Canada election 2019

Opting for sexual health and rights

July 2019

Key information and recommendations related to sexual and reproductive health and rights in Canada and abroad

Action Canada
for Sexual Health & Rights

Action Canada for Sexual Health & Rights – formerly Planned Parenthood Canada – is a progressive, pro-choice organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally. Action Canada works within Canada and globally to promote health, wellbeing, and rights related to sexuality and reproduction. Action Canada covers a broad spectrum that includes directly providing support, referrals, and information; working with other groups and organizations on a range of campaigns using a collaborative, movement-building approach; and policy advocacy related to sexual and reproductive rights (including abortion), gender, LGBTQ+ rights, comprehensive sexuality education, and more.

www.actioncanadashr.org

Election 2019

Throughout Canada, and around the world, millions of people, especially women, youth and LGBTQ+ folks, struggle to have their sexual and reproductive health needs met, and rights respected. Sexual and reproductive health and rights (SRHR) continue to be under-resourced and stigmatized within healthcare, by decision-makers, and in law and policy, even when the benefits of support for SRHR for individuals, communities and society, are well proven.

Action Canada for Sexual Health and Rights (Action Canada) calls upon every party and candidate in the upcoming federal election in Canada to respect, protect and uphold the full range of sexual and reproductive rights. Action Canada calls for the **adoption of a whole-of-government approach to sexual and reproductive health and rights** (SRHR) that is grounded in human rights principles.

TOP 5 ISSUES

Action Canada for Sexual Health and Rights champions the right of all people everywhere to have full control over and decide freely on their sexuality, reproduction, and gender and have identified *five urgent SRHR issues* that require immediate attention from all political parties and candidates:

1. **Address unequal access to abortion**
2. **Ensure all young people have access to quality sex-ed**
3. **Deliver on the promise of universal Pharmacare**
4. **End the criminalization of sexuality**
5. **Further Canada's global leadership on sexual and reproductive rights**

ABORTION ACCESS

The Government of Canada can and must end unequal access to abortion for all people in Canada!

We're tired of demanding access to abortion in Canada. Aren't you? Equal access is *STILL* restricted by age, financial resources, geographic location, immigration status, and physicians refusing to provide the services on moral and religious grounds. Certain provinces and territories uphold unlawful regulations that limit access to abortion, even though the Government of Canada is *OBLIGATED* under the Canada Health Act to intervene where abortion is restricted.

WHAT CANADA CAN DO RIGHT NOW TO ENSURE EQUAL ACCESS TO ABORTION:

- **Withhold cash transfers to provinces and territories failing to ensure the availability and accessibility of abortion services.**
- **Publish accurate health information on the Health Canada website about abortion and abortion related services, and actively dispel false health information proliferated by anti-choice organizations.**
- **Establish a national protocol for individuals seeking abortion services post-24 weeks outside of Canada, including funding to cover travel and accommodation costs prior to leaving the country.**

COMPREHENSIVE SEXUALITY EDUCATION

Canada has an obligation to ensure human rights everywhere, including in the classroom!

Young people are getting inconsistent, sub-standard sex-ed across the country. The Government of Canada has a human rights obligation to provide evidence-based, scientifically accurate, gender-sensitive, LGBTQ+ inclusive and sex-positive sexuality education. It must ensure that provinces and territories do not roll-back or restrict sex-ed that upholds the human rights of young people. It must do more to support educators' capacity to deliver comprehensive sex-ed by engaging provinces and territories to fix the gaps in implementation and capacity.

WHAT CANADA CAN DO RIGHT NOW TO ENSURE ALL YOUNG PEOPLE HAVE ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION:

- **Launch a national strategy to equalize access to comprehensive sexuality education across provinces and territories (including a national awareness-raising campaign led by the Public Health Agency of Canada (PHAC) and the Department of Women and Gender Equality, and funds to ensure the full implementation of the Canadian Guidelines for Sexual Health Education).**
- **Allocate funds to the PHAC to invest in the training of professional sexual health educators.**
- **Allocate funds to the PHAC to conduct regular national monitoring through inter alia broad-based surveys, of a robust set of sexual health indicators disaggregated by relevant factors, including among others, gender, age, location, and ethnicity.**

PHARMACARE

The Government of Canada must commit to a Pharmacare Strategy that covers EVERYONE, EQUALLY.

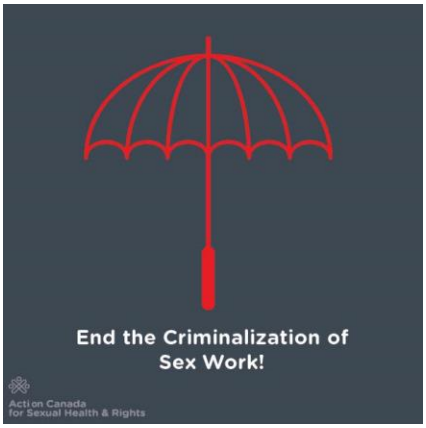
Canada is the only country in the world with universal healthcare and no national Pharmacare Strategy. Hundreds of thousands of individuals are falling through the cracks, unable to afford the medicine and devices they need to support their sexual and reproductive health. The ability to manage your own fertility, decide if and when to have children, have healthy pregnancies, affirm your own gender, and prevent, treat or manage sexually transmitted infections (STIs), including HIV, should not depend on patchwork insurance coverage. Any national Pharmacare Strategy *must* include ALL SRHR drugs and devices and cover all people, especially the most marginalized.

WHAT CANADA CAN DO RIGHT NOW TO ENSURE UNIVERSAL, SINGLE-PAYER PHARMACARE THAT RESPECTS EVERYONE'S RIGHT TO HEALTH:

- **Implement a National Pharmacare Strategy that is universal, single-payer, portable, accessible and comprehensive.**
- **Ensure that any National Formulary include *all* prescription medications that relate to sexual and reproductive health and rights.**
- **Commit immediately to universal cost coverage for contraceptives for everyone in Canada.**

CRIMINALIZATION OF SEXUALITY

The Government of Canada must *immediately* repeal the laws that criminalize sex work!



Criminalizing bodies, sexuality, gender, and reproduction causes serious harm and increased health risks. In Canada, sex workers risk criminal offence when they take actions to protect their own health and safety. The Supreme Court of Canada has ruled that criminalization of sex work promotes violence and violates human rights; yet, after 3.5 years, the government has failed to repeal the Protection of Exploited Persons Act (PECA), the dangerous legislation that is placing sex workers at risk every day.

WHAT CANADA CAN DO RIGHT NOW TO RESPECT SEX WORKERS' RIGHTS AND RIGHTS OF PEOPLE LIVING WITH HIV:

- **Repeal the Criminal Code sections that individually and as a whole threaten sex workers' health and safety.**
- **Include sex workers in policy and law reform process as the human rights principles of participation, transparency, and accountability require that sex workers must have a say in modernizing the laws and policies that affect them.**
- **Limit the use of the criminal law to intentional and actual transmission of HIV and ensure that the offense of sexual assault is not applied to HIV non-disclosure.**

CANADA'S GLOBAL LEADERSHIP ON SRHR

The Government of Canada must sustain its commitment to SRHR around the globe!

Global backlash against women's rights put the health and lives of women and girls around the world at risk. Canada has boldly stepped up in defense of sexual and reproductive rights through its development assistance. Now more than ever, the global community needs targeted and tracked leadership across the neglected areas of SRHR (safe abortion care, contraceptive care, adolescent SRHR and advocacy for SRHR) in development assistance and foreign policy.

WHAT CANADA CAN DO RIGHT NOW TO SUSTAIN ITS LEADERSHIP ON GLOBAL SRHR:

- Meet the international commitment of 0.7% GNI to official development assistance, with earmarked funds for the neglected areas of SRHR (safe abortion care, contraceptive care, adolescent SRHR and advocacy for SRHR).
- Create a Canadian global sexual and reproductive rights policy.
- Establish a clear accountability framework for the implementation of Canada's annual investment of $700M/year for SRHR, including clear targets for investments in the neglected areas of SRHR.
- Adopt feminist principles to guide all funding-related decisions, ensuring that initiatives address power and structural barriers to gender equality.
- Direct investment in feminist, women's rights and youth organizations and movements in the Global South working on SRHR, particularly those engaging in legal and policy advocacy.

What are Sexual and Reproductive Rights?

Sexual and reproductive rights go well beyond access to healthcare and services. They recognize that sexuality is an integral part of being human. Positive and healthy attitudes towards sexuality are related to emotional, physical, psychological, and spiritual wellbeing. Every person has the right to live free from violence, discrimination, and harmful gender norms while expressing and actualizing their sexuality and gender. In short, sexual and reproductive rights support control over our bodies and lives.

