

November 22, 2019

The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
Langevin Block
Ottawa, ON, K1A 0A2

An open letter to our elected leaders: Canada needs a comprehensive national sexual health survey

Dear Prime Minister,

Canadians trust their governments to put in place laws, policies, and programs that ensure all people enjoy the best possible health and socioeconomic outcomes. In order to enjoy the best possible health, comprehensive information about the lives and experiences of people in Canada is needed.

Sexual health is an intrinsic part of our overall health. It requires a positive, equitable, and respectful approach to sexuality, relationships, and reproduction, that is free of coercion, fear, discrimination, stigma, shame, and violence. The realization of sexual health and rights – such as the ability to control one's fertility, access HIV treatment, or live free of violence – has a significant impact on people's long-term well-being.

We, the undersigned, are your partners working towards and sustaining healthy communities. Data is crucial to demonstrate and evaluate the impact of our interventions, monitor progress towards our goals, determine barriers to care, and strengthen public policy.

Sadly, there is currently no national sexual health survey in Canada. Canada does not track high quality indicators that are required to guide policy and services addressing gender and sexual health equity throughout Canada.

We can't improve what we can't measure.

Most countries around the world, including Canada's peers in the G7, conduct regular national surveillance to monitor important health issues, including: sexually transmitted and blood borne infections (STBBIs), involuntary sterilization, pregnancy intentions, contraceptive use, unmet contraception needs, and gender equity markers, comprising attitudes, men's sexual health, intimate partner violence, experiences of sexual violence, and experiences of reproductive coercion.

Because Canada does not collect this important information, it means that in many cases, the programs, policies, and strategies addressing matters such as gender inequity and public health are developed based on patchwork facts, statistics, and educated guesses – and without the critical insight provided by population-level data.

For example, the lack of robust sexual health data is a challenge for STBBIs prevention and control. It is impossible to interpret trends in diagnoses, access population-level data on testing patterns to evaluate the impact of testing strategies or address gaps in knowledge related to STI which are not reportable.

Studies from the US and UK show that the return on investment for family planning programs was upward of \$15 CAD per dollar invested.¹ People who can plan their births are better able to complete their education, participate more fully in the labour force, and enjoy higher levels of assets and household income. Unintended pregnancies, unplanned births, and recurrent abortion are concentrated among populations with the poorest determinants of health. Unintended births are associated with higher rates of maternal smoking, alcohol, and substance use during pregnancy, with inadequate or no pre-natal care, resulting in babies with low birthweight and often preterm delivery and/or neonatal intensive care admission. These children are more likely to experience limited breastfeeding and higher rates of infant and child abuse, and their mothers are more likely to experience intimate partner violence. The lack of national data on

¹ Frost, Jennifer J., et al. "Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program." *Milbank Quarterly* 92.4 (2014): 696-749. & Jayatunga W. *Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England* London, UK: England, Department of Health and Social Care; 2018

contraceptive use and unintended pregnancies prevents us from responding to these challenges with evidence-based strategies.

This absence of data makes Canada an outlier among other industrialized nations. It denies us important opportunities that not only make fiscal sense but lead to progress in gender and health equity. It undermines our ability to design and deliver evidence-based policies and programs, to respond to sexual and reproductive health trends, to meet international human rights obligations and the UN Sustainable Development goals, and, most importantly, to work towards better health outcomes and health equity for all.

We know we need it. Now we just need to do it. Federal departments, UN human rights bodies, health researchers, physicians, and public health experts have long called for the collection of robust sexual health data at a national level. A 2012 Public Health Agency of Canada report noted that Canada “lags behind several other countries in its ability to collect national comprehensive data on this important aspect of the health of youth.”² Further reports speak to what information and data could improve STI prevention among other issues.³

Organizations and individuals working to end violence against women, including sexual violence, guarantee access to reproductive health services, fight trans and homophobia, and to address rising rates of STBBIs are among the partners working to create and sustain healthy communities.

Our work, and yours, depends on the availability of such up-to-date, comprehensive data.

Today, we join forces to demand the creation of a comprehensive national sexual health survey. From the highest elected office to the frontline crisis centers, we all need this crucial data collection to ensure evidence-based decision-making, program design and resource allocation. Without it, we do not have the information necessary to improve health and equity outcomes in Canada.

We, the undersigned, urge our new government to act quickly and demonstrate a continued commitment to research, evidence-based policy making and accountability.

Sincerely, on behalf of:

- Action Canada for Sexual Health and Rights

CC:

- The Honourable Patty Hajdu, P.C., M.P. Minister of Health
- The Honourable Maryam Monsef, P.C., M.P. Minister for Women and Gender Equality
- Dr. Theresa Tam, Chief Public Health Officer of Canada

² Public Health Agency of Canada. 2012. Canadian Sexual Health Indicators Survey – Pilot Test and Validation Phase: a report on results from the pilot-testing and validation of the Canadian Sexual Health Indicators Survey. http://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-67-2012-eng.pdf

³ In February 2018, PHAC wrote: “Risk factor data would be useful in improving surveillance. Research and surveillance data are needed to better understand the current gonorrhea epidemic in order to maintain, evaluate and improve primary and secondary STI prevention activities including safer-sex awareness campaigns, screening, case finding and partner notification.” In their 2019 presentation on Chlamydia, Gonorrhea, and Infectious Syphilis Surveillance in Canada: 2008-2018, it was noted that we lack information on the risk factors and the behaviors fueling the rising rates of STBBIs.