



Action Canada for Sexual Health & Rights

Support for a Full National Drug Plan

Action Canada for Sexual Health & Rights is a progressive, pro-choice charitable organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally.

Elections represent key moments when individuals and groups have the opportunity to have their decision-makers, and the parties they represent, make commitments. In anticipation of the 2015 federal election, Action Canada for Sexual Health and Rights has produced a series of thematic briefs outlining what actions we think the Government of Canada should take on a range of sexual and reproductive rights issues in the coming years.

You can find our election material outlining how we believe we could work towards better sexual and reproductive health outcomes: <https://action-canada.squarespace.com/>

This week, the [Canadian Health Coalition](#), as part of the [Health Care for All campaign](#), brings light to the need for a national drug plan in our country. Action Canada for Sexual Health and Rights supports this initiative as a national drug plan that guarantees access to a comprehensive range of medication, devices and appropriate supports would make an important contribution to the full realization of people's sexual and reproductive rights.

International law guarantees all people the right to life and the right to the highest attainable standard of physical and mental health, which includes sexual and reproductive health. The Canadian Health Coalition reports that Canada is the only country with public health care and no national drug plan. While most health services are covered through provincial health insurance plans, prescribed medication is not covered through provincial public insurance plans. According to [drugcoverage.ca](#) approximately 60% of the population has access to private health insurance which provides reimbursements for prescribed medication, devices and other specialized services. According to a survey by Statistics Canada, 24% of the Canadian population report that they have no drug coverage and so are forced to pay out of pocket for pharmaceutical products, including contraceptive drugs and devices. Those most likely to fall through the gaps are people who are working but who have low earnings as they may not be eligible for public benefits and are less likely to have employer-provided benefits. The remainder of the population is subject to the variable provincial regimes that provide coverage to certain members of their population including recipients of social assistance, seniors and other specific groups through provincial drug formularies that may or may not include certain products depending on the province of residence. This results in differential access to essential health commodities across provinces and territories and in barriers and inequalities in accessing them within each province and territory, particularly for those with limited access to resources.



The ability to manage one's fertility, have healthy pregnancies, and prevent, treat or manage sexually transmitted infections should not be dependent on income, place of residence or immigration status. People in Canada who require vaccines, medication or birth control devices should not need to rely on insurance or personal savings to afford the resources needed to maintain or realize the best possible sexual and reproductive health outcomes. Yet, at present, medicines, devices and supports to improve sexual and reproductive health are not covered universally.

When it comes to sexual and reproductive health and rights:

Access to HIV treatment and to treatment as prevention: To increase the quality of life of people living with HIV and reduce the number of new HIV infections in Canada, guaranteeing timely access to HIV treatment is crucial. HIV treatment can dramatically improve the health and extend the life of people living with HIV and, for achieving the best health outcomes, it is important to start treatment early. Access to treatment offers the important possibility that individuals' viral loads may reduce to undetectable levels, a key aspect of using treatment to stop new HIV infections. In serodiscordant couples, there is a 96% reduction in transmission when the HIV+ partner is on HIV treatment.

Every province has a different system for covering HIV drug costs meaning the out-of-pocket costs of obtaining drugs depends on where you live, who is eligible for coverage, whether you have a low income, if you have developed resistance to certain types of medications, are newly diagnosed, what caps are imposed on prescriptions payouts in your benefit package, whether you have third-party insurance and many other factors. In a nutshell, HIV+ people in Canada have coverage that ensure their access to treatment if they have a private plan that covers the medication they need or if they are eligible to have access to pharmaceuticals listed on a provincial formulary. This variability and lack of coverage for a large swath of the population in each province and territory is inequitable, with again lower income people bearing the brunt of that inequity. The discrepancies between provinces as well as who gets covered in each province, also mean that the quality of care received and the access to medication and devices vary greatly depending on where someone lives. This leads some people in Canada to move to another province in order to receive the care they need, sometimes severing important support networks. The current patchwork of coverage is unfair and puts many people's health at risk

In addition to treatment, pre-exposure prophylaxis (PrEP) is a newer and innovative HIV prevention approach where an HIV-negative person uses anti-HIV medications to reduce the risk of HIV infection. Although PrEP is not approved for use in Canada, it is accessible as an off-label prescription. Once it is changed from its current off label status, ensuring its accessibility will be paramount considering that, under our current system, despite multiple studies showing its importance as a new prevention technology, many people experiencing high risk of HIV transmission will not be able to access PrEP due to lack of private insurance and an inability to absorb the exorbitant costs out of pocket. People who already lack access to appropriate basic services due to remote location, stigma and discrimination, lack of resources, or intersecting health issues such as mental health and addictions, may experience especially limited access without a universal drug plan.

Emergency Contraception: Emergency contraceptive methods play an important role in reducing the risk of unplanned pregnancies. There are two methods of emergency contraception: the use of emergency contraceptive pills (ECP) or the insertion of a copper Intrauterine Device (IUD). ECP, also known as the morning after pill, has been long available over the counter at pharmacies or at sexual health clinics, and when taken within five days of unprotected sex, it reduces the risk of pregnancy. The copper Intrauterine Device (IUD) can be inserted by a doctor up to seven days after unprotected sex or failed



contraception with very high rates of success. The cost of either of these methods is significant and prohibitive to many: as a copper IUD can cost up to 200\$ and the average cost of ECP is between \$35 and \$50. In cases where ECP is less effective, such as for those who have higher body mass indexes, the copper IUD remains the more effective method and these patients are counselled to choose this method, which costs more. Access to both of these forms of emergency contraception is uneven and the costs are not covered under provincial health insurance meaning that they fall upon individuals seeking them to bear them, making them unavailable to many people.

