



# 2019 Pre-Budget Consultation Brief for Government of Canada

August 2018

**Action Canada for Sexual Health & Rights<sup>1</sup>** is a human rights organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally through policy advocacy, research and health promotion.

**Action Canada firmly recommends that Canada invest and prioritize strategies and programs that ensure sexual and reproductive health and rights in Budget 2019.**

**The following brief focuses on key investments Canada must make to ensure comprehensive access to abortion, sexuality education and health rights.**

## Abortion

Abortion was decriminalized in Canada in 1988. Despite this, persistent barriers continue to inhibit the accessibility, availability, affordability and quality of abortion services for all who need them. Policy options available to the federal government to overcome these barriers have not been adequately evaluated or implemented to ensure Canada's compliance with international human rights law.

Action Canada runs a national toll-free 24-hour access line that provides information on sexual and reproductive health and referrals for pregnancy options. This work offers us privileged insight and information on the specific barriers individuals experience when seeking safe abortion services. The access line receives over 2,400 calls per year from individuals seeking support from across Canada. In 2016, 97% of the calls related to difficulties in accessing safe abortion. Barriers individuals reported include but are not limited to: needing to travel, sometimes hundreds of kilometers to the nearest urban centers, because one has exceeded the gestational limit of the service provider(s) in their communities or live in an area where there are no services at all; having to cover the costs incurred by traveling, which can include childcare, eldercare, missed work, plane tickets, gas money, accommodations and food; having to cover procedure costs due to issues with reciprocal billing between provinces, being an international student, or being in a precarious immigration situation, which means cost coverage may be delayed. People are also delayed by anti-choice health care providers or staff acting as gatekeepers; and by the wait times that can come from mandatory ultrasounds and mandatory doctor's referrals and tests, etc. Barriers to abortion disproportionately affect young people and marginalized people, especially those who are low-income, people of color, migrants or refugees, people with precarious immigration status and those who do not speak English or French. These barriers are compounded for those living in rural or remote areas.

Action Canada recommends the following measures be implemented through Budget 2019 to ensure comprehensive access to abortion service and care:

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<sup>1</sup> For more information, visit: [www.sexualhealthandrights.ca](http://www.sexualhealthandrights.ca). For inquiries, contact: Sarah Kennell, Public Affairs Officer, [sarah@sexualhealthandrights.ca](mailto:sarah@sexualhealthandrights.ca)



- 1. Withhold the transfer of federal health contributions to the provinces and territories that fail to ensure the availability and accessibility of abortion services (including cost coverage for medical abortion), and initiate dispute resolution procedures under sections 14-17 of the Canada Health Act as violations of the Accessibility or Universality program criteria established in sections 7, 10 and 12 of the Act.**
- 2. Invest in data collection through Statistics Canada on the accessibility of abortion services across the country to identify gaps in service provision.**
- 3. Through Health Canada, create a national action plan to improve the accessibility of abortion services across all provinces and territories, based on gaps analysis.**
- 4. Ensure all federal patients, including RCMP and military personnel, have full cost coverage for medical abortion services.**
- 5. Through Immigration and Citizenship, coordinate the removal of waiting periods for temporary and permanent residents to access health care, and provide health care to undocumented people.**

## **Comprehensive Sexuality Education**

The content and implementation of comprehensive sexuality education curricula in Canada has not been consistent, effective, or delivered in a manner that supports young people's rights to information, non-discrimination, health, education, and to be free from gender-based violence. The Government of Canada has taken no action to address this situation and no accountability mechanisms are in place to ensure that provincial/territorial governments are developing and implementing the highest standard of comprehensive sexuality education in line with international human rights law.

In Canada, young people demonstrate an overall lack of knowledge on sexual and reproductive health. In 2011, ¼ of HIV+ tests were attributed to young people between the ages of 15 and 29.<sup>2</sup> Young Canadians have the highest reported rates of STIs and rates of chlamydia, gonorrhea and syphilis have been steadily rising since the late 1990s.<sup>3</sup> Additionally, high rates of violence against young women and girls continues to persist in Canada, which further demonstrates a lack of awareness regarding gender norms, stereotypes and respectful behaviour and relationships.<sup>4</sup> For example, nearly half (46%) of high school girls in Ontario are victims of sexual harassment.<sup>5</sup> Furthermore, Indigenous girls face more frequent incidents of violence than non-indigenous girls, with 17% of missing and murdered Indigenous women being under the age of 18.<sup>6</sup>

Action Canada recommends the following measures be implemented through Budget 2019 to ensure every young person's right to comprehensive sexuality education:

- 1. Establish a national, fully-funded implementation plan in consultation and collaboration with provinces, territories, Indigenous Service and other stakeholders and experts, towards strengthening curriculum development, delivery, implementation and accountability of sexuality education everywhere in Canada, in line with the soon-to-be released revised Canadian Guidelines on Sexual Education.**

<sup>2</sup> 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> women are overrepresented in the younger age group (15-19), accounting for 56.5% of the total positive HIV tests reported. Other sub-groups may also be more vulnerable to HIV infection, particularly Indigenous youth.

<sup>3</sup> Public Health Agency of Canada. 2010. 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/chapter-chapitre-3-eng.php#footnote1>, According to 2010 national STI surveillance data, 81% of new cases of chlamydia, 67% of new cases of gonorrhea and 27% of new cases of infectious syphilis were among youth.