Achieving sexual and reproductive rights requires the elimination of harmful laws, policies, and programs and support for the movements and activists who are fighting for these changes.

Sexual and reproductive rights entail:

- The right to control and decide freely on matters related to our sexuality, gender, and reproduction;
- Freedom from violence, coercion, or intimidation in our sexual and reproductive lives;
- Access to sexual and reproductive healthcare information, education, and services;
- Protection from discrimination based on the exercise of our sexuality;
- The right to decide if, when, and how many children to have;
- The right to safely terminate a pregnancy;
- Access to comprehensive and inclusive sexuality education;
- Recognizing the needs and rights of individuals with diverse sexual orientations, gender identities and expressions; and
- Equal access to quality healthcare for pregnancy and childbirth, midwifery care, assisted reproduction, LGBTQ+ healthcare, STI prevention, treatment and care, including HIV, and safe and equitable access to abortion services.

Bodily Autonomy is the right to have control over and decide freely on all matters related to sexuality, gender and reproduction free from coercion, violence and discrimination, and **Reproductive Justice** is the right to have children, to not have children and to parent children in safe, healthy, and economically and environmentally sustainable communities. Together, they support individual wellbeing, while constantly strengthening our local and global communities.

Examples of Reproductive Justice at work:

1. Fighting racism to improve health outcomes for racialized people
2. Ending poverty to support everyone's right to access the health services they require
3. Establishing a universal childcare program to remove financial barriers that restrain people's reproductive choices
4. Teaching sex-ed to children, which lowers the rate of sexual and gender-based violence against LGBTQ+ people
5. Recognizing the intersections between environmental justice and sexual and reproductive health and rights

Why do human rights matter?

Human rights are key to ensuring people can act on decisions that enhance their lives. Having inalienable rights to health, education, and bodily autonomy, among others, underscores the fundamental building blocks of human development and personal freedom. For this reason, sexual and reproductive rights are included in human rights law. For example, every person has the right to walk down the street holding hands with a same-sex partner because of their legally enshrined right to non-discrimination.

Governments have an obligation to respect, protect, and fulfill human rights through laws, policies and programs – this includes support for effective accountability mechanisms and the allocation of resources to realize rights.

Fundamental to the realization of sexual and reproductive rights is the **Right to Health.**

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

- **Accessible:** All people must have full access to healthcare. States have an obligation to remove barriers (financial or otherwise) that prevent individuals from fully realizing the highest attainable standard of health.
- **Acceptable:** Healthcare must meet the needs of diverse communities, be culturally appropriate and gender sensitive, be grounded in informed consent and respect confidentiality.
- **Available:** Goods, medications and services are central to healthcare. Everyone must have barrier-free access to them, including, for example, a range of contraception methods based on the needs of service-users.
- **Of the highest quality:** Delivery of care should be safe, effective, timely, equitable, integrated, and efficient.

Scientific progress: The right to health means the right to enjoy the benefits of scientific progress, including the latest contraceptive methods, medical abortion, 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 health services impacts peoples' ability to determine the course of their lives.

Sexual and reproductive rights are interconnected with other rights, including:

- Right to education (comprehensive sexuality education);
- Freedom of expression (to freely express one's sexual orientation and gender identity);
- Freedom from violence and discrimination (based on gender, sexuality, and reproduction);
- Freedom from cruel, inhumane and degrading treatment (restrictions on abortion care, coerced sterilization);
- Right to privacy (all of it);
- Right to seek, receive and impart information (comprehensive sexuality education); and
- Freedom of association (sex workers).

Human rights are not optional! Governments have an *obligation* to realize health rights progressively, using the maximum available resources.

Key asks for election 2019

Addressing unequal access to abortion

Abortion has been legal in Canada for 30 years, and yet it remains inaccessible throughout much of the country.

Canadian and international legal obligations

Since the 1988 Supreme Court of Canada decision Canada v. Morgentaler, there have been no laws restricting access to abortion in Canada. All people in Canada have the right to equal access to abortion, regardless of where they live. This is recognized by the Canada Health Act, the Charter of Rights and Freedoms, and international Human Rights law. The Government of Canada has clear responsibility, as well as enforceable mechanisms, to uphold these rights in every province and territory.

Federal, provincial, and territorial governments must comply with the requirements set out in the Canada Health Act. The Act states that all provinces and territories must provide universal coverage for all insured persons for all medically necessary hospital and physician services. Under the Canada Health Act, provinces and territories are required to provide access to abortion in a way that is universal (all insured residents are entitled to the same level of health care); accessible (all insured residents have reasonable access to health care facilities); comprehensive (all necessary health services must be insured); portable (if a resident moves to a different province they are still entitled to coverage for a minimum window of time); and accountable for how its administered`.

In Canada, abortion is a very common procedure. Up to one in three women of reproductive age get an abortion in their lifetime.[1] Most abortion providers are located less than 150 km from the US border and only 1 hospital in 6 offers abortion. Failing to ensure access is a human rights violation.

CANADA'S UNMET OBLIGATIONS

Canada is failing to meet its obligation to provide accessible abortion services for all.

Some people, usually those with more privilege, have access to abortion services in Canada. The current health system discriminates against individuals based on class, age, place of residence, race, immigration status, and Indigeneity, among other factors.

Many individuals seeking abortion services experience barriers due to:

- Medically unnecessarily rules and regulations at provincial and territorial levels, or within regional health systems and hospital settings;
- Lack of universal cost-coverage for medical abortion in Nunavut;
- In New Brunswick and Nova Scotia the provincial governments will not cover the cost of surgical abortion services outside of hospitals;

[1] Norman, W. V. (2012). Induced abortion in Canada 1974-2005: Trends over the first generation with legal access. Contraception, 85, 185–1911

    - This means that freestanding abortion clinics either cannot exist or must charge patients for services that should, by federal law be covered by Medicare.
- Having to travel large distances to access abortion, either within or across provincial lines;
- The unavailability of abortion services post-23 weeks throughout Canada, which means that people must travel to the US to find care when needing an abortion beyond that gestational time;
- Interference and intimidation from anti-choice organizations and activists, that will often mislead, obfuscate, and delay individuals seeking abortion care;
- Harassment, threats, violence, and intimidation from anti-choice protesters surrounding points of sexual health services;
- Lack of financial or logistical resources required to book and travel to an appointment to undergo a procedure;
- Unavailability of culturally safe and appropriate sexual health services for people who do not speak English or French or who are immigrants, refugees or members of minority cultures; and
- Lack of access to stigma-free sexual health services for people with addictions and other mental and physical health challenges.

Barriers to abortion services are not experienced equally, and disproportionately impact certain groups and individuals, especially those who are young, low-income, people of color, immigrants or refugees whose precarious immigration status prevents them from accessing public healthcare or delays their ability to receive care, and those who do not speak English or French. These barriers are compounded for those living in rural or remote areas. People who can't afford contraception are more likely to require abortion care, and people who live on federal jurisdiction are less likely to have an abortion provider nearby. If we do not make abortion more easily accessible, it is these people who will suffer most.

INCREASING ACCESS WITH MIFEGYMISO

There are two types of abortion in Canada: surgical abortion and medical abortion. Medical abortion uses medication to end a pregnancy and surgical abortion involves a minor procedure. Both are safe and standard procedures with exceptionally low complication rates, and do not affect future pregnancies. The gold-standard, World Health Organization-approved abortion pill, (a combination of Mifepristone and Misoprostol, branded together as Mifegymiso) was approved for use in Canada in 2015. The medication costs up to $450 dollars to access out of pocket.

Mifegymiso offers an opportunity to address inequalities. Making medical abortion available and affordable can improve the accessibility of abortion in Canada as it can be offered earlier than surgical abortion, has the potential to reduce wait times for surgical abortion procedures, and can be offered to people who want to avoid an internal procedure for a number of reasons. It can be administered by different health care providers, including family doctors, midwives and nurses, which will necessarily increase access in more remote and rural areas, and within under serviced communities.

Mifepristone has been used millions of times in dozens of countries for more than three decades. As proven by international research and evidence, medical abortion is not 'risky' nor 'exceptional' compared to many other services provided by doctors, nurses, and midwives. For example, in the United States, new research confirms that medical abortions made by telemedicine are as safe as those performed with in-person visits.[2] A recent study published in the journal Obstetrics & Gynecology definitively confirms that there is no increased risk of complications with the telemedicine model and also demonstrates that

[2] Journal of obstetrics and gynecology 2017: https://journals.lww.com/greenjournal/Abstract/2018/05001/The_TelAbortion_Project___Delivering_the_Abortion.184.aspx

the complication rate of medical abortion, just like the one for surgical abortion, is very, very low.[3] Patients located in some U.S. states may even receive their prescriptions by regular mail.

