Action Canada
for Sexual Health & Rights

Canada Election 2021

My Body, My Vote

August 2021

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

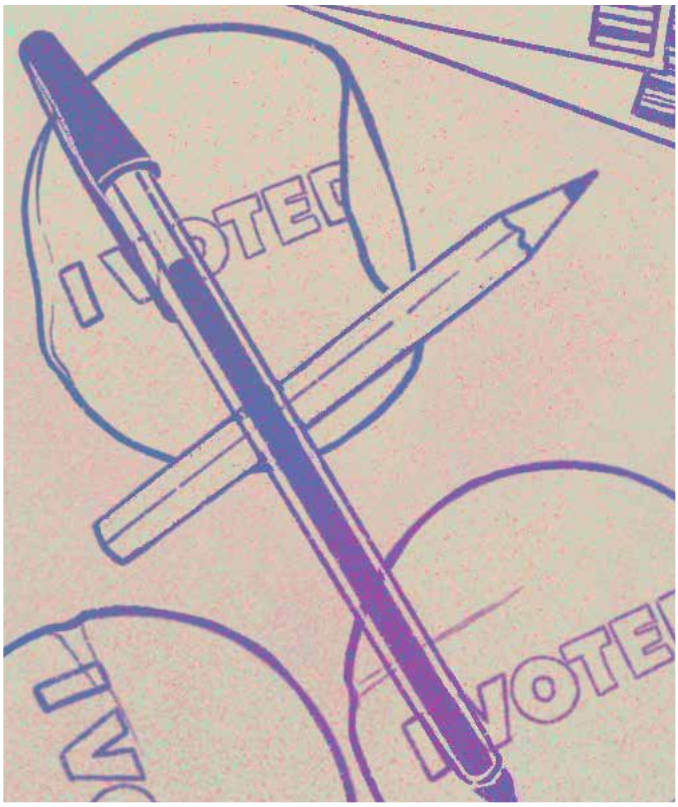
Action Canada for Sexual Health & Rights – formerly the Planned Parenthood Federation of Canada – is a progressive, human rights organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally. Action Canada works with in Canada and globally to promote 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, 2SLGBTQIA+ rights, comprehensive sexuality education, and more.

www.actioncanadashr.org

Election 2021

In Canada and around the world, millions of people—especially women, youth, and 2SLGBTQIA+ 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 advancing SRHR** that is grounded in human rights principles.



TOP FIVE ISSUES

Action Canada 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. Addressing unequal access to abortion
2. Ensuring all young people have access to quality sex-ed
3. Delivering on the promise of universal Pharmacare
4. End the criminalization of sex work
5. Furthering 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 equitable access to abortion in Canada. Aren't you? Access is *STILL* restricted by 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.

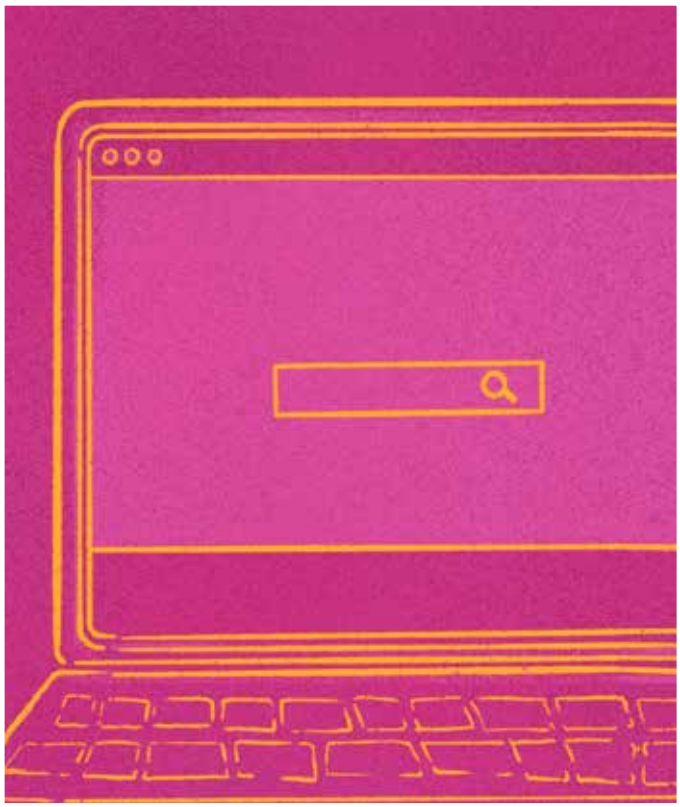
WHAT CANADA CAN DO RIGHT NOW TO ENSURE EQUAL ACCESS TO ABORTION:

- 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 address health disinformation proliferated by anti-choice organizations.
- Prevent federal funding going to organizations that are undermining human rights, including crisis pregnancy centres.
- Ensure sustainable supports for individuals seeking abortion services in Canada or outside of Canada, including funding to cover travel and accommodation costs.
- Ensure access to abortion and sexual and reproductive health care to uninsured people.

COMPREHENSIVE SEXUALITY EDUCATION

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

Young people are getting inconsistent, sub-standard sex-ed across the country. The Government of Canada has an obligation to provide evidence-based, scientifically accurate, gender-sensitive, 2SLGBTQIA+ 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.



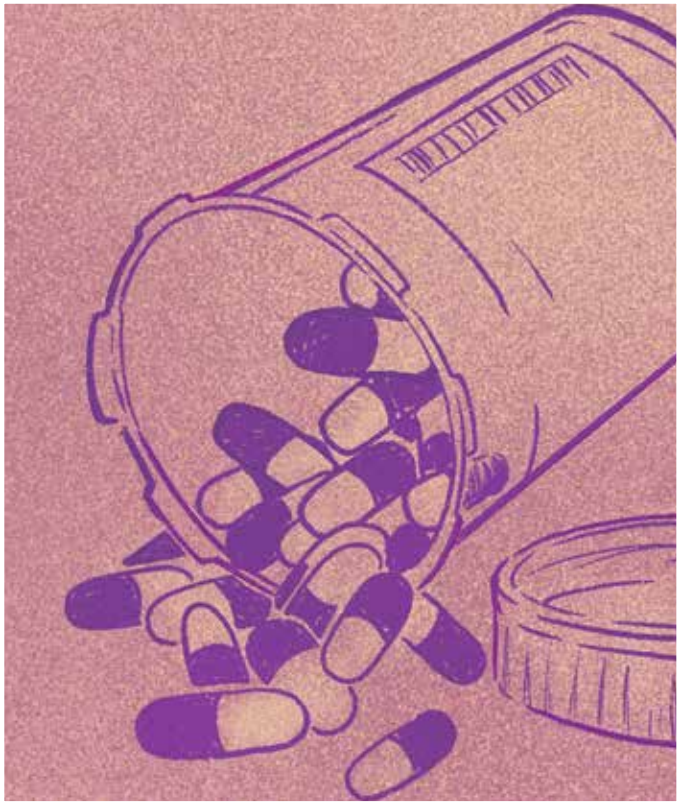
WHAT CANADA CAN DO RIGHT NOW TO ENSURE ALL YOUNG PEOPLE HAVE ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION:

- 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 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.
- Ensure the long-term funding of a comprehensive National Sexual Survey to ensure the monitoring of trends and the development of better policy and programming around sexual health, including sexual health education.

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 SRHR.
- Commit immediately to universal cost coverage for contraceptives for everyone in Canada.

CRIMINALIZATION OF SEX WORK

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

Over the last thirty years, researchers have thoroughly demonstrated the negative effects of criminal law on the health and safety of sex workers. The criminalization of sex workers, their clients, and third parties are key contributors to violence experienced by sex workers, among other repercussions including stigma and discrimination. Various human rights organizations, UN bodies, and courts have affirmed this research and concluded that criminalization of the sex industry supports exploitation and other human rights abuses, including the Supreme Court of Canada in Canada (Attorney General) v. Bedford (Bedford). However, despite this extensive body of research and growing consensus among human rights bodies of the harms associated with criminalizing the sex industry, the Protection of Communities and Exploited Persons Act (PCEPA) was enacted in 2014, replicating the harms of the former laws that the Supreme Court of Canada found violated sex workers' Charter right to security of person.

While many may perceive criminal laws as a means to effectively protect women, youth, or 2SLGBTQIA+ people and prevent violence and promote healthy sexual and reproductive conduct, they are often ineffective at protecting individuals and changing conduct. In fact, they may have the unintended effect of harming the very individuals whose rights they intended to protect. 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, the government has not repealed 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:

- Repeal all the Criminal Code sections that individually and as a whole threaten sex workers' health and safety.
- Include sex workers in policy and law reform processes 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. This includes COVID-19 recovery policies and programs.

