a health component into all our interventions and at the same time monitor the effect of other programming areas on the health of local populations.

CSIH would like to express its appreciation to this government for launching this consultation and for the opportunity to be involved. We look forward to working together in an evolving, increasingly effective, health-focused approach to achieving the Sustainable Development Goals.





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Canadian Society for International Health  
One Nicholas, Suite 726  
Ottawa, ON K1N 7B7

Tel: 613-241-5785  
E-mail: [csih@csih.org](mailto:csih@csih.org)  
[www.csih.org](http://www.csih.org)

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