Given the evidence and persisting challenges regarding abortion access in rural and remote areas, it is critical that medical abortion, including its delivery through telemedicine, be taken up in as many service outlets as possible, and that healthcare providers (including midwives and nurse practitioners) incorporate medical abortion into their practice.

Universal Cost Coverage

Universal cost coverage for Mifegymiso is a matter of reducing health inequities and discrimination on the basis of income and sex. By ensuring that all territories remove the financial barrier to medical abortion and promote the take up of this important medical practice, as well as its integration into primary healthcare, the government of Canada has the opportunity to meet their responsibility by removing some the most persistent and longstanding barriers limiting access to abortion.

As of June 2019, ten provinces and two territories have rolled out universal cost coverage programs for Mifegymiso: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Northwest Territories, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan, and the Yukon.[4] Nunavut has not taken any steps to provide cost coverage.[5]

Without universal, single-payer coverage for Mifegymiso, access to abortion care will still be a patchwork, resulting in differential access to healthcare depending on where someone lives. In such cases, it is the federal government's responsibility to ensure that steps are taken to make sure all people in Canada have equal access to a medical service. This is especially urgent given the time-sensitive nature of abortion procedures and the harm that lack of access poses to an individual's rights and autonomy.

THREATS TO ABORTION ACCESS

Canada must do more to stop anti-choice organizations and individuals from harassing, misleading, intimidating, and threatening people who seek and provide abortions.

All people are entitled to accurate information about their sexual and reproductive health so they can make and act on important decisions and know about the treatment options they have a right to. A small, vocal, and well-funded minority of people in Canada and around the world are dedicated to curtailing and violating those rights through the activities of anti-choice organizations (often known as Crisis Pregnancy Centres, of which there are approximately 180 in Canada[6]). A study from the Johns Hopkins Bloomberg School of Public Health detailed the ethical and public health risks of crisis pregnancy centers.[7]

In Canada, many of these organizations actively interfere with people's access to abortion care by, for example, sharing misleading information, gatekeeping or picketing abortion clinics or hospitals.[8] Some of these tactics result in delayed access to healthcare. Abortion is a time-sensitive procedure and the more a person is delayed, the more trouble they can have accessing the service. For example, some provinces don't offer abortion care after 14 weeks, and very few places offer abortion care after

[3] Journal of Obstetrics and Gynaecology Canada, Vol. 39, Issue 1. 2016. "Medical abortion guidelines." https://www.jogc.com/article/S1701-2163(16)00043-8/fulltext, *Obstetrics & Gynecology*. 2017 Oct;130(4):778-782. "Safety of medical abortion provided through telemedicine compared with in person" https://ibisreproductivehealth.org/publications/safety-medical-abortion-provided-through-telemedicine-compared-person

[4] Both Prince Edward Island and Northwest Territories have announced cost-coverage though only provide access at certain locations.

[5] Though most residents are covered through the federal non-insured health benefits plan.

[6] http://www.arcc-cdac.ca/CPC-study/CPC-Website-Study-ARCC-2016.pdf

[7] Perspectives on Sexual and Reproductive Health. Vol. 44. Issue 3. 2012. "The Public Health Risks of Crisis Pregnancy Centres." https://onlinelibrary.wiley.com/doi/abs/10.1363/4420112

[8] http://www.arcc-cdac.ca/CPC-study/list-anti-choice-groups.pdf and http://www.arcc-cdac.ca/CPC-study/CPC-Website-Study-ARCC-2016.pdf

20 weeks. Delaying access jeopardizes people's ability to make important decisions about pregnancy as early as possible and to access the appropriate care.[9]

The harmful activities of Canadian anti-choice groups go well beyond the safe expression of political positions and lobbying, they often involve the dissemination of false health information and the establishment of Crisis Pregnancy Centres (CPCs). CPCs are facilities that intentionally prevent access to abortion services. They often deceive people into thinking they *are* abortion clinics - in many cases they open as geographically close to abortion clinics as possible, so that people can literally walk into the wrong building by mistake. Once a pregnant person is inside the facility, they often present them with false health information and suggest pregnancy options that exclude abortion, the result of which is that individuals can be delayed and misled while seeking the care of their choice. The Abortion Rights Coalition of Canada has identified 180 Crisis Pregnancy Centres in Canada.[10] In many cases, a town or city that does not have abortion clinics will have a CPC, and it has been found that some CPCs are receiving public funding to operate.[11] It is inappropriate for public funds to go towards facilities that deter people from accessing the health services to which they are entitled.

WHAT CANADA CAN DO RIGHT NOW TO ENSURE EQUAL ACCESS TO ABORTION:

- **Withhold cash transfers to provinces and territories failing to ensure the availability and accessibility of abortion services.**
- **Publish accurate health information on the Health Canada website about abortion and abortion related services, and actively dispel false health information proliferated by anti-choice organizations.**
- **Establish a national protocol for individuals seeking abortion services post-24 weeks outside of Canada, including funding to cover travel and accommodation costs prior to leaving the country.**

[9] https://www.ncbi.nlm.nih.gov/pubmed/22958665
[10] http://www.arcc-cdac.ca/CPC-study/list-anti-choice-groups.pdf and http://www.arcc-cdac.ca/CPC-study/CPC-Website-Study-ARCC-2016.pdf
[11] https://globalnews.ca/news/2703632/crisis-prexgnancy-centres-mislead-women-report-says/

Ensuring equal access to comprehensive sexuality education

Comprehensive sexuality education is recognized as a basic human right of all children and youth. According to international human rights law, the Government of Canada has an obligation to ensure that all children in Canada have equal access to the highest quality, evidence-based, scientifically accurate, comprehensive sexuality education.[12]

"Comprehensive Sexuality Education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives."[13]

THE STATE OF SEX-ED IN CANADA

There is no standardized CSE curriculum in Canada. Across the country, this has resulted in inconsistent, sub-standard implementation of CSE. Content varies greatly between classrooms, often overlooks the experiences of students who are LGBTQ+ and is distanced from the current realities in which youth navigate sexual decision making.

Action Canada's research shows that sex-ed in Canada is:

- Not meeting international standards and best practices;
- Outdated;
- Not comprehensive;
- Not monitored and evaluated to ensure high quality deliveryl and
- Offered by educators who receive low to no support from provinces and educational systems and whose comfort levels with the subject matter are low.

Access to high quality sex-ed ends up depending on individual school boards, principals, and what health centres and community groups can commit. It also hinges on the capacity, values, knowledge, and comfort levels of individual teachers and/or community-based educators.[14] This means that young people in well-resourced schools and communities often have better access to accurate, high-quality health information because external sexual health educators are contracted. Young people in schools with limited resources, or where low priority is given to sex-ed, might not get any at all. Young people with teachers who feel more capable to teach sex-ed may receive more information and teachings than their peers in the next classroom.

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[12] United Nations Human Rights Council. 39th session. Resolution on the promotion and protection of human rights, civil, political, economic, social and cultural rights, including the right to development. 2018. A/HRC/39/L.13/Rev.1

[13] *2018 UNESCO Technical Guidance on Sexuality Education*

[14] Lacking resources to hire professional sexual health educators, or the tools to determine the professional competency of community organizations who propose to deliver 'sexual health education,' many schools turns to *Crisis Pregnancy Centres* for the delivery of sex-ed in schools. Crisis Pregnancy Centres provide misleading, inaccurate and harmful information. https://www.guttmacher.org/journals/psrh/2012/09/public-health-risks-crisis-pregnancy-centers

Some young people in Canada only receive ideologically-driven and abstinence-based sex-ed from third parties contracted by schools[15], with many receiving no sex-ed at all.

SUB-STANDARD SEX-ED IN CANADA: IMPACTS

According to the standards established by UNESCO, sub-standard sexuality education in Canada has clear impacts on health outcomes. Recent evidence suggests that there are significant gaps in the sexual health knowledge of Canadian youth.[16] The majority of youth surveyed in a study from British Columbia reported that they do not learn where they could access STI testing (57%) or emergency contraception (52%). Youth also shared they did not learn where to get free condoms or contraception (38%), or where to access birth control (47%).[17]

Young people have the highest reported rates of STIs in Canada. Reported rates of chlamydia, gonorrhea, and syphilis have been steadily rising since the 1990s.[18] In 2011, over one quarter of positive HIV tests were attributed to young people between the ages of 15 and 29.[19] According to 2010 national STI surveillance data, 63% of new cases of chlamydia, 49% of new cases of gonorrhea and 14.9% of new cases of infectious syphilis were among young people aged 15-24[20].

