



10-YEAR COMMITMENT

TO GLOBAL HEALTH AND RIGHTS

Annual Report
2022-2023

This report reviews the third year of implementation of the Government of Canada's 10-Year Commitment to Global Health and Rights (10YC). It focuses on our spending, policy and programming efforts and results from April 1, 2022, to March 31, 2023.

Cover photo description: Berecingou (Benin), measuring mid-upper arm circumference for acute malnutrition screening.

Credit: © UNICEF - Benin

Cette publication est aussi disponible en français sous le titre : *“L’Engagement de 10 ans du Canada en matière de santé et de droits dans le monde : Rapport annuel 2022-2023”*

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Cat. No. FR2-32E-PDF

TABLE OF CONTENTS

- EXECUTIVE SUMMARY**2
- 1. INTRODUCTION** 3
 - Context3
 - About this report3
 - Understanding this report4
- 2. 2022-2023: 10YC YEAR IN REVIEW**5
 - Reaching the 10YC target5
 - A focus on women and girls6
 - 10YC investments by region6
 - 10YC investments by partner type7
- 3. INVESTMENTS BY FIAP PRIORITY AREA**9
 - Health9
 - Investments9
 - Health: Canadian advocacy and leadership moments in 2022-202312
 - Nutrition14
 - Investments14
 - Nutrition: Canadian advocacy and leadership moments in 2022-202317
 - Comprehensive sexual and reproductive health and rights (SRHR)18
 - Investments19
 - SRHR: Canadian advocacy and leadership moments in 2022-202322
- 4. TRANSPARENCY, ENGAGEMENT & LEARNING**24
 - Publicly available information on Canada’s global health spending24
 - Building internal capacity24
 - Sector learning and stakeholder engagement24
- 5. LOOKING FORWARD**25
- ANNEX I: COVID-19 RESPONSE AND RECOVERY (NON-10YC FUNDING)**26
 - Investments26
 - COVID-19: Canadian advocacy and leadership moments in 2022-202327
- ANNEX II: 2022-2023 PERFORMANCE OF A SUBSET OF 10YC PROJECTS**28
 - Context28
 - Highlights from 10YC project data subset28
- ANNEX III: ADJUSTED 2021-2022 SPENDING TOTALS**31

EXECUTIVE SUMMARY

In June 2019, the Government of Canada launched its 10-Year Commitment to Global Health and Rights (10YC). In line with Canada's Feminist International Assistance Policy (FIAP) and the Sustainable Development Goals (SDGs), the 10YC improves the health and rights of the poorest and most vulnerable globally by supporting programming and advocacy that is:

- › cost-effective
- › strategic
- › country- and community-led

In 2020, Global Affairs Canada developed an **Accountability Framework for Canada's 10-Year Commitment to Global Health and Rights** in collaboration with Canadian partners. The framework states that the department will produce an annual report dedicated to the 10YC and host a workshop with stakeholders to discuss progress and any needed course correction. This report provides a financial summary of the third year of implementation of the 10YC between April 1, 2022, and March 31, 2023, while also highlighting key leadership moments in the areas of:

- › global health
- › gender-sensitive nutrition
- › comprehensive sexual and reproductive health and rights (SRHR)

Through the 10YC, the Government of Canada reinforced advocacy and programming investments in country-led efforts to prevent increases in mortality, morbidity and malnutrition, and to advance and protect women's and adolescent girls' health and rights, particularly SRHR. Key 10YC milestones in 2022-2023 include:

- reaching and surpassing the \$1.4 billion 10YC annual target one year ahead of schedule, representing a 7% increase from 2021-2022 (when spending totalled \$1.32 billion)
- supporting 391 global health initiatives implemented through 355 partners around the world
- maintaining a strong focus on sub-Saharan Africa, with 7 of the top 10 country recipients found in sub-Saharan Africa and 55% of bilateral health development international assistance directed to the region
- playing sustained advocacy and leadership roles in global and multilateral fora to advance health, SRHR and nutrition priorities, including through board membership roles, at the G7/G20 and at the United Nations General Assembly (UNGA)
- investing \$574 million in SRHR programming, including \$236 million (41%) in the 5 neglected areas of SRHR prioritized under the 10YC, representing a 12% increase from 2021-2022

The Government of Canada has increased its global health investments under the 10YC in 2022-2023 and successfully met the overall target of \$1.4 billion in annual spending. This reflects the government's continued dedication to improving health outcomes and advancing rights, especially SRHR, for the poorest and most vulnerable; to implementing lessons learned from the COVID-19 pandemic; and to addressing critical gaps in the global health landscape.

1 INTRODUCTION

Context

In June 2019, Prime Minister Trudeau [announced](#) that Canada would increase its global health funding between 2020 and 2030 to reach an average of \$1.4 billion annually by 2023-2024, including \$700 million per year for comprehensive sexual and reproductive health and rights (SRHR).

[The 10-Year Commitment to Global Health and Rights \(10YC\)](#) provides the funding envelope for the Government of Canada to deliver on the health and nutrition components of the [Feminist International Assistance Policy \(FIAP\)](#). The Government of Canada supports cost-effective strategic programming and advocacy initiatives that are country and community-led to improve the health and rights of the poorest and most vulnerable globally.

The 10YC's significant focus on comprehensive SRHR, as defined in the [2018 Guttmacher-Lancet report](#), also contributes to ensuring that women and girls in all their diversity have the ability to make decisions about their own bodies and access to the quality health services they need, including safe and legal abortion services and post-abortion care.

The FIAP [Human Dignity: Health and Nutrition Action Area](#) outlines 3 paths to action that guide the 10YC:

- Improving the quality and accessibility of health services for the most marginalized
- Increasing access to comprehensive sexual and reproductive health and rights
- Improving gender-sensitive nutrition for the poorest and most marginalized

In 2022-2023, the challenges were many. The COVID-19 pandemic entered its third year, continuing to reveal sharp economic and social inequalities globally and the widening gap facing the most vulnerable, particularly women and girls. Many countries were affected by several additional complex health challenges, including new outbreaks of mpox, cholera and Ebola disease. In addition, political insecurity, conflicts, inflation and extreme weather events related to climate change further exacerbated inequitable access to health services, food insecurity, malnutrition and exposure to disease.

About this report

In 2020, Global Affairs Canada (GAC) developed an Accountability Framework for the 10YC in collaboration with Canadian partners. The framework states that the department will produce an annual report on the 10YC and host a workshop with stakeholders to discuss progress and any needed course correction.

This report provides a financial summary of the third year of implementation of the 10YC between April 1, 2022, and March 31, 2023, while also highlighting key leadership moments in the areas of:

- global health
- gender-sensitive nutrition
- comprehensive SRHR

While COVID-19 continued to have a significant impact on global health activities in 2022-2023, support for the COVID-19 response does not count towards the 10YC. Indeed, a significant part of GAC's COVID-19 international assistance response was delivered through one-time additional funding to the department, as in previous years. For information purposes, a summary of GAC's COVID-19 support is provided in [Annex I](#).

While this year's report does not provide an in-depth update on the results achieved, [Annex II](#) presents a snapshot of the reach of Canada's investments within a subset of 63 10YC projects funded by GAC. More in-depth reporting on results for the 10YC will be included in the 2023-2024 10YC report, and then every second year going forward (in 2025-2026, 2027-2028 and 2029-2030).

As in previous years, GAC will host a 10YC stakeholder engagement workshop after the publication of this report, in early 2025.

Understanding this report

The primary sources of funding for the 10YC are:

- GAC's international development assistance (including contributions to international financial institutions)
- the international assistance portion of Canada's assessed contributions to the World Health Organization (WHO)
- Finance Canada's international assistance support to the World Bank International Development Association (IDA)
- Canada's International Development Research Centre's (IDRC) international assistance expenditures in global health and SRHR

10YC investments are tracked thematically using GAC's 10YC coding methodology, which utilizes [Canada's sector codes](#) for international development projects. These codes are based on the [Organisation for Economic Co-operation and Development \(OECD\) Development Assistance Committee \(DAC\) purpose codes](#), the global standard used by bilateral donors.

The Government of Canada's overall international assistance spending, including sources of spending for health and nutrition beyond what is counted in the 10YC, is published in the [Statistical Report on International Assistance](#), as per the [Official Development Assistance Accountability Act](#). The [2022-2023 Report to Parliament on the Government of Canada's International Assistance](#) showcases results and stories of change achieved in 2022-2023 by partners around the world, including in health and nutrition.

[Annex III](#) presents slightly adjusted spending figures for the 10YC in 2021-2022 consistent with the above coding and sources of funding.



Photo description: Venezuelan health professionals working at the Los Olivos de Pro Rehabilitation Centre, the first facility of its kind in North Lima, thanks to a credential validation and job placement program supported by the Government of Canada.

Credit: © The UN Refugee Agency (UNHCR)

2 2022-2023: 10YC YEAR IN REVIEW

Reaching the 10YC target

In 2022-2023, the Government of Canada spent a total of \$1.42 billion on global health, meeting the \$1.4 billion 10YC target one year early. GAC also contributed \$782 million to the international response to COVID-19. As one-time additional funding to the department, it is separate from 10YC funding. [Annex I](#) provides further details.

Of this total 10YC investment, GAC international assistance spending (including the international assistance portion of the Government of Canada’s assessed contributions to the WHO) amounted to \$1.19 billion (84% of the total).

The Government of Canada programmed the remaining 16% of 10YC spending (\$220.2 million) through Finance Canada’s international assistance support to the World Bank’s International Development Association (IDA) (\$188.3 million) and IDRC’s international assistance expenditures in global health and SRHR (\$32 million). Overall, the Government of Canada invested an additional \$94.2 million in the 10YC in 2022-2023 (7% increase) as compared to 2021-2022.

FIGURE 1: TRENDS IN GLOBAL HEALTH SPENDING, 2020-2021 TO 2022-2023

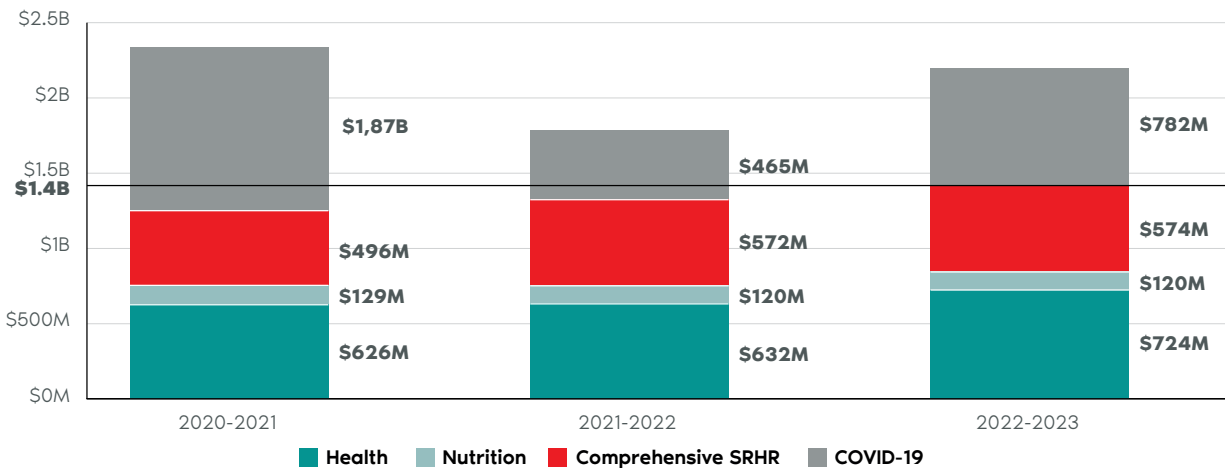
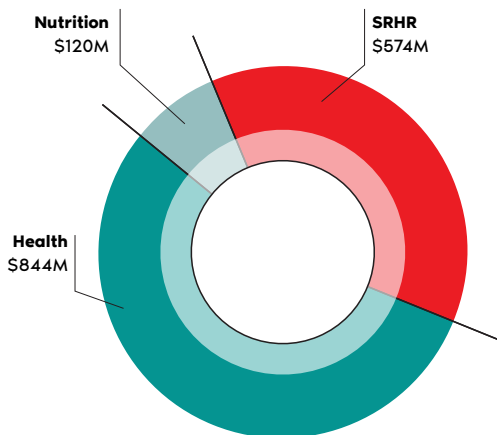