Access to abortion: Abortion services are an essential part of a comprehensive package of sexual and reproductive health care services and are recognized as medically necessary under the Canada Health Act. The lack of access to safe abortion services is a major barrier for those who choose to terminate their pregnancies, particularly for individuals living in rural or remote areas. One strategy to overcome challenges in access to abortion services is through increased access to medication abortions (also called medical abortion). As it is more easily administered by a broader range of health professionals than surgical abortion, it could greatly increase the availability of abortion services in rural and remote areas, as well as provinces and territories with few surgical abortion providers. Currently, medical abortion is available in Canada but the cost of the medication itself is not universally covered. On July 29th 2015, Health Canada approved the use of the medical-abortion drug, mifepristone, a drug on the World Health Organization (WHO)'s Essential Medicines list and considered to be the “gold standard” for medical abortion. While people in Canada are still waiting for its roll out, uneven coverage from province to province as well as a lack of coverage of a large number of individuals will mean that access to medical abortion will be uneven and restricted even after it starts being prescribed. Many people seeking an abortion will be left with important costs to pay out of pocket, and this will disproportionately impact low income people.

Refugee health care: Recent cuts to health care for refugees and changes in immigration law have had deep negative impacts on the health of migrants and refugee claimants. The removal of coverage for sexual and reproductive health put refugee women at particular risk as it limits access to contraception, cancer screenings or abortion services among other services. This also has meant that many people are left without coverage for medications. Refugee claimants in some provinces have no coverage for necessary medications. For example, someone who would be diagnosed with cancer or other serious illnesses while they are waiting for their hearing would have to pay for their treatment out of pocket. Denying health care, including pharmaceutical care to refugees will only make them sicker and deteriorate their health. It is therefore a priority to restore Interim Federal Health coverage for refugees and refugee claimants as it existed before the 2012 changes so as to ensure all individuals in Canada have access to health care and pharmaceutical care, regardless of immigration status. This includes the removal of waiting periods for temporary and permanent residents to access health care and the provision of health care coverage to undocumented people. A national drug plan needs to include all people in Canada.

HPV vaccines: The Human Papilloma Virus (HPV) is said to be the most common sexually transmitted infection (STI) in Canada. The vast majority of people will clear the virus in a year or two and may never have any symptoms. In the case where people are infected with less benign strains, which can lead to genital or anal warts and cervical or anal cancers, preventative measures like vaccination and regular pap tests can mean early diagnoses and effective treatment. The vaccine can play a significant role in preventing the transmission of certain strains in the first place. This is especially important in the case of people without access to regular pap tests, or who may be at risk of accelerated cervical damage caused by HPV (e.g. those of us who smoke, or are HIV+) or, in the case of anal cancers, those who have anal sex, are immune-compromised or have a



history of cervical, vulvar or vaginal cancers. HPV vaccines have shown very high effectiveness in preventing the types of HPV infection indicated.

Vaccination requires three separate injections over the course of one year. The vaccine costs about \$400-\$500 in Canada, for all three doses. For those who do not receive it as part of a publically funded program, the financial barrier may be steep. More needs to be done to enhance access, especially for those who may face barriers to getting regular pap tests. While there are existing programs to provide it to cisgender females of school age, the vaccines are not covered for cisgender males or for females who fall outside of the programme's parameters or age range covered by provinces.

HPV vaccination is one of the important tools at our disposal for preventing cervical and anal cancers. Financial barriers to accessing it should be eliminated for all populations.

Contraception: Canadian people have a narrower range of birth-control options than people in other developed countries. Currently, Canada does not offer universal coverage for birth control. In most Canadian jurisdictions, once someone gets a prescription from a physician for birth control, they have to pay for it unless their private drug plan happen to cover that particular contraceptive option. All contraceptives aim to prevent pregnancy, but there are a variety of ways they can do so. They aren't interchangeable and the method that may work best for one person may not be suitable for another. That said, cost affects the choices a person will make. People rely on the method they can afford but cheaper methods such as external condoms have higher failure rates. Our current patchwork of private insurance plans and compassionate programs to cover contraceptives does not go far enough to make all options for birth control available to Canadians. The monthly price of pills is in the range of \$15 to \$30 a month, depending on the brand. The Mirena IUD costs at least \$350 up front. A non-hormonal IUD can cost between 50\$ and 200\$, and Depo-Provera, an injection effective for three months, costs about \$45. Considering that statistics show that nearly half of all pregnancies are unintended, it is possible to say that our current lack of coverage restricts people's ability to make meaningful choices about contraception and about their bodies.

Fertility treatment: While medically assisted reproduction is not against the law, some people in Canada experience significant barriers in access – particularly those with limited access to resources. Average cost of fertility medication in Canada is \$75-\$1,000, sperm preparation costs \$500, a standard in-vitro fertilization (IVF) is \$7,000, IVF medication costs between \$2,000 and \$5,000 and embryo freezing costs \$750. Currently, people in Quebec are able to seek reimbursement for costs associated with assisted reproduction. This program was instituted in that province to equalize access to treatment for people facing infertility as well as to reduce complication rates associated with more cost effective but more risky practices such as inserting multiple embryos at once during IVF cycles. Alleviating the financial costs people face to seek such treatments by ensuring the coverage of the needed medication can contribute to addressing these barriers to care. Public funding for fertility treatment has a direct influence on its accessibility. In the absence of adequate public funding for IVF, Canadians with greater financial resources are better able to overcome infertility than those with a lesser means, in opposition to the principle of universality that is the foundation of our health-care system.

