Action Canada
for Sexual Health & Rights

Submission to pre-budget 2017 consultations

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Executive Summary

The submission has been prepared by **Action Canada for Sexual Health & Rights**, a progressive, pro-choice charitable organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally. The submission identifies recommendations for Budget 2017 that touch upon investments both in Canada and abroad. Domestically, Action Canada recommends increases in investments in health care (with a focus on sexual and reproductive health), in the health and safety of sex workers, and in child care. Globally, Action Canada recommends increases in investments to Canada's official development assistance (ODA), specifically in areas traditionally neglected in Canada's international assistance related to sexual and reproductive health and rights (SRHR) and gender equality.

Global: Official Development Assistance

We welcome the commitment made in Budget 2016 for Canada to engage in a review of it's development policy framework. This represents a much needed opportunity to integrate issues that were neglected by the previous administration, including a human rights-based approach to Canadian aid and support for SRHR.

Despite investments in Budget 2016 for Canada's ODA ($128 million), Canada will continue to be far from other OECD and G7 donors who are close to or have met the global 0.7% GNI target for ODA. This is particularly frustrating for those encouraged by the governments' outspoken interest in restoring Canada's role on the global stage, particularly in regard to the mandate letter to the Minister of International Development, which states "that Canada's valuable development focus on Maternal, Newborn and Child Health is driven by evidence and outcomes, not ideology, including by closing existing gaps in reproductive rights and health care for women."

Investing in SRHR yields significant returns on investment. Meeting the unmet need for modern contraception and achieving universal access to sexual and reproductive health services by 2030, for example, is estimated to yield US$120 for every dollar spent, and over US$400 billion in annual benefits.[1] When comprehensively addressed, SRHR is a "4 for the price of 1" investment, providing benefits related to:

1. the human rights of girls and women, including gender equality;
2. the health, education, and economic progress of women and that of their families;
3. significant savings in health systems and other public services from negative net costs; and
4. demographic dividends enhancing national economics, peace and security.

RECOMMENDATIONS (ODA)

Increase Canada's ODA to 0.7% GNI, in line with international human rights obligations,[2] so as to:

1. **Allocate 15% ODA for SRHR, by investing a minimum of $500 Million/year in new funding over and above the current levels, and commit:**
   - **Minimum of $400 Million/year for universal access to sexual and reproductive health information and services, particularly contraception and comprehensive abortion care;**
   - **Minimum of $100 Million/year in feminist organizations, including youth-led and women's rights organizations to advocate for SRHR.**
2. **Allocate 20% ODA for projects and programs for which the principle focus is advancing gender equality, by, developing appropriate funding mechanisms for feminist organizations, including local women's rights and youth-led organizations who are leading efforts towards greater respect, protection and fulfilment of women's rights.**

[1] ICPD Task Force. 2015. http://icpdtaskforce.org/wp-content/uploads/2015/01/FinancingBriefSmartInvestments2015.pdf

[2] In March 2016, Canada appeared before the Committee on Economic, Social and Cultural Rights, to assess Canada's compliance with human rights obligations under the Covenant on Economic, Social and Cultural Rights. The Committee released a series of Concluding Observations, including, a recommendation that Canada "Raise ODA to meet target of 0.7% GNI, and pursue a human rights-based approach in its development cooperation policy."

Domestic

Health care

Renewed health accord and national pharmacare strategy

The absence of federal leadership and resources in the area of health is contributing to poor sexual and reproductive health outcomes demonstrated by severe inequalities in access to sexual and reproductive health care across the country. This contributes to rising rates of STIs, limited access to a range of contraceptive methods and abortion services, discrepancies in coverage for health care required by trans individuals and those seeking assisted reproductive technologies, among others.

Budget 2017 must realize the commitment made in 2016 to establish a renewed health accord and pharmacare strategy with the provinces and territories. A renewed health accord and pharmacare strategy is critical to address particular discrepancies in individuals' access to accessible, acceptable, available, and quality sexual and reproductive health services and information – in line with Canada's international human rights obligations.[3]

A renewed health accord could work to address the discrepancies in access to abortion services, particularly for those in rural and northern communities. Only 1 in 6 hospitals in Canada provide abortion services, and the majority of clinics are located in larger communities. Those living in remote and rural areas are forced to travel outside of their community for an abortion, and thousands of individuals every year face unforeseen monetary expenses such as travel, accommodation, lost wages, childcare, eldercare, and possibly procedural costs (in the case where there is a lack of reciprocal billing within their provincial or territorial health systems); these barriers disproportionately impact low-income individuals.