FIGURE 2: SNAPSHOT OF 10YC SPENDING BY FIAP ACTION AREA PRIORITIES, 2022-2023



Of the total \$1.42 billion in 10YC spending in 2022-2023, Canada invested:

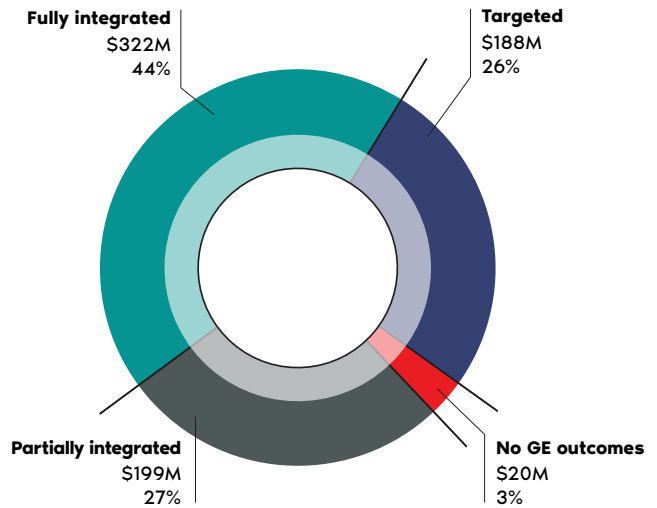
- › \$844 million in global health programming (including \$120 million for nutrition)
- › \$574 million in SRHR programming.

A focus on women and girls

As part of our leadership role in advancing gender equality and women’s empowerment globally, a primary objective of the 10YC is to ensure that women and girls in all their diversity have access to the quality health services they need, all while supporting their right to make decisions about their own bodies. The FIAP commits the department to ensuring that at least 95% of Global Affairs Canada’s bilateral international development assistance initiatives target or integrate gender equality and the empowerment of women and girls.

For 2022-2023, over 97% of GAC’s bilateral development international assistance investments in the context of the 10YC either targeted or integrated gender equality outcomes and the empowerment of women and girls, and close to 26% of projects specifically targeted gender equality outcomes and the empowerment of women and girls. (For details on gender equality coding, see the [Feminist International Assistance Gender Equality Toolkit for Projects](#).)

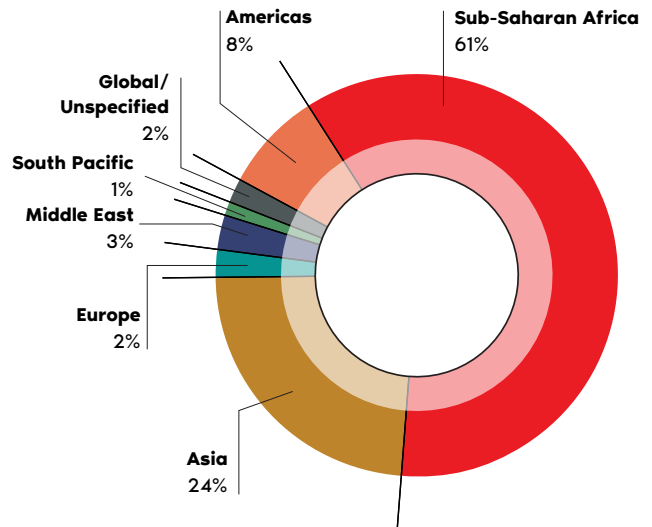
FIGURE 3: 10YC SPENDING BY GAC GENDER EQUALITY CODE (GAC INVESTMENTS ONLY)



10YC investments by region

A regional breakdown for 2022-2023 shows that Sub-Saharan Africa was the recipient of 61% of our total global health investments under the 10YC, including 55% under GAC development bilateral funding to sub-Saharan African countries.

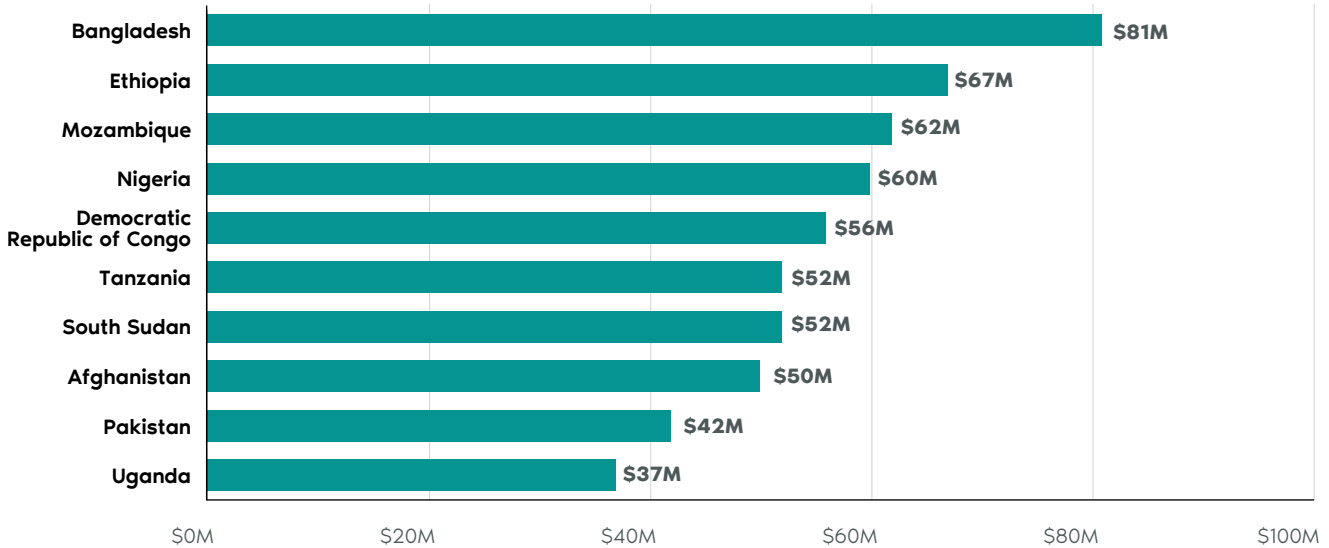
FIGURE 4: 10YC SPENDING BY REGION, 2022-2023



Note: Global/Unspecified refers to costs that are global in nature (regional/multi-country) and cannot be assigned to a specific country or sector.

In 2022-2023, our 10YC programming enabled stronger health and nutrition service provision in over 130 countries. Furthermore, under the 10YC, 7 of the top 10 country recipients of the Government of Canada’s international assistance programming in global health were in sub-Saharan Africa.

FIGURE 5: TOP 10 COUNTRY RECIPIENTS OF 10YC FUNDING, 2022-2023



10YC investments by partner type

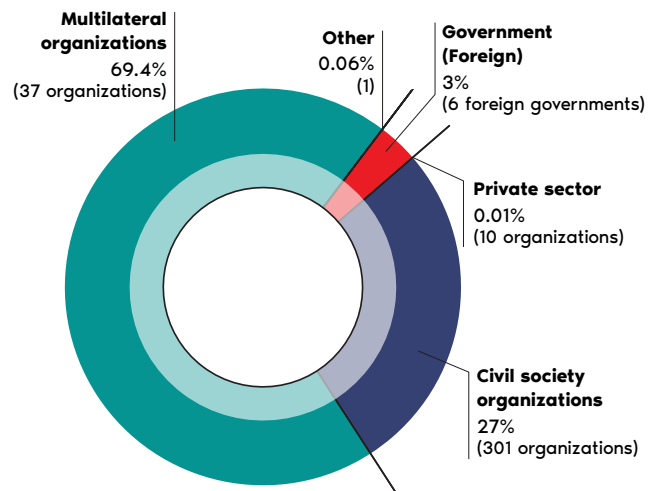
In 2022-2023, the Government of Canada’s health, SRHR and nutrition investments supported 391 projects and initiatives in partnership with 355 different partners. We delivered these projects and initiatives in collaboration with:

- multilateral partners
- global health platforms
- direct partnerships with recipient country governments
- Canadian and international CSOs (including local CSOs)

In 2022-2023, under the 10YC, the Government of Canada implemented:

- 69.4% of the global health investments counted, in close collaboration with 37 multilateral and global health platform organizations
- 27% of 10YC investments in partnership with over 301 Canadian (19%) and international CSOs (7%), including local CSOs

FIGURE 6: 10YC SPENDING BY PARTNER TYPE, 2022-2023



The [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) (Global Fund) received the largest amount of funding under the 10YC. In September 2022, at the Seventh Replenishment pledging conference for the Global Fund, the Government of Canada committed \$1.21 billion for the 2023-2025 period, an increase of 30% as compared to our commitment over the previous replenishment period (2021-2024). Canadian CSOs, including the [Canadian Partnership for Women and Children’s Health](#) (CanWaCH) and [Results Canada](#), advocated for this increased funding to the Global Fund and applauded the Government of Canada’s continued commitment to the organization’s mandate.

Other recipients of 10YC funding from our 10 largest partner contributions included a mix of partners from the multilateral, government and CSO sectors, including:

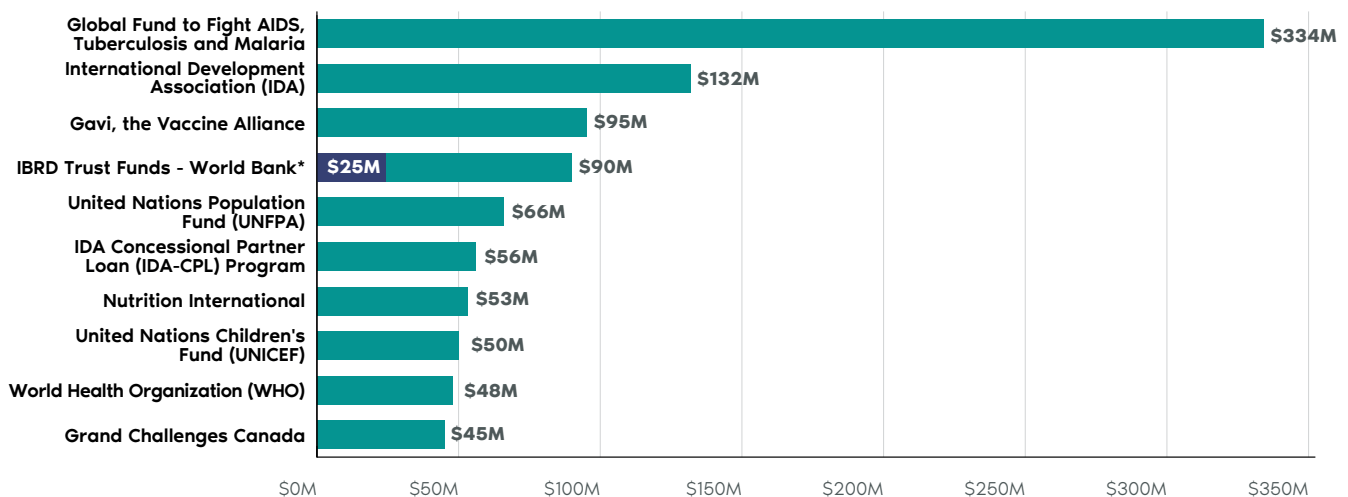
- the World Bank’s International Development Association (IDA) (through Finance Canada) and concessional fund, which provides low-interest loans and grants to the poorest member countries
- the [IDA Concessional Partner Loan \(CPL\) borrowing program](#) (IDA donor loans that provide long-term funding to the IDA at concessional interest rates)
- the World Bank Trust Funds held by the [International Bank for Reconstruction and Development \(IBRD\)](#), which provide basket or pooled funding from multiple donors in support of country government-led initiatives, including in Bangladesh, Mozambique, Afghanistan and Ethiopia

