Canada’s global health ODA

Global health is a top priority, with a strong focus on MNCH

Canada was the sixth-largest donor country to global health in 2016, spending US$799 million (in 2017 prices, latest year for which complete data is available). This corresponds to 19% of Canada’s official development assistance (ODA), making it the second-highest relative donor to global health among members of the Organisation for Economic Co-Operation and Development’s (OECD) Development Assistance Committee (DAC average: 8%) after the US.

Health is a cornerstone of Canada’s Feminist International Assistance Policy (FIAP). Prime Minister (PM) Justin Trudeau has stated that Canada’s focus on health “is driven by evidence and outcomes, not ideology, including by closing existing gaps in reproductive rights and health care for women”. As a result of this commitment, Canada places a strong focus on sexual and reproductive health and rights (SRHR) and maternal, newborn, child health (MNCH).

At the Women Deliver conference held in Vancouver in June 2019, Prime Minister (PM) Justin Trudeau announced a ‘historic’ CAD1.4 billion (US$1.1 billion) annual commitment to support women and girls’ health for ten years, starting in 2023. CAD700 million (US$539 million) of this will be dedicated to SRHR. In July 2019, Canada’s International Development Research Centre announced funding for seven new research projects, in addition to 10 it was already funding. They will be focused on SRHR in West Africa and the Middle East and North Africa to the amount of CAD750,000 (US$578,000) each.

In 2017, PM Trudeau announced an investment of CAD650 million (US$501 million) over three years for SRHR; in late 2018, GAC also launched a monitoring framework for the commitment. In March 2017, at the ‘She Decides’ conference in Brussels, the government also announced a one-time CAD20 million (US$15 million) contribution to five organizations that support SRHR globally: United Nations Population Fund, Ipas, International Planned Parenthood Foundation Global, Marie Stopes International, and Population Services International.

Overall, Canada provided 42% (US$334 million in 2016) of its health ODA through core contributions to multilateral organizations. Canada hosted the fifth replenishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) in 2016 and pledged CAD804 million (US$619 million) for 2017 to 2019, an increase of 23% in nominal CAD terms compared to its 2014 to 2016 pledge (CAD650 million). Apart from the Global Fund (50% of multilateral health ODA), key recipients included Gavi, the Vaccine Alliance (Gavi; 25%) and the World Bank’s International Development Association (IDA; 9%). Of the CAD520 million (US$435 million, according to Gavi’s conversion) in Gavi pledges for 2016 to 2020, CAD500 million is direct funding and CAD20 million is earmarked funding for francophone African countries.

Canada is an important partner in the fight against polio. In 2018, Canada pledged CAD100 (US$77 million) to the Global Polio Eradication Initiative (GPEI), with CAD30 million earmarked to support the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) with programs in Afghanistan. The other CAD70 million was given in flexible funding. Canada is one of the GPEI’s top-five donors since 1985, having contributed US$600 million to the organization in total. Support for the GPEI is likely to remain strong.

In addition to core contributions, Canada channels about 25% of its total health official development assistance (ODA, US$196 million in 2016) as earmarked funding through multilaterals (reported as bilateral ODA). This brought total health ODA to and through multilaterals to 66% of overall health ODA (US$530 million) in 2016.

Bilateral ODA for health stood at US$524 million of total health ODA in 2017 (latest year for which bilateral data is available), up from US$466 in 2016. This makes health the second-largest sector of Canada’s total bilateral ODA, at 17%. Canada is the second-largest DAC donor to basic nutrition after the US (for more details, see ‘Sector: Nutrition’). Investments in bilateral nutrition accounted for 18% of bilateral health ODA (US$94 million), although it

Canada’s 10 focus countries for MNCH

- **Americas:** Haiti
- **Asia Pacific:** Afghanistan, Bangladesh
- **Sub-Saharan Africa:** Ethiopia, Malawi, Mali, Mozambique, Nigeria, South Sudan, Tanzania.
decreased by 8% from 2016. Other bilateral investments to health in 2017 targeted basic health care (17%), infectious disease control (12%), and reproductive health care (9%). These highlight Canada’s three thematic priorities within the maternal, newborn, and child health (MNCH) sector—including nutrition, health systems strengthening, and treatment and prevention of diseases, including infectious diseases and SRHR. Canada does not have priority countries for bilateral health cooperation, although the FIAP stipulates that by fiscal year (FY) 2021-2022, at least 50% of Canada’s bilateral ODA will be directed to sub-Saharan African countries.

**GAC’s Minister of International Development and La Francophonie leads on policy development with support from the Deputy Minister of International Development**

Under the leadership of the prime minister, Global Affairs Canada (GAC) steers development policy, including for global health. GAC is headed by the Minister of Foreign Affairs. With their oversight, the Minister of International Development and La Francophonie sets development policy within GAC.

The Deputy Minister of International Development manages GAC’s development policy units and budget allocation. Other branches within GAC relevant to health development policy are: the Global Issues and Development Branch, under Assistant Deputy Minister Christopher MacLennan, which manages multilateral policies and contributions; the Strategic Policy Branch, headed by Elissa Golberg; and the four geographic branches (Americas; Asia Pacific; Europe, Middle-East and Maghreb; and sub-Saharan Africa) that manage country programs. Within the Global Issues and Development branch, relevant units include Food Security and Environment, Health and Nutrition, International Humanitarian Assistance, and International Organizations.
RECIPIENTS OF CANADA’S HEALTH ODA, 2016
Total: US$799 million

Bilateral 56.3% (US$446m.)
Global Fund 20.9% (US$167m.)
Other 20.8% (US$166m.)

OECD CRS and imputed multilateral contributions to the health sector: DAC secretariat estimates. In 2017 prices.

CANADA’S KEY GLOBAL HEALTH COMMITMENTS
US$ millions


Data from government and listed organizations