

Written submission for the pre-budget consultations in advance of the 2020 Budget

August 2019



Action Canada
for Sexual Health & Rights



Action Canada for Sexual Health & Rights¹ is a human rights organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally through policy advocacy, research and health promotion.

List of recommendations

Increase access to abortion care

- 1. Withhold the transfer of federal health contributions to the provinces and territories that fail to ensure the availability and accessibility of abortion services and initiate dispute resolution procedures under the Canada Health Act.**
- 2. Invest in data collection through Statistics Canada on the accessibility of abortion services, as well as other sexual health indicators, across the country to identify gaps in service provision.**
- 3. Allocate resources for the establishment of a national strategy, in consultation with the Provinces, Territories and Indigenous Services Canada, to address fully-covered and timely access to out-of-country abortion access.**
- 4. Allocate funds to support Health Canada publish accurate, evidence-based and up-to-date information regarding abortion access, including information to directly counter misinformation disseminated by Crisis Pregnancy Centre and anti-choice organizations.**

Increase access to comprehensive sexuality education

- 1. Launch a \$20 million, 5-year, national awareness raising campaign in support of quality, evidence-based comprehensive sexuality education and training program for professional sexual health educators.**
- 2. Establish a national, fully-funded implementation plan in consultation and collaboration with provinces, territories, Indigenous Service and other stakeholders and experts, towards strengthening curriculum development, delivery, implementation and accountability of sexuality education everywhere in Canada, in line with the 2019 Canadian Guidelines on Sexual Education.**
- 3. Allocate resources to the Public Health Agency of Canada, Health Canada, Department for Women and Gender Equality and Indigenous Services Canada to actively promote the 2019 Canadian Guidelines on Sexual Education.**
- 4. Conduct regular national monitoring through inter alia, broad-based surveys of a robust set of sexual and reproductive health indicators disaggregated by relevant factors including gender identity, sexual orientation, age, location, race, ethnicity and other factors.**

Delivering on the promise of universal pharmacare and cost coverage for contraceptives

- 1. Establish a public, universal, single payer pharmacare plan with a national formulary that includes the full range of sexual and reproductive medicines, commodities and devices.**
- 2. In the lead up to the creation of a national pharmacare plan, establish a fully-funded cost-coverage strategy for the full range of contraceptive supplies for all people in Canada.²**

¹ For more information, visit: <https://actioncanadashr.org>. For inquiries, contact: Sarah Kennell, Director of Government Relations, sarah@actioncanadashr.org.



- 3. To safeguard public health care for all, the federal government must agree to pay their fair share of health care costs by increasing the Canada Health Transfer escalator by at least 5.2 percent to match higher delivery costs.**

Global sexual and reproductive rights

- 1. Meet the international commitment of 0.7% GNI to official development assistance³ with earmarked funds (minimum \$500M/year) for the neglected areas of SRHR (abortion care, contraceptive care, adolescent SRHR and advocacy for SRHR).**
- 2. Establish a Canadian Global SRHR policy and accountability framework, grounded in human rights and feminist principals, to guide development assistance efforts and foreign policy.**
- 3. Allocate resources to ensure the meaningful application of feminist principles to guide all funding-related decisions.**
- 4. Allocate funds to directly invest in feminist, women's rights and youth organizations and movements in the Global South working on SRHR.**

Abortion care

Abortion was decriminalized in Canada in 1988. Despite this, persistent barriers continue to inhibit the accessibility, availability, affordability and quality of abortion services for all who need them. Policy options available to the federal government to overcome these barriers have not been adequately evaluated or implemented to ensure Canada's compliance with international human rights law.

Action Canada runs a national toll-free 24-hour access line that provides information on sexual and reproductive health and referrals for pregnancy options. The access line receives over 2,400 calls per year from individuals seeking support from across Canada. In 2016, 97% of the calls related to difficulties in accessing safe abortion. Barriers individuals reported include but are not limited to: needing to travel (sometimes hundreds of kilometers) to urban centers to access services, travel costs including childcare, eldercare, missed work, plane tickets, gas money, accommodations and food; and having to cover procedure costs due to issues with reciprocal billing between provinces. Barriers to abortion disproportionately affect young people and marginalized people, especially those who are low-income, people of color, migrants or refugees and those who do not speak English or French. These barriers are compounded for those living in rural or remote areas.

Comprehensive sexuality education

Action Canada proposes that the **Public Health Agency of Canada and the Department for Women and Gender Equality co-lead a national initiative to increase access to high quality sex-ed, raise public awareness and build delivery capacity.** It would inform the public of the crucial role sex-ed plays in advancing gender equality, preventing gender-based violence, bullying, health promotion and empowering youth. This upstream initiative would empower 5 million young people to claim their right to sex-ed.