- the [Global Financing Facility \(GFF\)](#) (also under the IBRD), which is one of our key global health partners and the only global health institution with an explicit focus on supporting country-led health strategies to fight poverty and inequity by advancing the health and rights of women, children and adolescents (in 2022-2023, 45% of GFF funding went towards health programming, 15% was invested in nutrition programming and 40% went towards SRHR programming)

In 2022-2023, IDRC disbursed \$32 million in support of 176 research projects addressing global health (\$24.8 million) and sexual and reproductive health and rights (\$7.2 million) around the world. Recipients included 154 institutions in approximately 60 countries in the Global South (Asia, Africa, Latin America and the Caribbean, and the Middle East). Top organizations by level of funding included the following:

- › World Health Organization
- › York University in Canada
- › Uganda National Health Research Organisation
- › American University of Beirut in Lebanon
- › African Population and Health Research Center in Kenya

FIGURE 7: TOP 10 PARTNERS FUNDED UNDER THE 10YC, 2022-2023



* In 2022-2023, GFF represented \$25 million of the \$90-million IBRD 10YC investment.

3 INVESTMENTS BY FIAP PRIORITY AREA

The following section outlines our investments according to the 3 FIAP priority areas for Action Area 2 (Human Dignity: Health and Nutrition). It provides a deeper dive into investments by showing the most supported sectors and key partners, as well as important advocacy and leadership moments for:

- › health
- › gender-sensitive nutrition
- › comprehensive SRHR

HEALTH

Investments

Under the 10YC, the Government of Canada’s investments in global health (excluding COVID-19, nutrition and SRHR investments) increased from \$632 million in 2021-2022 to \$724 million in 2022-2023, reflecting our priorities in the global context through:

- increased investments in health systems strengthening
- engagement in post-COVID pandemic preparedness
- responding to and reclaiming the Agenda 2030 Sustainable Development Goal (SDG) 3 health gains lost during the COVID-19 pandemic

Our significant investments in these areas in 2022-2023 include:

- an [increased commitment to the Global Fund](#) for the

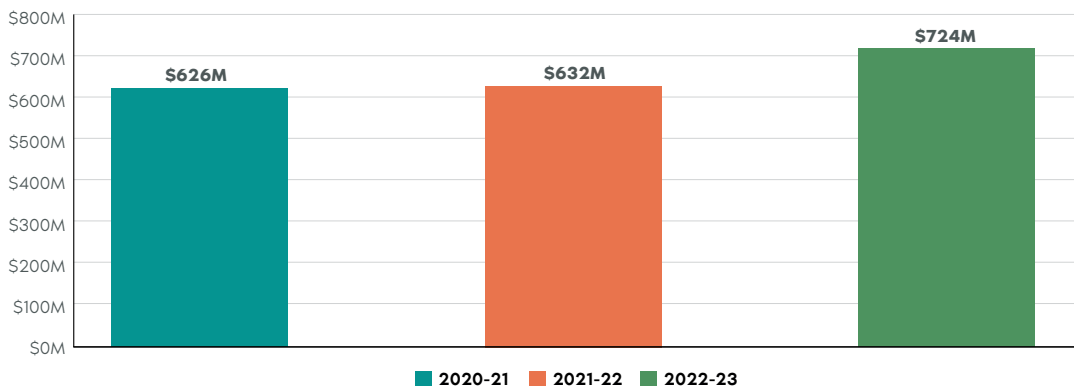
2023-2025 period to defeat HIV, tuberculosis (TB) and malaria, as well as to strengthen health systems (note that the HIV portion of this investment is counted under SRHR)

- a new \$20-million investment in global health security through the [Coalition for Epidemic Preparedness Innovations](#) (CEPI), a unique public-private partnership that is accelerating vaccine research and development to protect against epidemic and pandemic threats and enable equitable vaccine access, particularly for low- and middle-income countries
- increased funding to multilateral health partners such as the World Bank International Development Association (IDA)

Other health investments covered by these figures include:

- Funding for health systems strengthening through the Global Financing Facility (GFF).
- Support for the prevention of and response to infectious disease through immunization efforts with UNICEF and [Gavi, the Vaccine Alliance](#), and continued efforts to eradicate polio through the [Global Polio Eradication Initiative \(GPEI\)](#). Support to Gavi also includes funding for the [International Finance Facility for Immunization \(IFFIm\)](#), an innovative financing mechanism that leverages donor funds to access capital markets to broaden coverage for routine childhood vaccination and emergency response.

FIGURE 8: TRENDS IN 10YC HEALTH SPENDING, 2020-2021 TO 2022-2023 (EXCLUDING NUTRITION, SRHR AND COVID-19)

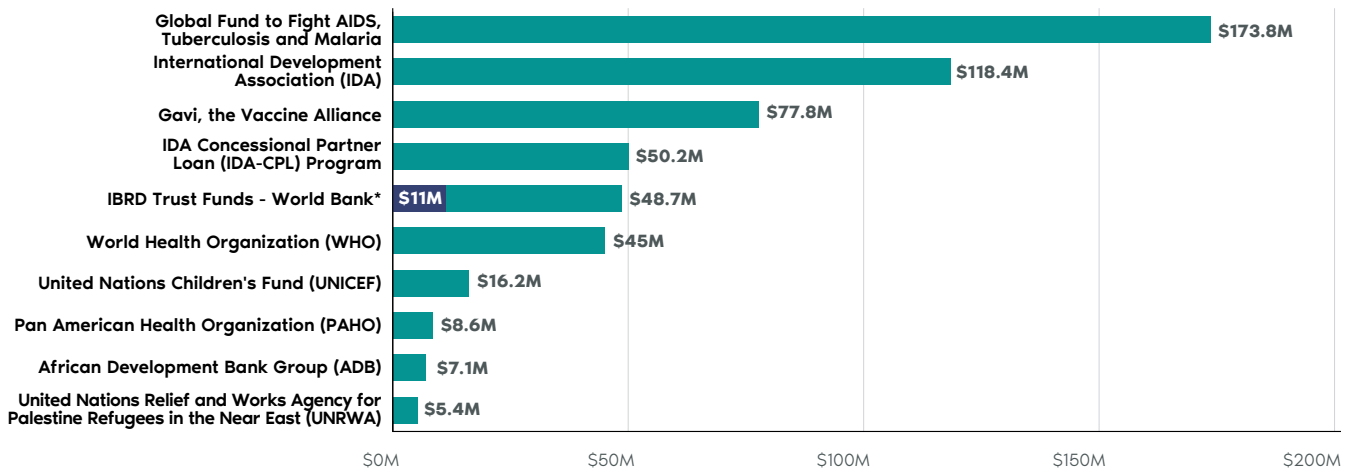


The Government of Canada has implemented:

- 81% of its health programming under the 10YC (excluding nutrition and SRHR) through multilateral and global partners
- 15% in partnership with international and Canadian CSOs
- 4% with other partners

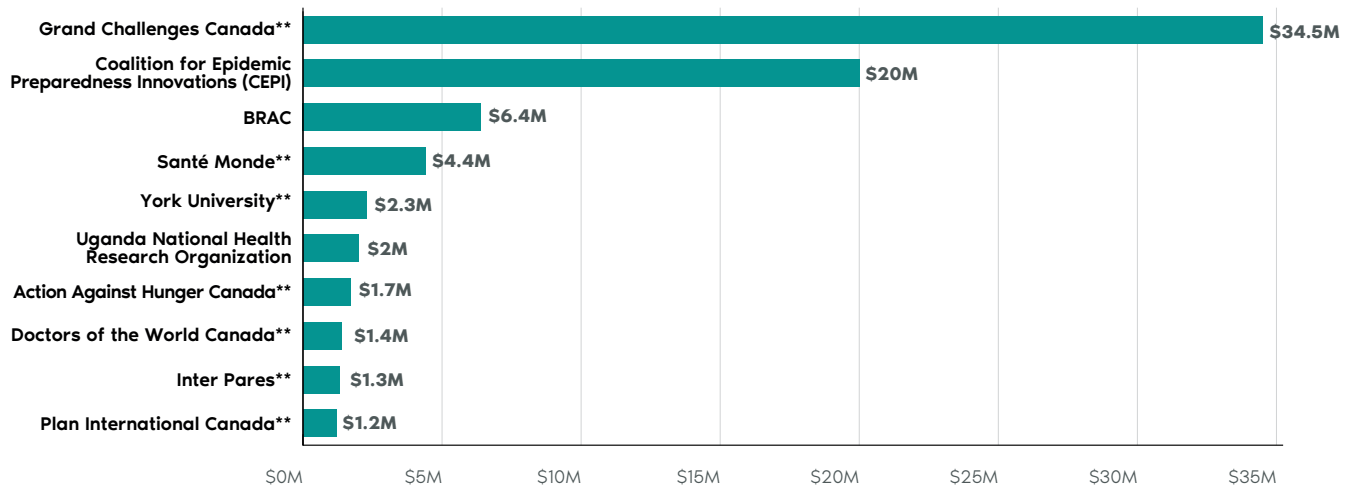
Among the top 10 multilateral and CSO partners in global health (excluding COVID-19, nutrition and SRHR) funded in 2022-2023, all implemented their initiatives in close collaboration with country governments and/or local and international CSOs.

FIGURE 9: TOP 10 MULTILATERAL ORGANIZATION HEALTH PARTNERS FUNDED UNDER THE 10YC, 2022-2023



*In 2022-2023, GFF represented \$11.25 million of the \$49-million IBRD investment in health.

FIGURE 10: TOP 10 CSO HEALTH PARTNERS FUNDED UNDER THE 10YC, 2022-2023 (EXCLUDING NUTRITION)



Note: ** indicates Canadian CSOs.