Health Canada recently approved a new drug for medical abortion, Mifegymiso, which is considered the gold-standard medical abortion drug by the WHO. While Mifegymiso has the potential to significantly improve access to abortion services across the country, in approving the drug, Health Canada imposed strict regulations[4] that will severely restrict access to the drug, and will do little to increase access to abortion services across Canada.[5]

A pharmacare strategy would eliminate inequalities in access to drugs and devices, which could lead to positive sexual and reproductive health outcomes. Approximately 24% of the Canadian population lacks drug coverage and are forced to pay out of pocket for pharmaceutical products, including contraceptive drugs and devices.[6] Currently, individuals with no drug coverage must pay upwards of $350 for some contraceptive methods, $50 for emergency contraception, $45 medical abortion,[7] $500 for the HPV vaccine, and thousands for assisted reproductive technologies.

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[3] In March 2016, Canada appeared before the Committee on Economic, Social and Cultural Rights, to assess Canada's compliance with human rights obligations under the Covenant on Economic, Social and Cultural Rights. The Committee released a series of Concluding Observations, including, a recommendation that Canada: Ensure access to affordable contraceptives, and in particular those living in remote areas and those living in poverty. (The Committee refers to its general comment No. 22 (2016) on the right to sexual and reproductive health), ensure that physicians' conscientious objection does not impede women's access to legal abortion services, and ensure access to legal abortion services in all provinces and territories.

[4] Regulations include: prescription and distribution by trained and certified physicians only, requiring physicians to complete **a** mandatory training in order to prescribe/dispense Mifegymiso, only approved for 7 weeks gestation, requiring dispersing pharmacists to complete a training, registry of prescribing physicians will not be made public, among others. For more information, visit: http://www.sexualhealthandrights.ca/how-one-drug-could-change-abortion-access-in-canada/

[5] Lack of access to safe abortion services continues to be an obstacle and a barrier for women who choose to terminate their pregnancies, particularly those in rural or remote regions. Only 1/6th of hospitals provide abortion services, the majority of which (both hospitals and free standing sexual health clinics) are disproportionately dispersed across Canada and located in urban areas. 20% of people in Canada live in rural areas where they must travel sometimes thousands of kilometres to access abortion services, which in particular often require timely care, placing a further impediment to access.

[6] Azores, Karlo Franko. "Catastrophic Drug Coverage in Canada." Health Policy: Healthy Dialogue. Vol. 2, Issue 1., 2013. Pg. 1-9.

[7] Health Canada recently approved a new regimen for medical abortion (Mifegymiso) which will be available in Canada in Fall 2016. It is anticipated that the cost of Mifegymiso will be $270. For more information, visit: http://srhweek.ca/caring-for-yourself/pregnancy/positive-test-pregnancy-options/mifegymiso/

Education and campaigns focusing on positive sexuality and consent, sexual and reproductive health information, and stigma and discrimination

Young Canadians have the highest reported rates of STIs and reported rates of chlamydia, gonorrhea, and syphilis have been steadily rising since the late 1990s.[8] High rates of violence against young women and girls further demonstrate a lack of awareness regarding gender norms and stereotypes and respectful behaviour and relationships. Young women are eight times more likely than boys to be victims of a sexual offence; [9] nearly half (46%) of high school girls in Ontario are victims of sexual harassment.[10] The Federal government has a role to play in addressing these realities through the roll-out of evidence and rights-based education and campaigns that comprehensively address sexual and reproductive health and rights in schools and among key individuals within the public.

National sexual health indicators

In Canada, there is a lack of routinely gathered, comprehensive data on sexual health needed for the development of effective policies and programs (including comprehensive sexuality education programs) and to inform sound expenditures. Canada "lags behind several other countries in its ability to collect national comprehensive data on this important aspect of the health of youth."[11] For example, there is no regularly collected, national data on the contraceptive prevalence rate. The Federal government has a role to play in gathering and analyzing data on trends in relation to the sexual and reproductive health of all people in Canada.[12] This allows governments to modify existing programs and policies and create new ones aimed at improving health outcomes and reducing stigma and discrimination.

Sex work

In June 2014, the Government of Canada passed the Protection of Communities and Exploited Persons Act (PECA), effectively criminalizing the purchase of sex; communicating for the purpose of purchasing and selling sex; gaining material benefit from sex work; and advertising sexual services. PECA reinstates provisions similar to those found by the Supreme Court of Canada to be harmful to sex workers' lives, health, and safety, simply by rewording some provisions and re-labelling others with new and broader objectives. The Act imposes danger, increased criminalization, little control over working conditions, and fewer safe options for sex workers. It should therefore be repealed.

