Written submission for 2021 pre-budget consultations

August 2020

Action Canada
for Sexual Health & Rights

Action Canada for Sexual Health & Rights[1] **is a human rights organization committed to advancing sexual and reproductive health and rights (SRHR) in Canada and globally through policy advocacy, research, and health promotion.**

Recommendations

Respond comprehensively to COVID-19

1. **Safeguard public health care for all by increasing the Canada Health Transfer escalator by at least 5.2% to match higher delivery costs.**
2. **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 that includes a fully-funded cost-coverage strategy for the full range of contraceptive supplies for all people in Canada which will empower 7 million women and adolescents at a cost of approximately $157 per person per year.**[2]
3. **Address the gendered economic impacts of COVID-19 through a comprehensive national framework on childcare.**
4. **Regularize everyone in the country without permanent resident status and ensure permanent resident status to facilitate access to health care for all. In the interim, ensure immediate access to sexual and reproductive health services to uninsured patients.**
5. **Develop and implement a regular national survey on sexual and reproductive health to collect data on a comprehensive set of indicators in line with other G7 economies.**[3]
6. **Establish a national guiding program to collect and share disaggregated data with effective privacy measures and consistent with provincial Human Rights Codes.**
7. **Allocate a minimum of 1% of Canada's pandemic response (approximately $2 billion) to international assistance as an emergency and medium-term global response to COVID-19. This should be part of a larger increase to Official Development Assistance (ODA).**

Improve access to abortion

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. **Engage all provinces and territories to create telemedicine billing codes for medication abortion (Mifegymiso) in line with existing billing codes.**
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 to publish accurate, evidence-based information regarding abortion access, including information to directly counter misinformation disseminated by Crisis Pregnancy Centres.**

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[2] 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); for oral contraceptives $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 contraception coverage.

[3] 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.**

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 Services, and other stakeholders towards strengthening curriculum development, delivery, and accountability of sexuality education everywhere in Canada.**
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.**

Global SRHR

1. **Double ODA within five years, as part of a plan towards a just, equitable and green recovery, and meeting 0.7% GNI to ODA. New funding should include increased support for the neglected areas of SRHR (abortion care, contraceptive care, adolescent SRHR, and advocacy for SRHR).**
2. **Establish and fund a Canadian Global SRHR policy and accountability framework, grounded in human rights and feminist principals, to guide development assistance efforts and foreign policy.**

A feminist, human rights-based response to COVID-19

COVID-19 has called new attention to the significant and systemic disparities facing communities in Canada. It is only through a feminist, human rights centered approach that the Government of Canada can meet their human rights obligations and meet the needs of the most marginalized peoples in Canada and around the world.

In Canada, the sexual and reproductive health impacts of COVID-19 include reduced access to childcare (in the event of ongoing school cancellations), increased wait times around accessing sexual and reproductive care, difficulties in accessing SRHR medications including contraceptives and hormone therapy, and increased health risks experienced by pregnant and immuno-compromised people. Pandemic restrictions and disruptions are exacerbating other public health crises that preceded it; provinces and territories have been facing rising rates of STBBIs since the early 2000s with several of them declaring syphilis and gonorrhea outbreaks in the last few years, including Nova Scotia, Nunavut,[4] and Alberta.

However, without a comprehensive national sexual health survey, Canada cannot track all high-quality indicators that are required to guide policy and services addressing health equity – and cannot measure and improve SRH outcomes. To that end, we are calling on Canada to develop a robust system of health measurement that includes a commitment to collecting disaggregated data and a regular national sexual health survey:

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

Many people in Canada currently lack access to the medication they need to live healthy lives, even during a pandemic. Those most affected are people of low socioeconomic status, resulting in profound and discriminatory impacts on health outcomes. Only a public, universal, single payer pharmacare strategy will 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, realizing public

[4] The 2012 syphilis outbreak in Nunavut yielded a rate that is 10 times higher than the rest of Canada.

health goals, and reducing health care costs:[5] **American research shows savings to health systems "over $7 for every $1 invested in contraception."[6]**

Canada must clearly prioritize barrier-free access to SRHR services based on universal access to healthcare and the right to health. In its response to the health and economic impacts of COVID-19, the federal government has an opportunity to establish bold, effective programming that will respond to the underlying factors that render some populations more vulnerable to the virus and the economic impacts of the pandemic.

Abortion care

Action Canada runs a national toll-free 24-hour access line that provides information on SRH and referrals for pregnancy options and receives over 3,500 calls annually. In 2016, 97% of the calls related to difficulties in accessing safe abortion such as needing to travel (sometimes hundreds of kilometers) to urban centres for services, associated 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, the lack of provincial/territorial insurance, or other insurance programs such as Non-Insured Health Benefits. Barriers to abortion disproportionately affect young and marginalized people, especially those who are low-income, people of color, undocumented residents, migrants, and are compounded for those in rural or remote areas.

Since the start of the pandemic, call rates to the Access Line have risen by 100%, with many people facing an increase in barriers to care such as canceled bus routes and flights, inability to travel, reduced access to services at clinics and hospitals, the lack of infrastructure to support medication abortion being offered by telemedicine, etc. Through federal leadership, these gaps in access can be addressed.

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 youth empowerment. This upstream initiative would empower 5 million young people to claim their right to sex-ed. There is currently no national strategy or accountability framework to ensure equitable access to sex-ed, resulting in sex-ed that is often sub-par, unevenly accessible, outdated, offered by teachers who are not supported or trained adequately, and under-resourced.

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, with rates of chlamydia, gonorrhea, and syphilis steadily rising since the 1990s.[7] Young women are eight times more likely than boys to be victims of a sexual offence.[8] LGBT2QI youth experience health disparities, including poorer mental health outcomes and higher instances of cyberbullying.[9]

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

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[5] 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.

[6] 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.

[7] 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

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

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

especially critical as the government develops a response to the impacts of COVID-19 in Canada, as many young people missed critical, life-saving sexuality education following the postponement and termination of school years.

Initiative to empower over 5M young people in Canada[10]	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**

Global SRHR

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 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.

Canadian ODA represents just 0.26% of its Gross National Income (GNI), half of what other G7 and like-minded countries spend and well short of the United Nations' minimum commitment target of 0.7%.[11] The development of an accountability framework is critical to ensure effective programming, the meeting of targets, and the goal of reaching the world's most vulnerable populations.

COVID-19 is having widespread impacts on global SRHR. To counter this harm and protect progress, Canada must make an immediate investment in its global response to the pandemic while working toward meeting its 0.7% ODA commitment.

[11] Assessing Canada's Global Engagement Gap, Second Edition. 2017. http://global-canada.org/news/2017-global-engagement-gap-report/