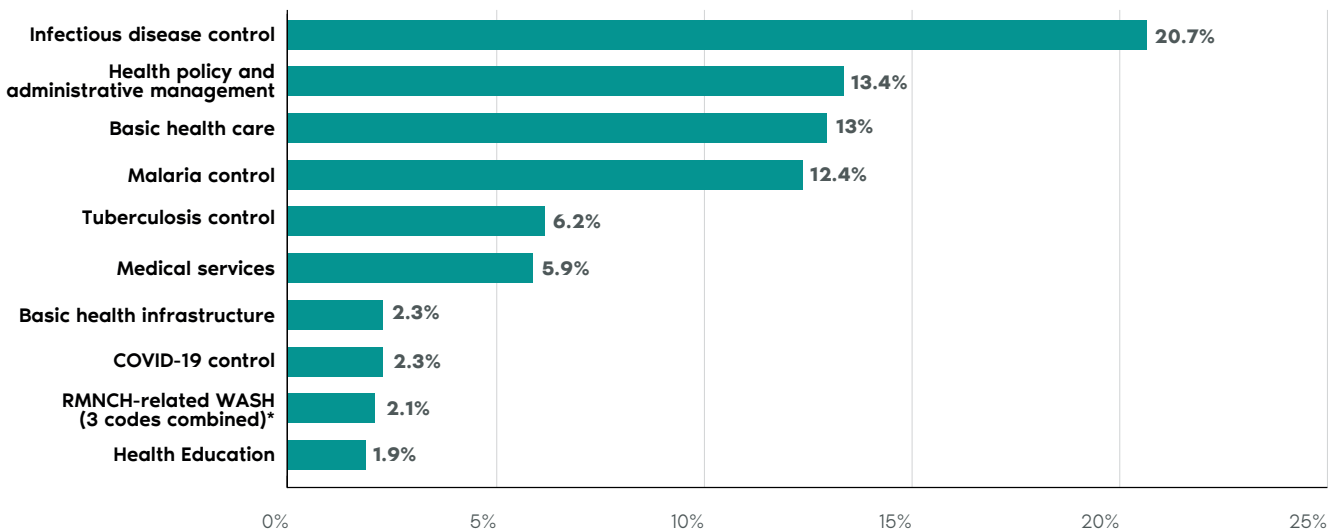
Photo description: Haitian youth volunteers help the Ministry of Public Health and Population carry out a vaccination awareness campaign in Port-au-Prince in 2023. PAHO provided technical support, while the Government of Canada provided financial assistance through its Global Initiative for Vaccine Equity (CanGIVE).

Credit: Pan American Health Organization (PAHO)

Looking at the purpose of Government of Canada investments captured by the [sector codes](#), we see our priorities well reflected. For instance, health systems strengthening is reflected in several sector codes, including:

- infectious disease control
- health policy and administrative management
- basic health care
- basic health infrastructure

FIGURE 11: 10YC HEALTH SPENDING BY SECTOR CODE, 2022-2023



*Note: Reproductive, maternal, newborn and child health (RMNCH)- related water, sanitation and hygiene (WASH) sector codes are: basic drinking water supply; basic sanitation and Education and training in water supply and sanitation

Health: Canadian advocacy and leadership moments in 2022-2023

In 2022-2023, the Government of Canada continued its leadership and advocacy role with respect to quality and accessible health services for all, especially for women and girls. We advanced Canadian policy priorities by deepening our engagement in multilateral fora, including at the World Health Organisation (WHO) and on the boards of global health platforms like the Global Fund, Gavi and the Global Financing Facility (GFF). The focus of these efforts shifted beyond the direct response to COVID-19 to strengthening health systems, preventing future pandemics and ensuring that essential health services are protected.

In 2022, Canada contributed to the early stages of negotiations for a new international agreement to strengthen pandemic prevention, preparedness and response through the WHO Intergovernmental Negotiating Body. The Government of Canada also continued to advocate for strong country leadership, increased and sustainable financial support for health, and renewed support for strengthened health systems, with an emphasis on prioritizing the hardest-to-reach communities. In particular, the Government of Canada became actively involved as a steering group member of the [Future of Global Health Initiatives \(FGHI\)](#). Building on the lessons learned from COVID-19, the FGHI process brought together a group of international and domestic financing partners, civil society representatives, health organizations and academics to reflect on how global health initiatives could best support country-led priorities and plans for universal health coverage.



Photo description: Mokokotamou (Benin), integrated community outreach visit, which includes vitamin A supplementation (VAS), acute malnutrition screening and catch-up vaccination.

Credit: © UNICEF - Benin

Key health leadership and advocacy moments for the Government of Canada in 2022-2023 included the following:

- **April 2022:** As co-chair of the 2021-2022 GFF resource mobilization campaign, the Minister of International Development worked to leverage increased government and World Bank investments in primary health care and co-hosted a milestone event for the campaign at the Canadian embassy in Washington.
- **May 2022:** Within key WHO fora (as WHO Executive Board member, at the World Health Assembly and during Pandemic Agreement negotiations), the Government of Canada advocated for strengthened WHO leadership and governance; for enhanced global pandemics prevention, preparedness and response; and for accelerated progress on health equity, gender equality and the determinants of health.
- **May 2022:** At the 35th Board Meeting of the [Stop TB Partnership](#), the Government of Canada's advocacy helped to leverage other donor investments and scale up TB services globally as part of the Global Plan to End TB, 2023 - 2030.
- **May and November 2022:** During the Executive Board meetings of the Global Fund, the Government of Canada advocated for strong tools and approaches to implement the increased focus on gender equality in the Global Fund's new 2023 - 2028 strategy. Through the advocacy of Canada and other stakeholders and the work of Global Fund specialists, new tools such as gender equality key performance indicators (KPIs) and a gender marker are now included in Global Fund operations.
- **September 2022:** Prime Minister Trudeau [pledged \\$1.2 billion in funding](#) at the Global Fund's Seventh Replenishment Conference during the United Nations General Assembly (UNGA) in New York.
- **November 2022:** At the G20 Leaders' Summit, Prime Minister Trudeau [announced \\$50 million in seed funding](#) for the newly created [Pandemic Fund](#) launched in September 2022, which Canada helped design and operationalize as a founding donor. The Fund was created to help low- and middle-income countries strengthen their capacity to stop outbreaks before they become pandemics. As the 10th largest donor, the Government of Canada sits on the Board of the Pandemic Fund, contributing actively to inclusive governance and a strong focus on health equity, including gender equality and community engagement.
- **December 2022:** At Gavi Board meetings and in line with the FIAP, the Government of Canada advocated for accelerated efforts by Gavi to address equity gaps and gender integration in its programming and for enhanced transparency, oversight and accountability with respect to Gavi's performance tracking, in addition to increased collaboration by Gavi with other stakeholders on core health system strengthening and pandemic prevention, preparedness and response.

NUTRITION

Worldwide malnutrition levels in 2022-2023 remained above pre-pandemic levels. In 2022, the [Joint Child Malnutrition Estimates \(JME\)](#) group estimated that 148 million children under 5 years of age (22.3%) were stunted, 45 million (6.8%) were wasted and 37 million (5.6%) were overweight. The prevalence of stunting and wasting was higher in rural areas, while overweight was slightly more prevalent in urban areas. According to the [WHO](#), about 37% of pregnant women and 30% of women 15 to 49 years of age are affected by anemia. The persisting impact of the pandemic in 2022 on people's disposable income, the rising cost of food and the overall rise in inflation also continued to leave billions without access to an affordable healthy diet.

The Government of Canada's funding for nutrition is a key component of the 10YC and supports Canada's [2021 Nutrition for Growth \(N4G\)](#) financial and policy commitments. The Government of Canada's 2022-2023 international development assistance programming in nutrition focused on improving gender-sensitive nutrition for the poorest and most marginalized by making it easier for women, girls and young children to:

- access nutritious foods and supplements
- treat and prevent malnutrition
- promote and adopt healthy nutritional practices



Photo description: Mokokotamou, administration of vitamin A to a child over 6 months old.

Credit: © UNICEF - Benin

Investments

Overall, the Government of Canada invested \$120 million in nutrition programming in 2022-2023, representing 14% of global health spending in the context of the 10YC. Most of this amount (\$98.61 million, 82% of total) was used to support initiatives aimed

at ensuring basic nutrition, including micronutrient supplementation programs and maternal and child nutrition interventions. The rest of 10YC investments supporting nutrition went to developmental food aid, including cash to access food commodities and food aid projects in support of women's empowerment.



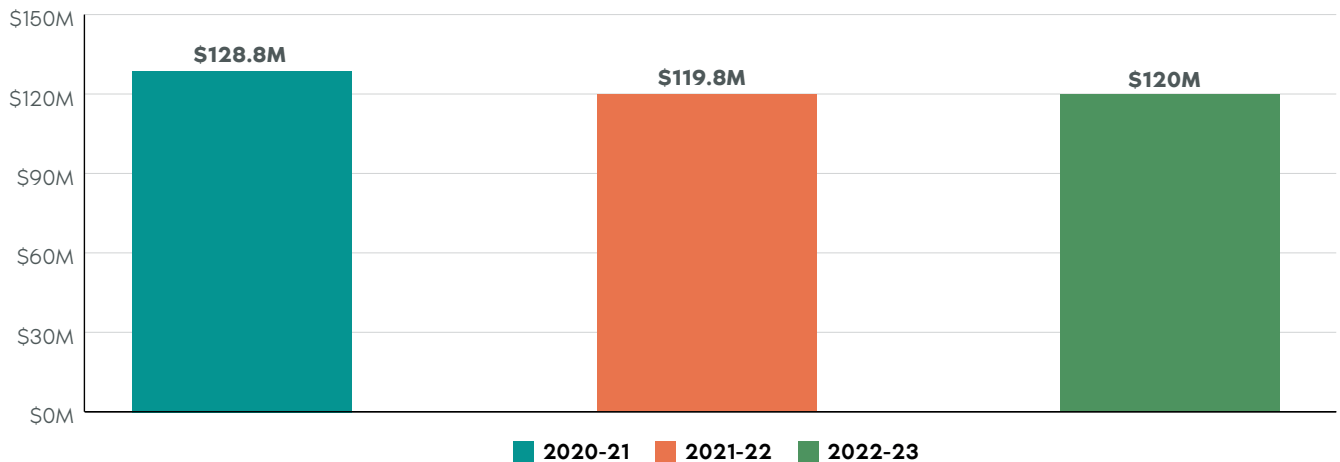
Photo description: Mokokotamou (Benin), measuring mid-upper arm circumference for acute malnutrition screening.

Credit: © UNICEF - Benin

Under the 10YC, the Government of Canada’s investments in nutrition remained steady between 2021-2022 and 2022-2023. The larger total for nutrition spending in 2020-2021 was due to one-time surge investments in basic nutrition and developmental food aid to meet basic needs during the initial year of the COVID-19 pandemic.

In addition to nutrition-specific programming to address the immediate causes of malnutrition (which is counted under the 10YC), the Government of Canada also spends approximately \$1 billion per year on nutrition sensitive (multi-sector) initiatives. The primary objective of nutrition sensitive initiatives is not to improve nutrition, but rather to integrate nutrition into programming with the potential to improve the nutrition and food security of populations. This funding is not counted under the 10YC.

FIGURE 12: TRENDS IN 10YC NUTRITION SPENDING, 2020-2021 TO 2022-2023

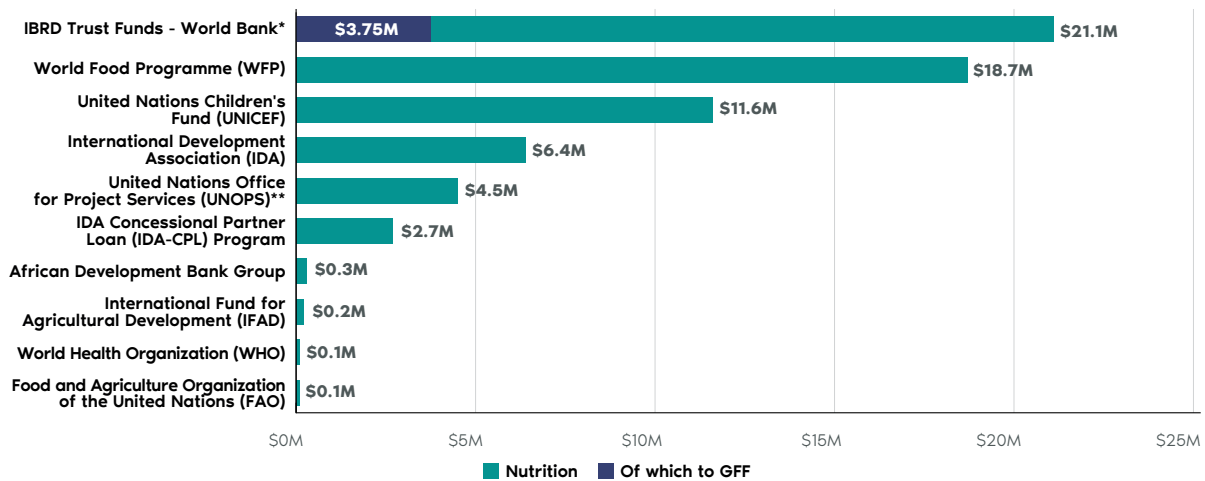


A little more than half of the Government of Canada’s nutrition programming is implemented through multilateral partners (55%), such as the World Bank Trust Funds held with the International Bank for Reconstruction and Development (IBRD). In 2022-2023, this included \$3.75 million in funding to the Global Financing Facility (GFF) for basic nutrition and \$17.4 million through pooled funding managed by IBRD for basic nutrition and developmental food aid. We also provide significant support (44%) to Canadian and international CSO partners (including local CSOs) for nutrition programming, such as Nutrition International (NI), World Vision Canada and Action Against Hunger Canada.