Violence against young women and girls persists at alarming rates as evidenced by research that found that young women are eight times more likely than are boys to be victims of a sexual offence[21], and nearly half (46%) of high school girls in Ontario are victims of sexual harassment.[22] Young women are 8x more likely than boys to be victims of a sexual offence;[23] nearly half of high school girls in Ontario report sexual harassment.[24] Indigenous young women and girls face more violence than non-Indigenous girls.[25] LGBTQ+ youth experience health disparities, including poorer mental health outcomes and higher instances of cyberbullying, and online harassment.[26]

When developed and delivered right, sex-ed offers an opportunity to address systemic problems related to gender-based violence, LGBTQ+ rights, and public health, in ways that have proven to have clear impacts through early intervention.

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[15] https://www.cbc.ca/news/canada/edmonton/alberta-sex-education-abortion-holocaust-1.4065411
https://www.cbc.ca/news/canada/edmonton/edmonton-school-board-drops-abstinence-based-sex-ed-after-complaint-1.2704291

[16] See for example Kumar, M.M., Lim, R., Langford, C., Seabrook, J.A., Speechley, K.N., and Lynch, T. (2013). Sexual knowledge of Canadian adolescents after completion of high school sexual education requirements. *Pediatric Child Health*; 18(2): 74 – 80; Sarah Flicker, Susan Flynn, June Larkin, Robb Travers, Adrian Guta, Jason Pole, and Crystal Layne (2009). *Sexpress: The Toronto Teen Survey Report.* Planned Parenthood Toronto. Toronto, ON.

[17] https://www.sexedisourright.ca/report_sexual_health_of_youth_in_bc

[18] 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

[19] 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

[20] ibid

[21] http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf

[22] http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.586.6071&rep=rep1&type=pdf

[25] Native Women's Association of Canada. Fact Sheet: Violence Against Aboriginal Women. https://nwac.ca/wp-content/uploads/2015/05/Fact_Sheet_Violence_Against_Aboriginal_Women.pdf

[26] http://cbrc.net/sites/cbrc.net/files/LGBT%20Health%20In%20Canada%20%281%29.pdf

EVIDENCE SUPPORTS CSE

Sex-ed can be life changing for people and can have important positive impacts on public health. There is a strong body of research studies telling us the story of the difference high quality sex-ed makes in people's lives when it is effectively developed and delivered.

Some of the impacts of quality sex-ed include:

- Delayed initiation of sexual activity;
- Reduced sexual risk taking;
- Increased use of condoms;
- Increased use of contraception;
- Increased knowledge about different aspects of sexuality, behaviours and risks of pregnancy, HIV and other sexually transmitted infections;
- Improved attitudes related to sexual and reproductive health;
- Increased knowledge of one's rights within a sexual relationship;
- Increased communication with parents about sex and relationships; and
- Increased ability to manage risky situations.[27]

There is a myth that sex-ed increases early sexual activity, sexual risk-taking behaviour or STI/HIV infection rates. But in fact, it has the opposite effect on young people. Human rights-based, sex-positive, and accurate information leads to positive effects on knowledge and attitudes.

There are also longer-term significant, positive psychosocial outcomes of sex-ed that researchers are monitoring. This research looks at non-health-related outcomes and effects of CSE programs including: preventing and reducing gender-based and intimate partner violence and discrimination; increasing gender equitable norms; self-efficacy and confidence; and, building stronger and healthier relationships.

The Role of the Federal Government

While provinces and territories are responsible for the development and implementation of their sex-ed curricula, the federal government is responsible for ensuring compliance with international human rights law. The federal government must therefore hold provinces and territories failing to meet human rights obligations through the delivery of sub-standard sex-ed accountable, and support provinces in the delivery of comprehensive sexuality education. Moreover, because sex-ed plays a crucial role in advancing gender equality, preventing gender-based violence and bullying, health promotion and empowering youth, sex-ed is intrinsically linked with the mandates of numerous federal departments – including both the Public Health Agency of Canada, the Department of Women and Gender Equality.[28]

There are a number of concrete ways in which the federal government can meet its human rights obligations that are in line with the core mandates of federal departments. This includes: setting clear benchmarks to guide provincial and territorial curriculum development, implementation, and evaluation (in line with the 2019 Canadian Guidelines for Sexual Health

[27] As monitored by high-quality studies

[28] The Public Health Agency of Canada's mandate includes: preventing and addressing gender-based violence, empowering women and girls, achieving public health goals, addressing rising rates of sexually transmitted infections (STIs), and supporting healthy relationships among young people and creating a culture of consent. https://www.canada.ca/en/public-health/corporate/mandate/about-agency/mandate.html

Education),[29] investing in training and capacity building for sexual health educators, and raising public awareness for the importance of sex-ed.

UN TO CANADA: FIX SEX-ED!

The United Nations has called on Canada to uphold young people's right to quality sex-ed.

On 19 December 2018, Canada received an official communication from UN human rights experts[30] demanding that Canada take immediate steps to ensure compliance with human rights obligations in regards to sexuality education. The message to Canada is clear: federal and provincial governments have an obligation to ensure all young people are provided with sexuality education, and failure to ensure access to sexuality education is a violation of human rights.

The Government of Canada must now take two immediate actions: (1) "ensure that all individuals and groups have access to comprehensive, non-discriminatory, evidence-based, scientifically accurate, and age appropriate information on all aspects of sexual and reproductive health, including gender equality, sexual and gender-based violence, and the issue of consent" and (2) ensure that all jurisdictions comply with international human rights obligations.

Educators have the obligation and the right to teach the best possible curriculum to their students and must not be punished for upholding the standards of their profession. The communication further establishes the role of the federal government in ensuring provincial jurisdictions comply with human rights violation obligations.

Canada actively advocates for CSE at the UN Human Rights Council in Geneva and UN General Assembly in New York and continues to receive praise for its support for CSE in these spaces. It is therefore time that Canada bring the same level of commitment it brings to CSE globally, home.

WHAT CANADA CAN DO RIGHT NOW TO ENSURE ALL YOUNG PEOPLE HAVE ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION:

- **Launch a national strategy to equalize access to comprehensive sexuality education across provinces and territories (including a national awareness raising campaign led by the Public Health Agency of Canada and the Department of Women and Gender Equality, and funds to ensure the full implementation of the Canadian Guidelines for Sexual Health Education).**
- **Allocate funds to the Public Health Agency of Canada to invest in the training of professional sexual health educators.**
- **Allocate funds to the Public Health Agency of Canada to conduct regular national monitoring through inter alia broad-based surveys, of a robust set of sexual health indicators disaggregated by relevant factors including gender, age, location, ethnicity and others.**

[29] http://sieccan.org/sexual-health-education/

[30] Special Rapporteur in the field of cultural rights; the Special Rapporteur on the rights of persons with disabilities; the Special Rapporteur on the right to education; the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity; and the Working Group on the issue of discrimination against women in law and in practice

Delivering on the promise of universal Pharmacare

All people have a right to a comprehensive package of sexual and reproductive goods and services, including medicines, commodities and devices.[31]

UNIVERSAL, SINGLE-PAYER, COMPREHENSIVE

It is crucial to locate sexual and reproductive health and rights in the context of a National Pharmacare Strategy. 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.

Canada is the only country in the world with universal healthcare and no national Pharmacare strategy.[32] Failing to ensure equal access to medication and goods puts the needs and rights of individuals, often the most marginalized, in jeopardy. People in Canada who require vaccines to prevent STIs, antiretroviral medication to prevent or treat HIV infections, medication to treat infertility or contraceptive devices to control their fertility should not have 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. Like 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.

PATCHWORK COVERAGE DOESN'T WORK

Provincial and territorial social programs providing drug benefits for people over a certain age or under a certain income level often exclude many folks, particularly those in need of SRHR medications. For example, a woman in her early thirties may be in need of contraceptives, however, she won't be old enough for seniors' benefits, she won't be young enough for youth benefits or to be covered under her parent's private insurance (if they have it), and she may not be consistently employed or receiving drug benefits herself. A transgender youth in need of hormone replacement therapy is another example of someone who may fall through the cracks of patchwork social programs. They may not want to use their parent's private insurance for healthcare that is stigmatized, or private insurance formularies may not cover medications used for transition. Examples of patients falling through the cracks of patchwork drug coverage programs are common among the communities Action Canada serves.

