



Over 6,500 people living with HIV cannot afford their prescribed medications in Canada



IUDs can cost upward of \$400 making them unaffordable for many people Canada



30% of trans youth use hormones that come from unprescribed and unsupervised sources

Sexual and Reproductive Health and Rights in the Context of Pharmacare

CANADA IS THE ONLY COUNTRY IN THE WORLD WITH UNIVERSAL HEALTHCARE AND NO NATIONAL PHARMACARE STRATEGY. IT IS CRITICAL THAT A NATIONAL PHARMACARE STRATEGY INCLUDE ALL DRUGS, NOT JUST THE MOST COMMONLY PRESCRIBED DRUGS. FAILING TO DO SO PUTS THE NEEDS AND RIGHTS OF INDIVIDUALS, OFTEN THE MOST MARGINALIZED, IN JEOPARDY. GOVERNMENTS HAVE AN OBLIGATION TO REALIZE THE RIGHT TO HEALTH PROGRESSIVELY, USING THE MAXIMUM AVAILABLE RESOURCES, UNDER INTERNATIONAL HUMAN RIGHTS LAWS.

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.¹ 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 needed to maintain or realize the best possible sexual and reproductive health outcomes.

At present, sexual and reproductive health related medicines, devices and commodities are not universally covered. Similar to other barriers in access to healthcare and other social services, those most affected by the lack of universal pharmacare are people of low socioeconomic status, resulting in profound and discriminatory impacts on health outcomes.

¹ World Health Organization. Essential medicines and health products. http://www.who.int/medicines/areas/human_rights/en/

Snapshot: FACTS and FIGURES

Access to HIV medication

More people live with HIV than ever before.² They are members of the most marginalized communities in Canada; yet the medications available and how much they cost varies widely depending on which forms of public and private insurance are available. Differential access to medication creates injustice and inequality for people living with HIV, between and within provincial, territorial and federal jurisdictions.

- **Over 6,500 people living with HIV in Canada cannot afford their prescribed medications.³**
- **Only people in Ontario and Quebec and those on the federal non-insured health benefits (FNIHB) formulary can access Pre-exposure HIV prophylaxis (PrEP) despite being a highly effective method to reduce the risk of HIV transmission.⁴**

Access to gender-affirming care

Transgender and gender non-conforming people (particularly youth) often face discrimination when trying to access appropriate, non-stigmatizing, high quality healthcare.⁵ Compounding the discrimination trans and gender diverse people face when accessing healthcare is disparate availability and cost-coverage for hormone replacement therapy, for example, between provincial, territorial and federal levels.

- **30% of transgender youth report using hormones that come from unprescribed and unsupervised sources, such as friends or the internet.⁶**

Contraceptives

People in Canada have a narrower range of contraceptive options than people in other developed countries. All contraceptives aim to prevent pregnancy but there are a variety of ways they can do so. Contraceptive methods are not interchangeable and the method that may work best for one person may not be suitable for another. That said, cost affects the contraceptive choices a person will make. The absence of universal coverage restricts people's ability to make free and meaningful choices about the contraceptive method that best meet their needs.

A survey conducted by the Society of Obstetricians and Gynecologists of Canada (SOGC) on contraceptive use found that the three most used forms of contraception are condoms, birth control pills and the withdrawal method. Long acting reversible contraceptives like Intrauterine devices (IUDs), which are one of the most effective methods available, are not widely used.⁷ This is linked to its prohibitive cost.

- **Nearly half of all pregnancies in Canada are unintended.⁸**
- **The Canadian Pediatric Society has recommended that IUDs be offered by doctors as a first-line birth control option for adolescents⁹ but some IUDs can cost upward of \$300-400, making them unaffordable for many people in Canada.**

² CATIE, 2017. The epidemiology of HIV in Canada. <http://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hiv-canada>

³ Canadian Treatment Action Council, "Creating a Comprehensive Cascade" 2017. <https://ctac.ca/wp-content/uploads/2018/03/CTAC-Creating-a-Comprehensive-Cascade-Full-20171127-EN-final.pdf>

⁴ Ibid.

