

# Delivering at home: National contraceptive cost coverage

## Background

In hosting Women Deliver, Canada will bring together the drivers of gender equality and women's empowerment. This conference is a significant moment for Canada, as a global leader in advancing gender equity, to launch a legacy initiative that would empower women and girls across in Canada to claim and exercise their rights. Canada has invested heavily in efforts to bring a gendered perspective to law and policy making. This proposal would solidify Canada's path towards a future where every woman and adolescent can claim their rights and be empowered. The Women Deliver Conference is a moment to showcase Canada's legacy commitments to gender equality, women's empowerment and feminist principles.

## What?

Expert stakeholders<sup>1</sup> propose that Canada commit to universal cost coverage for contraceptives for all, within a call for a [national public drug plan that is universal, public and single-payer, comprehensive safe and effective, accessible and affordable](#). Such a plan would provide free access to contraceptive methods, and over-the-counter emergency contraceptives, for all people in Canada, including those who are non-insured. Millions of women across Canada will benefit from this program. Lower income, marginalized and younger women will gain the most.

## Why?

While Canada's international development priorities include support for [access to contraceptives, as a component of sexual and reproductive health](#), significant barriers to this service remain in Canada. Over 180,700 women in Canada will have an unintended pregnancy, which has an associated cost of \$320M to the health care system.<sup>2</sup> Research in BC shows that over 25% of women in Canada aren't using any method of contraception, with nearly 60% of women aged 15-19 not using any method.<sup>3</sup> No person in Canada should be unable to manage their fertility due to cost barriers, yet a 2015 Contraceptive Survey has shown that people with lower household incomes, without higher education or who come from more remote parts of the country experience challenges affording contraception.<sup>4</sup> This is coupled with the reality that approximately 3.5M people in Canada report not being able to afford to fill their prescriptions, in general.<sup>5</sup>

Access to contraception is key to the right to health, achieving gender equality and women's empowerment, realizing public health goals and reducing health care costs.<sup>6</sup> When women and adolescents are empowered to choose if, when, and how many children to have, they are better positioned to continue their education and access employment opportunities, which has positive impacts on income, mental health, family stability and children's well-being<sup>7</sup>. In the State of Colorado, a program providing free access to contraceptives resulted in a 50% reduction in teen births and

<sup>1</sup> Action Canada for Sexual Health & Rights (Action Canada, formerly Planned Parenthood Canada) is a progressive, pro-choice, charitable, human rights organization, based in Ottawa Canada that seeks to advance and uphold sexual and reproductive rights, globally and in Canada. The Canadian Association of Midwives (CAM) is the national organization representing midwives and the profession of midwifery in Canada. CAM supports the National Aboriginal Council of Midwives (NACM) as the voice of Aboriginal midwifery. Oxfam Canada. Oxfam is a global movement of people working to end injustice and poverty. Oxfam Canada puts women's rights and gender justice at the heart of our work. Sexual and reproductive health and rights is a thematic area of focus for Oxfam Canada's programming, policy and outreach.

<sup>2</sup> "The total cost of [unintended pregnancy] due to imperfect adherence [to contraception] was approximately \$220 million, representing 69% of the total cost of [unintended pregnancy]." Amanda Y. Black, Edith Guilbert, and all. "The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives." Gynaecology.

<sup>3</sup> British Columbia 2015 Sexual Health Indicators. Rates and determinants among 14 to 49 year old females. 2015. Contraception and Abortion Research Team.

<sup>4</sup> <http://www.arcc-cdac.ca/postionpapers/37-Contraceptive-Use.pdf>

<sup>5</sup> <http://canadianlabour.ca/news/news-archive/canada%E2%80%99s-unions-mark-labour-day-call-universal-pharmacare>

<sup>6</sup> Sonfield A et al., *The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children*, New York: Guttmacher Institute, 2013, <https://www.guttmacher.org/report/social-and-economic-benefits-womens-ability-determine-whether-and-when-have-children>.