It is critical that any National Pharmacare Strategy include all SRHR drugs, not just the most commonly prescribed drugs. A wide range of options for medications must be covered for sexual and reproductive health. HIV and transgender treatments and care are constantly evolving, and any national formulary must take into consideration the need for variance and

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

[32] Government of Canada. News release. The Advisory Council on the Implementation of National Pharmacare recommends Canada implement universal, single-payer public pharmacare. https://www.canada.ca/en/health-canada/news/2019/06/the-advisory-council-on-the-implementation-of-national-pharmacare-recommends-canada-implement-universal-single-payer-public-pharmacare.html

adaptability for individuals to choose the treatment plans that support their lives. **Limiting medical options for people living with HIV/AIDS, trans folks, and people seeking to manage their fertility results in further discrimination against already marginalized people.**

Below are three examples of how important universal Pharmacare will be to some people with SRHR needs. These three examples are only a small snapshot of the many SRHR-related treatments that require costly medication.

HIV MEDICATION

More people live with HIV today than ever before.[33] They are members of the most marginalized communities in Canada; yet the medications available and how much they cost greatly varies depending on which forms of public and private insurance are available. Differential access to medication is unjust and furthers the marginalization of 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.[34]

It is essential that individuals throughout Canada have access to pre-exposure HIV prophylaxis (PrEP). Similar to other sexual and reproductive health medications, coverage for PrEP varies between provinces and territories. Nine provinces and two territories have recognized the importance of PrEP and have provided expanded cost coverage for the medication.[35] However, some people are still excluded from provincial drug assistance and may not have private insurance to help cover the high cost of PrEP. Currently, only people in Ontario and Quebec, and those on the federal non-insured health benefits (FNIHB) formulary have coverage for PrEP. Despite being a highly effective method to reduce the risk of HIV transmission, PrEP has not been added to all provincial, territorial, or insurance formularies, meaning its cost may or may not be covered, or might be covered in part. [36] It is of critical importance that PrEP be included on a national formulary in the context of Pharmacare to ensure universal coverage.

GENDER AFFIRMING CARE

Transgender and gender non-conforming people (particularly youth) often face discrimination when trying to access appropriate, non-stigmatizing, quality healthcare.[37] For example, availability and cost-coverage for hormone replacement therapy differs greatly between provincial, territorial, and federal levels. Further, few physicians are well equipped to understand or provide the comprehensive medical care that trans folks require.

30% of transgender youth report using hormones that come from unprescribed and unsupervised sources, such as friends or the internet.[38]

In many places the medications are not covered at all, and where they are, onerous bureaucratic processes can amount to major barriers for trans individuals. Trans folks are often highly stigmatized by healthcare professionals and are sometimes reluctant to engage with the health system for a variety of systemic reasons[39]. It is therefore critical that universal drug coverage not only exist, but also be simple to navigate.

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[33] CATIE. 2017. The epidemiology of HIV in Canada. http://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hiv-canada

[34] 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.

[35] https://www.catie.ca/en/prep/access

[36] 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.

[37] 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

[38] 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

[39] https://www.srhweek.ca/providers/people-and-communities/trans-and-gender-diverse-people/

In many cases, many medications trans folks take are used off-label. For example, medication used for male-pattern baldness is sometimes used by trans men to promote hair growth. Any national Pharmacare formulary must ensure comprehensive consultation with trans people and their health-care providers to ensure that it covers all medications and supplies needed for safe transitions.

CONTRACEPTIVES

There are still significant barriers to accessing contraceptive care in Canada, and nearly half of all pregnancies in Canada are unintended.[40] Over 180,700 women in Canada will have an unintended pregnancy each year.[41] Research 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.[42] No person in Canada should be unable to manage their fertility due to cost barriers, yet a Statistics Canada 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.[43] 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.[44]

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.[45] Long-acting, reversible contraceptives like intrauterine devices (IUDs), which are one of the most effective methods available, are not widely used.[46] **The Canadian Pediatric Society has recommended that IUDs be offered (free of charge) by doctors as a first-line birth control option for adolescents**[47] **but some IUDs can cost upward of $300-400, making them unaffordable for many people in Canada.**

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, due to frequent misuse.

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. For many people in Canada, these are prohibitive costs.

Canada needs a plan to 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 people across Canada will benefit from this program. Lower income, marginalized and younger people will benefit the most.

Research estimates a cost savings to health systems of "over $7 for every $1 invested in contraception."[48]

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

[41] "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.

[42] British Colombia 2015 Sexual Health Indicators. Rates and determinants among 14 to 49 year old females. 2015. Contraception and Abortion Research Team.

[43] https://www150.statcan.gc.ca/n1/pub/82-003-x/2015010/article/14222-eng.htm

[44] http://canadianlabour.ca/news/news-archive/canada%E2%80%99s-unions-mark-labour-day-call-universal-pharmacare

[45] Ibid.

[46] Ibid.

[47] Canadian Pediatric Society. 2018. https://www.cps.ca/en/documents/position/contraceptive-care

[48] 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

Access to contraception is key to upholding people's right to health, achieving gender equality, realizing public health goals, and reducing healthcare costs.[49] When individuals 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[50]. Comprehensively covering contraception reduces the rate of unintended pregnancy, as people are more likely to continue using a method they determine is most appropriate for their needs.[51]

HUMAN RIGHTS AND PHARMACARE

Equality and non-discrimination: Canada's lack of a national universal Pharmacare strategy leads to the systemic discrimination against individuals on the basis of sex, gender identity, ability, 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.[52]

WHAT CANADA CAN DO RIGHT NOW TO ENSURE UNIVERSAL, SINGLE-PAYER PHARMACARE THAT RESPECTS EVERYONE'S RIGHT TO HEALTH:

- **Implement a National Pharmacare Strategy that is universal, single-payer, portable, accessible and comprehensive.**
- **Ensure that any National Formulary include *all* prescription medications that relate to sexual and reproductive health and rights.**
- **Commit immediately to universal cost coverage for contraceptives for everyone in Canada.**

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.

[49] 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.

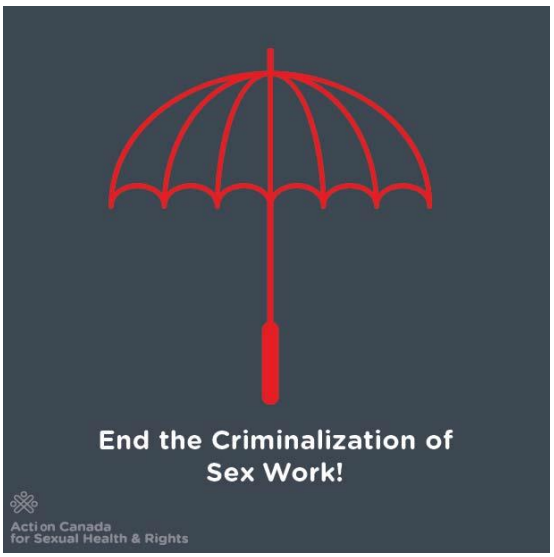
[50] Ibid

[51] 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.*

[52] 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

End the criminalization of sexuality

Criminalizing sexuality, gender, and reproduction—historically and today—causes grave harm. Not long ago, abortion was a crime in Canada; people were harmed and killed as a result. At the time, the Supreme Court of Canada intervened in order to strike the provisions in the Criminal Code that actively threatened women's safety and equality by restricting access to abortion. **The federal government has the power to swiftly amend criminal provisions which are shown to harm people and violate human rights.** The ongoing ways in which individuals are criminalized, despite their entitlement to the full range of sexual and reproductive rights, must end.



SEX WORK

Canada continues to criminalize sex workers, despite the Supreme Court of Canada striking criminal code provisions that undermine their health and safety. The *Protection of Communities and Exploited Persons Act* (PCEPA) effectively re-criminalizes sex work.[53] The negative consequences associated with the ongoing criminalization of sex work include:

- Fear among sex workers around legal consequences or harassment if they carry condoms and lubricant, which can be used as evidence of sex work;[54]
- The reduction of sex workers' ability to negotiate safer sex with clients (on the street as well as indoors or on the phone);[55]
- A negative impact on relationships between sex workers and any service providers (such as those providing condoms and harm reduction supplies) as sex workers may fear being identified as sex workers, which could lead to police entrapment;[56] and
- Heightened risks of HIV and other sexually transmitted infections as sex workers face substantial barriers in accessing prevention, treatment, and care services.

International experts, UN agencies, and human rights bodies affirm that the decriminalization of sex work is the single most efficient structural intervention to reduce HIV infections among sex workers by reducing the risk of violence.[57] UN agencies, human rights experts, and academics from Canada and throughout the world clearly indicate that this type of legislation forces

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[53] Specifically, the purchase of sexual services; communicating for the purpose of purchasing and selling sexual services; receiving a material benefit from the crimes of purchasing sexual services or communicating to obtain them; procuring a person to offer or provide sexual services for consideration; and prohibiting advertising of sexual services.