CANADA'S GLOBAL LEADERSHIP ON SRHR

Now more than ever, Canada must deliver on its promises to women and girls.

COVID-19 is threatening global progress on sexual and reproductive health, human rights, and intensifying deeply entrenched inequalities within and among countries. In recent years, Canada has boldly stepped up in defense of SRHR and gender equality more broadly.

Canada must continue to strengthen its leadership in this area and deliver on promises made through the Feminist International Assistance Policy, the $700M dedicated annually for SRHR until 2030, and support for the creation of a Global Alliance for Sustainable Feminist Movements.

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

- Take global leadership on responding to the devastating impact of COVID-19 on SRHR.
- Commit to and resource the development of a Canadian global sexual and reproductive rights policy to ensure policy coherence and sustainability of Canada's commitment to SRHR within its development assistance and foreign policy.
- Meet the international commitment of 0.7% gross national income to official development assistance, including funds specifically earmarked for the neglected areas of SRHR.
- Increase financial and political support to the United Nations international human rights accountability mechanisms
- Adopt feminist principles to guide all funding-related decisions, ensuring that initiatives address power and structural barriers to gender equality.
- Directly invest 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, lives, and the environment necessary to enable that.

Achieving sexual and reproductive rights requires the elimination of harmful attitudes, laws, and policies, 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;
- Recognition of 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; 2SLGBTQIA+ 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.

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 2SLGBTQIA+ people.
5. Recognizing the intersections between environmental justice and SRHR.

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:

- The 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;
- The right to privacy all of it;
- The 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 2021

Address unequal access to abortion

Abortion has been legal in Canada for 30 years, and yet it remains inaccessible for many people in Canada.

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 Canadian 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 healthcare), accessible (all insured residents have reasonable access to healthcare 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 people who can get pregnant get an abortion in their lifetime. Most[1] abortion providers are located less than 150 km from the United States border and only one hospital in six 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 unnecessary rules and regulations at provincial and territorial levels, or "Within regional health systems and hospital settings."
- The 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.
    - 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-25 weeks throughout Canada, which means that people must travel to the United States 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.
- The lack of financial or logistical resources required to book and travel to an appointment to undergo a procedure.

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

- The 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.
- The 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, BIPOC, 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 whose healthcare falls under 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 suffer most.

Canada must ensure sustainable financial and logistical supports for individuals seeking abortion services in Canada or outside of Canada, including funding to cover travel and accommodation costs. While Health Canada is set to fund travel and accommodation costs to support abortion access in Canada[2], funding is only guaranteed for a two-year funding cycle. Addressing these long-standing barriers to abortion must be a sustained commitment, with the long-term goal of increased access to all people in their own communities.

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 to which they have a right. 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 (CPCs), of which there are approximately 180 in Canada)[3]. A study from the Johns Hopkins Bloomberg School of Public Health detailed the ethical and public health risks of CPCs[4].

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.[5] 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 20 weeks. Delaying access jeopardizes people's ability to make important decisions about pregnancy as early as possible and to access the appropriate care.[6]

2 https://www.actioncanadashr.org/news/2021-04-20-canadas-2021-federal-budget-analysis
3 http://www.arcc-cdac.ca/CPC-study/CPC-Website-Study-ARCC-2016.pdf
4 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
5 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
6 https://www.ncbi.nlm.nih.gov/pubmed/22958665

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 health disinformation and the establishment of CPCs. CPCs are facilities that intentionally seek to divert people from 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 in efforts to trick people into walking into the wrong building. Once a pregnant person is inside the facility, they often present them with health disinformation, stigmatizing counsel,[7] and pregnancy options that exclude abortion, resulting in individuals being delayed and misled while seeking the care of their choice. The Abortion Rights Coalition of Canada has identified 180 CPCs in Canada.[8] 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.[9] It is inappropriate for public funds to go towards facilities that deter people from accessing the health services to which they are entitled.

Canada must ensure uninsured individuals can access abortion care and other sexual health services.