<sup>7</sup> Ibid

abortions, reduced public assistance costs by \$70M and “empowered thousands of young women to make their own choices on when or whether to start a family.”<sup>8</sup> Comprehensively covering contraception reduces the rate of unintended pregnancy, as people are more likely to continue using a method they judge most appropriate for their needs.<sup>9</sup>

Contraceptive care is universally covered in Australia, New Zealand, the UK and China, among other countries.<sup>10</sup> **American research shows savings to health systems “over \$7 for every \$1 invested in contraception.”<sup>11</sup>**

All contraceptives aim to prevent pregnancy, but there are a variety of ways they can do so. They are not interchangeable and the method that works best for one person may not be suitable for another. Cost affects the choices a person will make. People rely on the method they can afford, but cheaper methods such as condoms have higher failure rates. **The current patchwork of private insurance plans and compassionate programs to cover contraceptives does not go far enough to make all options for contraception available to everyone, equally.** The average monthly price of pills is \$22/month; hormonal IUDs cost \$350+ up front; non-hormonal IUDs cost \$50, and injectable contraceptives cost \$45. Considering that nearly half of all pregnancies are unintended, the current lack of coverage restricts people’s ability to make meaningful choices about contraception and about their bodies. In 2018, the Canadian Pediatric Society recommended that the hormonal IUD as the best contraceptive option for younger women. However, the up-front cost of hormonal IUDs is unmanageable for most people in Canada, particularly for those without insurance or who don’t want to disclose their contraceptive choices to family members through which they are insured.

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## How much?

**A national universal contraceptive cost coverage plan to expand choice and empower 7 million women and adolescents to access the contraceptive method that best meets their needs and realities, with positive ripple effect on their families and communities, costing approximately \$157/person/year,<sup>12</sup> and resulting in millions of dollars in savings to the healthcare system.<sup>13</sup>** This would empower individuals with not only the ability to own their reproductive choices, and thereby their futures, but return financial resources into the hands of women. This proposal includes the creation of a national sexual health survey, to collect data on a comprehensive set of indicators.<sup>14</sup>

<b>Legacy initiative to advance the health and rights of adolescents and women in Canada</b>	<b>Average annual cost per person</b>	<b>\$157</b>
	Implementation of national sexual health survey, per year	\$2M

<sup>8</sup> <https://www.colorado.gov/pacific/cdphe/cfpi-report>

<sup>9</sup> Foster, D. G. et al., 2013. Cost-savings from the provision of specific contraceptive methods in 2009. *Women’s Health Issues*. Peipert, J. F., Madden, T., Allsworth, J. E. & Secura, G. M., 2012. Preventing Unintended Pregnancies by Providing No-Cost Contraception. *Obstet Gynecol*, 120(6), pp. 1291-1297. Peipert, J. F. et al., 2011. Continuation and satisfaction of reversible contraception. *Obstetrics and Gynecology*.

<sup>10</sup> <https://www.businessinsider.com/all-of-the-countries-where-birth-control-is-free-2015-1>

<sup>11</sup> Amanda Y. Black, Edith Guilbert, and all. “The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives.” *Gynaecology*. And Frost JJ, Sonfield A, Zolna MR, Finer LB. Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program. *Milbank Q* 2014;92:696–749. And Cook L, Fleming C. What is the actual cost of providing the intrauterine system for contraception in a UK community sexual and reproductive health setting? *J Fam Plann Reprod Health Care* 2014;40:46–53.

<sup>12</sup> Estimates of both oral contraception and long-active reversible methods of contraceptive (IUDs, injectables and implants) use among European countries ranges between 20-30%, respectively (<http://data.un.org/DocumentData.aspx?id=356>). According to Statistics Canada there were approximately 7 million females in Canada between the ages of 15-44 years old. National sexual health survey: applying National Survey for Family Growth (NSFG) standards. (<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501&pickMembers%5B0%5D=1.1&pickMembers%5B1%5D=2.3>). The average cost for IUDs over a woman’s reproductive life is \$1,500 (\$51/yr). The average cost for oral contraceptives over a woman’s reproductive life is \$10,400 (\$264/yr). The average cost of providing both IUDs and oral contraceptives is \$157/yr, per person. Research shows uptake of LARCs through the removal of cost as a barrier to access, which would drive down annual average cost of providing coverage for contraception. Cost is approximately \$10-12M for survey, conducted every 5 years. <https://www.cdc.gov/nchs/nsfg/index.htm> (Pro-rated to \$2M/yr). **Canada is the only industrialized country that does not collect data on contraceptive prevalence rates. As such, this budget includes funding to begin collecting nation-wide contraceptive prevalence data so as to obtain a more accurate projection regarding the contraceptive needs of people in Canada.**

<sup>13</sup> Roughly calculated based on American research which calculates \$7 in savings/\$1 invested in contraceptive care. \$7 ROI x \$204/person, for all 7M women and adolescent girls.

<sup>14</sup> As with universal cost-coverage to the abortion pill Mifegymiso, the most accessible program allows individuals to obtain prescriptions from a range of health care providers (including nurse practitioners and midwives), then simply presenting their health card when they are filling their prescription for contraception.