[54] Canadian Alliance for Sex Work Law Reform: factsheet "Why Decriminalization is Consistent with Public Health Goals." https://drive.google.com/folderview?id=0B3mqMOhRg5FeLWpPd21VYTlidTA&usp=sharing&tid=0B3mqMOhRg5FeNlY4ZkxFb2pLaWM

[55] Kim Blankenship and Stephen Koester, "Criminal Law, Policing Policy and HIV Risk in Female Street Sex Workers and Injection Drug Users" (2002) 30 Journal of Law, Medicine and Ethics 548, p.550; Annika Eriksson and Anna Gavanas, Prostitution in Sweden 2007 (Socialstyrelsen 2008) http://www.socialstyrelsen.se/lists/artikelkatalog/attachments/8806/2008-126-65_200812665.pdf p.48; Ulf Stridbeck (ed.), Purchasing Sexual Services in Sweden and the Netherlands: Legal Regulation and Experiences—An Abbreviated English Version. A Report by a Working Group on the legal regulation of the purchase of sexual services (Justis-ogPolitidepartementet, 2004) http://www.regjeringen.no/upload/kilde/jd/rap/2004/0034/ddd/pdfv/232216-purchasing_sexual_services_in_sweden_and_the_nederlands.pdf pp.13 and 19; Petra Östergren, "Sexworkers critique of Swedish Prostitution policy" (2004), http://www.petraostergren.com/pages.aspx?r_id=40716; Rosie Campbell and Merl Storr, "Challenging the Kerb Crawler Rehabilitation Programme" (2001) 67 Feminist Review 94, 102 citing Steph Wilcock, The Lifeline Sexwork Project Report: Occupational Health and Safety Issues and Drug Using Patterns of Current Sexworker: Survey Findings (Manchester: Lifeline, 1998); Pro Sentret, Året 2010/2011), pp.72, 78-79.

[56] Helsedirektoratet (Norwegian Directorate of Health), UNGASS Country Progress Report Norway: Jan. 2008–Dec. 2009 (Helsedirektoratet, Apr. 2010) http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/norway_2010.

[57] The Lancet. 2014. "HIV and Sex Workers." http://www.thelancet.com/series/HIV-and-sex-workers.

sex workers into unsafe and unprotected areas, and restricts access to important safety strategies that can have significant and profound negative consequences on sex workers' health, security, safety, equality, and human rights.

This is especially alarming for people in precarious immigration situations. Canada's new sex work-related laws do not explicitly address migrant sex workers, but their stated objective is to "ensure consistency between prostitution offences and the existing human trafficking offences."[58] This means that human trafficking frameworks are being used to understand prostitution. Because migrant sex workers are often identified as "trafficked victims" and because their work is often referred to as "sexual exploitation," laws and policies criminalizing both sex work and migration lead to both racialized and sex workers of colour being specifically targeted. This puts already vulnerable populations at higher risk of criminalization and violence.[59]

In practical terms, the criminalization of the purchase of sexual services increases sex workers' isolation and marginalization as it limits access to police protection and support services thereby decreasing their ability to report violence to police. Criminalization also results in sex workers having to take risks with new, less familiar or less desirable clients as they have less time to screen them, and being displaced to isolated areas as the client's fear of arrest may have a dispersal effect as well. It prevents sex workers from implementing simple safety-enhancing measures, such as working in pairs, working in familiar areas, or having the time to consult bad date lists, which provides critical information for people to protect themselves.

The UN Special Rapporteur on the right to health, as well as the Supreme Court of Canada have identified that the criminalization of sex work violates sex workers' rights.[60] Canada has a clear legal obligation to end the criminalization of sex workers.

HIV NON-DISCLOSURE

The criminalization of the non-disclosure of HIV in Canada is an ongoing human rights violation. An overly broad interpretation of the law has resulted in charging those living with HIV with aggravated sexual assault (which carries a maximum penalty of life imprisonment and mandatory registration on the Sexual Offender Registry).[61] Despite the release of federal directives in 2018, Canada still leads in the prosecution of HIV non-disclosure worldwide (200+ prosecutions). The criminalization of the non-disclosure of HIV undermines effective HIV prevention strategies, deters HIV positive women from seeking health and other support services, prevents disclosure of their HIV status to relevant healthcare providers, and can deter HIV positive women who experience violence to report such incidences to legal authorities or relevant service providers.[62]

WHAT CANADA CAN DO RIGHT NOW TO RESPECT SEX WORKERS' RIGHTS and RIGHTS OF PEOPLE LIVING WITH HIV:

- **Repeal the Criminal Code sections that individually, and as a whole threaten sex workers' health and safety, including the offences of: purchasing sexual services; communicating for the purpose of purchasing and selling**

[58] https://laws-lois.justice.gc.ca/eng/annualstatutes/2014_25/page-1.html

[59] Canadian Alliance of Sex Work Law Reform. www.sexworklawreform.com and Supporting Women's Alternatives Network (SWAN Vancouver). 2015. "Chinese Sex Workers in Toronto and Vancouver." http://swanvancouver.ca/wp-content/uploads/2015/05/Chinese-sex-workers-in-Toronto-amp-Vancouver-Ziteng-SWAN-amp-ACSA.pdf

[60] UN Human Rights Council. 2010. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.20.pdf

[61] Canadian HIV/AIDS Legal Clinic. 2014. "Criminal Law and HIV Non-Disclosure in Canada." http://www.aidslaw.ca/site/criminal-law-and-hiv/?lang=en

[62] http://www.aidslaw.ca/site/wp-content/uploads/2013/04/Women_crim-ENG.pdf and, P. Allard, C. Kazatchkine and A. Symington, "Criminal prosecutions for HIV non-disclosure: Protecting women from infection or threatening prevention efforts? in. J. Gahagan (ed) Women and HIV Prevention in Canada: Implications for Research, Policy, and Practice (Toronto: Women's Press, 2013): 195–218.

sexual services; receiving a material benefit from the crimes of purchasing sexual services or communicating to obtain them; procuring a person to offer or provide sexual services for consideration; and prohibiting advertising of sexual services.

- Include sex workers in policy and law reform process as the human rights principles of participation, transparency, and accountability require that sex workers must have a say in modernizing the laws and policies that affect them.
- Limit the use of the criminal law to intentional and actual transmission of HIV and ensure that the offense of sexual assault is not applied to HIV non-disclosure. [63]

[63] At a minimum, in no circumstances should the criminal law be used against people living with HIV who use a condom, practice oral sex, or have condomless sex with a low or undetectable viral load.

Canada's global leadership on SRHR

In 2017, Canada launched its Feminist International Assistance Policy (FIAP) – a policy designed to guide and shape Canadian development assistance. The policy sets an ambitious path centering gender equality and women and girls' empowerment as the best approach to eradicate poverty and foster peace, inclusion, and prosperity. Within this policy, SRHR was specifically identified as a key focus area, and later that year, Canada pledged $650 million over three years earmarked for sexual and reproductive health and rights.

In June 2019, Canada announced a new global health development assistance commitment of $1.4B annually, of which $700M would be directed at SRHR.

Beyond its development assistance, Canada has increased its engagement in global decision-making processes and multilateral institutions, and has become progressively more vocal on SRHR, women's rights, and gender equality. Canada is on a path to becoming a leading voice for sexual and reproductive rights on the international stage.

Now is a critical time for Canada to define its leadership on SRHR through the clear articulation of support for the neglected areas of SRHR in its development assistance, and the adoption of a Canadian global sexual and reproductive rights policy.

Despite the public championing and new funding commitments to these focus areas since the launch of the FIAP, Canada's Official Development Assistance (ODA) is lagging. Canadian ODA represents just 0.26 percent of its Gross National Income (GNI), half of what other G7 and like-minded countries spend on international assistance (with an average of 0.54 percent of GNI in 2015). Canada's ODA also falls well short of the United Nations' recognized minimum commitment target of 0.7 percent[64].

Canada's legal obligations to respect, protect and promote global SRHR

Canada's human rights obligations to SRHR are established in existing national laws, in international treaties, and in various consensus documents to which Canada is party. As with the realization of all human rights, states are required to respect, protect, and fulfil sexual rights in accordance with human rights principles of equality, non-discrimination, participation, empowerment, accountability, and rule of law, regardless of social, political, or cultural norms.

SRHR was first recognized during the 1994 International Conference on Population and Development[65] (ICPD), furthered at the 1995 Fourth World Conference on Women in Beijing,[66] and subsequently during annual commissions monitoring the implementation of both development frameworks. Various human rights mechanisms have further articulated the responsibility of states in realizing SRHR and standard setting, including Treaty Monitoring Bodies, the Human Rights Council, and UN Special Procedures. Canada, as signatory to the International Covenant on Economic, Social and Cultural Rights, is obligated to allocate the maximum available resources for the realization of economic, social, and cultural rights through international assistance and co-operation.