Since its creation in 1999, NI has been a unique and strategic nutrition partner for the Government of Canada. In 2022-2023, the Government of Canada provided \$42 million to NI to continue expanding the reach of its lifesaving nutrition interventions, including vitamin A supplementation and salt fortification, for millions of women and children globally.

In 2022-2023, the Government of Canada also provided \$2 million to the [Scaling Up Nutrition \(SUN\)](#) Secretariat through the United Nations Office for Project Services (UNOPS) to support the coordination of the SUN Movement’s country-driven initiative to end all forms of malnutrition by 2030.

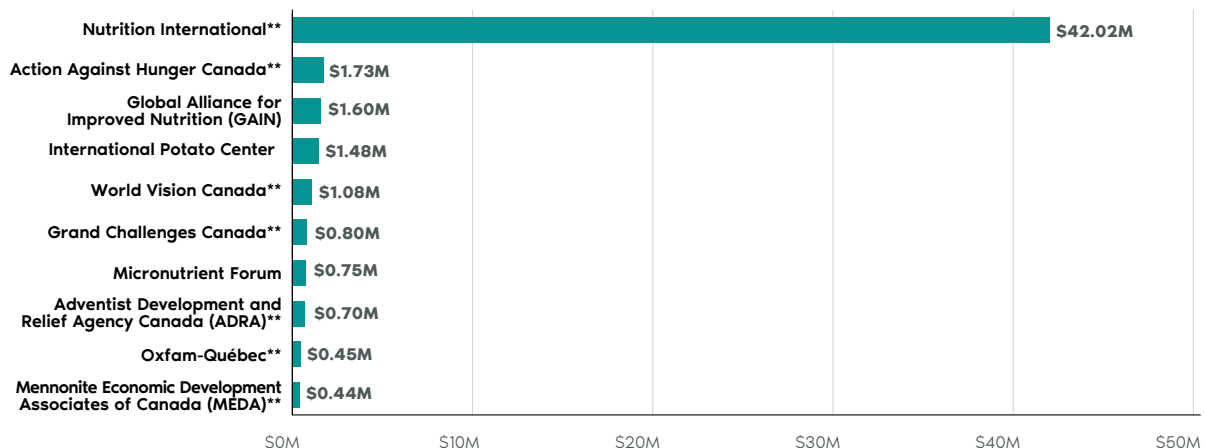
FIGURE 13: TOP 10 MULTILATERAL ORGANIZATION NUTRITION PARTNERS FUNDED UNDER THE 10YC, 2022-2023



*In 2022-2023, GFF represented \$3.75 million of the \$21.1-million IBRD 10YC investment in nutrition.

** Reflects funding to 2 nutrition implementing partners: the Scaling up Nutrition (SUN) Secretariat (\$2 million) and the Livelihoods and Food Security Fund (LIFT) in Myanmar (\$2.5 million), whose funding is directed through UNOPS.

FIGURE 14: TOP 10 CSO NUTRITION PARTNERS FUNDED UNDER THE 10YC, 2022-2023



Note: ** indicates Canadian CSOs.



Photo description: Afagnan, Togo. When an area is selected to be part of an ATBEF project, the community chooses who will be trained to provide the new service. This woman (second from left) was chosen for her friendliness and availability. Togo was one of the first countries to train community health workers on long-term injectable contraceptives.

Credit: Association Togolaise pour le Bien-Être Familial [Togolese Association for Family Welfare] (ATBEF)

Nutrition: Canadian advocacy and leadership moments in 2022-2023

Key nutrition leadership moments for the Government of Canada in 2022-2023 included the following:

- **September 2022:** The Minister of International Development participated in the [SUN Lead Group](#) meeting on the margins of the UN General Assembly (UNGA) and advocated for integrating nutrition across health, education and agriculture programs, with a cross-cutting focus on gender equality.
- **September 2022:** In response to USAID's Call to Action for Acute Malnutrition, the Minister of International Development [announced \\$75 million in humanitarian assistance](#) (not counted under the 10YC), which went towards UNICEF's work treating severe acute malnutrition and NGOs providing humanitarian programming focused on nutrition.
- **October 2022:** Canada's Deputy Minister of International Development joined Nutrition International in celebrating their [30th Anniversary](#) and highlighted the Government of Canada's steadfast commitment to micronutrient supplementation as a life-saving intervention for children, adolescents and women.
- **November 2022:** At the 27th United Nations Climate Change Conference ([COP27](#)) in Egypt, the Government of Canada's Ambassador for Climate participated in a special session on climate action and nutrition. The Ambassador endorsed the Initiative on Climate and Nutrition (I-CAN) put forward by the government of Egypt, the Global Alliance for Improved Nutrition (GAIN) and the World Health Organization.
- **March 2023:** The Minister of International Development announced the Government of Canada's decision to join the School Meals Coalition, which supports the 2030 goal of giving every child the opportunity "to receive a healthy, nutritious daily meal in school."

COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Under the FIAP, the Government of Canada has focused its health investments on improving the health, rights and well-being of women, adolescents and children. SRHR is at the centre of this approach, applying a comprehensive definition of sexual and reproductive health and rights as outlined by the 2018 [Guttmacher-Lancet Commission report](#). The Government of Canada's investments in SRHR support the right of all individuals to make informed decisions about their own body and to access a full range of information, resources and health services needed to achieve their rights.

Under the 10YC, the following neglected areas of SRHR have been prioritized for funding:

- Family planning and contraception
- Safe abortion and post-abortion care
- Advancing SRHR for adolescents, including comprehensive sexuality education (CSE)
- SRHR advocacy and reform
- Prevention of and response to sexual and gender-based violence (including child, early and forced marriage and female genital mutilation and cutting)

The Government of Canada's comprehensive approach to SRHR also includes interventions beyond health services that address the gendered inequalities, discriminatory social norms and institutional structures that limit the attainment of SRHR.

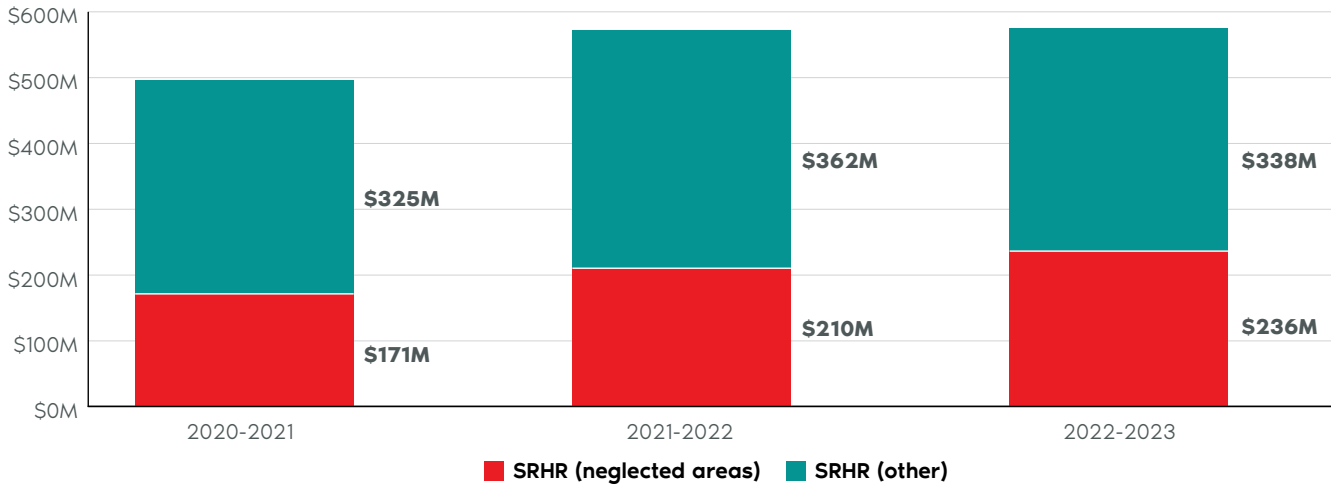
Some important gains were made in 2022-2023 to improve the SRHR and bodily autonomy of women and girls globally. This included the decriminalization of abortion in Colombia and measures taken to improve access to contraception across several countries in Africa. However, 2022-2023 also saw several significant SRHR setbacks around the world. Health care providers and activists continued to be threatened or attacked for delivering or advocating for sexual and reproductive health services and rights. Other challenges included a rise in anti-rights movements in several countries, most notably the backsliding of women's rights in Afghanistan and the introduction of anti-LGBTQ2I+ legislation in Uganda. Rates of sexual and gender-based violence, including the use of sexual violence as a weapon of war and early and forced child marriage, also remained elevated. Additionally, a rise in unwanted pregnancies (including among adolescents) emerged post-pandemic in several countries due to girls being out of school, difficulties accessing services and supply chain issues.

In light of these setbacks, SRHR advocacy and programming continued to be a top priority for the Government of Canada in 2022-2023, especially to support the above-mentioned neglected areas of SRHR prioritized under the 10YC.