The **2019 Canadian Guidelines on Sexual Health Education** objectives and key concepts to support professionals in the delivery of quality and comprehensive sex-ed, articulate the importance of creating pathways with community-based health services, are evidence-based, recognize the diversity of all young people, and are outcome-driven.

³ 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.](#)



There is currently no national strategy or accountability framework to ensure equitable access to sex-ed for young people in Canada – resulting in the sex-ed that young people receive is (1): often sub-par, (2) access is uneven, (3) most curriculums are out of date, (4) teachers are not supported or trained adequately and (5) investment to support implementation is low.

Sub-par sex-ed has real impacts, especially on the health of marginalized young people, young women and girls. Young people have the highest reported rates of STIs. Reported rates of chlamydia, gonorrhea and syphilis have been steadily rising since the 1990s.⁴ Young women are 8x more likely than boys to be victims of a sexual offence.⁵ LGBT2QI youth experience health disparities, including poorer mental health outcomes and higher instances of cyberbullying, and online harassment.⁶

The federal government has a role to play in eliminating discrepancies across jurisdictions, ensuring equal access to quality and comprehensive sex-ed and establishing benchmarks through which curricula can be assessed and strengthened.

Initiative to empower over 5M young people¹ in Canada⁷	Development of campaign materials	\$3M
	Dissemination of materials (in 15 regions)	\$10M
	Campaign impact evaluation	\$500,000
	Development of training materials for sexual health educators	\$1.5M
	Capacity building of sexual health educators	\$5M
Total cost	\$20M for a 5-year national campaign	

Universal pharmacare and cost coverage for contraceptive care

Like other barriers in access to healthcare, those most affected by the lack of universal pharmacare are people of low socioeconomic status, resulting in profound and discriminatory impacts on health outcomes. Sexual and reproductive health-related drugs are required to live healthy, productive lives; yet many people in Canada lack affordable access to them.

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 the ability to afford certain medications. For example, universal coverage for medical abortion and birth control in every province and territory is urgently needed. Only a public, universal, single payer pharmacare strategy will meet human rights standards and fulfil the federal government’s obligations to ensure the right to health for all people in Canada.

Access to contraception is key to the right to health, achieving gender equality and women’s empowerment, realizing public health goals and reducing health care costs.⁸ **American research shows savings to health systems “over \$7 for every \$1 invested in contraception.”⁹**

⁴ 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>

⁵ Statistics Canada. 2013. Measuring violence against women: statistical trends. <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>

⁶ <http://cbrc.net/sites/cbrc.net/files/LGBT%20Health%20In%20Canada%20%281%29.pdf>

⁷ Similar to other national awareness raising and capacity building campaigns, including ‘Get Cyber Safe,’ ‘Don’t Drive High,’ ‘#MyActionsMatter,’ among others.

⁸ 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>.

⁹ Amanda Y. Black, Edith Guilbert, and all. “The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives.” *Gynaecology*. And Frost JJ, Sonfield A, Zolna MR, Finer LB. Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program. *Milbank Q* 2014;92:696–749. And Cook L, Fleming C. What is the actual cost of providing the intrauterine system for contraception in a UK community sexual and reproductive health setting? *J Fam Plann Reprod Health Care* 2014;40:46–53.



A national universal contraceptive cost coverage plan to expand choice and empower 7 million women and adolescents to access the contraceptive method that best meets their needs and realities would cost approximately \$157/person/year.¹⁰ This includes the creation of a national sexual health survey to collect data on a comprehensive set of indicators.¹¹

Initiative to advance the health and rights of adolescents and women in Canada	Average annual cost per person	\$157
	Implementation of national sexual health survey, per year	\$2M

Global sexual and reproductive health and rights

Building on Canada’s June 2019 announcement of \$1.4B annually for global health, of which \$700M would be directed at SRHR, 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.

Such a 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, and provide guidance and support for long-term and sustainable Canadian leadership on SRHR.

Despite the public championing and new funding commitments, 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) and well short of the United Nations’ minimum commitment target of 0.7 percent¹².

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

¹¹ As with universal cost-coverage to the abortion pill Mifegymiso, the most accessible program allows individuals to obtain prescriptions from a range of health care providers (including nurse practitioners and midwives), then simply presenting their health card when they are filling their prescription for contraception.

¹² Assessing Canada’s Global Engagement Gap, Second Edition. 2017. <http://global-canada.org/news/2017-global-engagement-gap-report/>