[64] Assessing Canada's Global Engagement Gap, Second Edition. 2017. http://global-canada.org/news/2017-global-engagement-gap-report/
[65] Programme of Action of the 1994 International Conference on Population and Development. http://www.unfpa.org/icpd
[66] 1995 Beijing Declration and Platform for Action. http://www.un.org/womenwatch/daw/beijing/platform

The 2030 Agenda for Sustainable Development, adopted in 2015, recognizes SRHR in two areas:

- Goal 3: Ensure healthy lives and promote wellbeing for all at all ages, and target 3.7: Ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Goal 5: Achieve gender equality and empower all women and girls, and target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

The SDGs and Addis Ababa Action Agenda further emphasize financing for development, calling on states to step up and pull their weight to support SDG implementation.

Together, these frameworks and binding legal instruments commit governments to ensuring the realization of sexual and reproductive rights for all.

In Canada, the federal government is obligated to deliver development assistance in accordance with international human rights standards, as stated in Canada's Official Development Assistance (ODA) Accountability Act,[67] and the 2017 **Feminist International Assistance Policy (FIAP)**. SRHR is centrally positioned within the FIAP and recognized as central to Canada's contribution to sustainable development and the realization of women and girls' rights. In working to support health outcomes for women and girls, the FIAP mandates Global Affairs Canada to:

> "...work to close persistent gaps in sexual and reproductive health and rights for women and girls. To achieve this goal, Canada will support increased access to a full range of health services, including family planning and modern contraception; comprehensive sexuality education; safe and legal abortion, and post-abortion care; and prevention and treatment of HIV/AIDS and sexually transmitted infections."[68]

Canada has also introduced SRHR Key Performance Indicators (KPIs), designed to evaluate the initiatives funded through the $650M earmarked for SRHR. The KPIs include indicators on the provision of safe and legal abortion and improved access to comprehensive sexuality education, among others. KPIs have also been established for Canada's FIAP. The creation of clear and measurable indicators are an important first step in helping government and civil society assess progress and shortcomings.

Canada is uniquely positioned to advance the neglected areas of SRHR

With its focus on women's rights, gender equality, and SRHR clearly outlined in the FIAP and its many international commitments, Canada has already laid the groundwork to support transformative action to forward SRHR globally. In recent years, Canada has demonstrated its ability to mobilize donor resources, convene diverse stakeholders, engage in constructive diplomacy, and contribute to the research community.

However, with external threats to sexual and reproductive rights, including rising conservatism, populist attacks on women's rights, and increasing inequality felt around the globe, **Canada should be doing more to safeguard the health and rights of those facing attacks and barriers to accessing their SRHR.**

In 2017, U.S. President Trump reintroduced an expanded version of the Mexico City Policy, also referred to as the "Global Gag Rule". The policy compels non-governmental organizations to choose between receiving US global health assistance and

[67] https://laws-lois.justice.gc.ca/eng/acts/O-2.8/FullText.html
[68] Feminist International Assistance Policy. 2017. https://international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/policy-politique.aspx?lang=eng#5.2

providing comprehensive SRHR care that includes either abortion provision, information, referrals or advocacy related to abortion – even when not using US funds.[69] As the largest funder of global health, the United States' Global Gag Rule has had dramatic repercussions that reach far beyond abortion. The Global Gag Rule diverts an estimated $9 billion USD away from family planning, maternal and child health, nutrition, and the HIV/AIDS response.[70]

Stigma has contributed to some areas of SRHR being excluded, neglected, and underfunded, making it even harder for the most vulnerable and marginalized people to realize their sexual and reproductive health and rights. These areas require targeted investment and support in order to bridge funding gaps and meet the SRHR needs of marginalized groups.

The neglected areas of SRHR include:

- Adolescent SRHR, including comprehensive sexuality education;
- Comprehensive contraceptive care;
- Safe abortion care; and
- Advocacy for SRHR.

Research supports the case for investment in these gap areas. Not only is there a huge unmet need, we know that supporting these areas will also lead to additional supplemental benefits to health and rights. In fact, due to the interrelation of human rights, failure to intervene in these areas will always hinder progress on issues, including child, early and forced marriage, HIV and AIDS, and maternal health.

Why are these areas of SRHR so important?

- **Adolescent SRHR including comprehensive sexuality education**: Adolescent girls face numerous and overlapping barriers to their sexual and reproductive health that has led to high rates of sexual coercion and violence, early and forced marriage, and unintended pregnancy.[71] They also account for a disproportionate number of new HIV infections.[72] Comprehensive sexuality education for adolescents is proven to be an effective upstream intervention that leads to the prevention of unintended pregnancy, the promotion of consent and positive social norms, and reduced risk of HIV transmission.[73]
- **Comprehensive contraceptive care**: Access to high-quality and modern contraception is essential to the realization of reproductive rights and bodily autonomy. It is also tried and tested as a key factor in improving maternal and newborn health and preventing unintended pregnancies.[74] Canada's 2017/2018 investment in family planning alone has already seen impressive outcomes, contributing to 1.4 million women and couples receiving contraceptive services and supplies; averting 387,000 unintended pregnancies, including: 187,000 unplanned births; 147,000 induced abortions (108,000 of which would have been provided in unsafe conditions); and 1,100 maternal deaths averted.[75]

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[69] Understanding Trump's Global Gag Rule. PAI. http://trumpglobalgagrule.pai.org/understanding-the-policy/.
[70] A Gift to Feminists: How Trump's Gag Rule inspired a global movement. The Guardian, 2018. https://www.theguardian.com/global-development/2018/dec/26/how-trump-gag-rule-inspired-worldwide-movement-shedecides.
[71] 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', 2018. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext
[72] Women and Girls and HIV. UNAIDS, 2018. http://www.unaids.org/sites/default/files/media_asset/women_girls_hiv_en.pdf
[73] UNESCO International Technical Guidance on Sexuality Education An evidence-informed approach for schools, teachers and health educators, 2019. https://unesdoc.unesco.org/ark:/48223/pf0000260770
[74] Greater Investments Needed to Meet Women's Sexual and Reproductive Health Needs in Developing Regions. Guttmacher Insititute, 2017. https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs

[75] Just the Numbers: The Impact of Canadian International Assistance for Family Planning, 2017-2018. Guttmacher Institute, 2018. https://www.guttmacher.org/article/2018/12/just-numbers-impact-canadian-international-assistance-family-planning-2017-2018

- **Safe abortion care**: Global evidence shows that nearly all abortion-related morbidities and mortalities could be prevented through the provision of comprehensive sexuality education, access to contraception, safe and legal abortion, and immediate care for complications arising from unsafe abortion.[76] Still, it is estimated that 25 million unsafe abortions take place worldwide each year, almost all of which are in developing countries[77]. With global costs associated with treating complications from unsafe abortions topping US $553 million[78] and adding stress to under-resourced and overwhelmed health systems, governments cannot afford to ignore the call for safe abortion care.
- **Advocacy for SRHR**: Due to SRHR issues often being labeled as controversial, many governments refuse to address them or even actively work to undermine them. Advocacy is an important tool that can be used to counter harmful laws and policies, and create enabling environments for the realization of rights. It plays a crucial role in drumming up political support for SRHR, for example, through leveraging human rights or legal accountability mechanisms. The advocacy work done by grassroots, women's, and feminist organizations is also important as it usually takes a holistic approach to issues, addressing the structural and systemic issues that uphold gender equality and violations of SRHR.

SRHR in emergency settings is recognized as cross-cutting areas of focus across the neglected issues of SRHR. In recent years, the number of people in need of humanitarian assistance around the world has ballooned. In 2019, it is estimated that 132 million people in 42 countries will require assistance[79]. Within these settings, the sexual and reproductive health needs of women and girls remain deprioritized and largely unmet. Despite women and girls facing higher risks of physical and sexual violence in emergency settings, services such as contraceptive care, safe abortion, and clinical care for sexual and gender-based violence are not readily available[80].

Canadian support for the neglected areas of SRHR could lead to dramatic SRHR gains and would help fill the gaps in areas where others have not been bold enough to lead. **It is critical that Canada's commitment of $700M annually for SRHR include specific reference to and clear targets associated with investment across the neglected areas.**

Establish a Canadian global sexual and reproductive rights policy

A Canadian global sexual and reproductive rights policy would encompass all aspects of Canada's foreign policy, including international assistance and humanitarian response. It would build upon, and align with the FIAP, provide guidance and support for long-term and sustainable Canadian leadership on SRHR, and apply consistency across all aspects of Canada's international engagement from a whole-of-government approach.