Investments

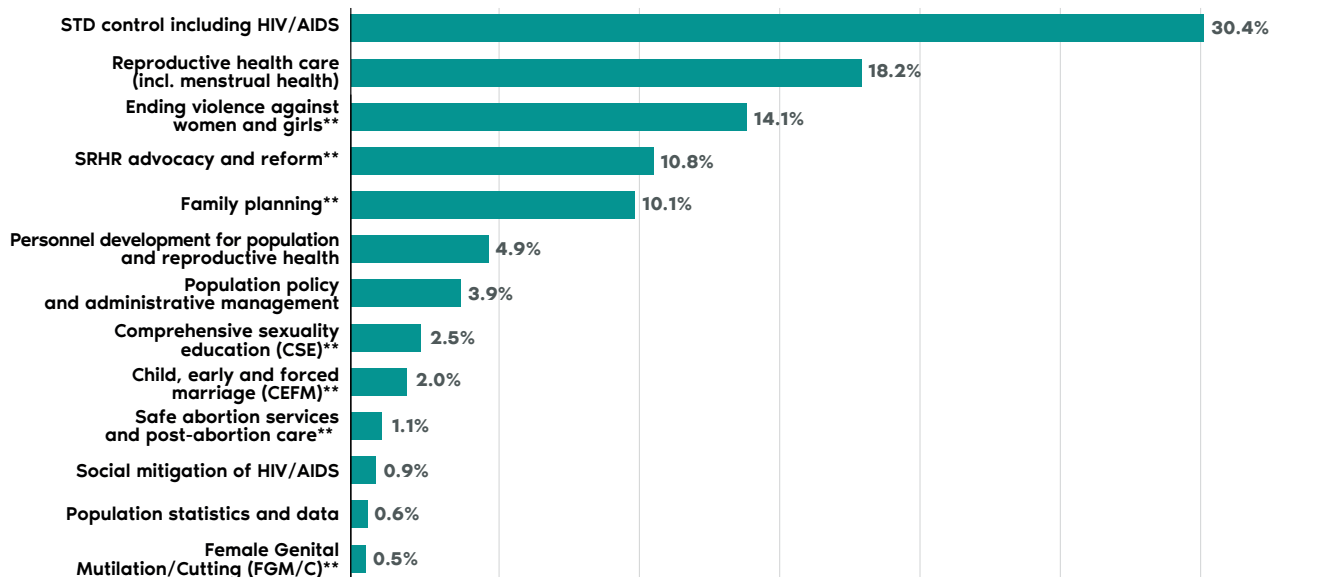
In 2022-2023, the Government of Canada spent \$574 million on comprehensive SRHR programming under the 10YC. This amount marked only a slight increase (0.32%) from SRHR spending in 2021-2022 (\$572 million) but represents an overall increase of \$78 million (15.7%) when compared with the 10YC baseline expenditure of \$496 million in 2020-2021.

FIGURE 15: TRENDS IN 10YC SRHR SPENDING, 2020-2021 TO 2022-2023



As shown by the sector code breakdown of SRHR investment, the spending under the “STD control including HIV/AIDS” purpose code continued to be a significant portion (30%) of SRHR investment because of our commitment to the Global Fund. The sector code breakdown also demonstrates our prioritization of the SRHR neglected areas.

FIGURE 16: 10YC SRHR SPENDING BY SECTOR CODES, 2022-2023



Note: ** indicates neglected areas of SRHR



Photo description: Community health workers in Peru and other participating project countries have been trained to recognize signs of risk in pregnant women, especially in remote areas. They are also equipped to refer women to health centres when necessary, ensuring they receive timely and appropriate care.

Credit: Pan American Health Organization (PAHO)

Spending in the 5 neglected areas of SRHR prioritized under the 10YC continued to increase in 2022-2023 as compared to 2021-2022. In fact, 41% of our SRHR investments were directed towards these 5 areas in 2022-2023. The Government of Canada invested a total of \$236 million in SRHR neglected areas, representing a 38% increase since 2020-2021, when the 10YC was launched. Investment was enhanced in all 5 areas, with the greatest increases in comprehensive sexuality education (CSE) and safe abortion services and post-abortion care, which rose by 42% (from \$9.9 million to \$14.1 million) and 51% (from \$4.1 million to \$6.2 million) respectively. In 2022-2023, the department also continued to improve its internal capacity to more accurately capture recent SRHR neglected area spending.

FIGURE 17: SNAPSHOT OF SPENDING FOR THE NEGLECTED AREAS OF SRHR, 2022-2023

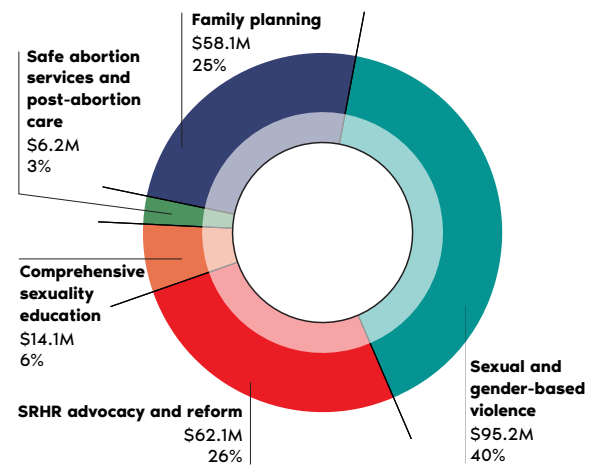
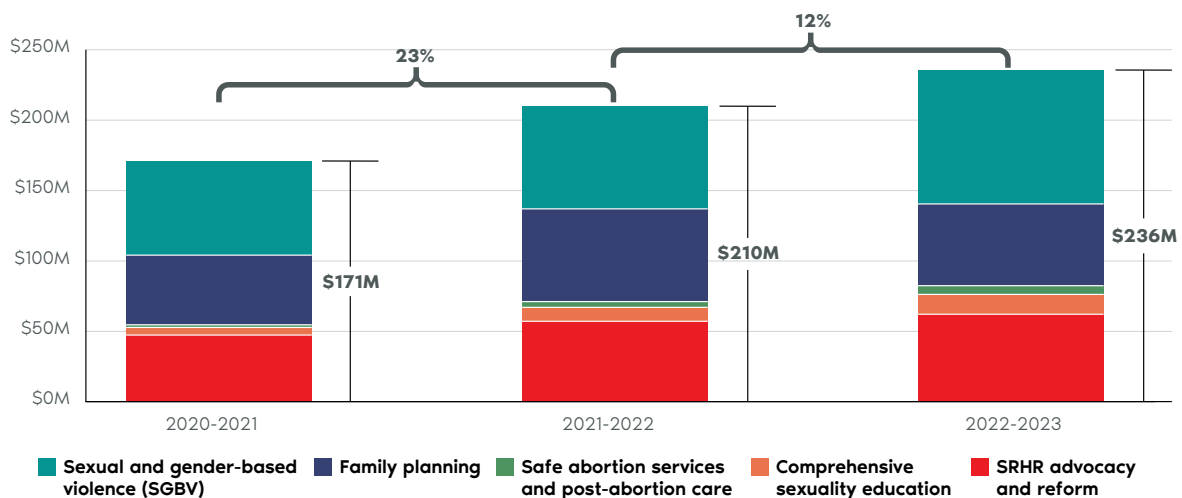


FIGURE 18: TRENDS IN SRHR NEGLECTED AREA SPENDING, 2020-2021 TO 2022-2023



Under the 10YC, multilateral and global partners implemented 58% of our SRHR programming, international and Canadian CSOs delivered 39% and other types of partners contributed the remaining 3%.

Among multilateral partners, the top partners who received SRHR funding included the following:

- The Global Fund to fight AIDS, Tuberculosis and Malaria: 40% of its funding from the Government of Canada went towards SRHR.
- UNFPA: In 2023, the Government of Canada was ranked as the [eighth-largest donor](#) to UNFPA. The \$65 million in 10YC funding to UNFPA in 2022-2023 has been crucial for several areas of SRHR, especially in the context of decreased availability and affordability of contraceptives and countries' heavy reliance on UNFPA to ensure the availability of modern contraceptives.
- UNICEF
- The Global Financing Facility (GFF): 40% of the Government of Canada's \$25 million in funding to the GFF also went towards SRHR and is captured under the World Bank Trust Funds held by the International Bank for Reconstruction and Development (IBRD).

- Gavi, the Vaccine Alliance: the Government of Canada provided \$17.3 million to Gavi in 2022-2023 for scaling up the roll out of the human papillomavirus (HPV) vaccine program globally. This funding will continue through 2024-2025 and is a response to the rising rates of cervical cancer and cancer deaths linked to HPV infections worldwide, with the highest prevalence of cervical HPV among women in sub-Saharan Africa.

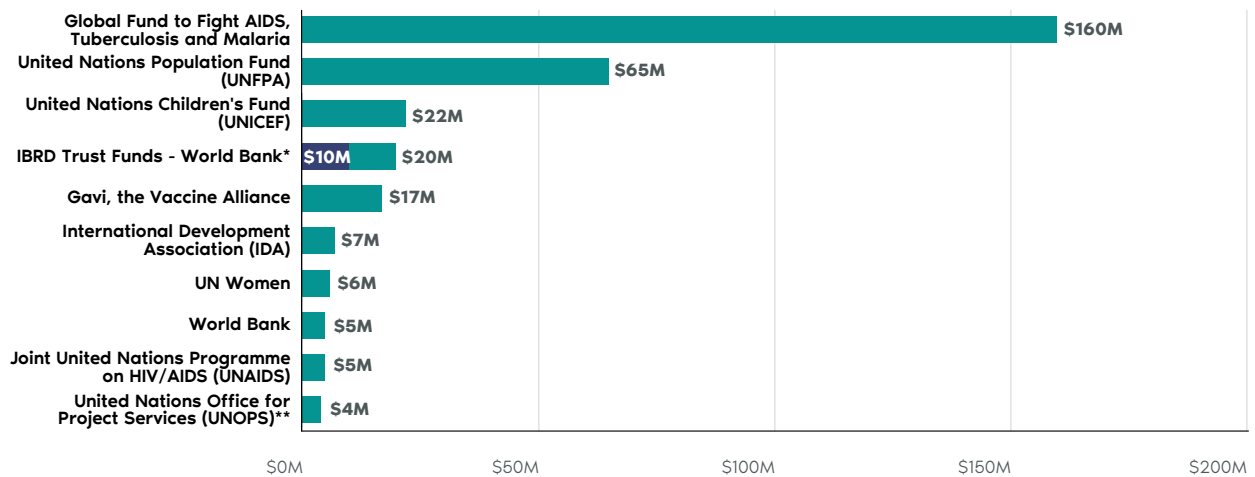
In 2022-2023, 80% of the top 10 CSO partners funded by 10YC SRHR investments were Canadian CSOs, including:

- › Plan International Canada
- › Nutrition International
- › Oxfam Canada
- › Grand Challenges Canada
- › Right to Play International
- › Oxfam-Quebec
- › Save the Children Canada
- › CARE Canada

MSI Reproductive Choices was among other top international CSO partners.

SRHR: Canadian advocacy and leadership moments in 2022-2023

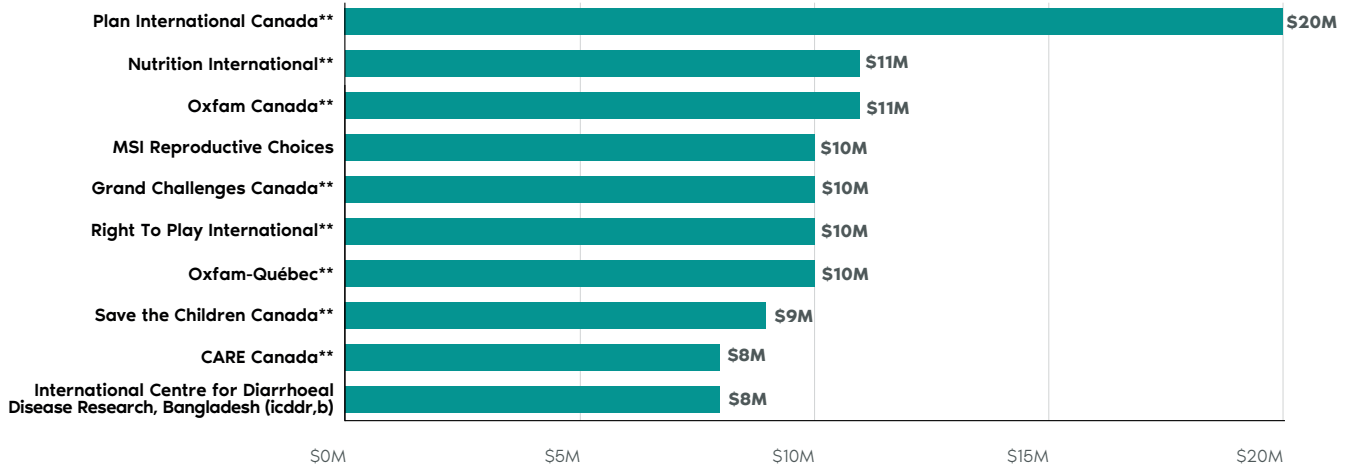
FIGURE 19: TOP 10 MULTILATERAL ORGANIZATION SRHR PARTNERS FUNDED UNDER THE 10YC, 2022-2023



*In 2022-2023, GFF represented \$10 million of the \$20-million IBRD investment in SRHR.