At Action Canada, we operate the Access Line program, a 24/7 phone line offering support, information, and referrals on sexual and reproductive health. We also manage the Norma Scarborough Emergency Fund, which offers financial assistance to those who face barriers to abortion care in Canada.

We talk to thousands of people every year. A good amount of the calls we get are about abortion, and we support people who are facing serious barriers to healthcare. A significant number of our calls are from people who are undocumented and/or in complex immigration situations that delay access to insurance and care.

We offer a bridge in the form of financial assistance, but it is not enough, and it shouldn't depend on one charity's ability to raise funds. Many people who are uninsured may not know about us, may be worried about disclosing their immigration status, or can't travel to an urban center where care is available because it might jeopardize their employment, to which their status is tied.

We have talked with people who, because they can't leave their employer's home, their workplace, or their sponsor, are considering abortion methods without the support of healthcare providers.

The same issues surface for uninsured people's access to contraceptive care, pregnancy care, gender affirming care, Pap tests, STI testing and treatment, and other sexual healthcare matters.

If we care about access to abortion, we must address the barriers faced by uninsured individuals in Canada.

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 address false health information proliferated by anti-choice organizations.
- Prevent federal funding going to organizations that are undermining human rights, including crisis pregnancy centres.
- Ensure sustainable supports for individuals seeking abortion services in Canada or outside of Canada, including funding to cover travel and accommodation costs.
- Ensure access to abortion and sexual and reproductive healthcare to uninsured people.

[7] LaRoche, K.J.*, Foster, A.M., 2015. Toll free but not judgment free: Evaluating post-abortion support services in Ontario. Contraception 92, 469–474.

[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

[9] https://globalnews.ca/news/2703632/crisis-prexgnancy-centres-mislead-women-report-says/

Ensure equal access to comprehensive sexuality education

Comprehensive sexuality education (CSE) is recognized as a basic human right for 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, CSE.[10]

"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."[11]

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 2SLGBTQIA+, 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 delivery; and
- Offered by educators who receive little 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.[12] 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 of teaching sex-ed may receive more information and teachings than their peers in the next classroom. Some young people in Canada only receive ideologically-driven and abstinence-based sex-ed from third parties contracted by schools[13], 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.[14] 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%).[15]

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10 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. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGC%2f22&Lang=en

11 2018 UNESCO Technical Guidance on Sexuality Education

12 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

13 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

14 See for example Kumar, M.M., Lim, R., Langford, C., Seabrook, J.A., Speechley, K.N., and Lynch, T. (2013). Sexual knowledge of Canadian a dolescents 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.

15 https://www.sexedisourright.ca/report_sexual_health_of_youth_in_bc

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.[16] In 2011, over one quarter of positive HIV tests were attributed to young people between the ages of 15 and 29.[17] According to 2010 national STI surveillance data, 63% of new cases of chlamydia, 49% of new cases of gonorrhea, and nearly 15% of new cases of infectious syphilis were among young people aged 15-24.[18]

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,[19] and nearly half (46%) of high school girls in Ontario are victims of sexual harassment.[20] Indigenous young women and girls face more violence than non-Indigenous girls.[21] 2SLGBTQIA+ youth experience health disparities, including poorer mental health outcomes and higher instances of cyberbullying, and online harassment.[22]

When developed and delivered properly, sex-ed offers an opportunity to address systemic problems related to gender-based violence, 2SLGBTQIA+ rights, and public health in ways that are proven to have clear impacts through early intervention.

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 indicating 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.[23]

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 significant longer-term 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.

16 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

17 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

18 ibid

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

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

21 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

22 https://www.cbrc.net/the_health_of_lgbtqia2_communities_in_canada_report_of_the_standing_committee_on_health

23 As monitored by high-quality studies

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 CSE. Moreover, because sex-ed plays a crucial role in advancing gender equality, preventing gender-based violence and bullying, supporting health promotion, sexually transmitted blood borne infection (STBBI) prevention, and empowering youth, sex-ed is intrinsically linked to the mandates of numerous federal departments – including both the Public Health Agency of Canada and the Department of Women and Gender Equality.[24]

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 Education)[25]; investing in training and capacity building for sexual health educators; and raising public awareness for the importance of sex-ed.

UNITED NATIONS TO CANADA: FIX SEX-ED!

The United Nations (UN) 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[26] 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 brings the same level of commitment it brings to CSE globally, home.