<sup>4</sup> Statistics Canada. 2013. Measuring violence against women: statistical trends. <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>. Young women are eight times more likely than boys to be victims of a sexual offence

<sup>5</sup> 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.

<sup>6</sup> Native Women's Association of Canada. [http://www.nwac.ca/files/download/NWAC\\_3D\\_Toolkit\\_e\\_0.pdf](http://www.nwac.ca/files/download/NWAC_3D_Toolkit_e_0.pdf)



- 2. Earmark funds through the Public Health Agency of Canada, Health Canada, Status of Women Canada and Indigenous Services Canada to actively promote the soon-to-be released revised Canadian Guidelines on Sexual Education.**
- 3. Invest in the Status of Women Canada to ensure the integration of comprehensive sexuality education into its Gender-based violence program.**
- 4. Conduct regular national monitoring through inter alia, broad-based surveys of a robust set of sexual and reproductive health indicators disaggregated by relevant factors including gender identity, sexual orientation, age, location, race, ethnicity and other factors.**

## **Health Transfers and Universal Pharmacare**

Decreases in health transfers to provinces and territories also create discrepancies in access to a range of other sexual and reproductive health services. Ultimately, those with greater financial resources are better able to meet their health needs than those with lesser means, in contradiction to the principle of universality that is the foundation of our health-care system.

Likewise, people in Canada need a universal pharmacare plan to ensure their sexual and reproductive health rights. The ability to manage one's fertility, decide if and when to have children, have healthy pregnancies, affirm one's gender, and prevent, treat or manage sexually transmitted infections (including HIV) should not be dependent on income, place of residence or immigration status. Under international human rights law, all people have a right to a comprehensive package of sexual and reproductive goods and services, including medicines, commodities and devices.<sup>7</sup> People in Canada who require vaccines to prevent STIs, antiretroviral medication to prevent or treat HIV infections or contraceptive devices to control their fertility should not need to rely on private insurance or personal savings to afford the resources necessary to maintain or realize the best possible sexual and reproductive health outcomes.

Like other barriers in access to healthcare, those most affected by the lack of universal pharmacare are people of low socioeconomic status, resulting in profound and discriminatory impacts on health outcomes. Those most likely to fall through the gaps are people who work but have low earnings, as they may not be eligible for public benefits and are less likely to have employer-provided benefits. This results in differential access to essential health commodities across provinces and territories, and in barriers and inequalities in accessing commodities across provinces and territories – particularly for those with limited financial resources. Sexual and reproductive health-related drugs are required to live healthy, productive lives; yet many people in Canada lack affordable access to them. For example, people in Canada have a narrower range of birth-control options than people in other developed countries and cost-related barriers for those seeking to end their pregnancies through medical abortion are significant.<sup>8</sup> Universal coverage for medical abortion and birth control in every province and territory is urgently needed. Only a public, universal, single payer pharmacare strategy will meet human rights standards and fulfil the federal government's obligations to ensure the right to health for all people in Canada.

Action Canada recommends the following measures be implemented through Budget 2019 to ensure the right to health for all people in Canada:

- 1. Establish a public, universal, single payer pharmacare plan with a national formulary that includes the best sexual and reproductive medicines, commodities and devices.**
- 2. To safeguard public health care for all, the federal government must agree to pay their fair share of health care costs- at least a 5.2 per cent CHT escalator.**

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<sup>7</sup> World Health Organization. Essential medicines and health products. [http://www.who.int/medicines/areas/human\\_rights/en/](http://www.who.int/medicines/areas/human_rights/en/)

<sup>8</sup> Packaged under the name Mifegymiso, the newly-approved medical abortion drug is expected to cost a \$270.00 per package which is significantly more expensive than the previous regimen.



## Global Sexual and Reproductive Health and Rights

A feminist approach to sexual and reproductive health and rights (SRHR) includes comprehensive sexual and reproductive health services and knowledge, grounded in the principle of bodily autonomy and reproductive justice. This approach is meaningful and necessary in global and domestic contexts.

Canada has made a significant contribution to global SRHR in recent years. Building on these successes, Action Canada, along with allied global agencies and organizations, have outlined broad elements of a strategy to not only further Canada's contribution to global SRHR, but also contribute to real impact in an area where few other donors are brave enough to lead.

We encourage Canada to convene new and traditional donors towards meaningful SRHR investments. Some key areas where Canadian leadership would be most valuable within the global donor community includes filling historical and emerging funding gaps in neglected regions and issues (ex.: advocacy, safe abortion, contraceptive care, SRHR services for youth, Francophone Africa, and neglected regions of Latin America).

Furthermore, we ask Canada to create SRHR development and foreign policy. Such a policy would be aligned with new and existing policies to institutionalize SRHR within GAC over the long-term. It would ground, align with and build on the Feminist International Assistance Policy, as well as integrate a whole of government approach that seeks to “mainstream” SRHR across Global Affairs Canada. Increased investments towards establishing SRHR as a priority for Canada are necessary to ensure it becomes part of Canada's development ‘DNA’.

Action Canada recommends the following measures be implemented through Budget 2019 to ensure sexual and reproductive health and rights are respected through all international development and foreign policy:

- 1. A new commitment of \$700M/yr. of new, above budget funding (ODA) is required to sustain Canadian leadership on SRHR in neglected areas where such an investment would be most impactful.**
- 2. Establish a clear guideline for an SRHR development and foreign policy, grounded in human rights and feminist principles.**
- 3. Establish robust accountability frameworks, accompanied by qualitative and quantitative approaches to measurement and data collection.**