**Reflects funding to the Access to Health Fund (A2H) in Myanmar, which is directed through UNOPS.

FIGURE 20: TOP 10 CSO SRHR PARTNERS FUNDED UNDER THE 10YC, 2022-2023



Note: ** indicates Canadian CSOs.

SRHR: Canadian advocacy and leadership moments in 2022-2023

Key SRHR leadership moments for the Government of Canada in 2022-2023 included the following:

- **2022-2023:** As co-chair of the GFF Investors Group, the Government of Canada advocated for the inclusion of comprehensive SRHR as an essential part of the GFF’s global funding for achieving universal health coverage and access to primary health care.
- **May 2022:** The Government of Canada served as donor co-representative (alongside USAID) on the first Ouagadougou Partnership Advisory Board.
- **June 2022:** The Minister of International Development announced his role as a new [She Decides Champion](#).
- **July 2022:** The Government of Canada hosted the [24th international AIDS conference](#) in Montreal, involving over 9,000 Canadian and international researchers, policymakers and advocates to discuss advances and next steps in research, policy and programming related to HIV/AIDS and other sexually transmitted and blood-borne infections. On the opening day of the event, Canada’s Minister of International Development announced the [renewal of support](#) to the Joint United Nations Programme on HIV and AIDS (UNAIDS).



Photo description: Lomé, Togo. The tent, table and chairs in this photo are associated with a truck that brings community health workers to strategic locations to prescribe family planning methods, provide advice and carry out HIV tests. This truck spends 2 days a week at the University of Lomé and the rest of the time in other high-impact locations.

Credit: Association Togolaise pour le Bien-Être Familial [Togolese Association for Family Welfare] (ATBEF)



Photo description: Afagnan, Togo

Credit: Association Togolaise pour le Bien-Être Familial [Togolese Association for Family Welfare] (ATBEF)

- **July 2022:** The Minister of International Development [announced funding](#) for 3 projects to support anti-LGBTQ2+ health and rights.
- **September 2022:** At the Transforming Education Summit on the margins of the UN General Assembly (UNGA), the Minister of International Development opened the session on “Enabling Inclusive, Equitable, Safe and Healthy Schools through Comprehensive Sexuality Education.”
- **September 28, 2022:** On International Safe Abortion Day, Prime Minister Trudeau released a [statement reiterating the Government of Canada’s commitment](#) to upholding a woman’s fundamental right to choose.
- **November 2022:** The Governments of Canada and Zambia [co-led a UN resolution](#) at the United Nations General Assembly (UNGA) to end child, early and forced marriage.
- **November 2022:** The Minister of International Development gave a virtual speech at the opening of the International Conference on Family Planning (ICFP) in Thailand. All in attendance welcomed his supportive remarks, which were seen as bold and direct. His comments filled a gap in the family planning/SRHR conversation and demonstrated the Government of Canada’s leadership and championing of women’s rights and bodily autonomy on a global stage, in particular a woman’s right to a safe abortion.
- **December 2022:** At the [Gavi Board Meeting](#), the Government of Canada supported the strategic relaunch of the human papillomavirus (HPV) vaccine program, which will protect 86 million girls from HPV, the main cause of cervical cancer.
- **December 7, 2022:** The Minister of Foreign Affairs and the Minister of International Development [announced new support](#) for projects working to end gender-based violence around the world.
- **March 2023:** At the 67th session of the Commission on the Status of Women (CSW 67), the Government of Canada advocated for protecting gains in SRHR (including in the context of climate crises) at the High-Level Political Forum.
- **April 2023:** As a member of the [Ouagadougou Partnership](#) (since 2017), the Government of Canada’s Head of Cooperation in Benin participated in the Donors’ Caravan in Benin. She emphasized the importance of effective donor coordination and investments in health care personnel training and infrastructure to improve data collection and utilization for family planning.

4 TRANSPARENCY, ENGAGEMENT & LEARNING

As part of the Accountability Framework for the 10YC, the Canadian government has committed to unprecedented transparency and accountability to its Canadian and global stakeholders.

Publicly available information on Canada's global health spending

- The Government of Canada's [Statistical Report on International Assistance](#) is a mandated annual report to Parliament under the [Official Development Assistance Accountability Act](#). This report provides a single source for international assistance expenditure statistics for Canada as a whole, including official development assistance (ODA) and other official assistance.
- The [OpenGAC](#) website provides access to Global Affairs Canada (GAC) data and information, including on international assistance.
- The GAC [Project Browser](#) is an interactive tool for searching GAC's international projects and downloading information as open data files.
- The Government of Canada's [10YC web page](#) is updated with new and developing information to encourage transparency and accountability on the 10YC with the public.

Building internal capacity

In 2022-2023, GAC continued to build its internal capacity and reporting systems for the 10YC. This included holding regular learning sessions for staff on project coding, results reporting (including the use of key performance indicators), and SRHR and nutrition policy, advocacy and programming priorities. Additionally, in spring 2022, GAC developed an internal guidance document on gender-transformative programming in sexual and reproductive health and rights that outlines lessons learned from GAC SRHR programming. In January 2023, GAC also released an internal SRHR toolkit for program officers to support the development of new SRHR programming focused on the neglected areas of SRHR.

Sector learning and stakeholder engagement

In 2022-2023, the Minister of International Development hosted several virtual and in-person roundtables on global health with leaders of Canadian organizations. The roundtables provided an opportunity to discuss mutual priorities for advancing global health, nutrition and SRHR, including in the lead-up to the Women Deliver Conference, which took place in Rwanda in July 2023.

In February 2023, during International Development Week, GAC hosted a bilingual in-person Health Partners Forum. This event brought together 80 participants from Canadian CSOs and government to share SRHR programming successes and challenges, and to reflect on the implications of the changing global health context post COVID-19. The event coincided with the stakeholder engagement workshop for the launch of the inaugural [annual report](#) for the 10-year Commitment to Global Health and Rights.



Photo description: Entrance of the Natitingou Community Health Centre (Atacora Department - Northern Benin)

Credit: © UNICEF - Benin

5 LOOKING FORWARD

As the experience of COVID-19 has shown, all countries need to take transformative action to build stronger, more resilient health systems. This will require the Government of Canada to work even more closely with governments to improve health sector governance and establish cross-sectoral partnerships based on a One Health approach that prioritizes primary health service delivery and pandemic prevention, preparedness and response. Indeed, in the shadow of the COVID-19 pandemic, resilient health systems will need to have the following characteristics:

- integrated to adapt to threats and risks
- agile to respond to evolving needs
- adaptive to minimize disruptions
- more sustainably funded from domestic resources
- able to leverage lessons learned to transform

These systems will also need to integrate essential public health functions to help prevent, manage and mitigate impacts of other challenges, such as climate change, fragility and conflict. Among other efforts, the Government of Canada will support this by continuing its active participation and leadership in the [Future of Global Health Initiatives](#) process through the implementation of the [Lusaka Agenda](#) launched in December 2023. As a founding financial contributor to the World Bank-hosted [Pandemic Fund](#) (Canada invested \$50 million as part of the response to COVID-19) to help low- and middle-income countries contain outbreaks before they become pandemics, the Government of Canada will continue to play an active role in the Fund's design and operationalization in the context of its global health commitment.

As a complement to the Government of Canada's work to strengthen health systems in the post-pandemic context, the Government of Canada's continued leadership and advocacy at all levels and across different multilateral and country-level fora to advance gender equality and the SRHR of women and girls will remain important and a core priority, particularly with respect to scaling up programming in the neglected SRHR areas.



Photo description: Nurse and Pathfinder staff member in an adolescent and family sexual and reproductive health clinic in Mozambique.

Credit: Marnie Davidson

Canada will also continue to support the important work of Canadian CSOs, researchers and health practitioners that have considerable expertise and experience in the global health sector, including with respect to comprehensive SRHR and health systems strengthening. The Government of Canada also remains committed to addressing new and emerging global health challenges that arise, while staying the course on our core commitments to women's, adolescent and children's health and rights.

The next 10YC report for 2023-2024 will mark a critical year for the Government of Canada to document how we hit the \$1.4 billion target for global health (including \$700 million for SRHR) that was set by Prime Minister Trudeau in 2019. The next report will also provide additional information on progress made through the first 4 years of the 10YC implementation.

ANNEX I: COVID-19 RESPONSE AND RECOVERY (NON-10YC FUNDING)

In 2022-2023, the Global Affairs Canada (GAC) COVID-19 international assistance response remained a significant part of the Government of Canada’s overall global health investment portfolio. However, because it resulted from one-time additional funding to the department for COVID-19 programming, it does not count towards the 10YC. This Annex provides a brief overview of GAC’s COVID-19 spending in 2022-2023.

In 2022-2023, the COVID-19 pandemic entered its third year, continuing to expose sharp economic and social inequalities globally and a widening gap for the most vulnerable, particularly women and girls. Several additional ongoing complex health challenges, including new outbreaks of mpox, cholera and Ebola disease affected many countries. In addition, political insecurity, conflicts, inflation and climate change-related extreme weather events further exacerbated inequitable access to health services, food insecurity, malnutrition and exposure to disease.

The GAC response to the COVID-19 pandemic remained steady in 2022-2023, ensuring access to life-saving vaccines, therapeutics and diagnostics, as well as related health systems support. At the policy and advocacy level, the Government of Canada continued to play a leadership role in global and multilateral fora to ensure that lessons learned from the COVID-19 pandemic were acted upon, including through commitments to strengthen health systems and the global architecture for pandemic prevention, preparedness and response.

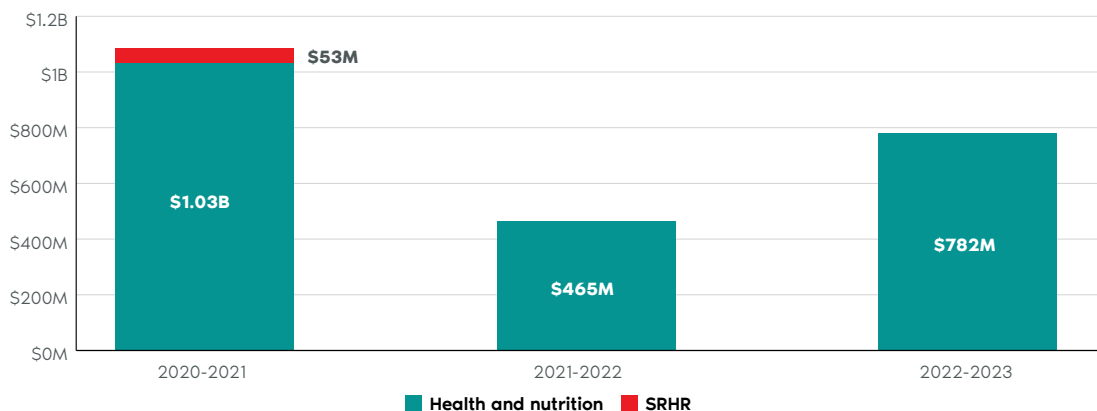
Investments

In 2022-2023, GAC contributed an additional one-time funding of \$782 million to the COVID-19 response. This funding was separate from the 10YC funding and included:

- a \$732 million commitment to the Access to COVID-19 Tools (ACT) Accelerator announced in Budget 2022, including additional contributions to COVAX
- funding for the launch of Canada’s Global Initiative for Vaccine Equity (CanGIVE)
- a one-time \$40-million contribution to the Global Financing Facility
- a new investment of \$50 million to the World Bank-hosted [Pandemic Fund](#) to help low- and middle-income countries contain outbreaks before they become pandemics

In addition, the Government of Canada surpassed its vaccine dose donation commitment in 2022, donating the equivalent of over 201 million doses, a significant contribution to help meet country demand for vaccines.

