

Written submission for 2022 pre-budget consultations



Action Canada
for Sexual Health & Rights



Recommendations

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. Ensure immediate access to health services, including sexual and reproductive health services, to uninsured and underserved patients.
3. Ensure access to COVID 19 recovery support to marginalized populations, including sex workers and people in precarious immigration situations.
4. 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*.
5. Allocate resources for the establishment of a national strategy, in consultation with the provinces, territories, and Indigenous Services Canada, to ensure equitable access to fully covered and timely access to necessary out-of-country abortion care.
6. Allocate funds to Health Canada to publish accurate, evidence-based information regarding abortion access, including information to directly counter misinformation disseminated by Crisis Pregnancy Centres.
7. Sustainably invest in the SRHR sector including feminist, LGBTQ2S and social justice civil society organizations to address ongoing gaps in services across the country and to enable their participation in SRHR policy development.
8. Launch a \$20 million, 5-year national awareness raising campaign in support of quality, evidence-based comprehensive sexuality education and training programs for professional sexual health educators.
9. 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 for the delivery of comprehensive sexuality education everywhere in Canada.
10. 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.
11. 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.
12. Increase overseas development aid to meet the internationally agreed target of 0.7% GNI within five years and pay particular attention to the neglected areas of SRHR including safe abortion, contraceptive care, adolescent SRHR, and advocacy for SRHR.
13. Increase core support to multilateral institutions and civil society organizations that advance the human rights dimensions of SRHR.



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

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 fulfill its obligations and meet the needs of the most marginalized peoples. This continues to be true as we enter a new phase of recovery with the roll-out of vaccines in some countries and inequitable access to vaccines in other countries. 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 negative health and economic impacts of the pandemic in Canada and globally.

Action Canada runs a national toll-free 24-hour access line that provides information on sexual and reproductive health (SRH) and referrals for pregnancy options and receives over 4,500 calls annually. Most of the calls relate to difficulties in accessing safe abortion, and which have been particularly acute during the pandemic. Concurrent impacts of COVID 19 on SRHR in Canada include reduced access to childcare (in the event of ongoing school cancellations), increased wait times around accessing sexual and reproductive care, difficulties in securing SRH medications including contraceptives and hormone therapy, the proliferation of misinformation on SRHR² and increased health risks experienced by pregnant and immuno-compromised people.

Pandemic restrictions and disruptions have exacerbated other public health crises that preceded it. Provinces and territories have been facing rising rates of STBBIs since the early 2000s with several declaring syphilis and gonorrhea outbreaks in the last few years, including Nova Scotia, Nunavut,³ and Alberta. Many people in Canada on low incomes, engaged in informal work, with precarious immigration status and those experiencing multiple and intersecting forms of discrimination lack access to the services and medication they need and to which they are entitled. As noted by the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health during his visit to Canada in 2019, this results in profound and discriminatory impacts on health outcomes⁴.

A feminist and human rights-based approach to fulfilling the SRHR of all people in Canada, especially during a pandemic and throughout the recovery, requires an approach that incorporates key principles of accountability, transparency, empowerment, sustainability and non-discrimination as well as due consideration of the social determinants of health. Key interventions from the federal government are required to respond to pre-existing and emerging gaps in fulfilling the health and rights of all people in Canada including:

- A public, universal, single payer pharmacare strategy that includes SRH commodities, devices and medications is a critical part of fulfilling the federal government's obligations to ensure the right to health, including universal access to sexual and reproductive health⁵.
- Immediate access to health services, including sexual and reproductive health services, to uninsured and underserved patients.
- Access to COVID 19 recovery support to marginalized populations, including sex workers and people in precarious immigration situations.

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² <https://www.opendemocracy.net/en/5050/canada-doctors-group-breaks-silence-on-unproven-abortion-reversal-treatment/>

³ The [2012 syphilis outbreak in Nunavut](#) yielded a rate that is 10 times higher than the rest of Canada.

⁴ UN Human Rights Council, [Visit to Canada Report by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health](#) Dainius Purus (19 June, 2019) A/HRC/41/34/Add.2

⁵ 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.



- 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*.
- Allocate resources for the establishment of a national strategy, in consultation with the provinces, territories, and Indigenous Services Canada, to ensure equitable access to fully covered and timely access to necessary out-of-country abortion care.
- Allocate funds to Health Canada to publish accurate, evidence-based information regarding abortion access, including information to directly counter misinformation disseminated by Crisis Pregnancy Centres.
- Sustainably invest in the SRHR sector including feminist, LGBTQ2S and social justice civil society organizations to address ongoing gaps in services across the country and to enable their participation in SRHR policy development.

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, gonorrhoea, and syphilis steadily rising since the 1990s.⁶ Young women are eight times more likely than boys to be victims of a sexual offence.⁷ LGBTQ2QI youth experience health disparities, including poorer mental health outcomes and higher instances of cyberbullying.⁸

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 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	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

Canadian overseas development aid represents just 0.31%⁹ of its Gross National Income (GNI), which is well short of the United Nations' minimum commitment target of 0.7%. As a leader on the international stage, Canada must set out a plan to comply with its commitments to this global target.

Building on Canada's June 2019 announcement of \$1.4B annually for global health, of which \$700M would be directed at SRHR, and as the world confronts the gendered impact of COVID 19, now is a critical time for Canada to define its

⁶ 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>

⁷ <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>

⁸ <http://cbrc.net/sites/cbrc.net/files/LGBT%20Health%20In%20Canada%20%281%29.pdf>

⁹ https://donortracker.org/country/canada?gclid=CjwKCAjwmK6IBhBqEiwAocMc8n0kZnEBbhSKtISElvxEjXv_JKqvx710WMLdxIEYPvETQqxN_I8JBoCKEcQAvD_BwE



leadership through the clear articulation of support and prioritization of the neglected areas of SRHR in its development assistance including access to contraception, safe abortion, SRHR for adolescents and youth and SRHR advocacy¹⁰.

COVID 19 has also demonstrated the interdependence of nations and the need to work collectively to advance global norms and standards that uphold the human rights of all peoples. The main United Nations (UN) body mandated to protect and promote human rights, the Human Rights Council, is one of the four main pillars of the UN and yet it is chronically underfunded to such a point that it cannot effectively function¹¹. Women human rights defenders and SRHR advocates rely on the UN Human Rights mechanisms to hold their governments accountable, shed light on egregious human rights violations related to SRHR and ensure that the lived realities of critical SRHR issues are addressed through resolutions and reports. As a champion of human rights and multilateralism, Canada must increase its core contributions to the Office of the High Commissioner for Human Rights and related UN bodies and agencies including the WHO and UNFPA, and use its diplomatic influence to encourage other States to do the same.

¹⁰ <https://www.actioncanadashr.org/resources/policy-briefs-submissions/2020-04-15-prioritizing-neglected-areas-srhr-canadas-global-covid-19-response>

¹¹ <https://news.un.org/en/story/2020/09/1074042>