It is important that any new policy be accompanied by the resources for implementation. Beyond providing general guidance and principles, a Canadian global sexual and reproductive rights policy must invest in the tools, mechanisms, and capacity-building that is necessary to its success. This would require a clear, time-bound implementation plan that includes quantitative and qualitative targets and indicators.

Recognizing the global pushback on SRHR and withdrawal of support from other donors requires that Canada prioritize evidence over ideology, stand firm in its support for human rights, and mobilize its influence as a credible global leader to

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[76] Factsheet - Preventing Unsafe Abortion, World Health Organization, February 2018. Link: https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion

[77] Ganatra B, Gerdts C, Rossier C, Johnson Jr B R, Tuncalp Ö, Assifi A, Sedgh G, Singh S, Bankole A, Popinchalk A, Bearak J, Kang Z, Alkema L. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet. 2017.

[78] Vlassoff et al. Economic impact of unsafe abortion-related morbidity and mortality: evidence and estimation challenges. Brighton, Institute of Development Studies, 2008 (IDS Research Reports 59)

[79] Global Humanitarian Overview 2019. https://www.unocha.org/sites/unocha/files/GHO2019.pdf United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

[80] In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations. 2017. https://www.guttmacher.org/sites/default/files/article_files/gpr2002417_1.pdf

prevent rollbacks on these critical, life-saving issues. Evidence shows that without an explicit focus on SRHR, the risk of backsliding on gains made is significant. A Canadian global sexual and reproductive rights policy would safeguard support for SRHR as a critical area of focus in Canada's development assistance and foreign policy, while also ensuring its integration into other areas of work (including: humanitarian assistance, innovative financing, LGBTQ+ rights, women's rights and gender equality, bilateral and multilateral engagements, etc.).

Action Canada therefore calls on Canada to develop a stand-alone policy, aligned with existing policies such as the FIAP, to institutionalize and mainstream SRHR within and beyond Global Affairs Canada over the long-term. The policy should include:

- Clear articulation of and strategy to advance the neglected areas of SRHR, including clearly establishing Canada's approach to programming in this area and linkages across other related issues and sectors;
- A defined strategy to advance SRHR in bilateral, multilateral, and intergovernmental spaces;
- Accountability through a well-resourced implementation strategy, with clearly established accountability mechanisms to monitor implementation;
- Meaningful consultation with diverse stakeholders, including SRHR advocates from the Global South, in the development, implementation, and evaluation of the policy;
- Leadership and diplomacy within donor circles and in multilateral, bilateral, and intergovernmental spaces. This includes building the capacities of Canadian officials to advocate to the donor community for increased support for SRHR and UHC implementation at the country level, and to convene new and traditional donors towards investment in the neglected areas of SRHR;
- Knowledge-building to support investment and help drive advocacy;
- An integrated and whole-of-government approach, including guidance on diplomatic championing and a scoping of and commitment to multi-stakeholder and bilateral opportunities to advance SRHR;
- A department that is fit-for-purpose: training, hiring more feminists, identification of additional senior champions, improved capacity and guidance on implementation;
- The creation of new and innovative government funding mechanisms that support long-term, sustainable investments in the core work of feminist and women's rights organizations working on SRHR service-delivery and advocacy;
- Alignment with the ODA Accountability Act (i.e. a focus on poverty reduction, perspectives of the poor taken into account, meets human rights standards);
- A transparent framework to track investments across the neglected areas of SRHR; and
- Targets for investment that include a percentage of support earmarked for feminist and women's rights organizations and meet the goal of allocating 15% of Canada's ODA for SRHR.

A policy is critical for providing the direction, clarity, and accountability for Canada's commitment to SRHR within and across the FIAP and Global Affairs Canada over the long-term. An SRHR policy would situate SRHR not only as a development issue, but one requiring a defined approach in foreign policy spaces. Such a policy would clearly articulate strategies to advance neglected areas of SRHR and identify opportunities to integrate SRHR across sectors and movements. The benefit of such a policy would be to firmly ground SRHR as one of Canada's principle priorities in global spaces, reducing the likelihood of SRHR being sidelined in the future.

This policy would ground Canada's SRHR commitment in a feminist, human rights-based approach, which entails flexible, predictable, and long-term investments, a feminist approach to monitoring and evaluation frameworks (e.g. intersectional, transparent, co-creation of knowledge, "do no harm", etc.); and a commitment to transform power dynamics at all levels of decision-making. Specifically, the policy should:

- Be grounded in core feminist and rights-based principles;
- Prioritize work in neglected thematic areas;
- Integrate across and between sectors: UHC, humanitarian sector, child early and forced marriage, LGBTQ+ issues, education sector, etc.;
- Provide clear instruction and guidance to Canadian diplomatic presences on championing of SRHR; and
- Identify regular reporting, transparency, and accountability mechanisms as well as integration with global commitments such as the SDGs, Agenda 2030, and beyond.

The benefits associated with the creation of a Canadian Global Strategy on Sexual and Reproductive Rights include: establishing a framework from which diplomats responsible for engaging in global policy dialogue can receive clear instructions towards the advancement of SRHR and measure progress towards this goal; building on existing work in this area, which would require a reframing of Maternal, Newborn and Child Health (MNCH) towards a comprehensive and integrated approach to SRHR; reducing the likelihood of ideological shifts should there be a change in government and create opportunities for continuity in programming which leads to better development outcomes; and establishing a clear and consistent approach to SRHR across an amalgamated department.

Feminist approach to funding global SRHR

"For decades, women around the world have led the struggle for gender equality. Local women's organizations that advance women's rights, particularly at the grassroots level, play an important role in raising social awareness and mobilizing communities to change laws, attitudes, social norms and practices. To better amplify women's voices around the world, Canada will collaborate with partners to pilot, design, and champion new and innovative ways of working with local women's organizations that advance women's rights." - Canada's Feminist International Assistance Policy (FIAP)

The traditional funding models used by governments do not work for women's rights and feminist organizations. They are administratively onerous, taxing on small organizations, do not reach grassroots women's groups and activists, and do not support sustainable community-led development.[81]

Canada's FIAP recognizes the important role of local women's organizations and promises to work towards improving these structures. In order for this intention to be realized, Global Affairs Canada must alter its approach to funding with a view to:

- Provide long term, core, flexible, reliable, and responsive funding;
- Support feminist advocacy, capacity-building, and movement building initiatives;
- Eliminate mandatory tying of service-delivery interventions with those focusing on advocacy to address systemic and structural issues;
- Simplify funding models, including applications and reporting requirements;
- Accept risk and redefine success, recognizing that change (particularly law and policy change) can take time and the path to change may not be linear;

[81] Shifting the Power: Opportunities for Innovative Partnerships with Women's Movements. 2015. https://nobelwomensinitiative.org/wp-content/uploads/2018/01/Report-shifting-the-power_FINAL_web-res.pdf.

- Expand scope of results-based management (performance measurement framework) to include collection of qualitative information, case studies, etc. in line in with Feminist approach to Monitoring, Evaluation and Learning (MEL), specifically in development of performance indicators, targets, data sources, and data collection methods; and
- Foster consultative and respectful relationships between funder and grantee.[82]

WHAT CANADA CAN DO RIGHT NOW TO SUSTAIN ITS LEADERSHIP ON GLOBAL SRHR:

- **Meet the international commitment of 0.7% GNI to official development assistance,[83] with earmarked funds for the neglected areas of SRHR (safe abortion care, contraceptive care, adolescent SRHR, and advocacy for SRHR).**
- **Create a Canadian global sexual and reproductive rights policy.**
- **Establish a clear accountability framework for the implementation of Canada's annual investment of $700M/year for SRHR, including clear targets for investments in the neglected areas of SRHR.**
- **Adopt feminist principles to guide all funding-related decisions and frameworks (including feminist monitoring, evaluation, and learning accountability mechanisms and long-term, predictable, flexible, and responsive funding mechanisms), ensuring that initiatives address power and structural barriers to gender equality.**
- **Direct investment in feminist, women's rights, and youth organizations and movements in the Global South working on SRHR, particularly those engaging in legal and policy advocacy.**

[82] Recommendations expanded from reports by the Nobel Women's Initiative and MATCH International: Shifting the Power: Opportunities for Innovative Partnerships with Women's Movements and Strengthening Women's Rights Organizations Through International Assistance. https://nobelwomensinitiative.org/wp-content/uploads/2017/06/REPORT-Strengthening-Women%E2%80%99s-Rights-Organizations-Through-International-Assistance-WEB.pdf

[83] Ensuring a commitment of 15% of official development assistance for sexual and reproductive health information and services, as agreed to during past International Parliamentarians Conferences on the Implementation of the International Conference on Population and Development Programme of Action.