FIGURE 21: TRENDS IN CANADA’S COVID-19 SPENDING (NON 10YC), 2020-2021 TO 2022-2023



COVID-19: Canadian advocacy and leadership moments in 2022-2023

Over 2022-2023, the COVID-19 response moved into the recovery phase as global cooperation resulted in more readily available COVID-19 vaccines, tests and therapeutics, and governments loosened or removed restriction measures. Following a period characterized by the exacerbation of inequalities and the fragility of health systems, the removal of restrictions allowed for a gradual return to pre-pandemic ways of working. The Government of Canada maintained a leading role in global pandemic response and recovery through its engagement and contributions to the Access to COVID-19 Tools (ACT)-Accelerator.

The Government of Canada also played an important global leadership role to address vaccine misinformation and disinformation throughout the 2022-2023 period as part of the [COVID-19 Global Action Plan Foreign Ministerial Series](#).

Other key leadership moments included the following:

- **April 2022:** The Minister of International Development [announced \\$40 million in additional funding](#) for the Global Financing Facility's [Reclaim the Gains](#) resource mobilization campaign. These funds were from Budget 2021 and 2022 commitments to the COVID-19 global response in the context of the ACT-Accelerator Health Systems and Response Connector. They supported the GFF's [Essential Health Services grants](#) to countries during COVID-19.
- **April 2022:** At the 2022 Gavi COVAX AMC Summit, the Government of Canada [announced \\$220 million in additional funding](#) to support COVAX efforts to meet COVID-19 vaccination needs in lower-income countries
- **May 12, 2022:** The Prime Minister [announced a \\$732 million commitment](#) to the Access to COVID-19 Tools-Accelerator (ACT-A), bringing Canada's total contributions to over \$2.1 billion. The announcement was made as part of the second virtual Global COVID-19 Summit.
- **June 2022:** At the Global Vaccine Demand Event, the Minister of International Development [announced the launch of CanGIVE](#), Canada's \$317-million Global Initiative for Vaccine Equity. CanGIVE aims to integrate COVID-19 vaccination into routine health services to strengthen health systems and diversify vaccine manufacturing capacity to bring production closer to populations in need.
- **September 2022:** The Prime Minister [announced an allocation of \\$100 million](#) to mitigate the impact of COVID-19 through the Global Fund's COVID-19 Response Mechanism.

ANNEX II: SNAPSHOT: PERFORMANCE OF A SUBSET OF 2022-2023 10YC PROJECTS

Context

This Annex provides a snapshot of the number of people reached with health services, the number of health care providers trained and the number of health care facilities supported by a subset of Global Affairs Canada-funded 10YC health and nutrition projects in 2022-2023.

The reporting aligns with the Accountability Framework for the 10YC, which sets out Global Affairs Canada's commitment to measuring and reporting on the performance of investments in the 10YC through:

- the collection and aggregation of output, reach and health service utilization data from projects to measure key performance indicators
- performance tracking using "lives saved" estimates from multilateral investments

In 2021, GAC developed project-level key performance indicators (KPIs) to capture this data for a subset of health, nutrition and SRHR projects. These project-level KPIs are aligned with the [KPIs](#) for the FIAP Human Dignity: Health and Nutrition Action Area.

The KPIs give the department a useful subset of data collected annually and aggregated for projects where GAC is the sole donor and implementing organizations report on the number of people reached as a direct result of their 10YC funding. Each year, implementing organizations that meet these 2 criteria are invited to report on: (1) the number of people reached by health services through their project; (2) the number of health professionals trained; and (3) the number of health facilities supported as a direct result of their GAC

funding. In 2022-2023, the department also piloted a new set of indicators for measuring the reach of comprehensive sexuality education (CSE) services and programs.

It is important to note that the KPI data presented below does not capture the full reach of Government of Canada or GAC global health investments under the 10YC, as it does not include data from investments through multilateral organizations, initiatives with multiple donors or direct budget support to governments. The data is also not comparable across years. While not intended to be representative of the entire 10YC investment, this data still provides important insights into achievements towards advancing the health and rights of women and girls (including their SRHR) by implementing organizations and their multiple local, international and Canadian partners.

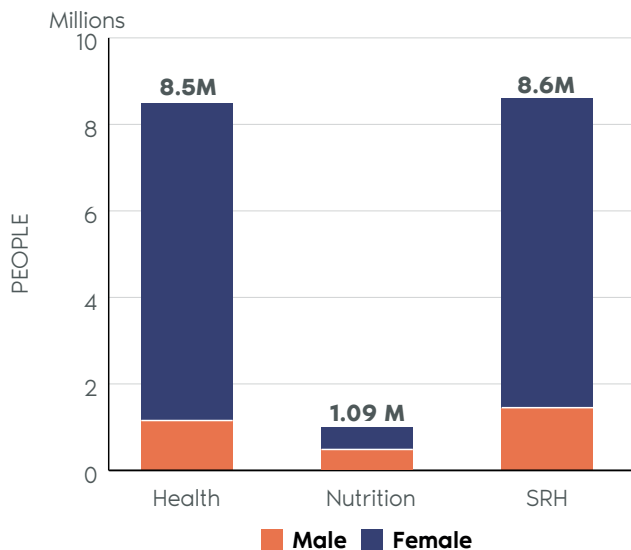
Highlights from 10YC project data subset

Out of a total of 391 projects, 63 projects were implemented in 53 countries, reflecting a GAC 10YC investment of \$195 million (14% of \$1.42 billion total).

1. NUMBER OF PEOPLE REACHED BY HEALTH SERVICES

Overall, in 2022-2023, 54 projects reached a total of 18.2 million people, including 15 million women and girls who accessed health, nutrition and sexual and reproductive health (SRH) services in 42 countries.

FIGURE 22: HEALTH SERVICE UTILIZATION, 2022-2023

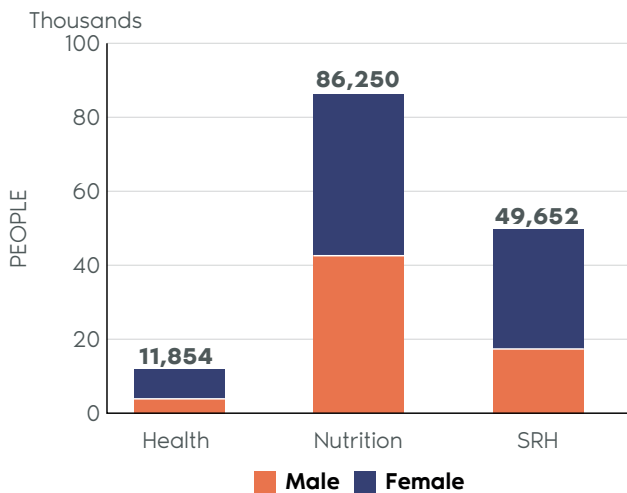


- The **Health** category refers mainly to maternal health care (antenatal and postnatal care, deliveries by skilled personnel) and essential health services provided in health care facilities and community-based services.
- The **Nutrition** category refers mainly to health services for the prevention and treatment of malnutrition (vitamin A for children under 5, iron and folic acid for pregnant women and adolescents, provision of oral rehydration salts with zinc, growth monitoring, and counselling and education on breastfeeding and healthy diets).
- The **SRH** category refers mainly to sexual and reproductive health services provided in health facilities and at the community level, such as family planning, sexual health (including HIV), and safe abortion services and post abortion care. In addition, in 2022-2023, an estimated 500,000 adolescents (372,000 girls and 127,000 boys) received CSE in 22 countries.

2. PROFESSIONALS TRAINED (INCLUDING COMMUNITY HEALTH CARE WORKERS, TEACHERS AND FACILITATORS)

In 2022-2023, the 63 10YC projects provided training to 150,000 people (health professionals, community health workers, teachers and facilitators) in 46 countries to enhance their ability to provide quality gender-responsive health services.

FIGURE 23: PEOPLE TRAINED, 2022-2023

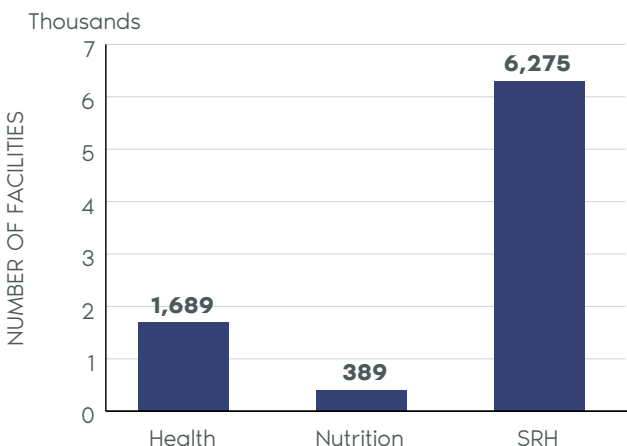


- The **Health** category refers mainly to training for the provision of reproductive health care (antenatal and postnatal care, deliveries by skilled personnel) and essential health services.
- The **Nutrition** category refers mainly to nutrition training for health professionals (screening, infant and young child feeding promotion, including exclusive breastfeeding and healthy diets).
- The **SRH** category refers mainly to health professionals trained in sexual and reproductive health services (including family planning, abortion and post-abortion care, etc.). For 2022-2023, numbers also include 10,000 teachers and facilitators who received training to provide CSE.

3. HEALTH FACILITIES SUPPORTED

In 2022-2023, based on the data collected, a total of 8,353 health facilities in 39 countries were supported in their work to provide quality health services, with a strong focus on enhancing skills to provide SRH services. The number of health facilities supported by GAC projects was higher for the SRH category because a disproportionate number of CSO projects captured in this KPI data collection exercise were working on SRHR.

FIGURE 24: HEALTH FACILITIES SUPPORTED, 2022-2023



- The **Health** category shows support to health facilities for essential health services.
- The **Nutrition** category shows support for health facilities providing nutrition services.
- The **SRH** category shows support to health facilities for family planning and sexual health services (equipment and other support).

Though not included in this graph, this subset of data also includes support for 26,720 schools and informal settings across 16 countries in their efforts to provide CSE.

ANNEX III: ADJUSTED 2021-2022 SPENDING TOTALS

In 2024, the OECD Development Assistance Committee (DAC) clarified that contributions through the World Bank International Development Association (IDA) [Concessional Partner Loan \(CPL\) program](#) would be counted as multilateral international assistance. The Government of Canada started to contribute to the IDA-CPL program in 2021-2022 and official numbers for the 2021-2022 fiscal year have been updated to reflect this change. Updated figures for the [2021-2022 10YC annual report](#) are as follows:

- Total 10YC spending: \$1.32 billion
- SRHR spending: \$571.9 million
 - › Neglected area spending: \$209.9 million
 - Safe abortion and post-abortion care: \$4.06 million
 - Comprehensive sexuality education: \$9.94 million
 - Family planning and contraception: \$69.9 million
 - SRHR advocacy: \$57.06 million
 - Prevention of and response to SGBV: \$72.95 million