⁵ Canadian Trans Youth Health Survey National Report, University of British Columbia, 2015. https://saravyc.sites.olt.ubc.ca/files/2015/05/SARAVYC_Trans-Youth-Health-Report_EN_Final_Web2.pdf

⁶ Ibid.

⁷ Ibid.

⁸ Society of Obstetricians and Gynecologists of Canada. 2017. https://sogc.org/files/Contraception%20Longitudinal%20Study_release%20at%20ACSC%202017_web.pdf

⁹ Canadian Pediatric Society. 2018. <https://www.cps.ca/en/documents/position/contraceptive-care>



A human rights-based approach to PHARMACARE

Canada must provide “the highest attainable standard of health to every human being”.¹⁰

Equality and non-discrimination: the absence of a national pharmacare strategy systemically discriminates against individuals on the basis of sex, gender identity, HIV status, and migration status, among other factors, because the groups that are most impacted by gaps in drug coverage include women, Indigenous communities, trans and gender non-conforming people, racialized communities and those of lower socioeconomic or health status.¹¹

Sexual and reproductive health and rights are enshrined as integral to the right to health.¹²

In fulfilling the right to health, governments are obligated to ensure health facilities, goods and services are:

- **Accessible:** Ensure economic access to healthcare, including through the removal of barriers (financial or otherwise) that prevent individuals from fully realizing the highest attainable standard of health.
- **Acceptable:** Healthcare must meet the needs of diverse population groups, be culturally appropriate and gender sensitive, be grounded in informed consent and respect confidentiality.
- **Available:** Sufficient quantity of goods and services, including access to a range of methods of contraception, for example, based on the needs of those who require the service.
- **Of the highest quality:** The delivery of care that is safe, effective, timely, equitable, integrated and efficient.

Scientific progress: The right to health entails the right to enjoy the benefits of scientific progress, including the latest contraceptive methods, improvements to HIV medications used for treatment and/or prevention, and others.

Interdependence of human rights: The right to health is dependent on, and central to, the realization of other human rights. Failing to provide comprehensive access to sexual and reproductive medicines, commodities and devices impacts peoples’ ability to pursue educational and employment opportunities and live free from discrimination, among other rights.

¹⁰ <http://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

¹¹ Canadian law protects individuals from discrimination on the basis of race, national or ethnic origin, colour, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and conviction for an offence for which a pardon has been granted. Morgan, S. and Lee, A. “Cost-related nonadherence to prescribed medicines among older Canadians in 2014: a cross-sectional analysis of a telephone survey.” 2017. <http://cmajopen.ca/content/5/1/E40.long>. Wellesley Institute. 2015. “Low earnings, unfulfilled prescriptions: employer-provided health benefit coverage in Canada.” <http://www.wellesleyinstitute.com/wp-content/uploads/2015/07/Low-Earnings-Unfilled-Prescriptions-2015.pdf>. Canadian Professional Association for Transgender Health and UFCW Canada. 2015. “Public Funding of Transgender Health Care in Canada.” <http://www.cpath.ca/wp-content/uploads/2016/02/Publicly-Funded-Transition-Related-Medical-Care-in-Canada-Executive-Summary.pdf>

¹² CESC 2016 general comment 22 on SRHR



WHO needs access to sexual/ reproductive Health related PHARMACARE?