In the meantime, the Act includes $20 million over five years to be divvied up across the country for support systems for sex workers who wish to exit the industry. A significant portion of this funding is earmarked for law enforcement purposes. These funds are insufficient to support a comprehensive approach that would aim to improve the safety of individuals selling sexual services and to assist those who wish to transition out of the industry. Moreover, when social service provision is contingent on sex workers exiting the sex industry, harm reduction activities are curtailed, the safety and security of sex workers are undermined, and sex workers' access to information and safer sex supplies is reduced. In addition to more substantial financial support dedicated to people who wish to transition out of the sex industry, increased and sustained funds are required to offer tangible poverty alleviating measures that would ensure economic security, access to housing, and facilitate access to health care in order for people to make real and meaningful choices about whether they will participate in the sex industry and under what conditions they will do so.

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[8] In 2011, one quarter of positive HIV tests were attributed to young people between the ages of 15 and 29. Public Health Agency of Canada. 2014. Population Specific Status Report: HIV/AIDS and other sexually transmitted and blood born infections among youth in Canada. http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/youth-jeunes/assets/pdf/youth-jeunes-eng.pdf

[9] Statistics Canada. 2013. Measuring violence against women: statistical trends. http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf

[10] D. Wolfe and D. Chiodo. 2008. Sexual Harassment and Related Behaviors Reported Among Youth from Grade 9 to Grade 11. Toronto: Centre for Addiction and Mental Health.

[11] Public Health Agency of Canada. 2012. Canadian Sexual Health Indicators Survey – Pilot Test and Validation Phase: a report on results from the pilot-testing and validation of the Canadian Sexual Health Indicators Survey. http://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-67-2012-eng.pdf

[12] One approach to doing this could involve requiring PHAC to regularly monitor a broad set of qualitative and quantitative sexual health indicators (building on the Canadian Sexual Health Indicators Survey), or to substantially expand the Sexual Behaviours Module of the Canadian Community Health Survey, by adding further questions including in relation to contraception and pregnancy intention.

Child care

Access to affordable child care is a sexual and reproductive rights issue. The realization of sexual and reproductive rights entails the ability of individuals to decide if and when to have children, and to parent those children in safe and healthy environments. Governments have a role to play in establishing social support systems that are free from discrimination, and that recognize and address all forms of inequality. Delays in funding for the creation of a national child care strategy will only further perpetuate socioeconomic inequalities for people in Canada. Without access to affordable child care, parents may face constraints when returning to the workforce, which contributes to reduced earnings and creates male-dominated workforces that can perpetuate gender stereotypes and violence.[13] This often has gender, class, and race implications as women are more often those who exit the workforce to care for children. Racialized women who may experience multiple and intersecting forms of discrimination (alongside gender, age, economic, educational, and migration status, etc.) are, among other things, further hindered in their ability to exert control over their reproductive choices and to provide for their families.[14] Such situations can lead to barriers in access to support services and health care more broadly, including sexual and reproductive health care.

RECOMMENDATIONS (DOMESTIC)

1. **In renewing the national health accord, ensure specific attention is paid to addressing discrepancies in access to abortion across the country, including through the easing of restrictions on the medical abortion drug Mifegymiso and ensuring cost coverage through provincial and territorial insurance plans;**

2. **Establish a national pharmacare strategy, that would include specific coverage for sexual and reproductive health medications and devices (including contraceptives, assisted reproductive technologies, medical abortion, STIs, among others);**

3. **Conduct regular national monitoring, through *inter alia* broad-based surveys, of a robust set of sexual health indicators disaggregated by relevant factors;**

4. **Allocate funds to PHAC for education and campaigns, on positive sexuality and consent, sexual and reproductive health information, and stigma and discrimination, among other related issues;**

5. **Repeal the Protection of Communities and Exploited Persons Act and support concrete measures to improve the safety of individuals selling sexual services and to assist those who wish to transition out of the sex industry, providing significant resources for income support, housing, education and training, poverty alleviation, and treatment and support for addictions; and**

6. **Create support for families to allow them to raise their children with dignity by creating a national child care strategy.**

[13] CCPA. 2015. "Time to Grow Up: Family Policies for the Way We Live Now."
https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2015/01/Time_to_Grow_Up.pdf
[14] Wellesley Institute and Canadian Centre for Policy Alternatives. 2011. "Canada's Colour Coded Labour Market: the gap for racialized workers."
http://www.wellesleyinstitute.com/wp-content/uploads/2011/03/Colour_Coded_Labour_MarketFINAL.pdf