Those furthest behind come first! GOVERNMENTS HAVE AN OBLIGATION TO PRIORITIZE THE HEALTH NEEDS OF EQUITY SEEKING INDIVIDUALS.¹³

Improved sexual and reproductive health (SRH) creates the conditions for equality in any society.¹⁴ All people require SRH, but many of the patients who are served by sexual health clinics across Canada are younger people, who suffer intersecting forms of discrimination due to income, sexual and/ or gender diversity, race and age. Many of them fall through the cracks of existent and public and private drug coverage plans. They will often be too young for plans that cover elderly people and too old to be covered under plans that subsidize children. They will often be under-employed or precariously employed (as most younger people are in Canada) and therefore not entitled to the drug benefits provided by some employers. As well, some common sexual and reproductive health needs (such as an unplanned pregnancy) cannot be planned for or predicted, and so a person will not have time to sort through complicated subsidized drug benefit options.

As mentioned above, those people in need of medications to support trans health as well as those living with HIV/AIDS are often already among the most marginalized populations in Canada. All people require the best available medical options in order to live full, healthy lives, however, intersectional marginalization creates barriers. Poorer, indigenous, racialized, incarcerated and rural communities will experience both higher rates of HIV/AIDS and poorer health outcomes as a result of not being able to access medication.¹⁵ **It is a violation of their human rights to dictate where/ if they work and live in order to gain access to medication.**

HOW best to approach PHARMACARE

EVERY PERSON IS ENTITLED TO THE BEST!

Every person deserves the highest attainable standard of healthcare according to human rights.¹⁶ While Canada is deciding what our National Pharmacare will look like, this simple fact must ultimately be foregrounded in every conversation. Canada needs a single payer, national formulary that respects every individual's right to *quality* medications, regardless of their income, age, immigration status, race, gender, sexuality and geographic location. A national formulary that remains up to date with the best possible scientific advancements in sexual health, will ensure the core components to the right to health, as mentioned above.

All cost related barriers to prescription medications, including co-pays and deductibles, must be eliminated. A patchwork pharmacare plan, geared at "filling the gaps" will compromise universal accessibility, as demonstrated by a 2018 report that quantified the yearly deaths and illnesses resulting from cost-related non-adherence to prescription medications.¹⁷

¹³ <http://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

¹⁴ <https://www.ippf.org/resource/Vision-2020-Gender-Report-interactive/>

¹⁵ <https://www.catie.ca/fact-sheets/epidemiology/epidemiology-hiv-canada>

¹⁶ World Health Organization. Essential medicines and health products. http://www.who.int/medicines/areas/human_rights/en/

¹⁷ <https://nursesunions.ca/wp-content/uploads/2018/05/2018.04-Body-Count-Final-web.pdf>



Through our advocacy work promoting comprehensive cost coverage for the abortion medication, Mifegymiso¹⁸, Action Canada has become aware of the vast discrepancies between public and private formularies, formularies between provinces and even between most of the federal formularies (ex: The drug formulary that covers First Nations patients does not reflect the one that covers federal inmates or RCMP Officers). This resulted in some people being able to access an essential medicine for free while others had to pay up to \$400 out of pocket, even within the same province. These gaps and inconsistencies are unacceptable, considering that everyone in Canada must have equal access to health, according to the Canada Health Act.

People should have the right to choose the medication that works best for them. This is especially important for those who must take medication every day. Sexual health medications, such as contraceptives and HIV medications allow individuals to live autonomous and empowered lives, to which they're entitled. There are a wide variety of options because not every medication suits each person's lifestyle. The federal formulary must, therefore, include the widest variety of options to ensure that all people have equal access to the drugs that underscore their rights to health and autonomy. Given that people in Canada already enjoy fewer contraceptive options than many other countries, it is essential that we are respecting individuals right to appropriate, high quality medications and not just what is most cost effective from an economic perspective. Therefore, a single national formulary, administered at arms length from the government, that respects scientific advancement for all SRH medications is essential. Our government will save money using the purchasing power of a single payer formulary, instead of inhibiting options for sexual and reproductive health.¹⁹

¹⁸ <http://www.mifegymiso.com/about-mifegymiso/>

¹⁹ <https://nursesunions.ca/campaigns/pharmacare/>