24 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

25 http://sieccan.org/sexual-health-education/

26 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

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). Increased use of condoms;
- Allocate funds to the Public Health Agency of Canada to invest in the training of professional sexual health educators.
- Ensure the long-term funding of a comprehensive National Sexual Survey to ensure the monitoring of trends and the development of better policy and programming around sexual health, including sexual health education.

Deliver 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.[27]

UNIVERSAL, SINGLE-PAYER, COMPREHENSIVE

It is crucial to locate SRHR 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 STIs (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.[28] 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, or 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 need contraceptives, however, she wouldn't be old enough for seniors' benefits, she wouldn'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 parents' private insurance for healthcare that is stigmatized, and 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 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.**

27 World Health Organization. Essential medicines and health products. http://www.who.int/medicines/areas/human_rights/en/
28 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

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.[29] 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.[30]

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.[31] 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 (NIHB) 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 only be covered in part. [32] 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.[33] 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.[34]

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.[35] It is therefore critical that universal drug coverage not only exist, but also be simple to navigate.

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 healthcare providers to ensure that it covers all medications and supplies needed for safe transitions.

29 CATIE. 2017. The epidemiology of HIV in Canada. http://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hiv-canada
30 Canadian Treatment Action Council, "Creating a Comprehensive Cascade" 2017. https://www.ohtn.on.ca/out-of-pocket-costs-associated-with-hiv-in-publicly-funded-high-income-health-care-settings/
31 https://www.catie.ca/en/prep/access
32 Canadian Treatment Action Council, "Creating a Comprehensive Cascade" 2017. https://www.ohtn.on.ca/out-of-pocket-costs-associated-with-hiv-in-publicly-funded-high-income-health-care-settings/
33 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
34 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
35 https://www.srhweek.ca/providers/people-and-communities/trans-and-gender-diverse-people/

CONTRACEPTIVES

There are still significant barriers to accessing contraceptive care in Canada, and nearly half of all pregnancies in Canada are unintended.[36]

Over 180,700 women in Canada will have an unintended pregnancy each year.[37] 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.[38] No person in Canada should be unable to manage their fertility due to cost barriers, yet the 2015 Statistics Canada 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.[39] This is coupled with the reality that approximately 3.5 million people in Canada report not being able to afford to fill their prescriptions in general.[40]

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.[41] Long-acting, reversible contraceptives like intrauterine devices (IUDs), which are one of the most effective methods available, are not widely used.[42] **The Canadian Pediatric Society has recommended that IUDs be offered (free of charge) by doctors as a first-line birth control option for adolescents[43] 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; economically 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."[44]

Access to contraception is key to upholding people's right to health, achieving gender equality, realizing public health goals, and reducing healthcare costs.[45] 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 wellbeing.[46] 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.[47]

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36 Society of Obstetricians and Gynecologists of Canada. 2017. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5505765/
37 "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.
38 British Colombia 2015 Sexual Health Indicators. Rates and determinants among 14 to 49 year old females. 2015. Contraception and Abortion Research Team.
39 https://www150.statcan.gc.ca/n1/pub/82-003-x/2015010/article/14222-eng.htm
40 https://canadianlabour.ca/canadas-unions-mark-may-day-prioritize-workers-and-their-families/
41 Ibid.
42 Ibid.
43 Canadian Pediatric Society. 2018. https://www.cps.ca/en/documents/position/contraceptive-care
44 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.
45 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
46 Ibid
47 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.

HUMAN RIGHTS AND PHARMACARE

Equality and non-discrimination: Canada's lack of a national universal Pharmacare Strategy leads to 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. [48]

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 SRHR.
- Commit immediately to universal cost coverage for contraceptives for everyone in Canada.

48 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." https://www.wellesleyinstitute.com/wp-content/uploads/2015/07/Low-Earnings-Unfilled-Prescriptions-2015.pdf and https://www.cpath.ca/wp-content/uploads/2016/02/Publicly-Funded-Transition-Related-Medical-Care-in-Canada-Executive-Summary.pdf

End the criminalization of sex work

Criminalizing the commercial exchange of sexual services is incompatible with the human right to personal autonomy and privacy and exposes sex workers to abuse and exploitation by law enforcement officials, such as police officers, the public, and predators. It has been extensively documented that criminalization makes sex workers more vulnerable to violence—including rape, assault, and murder—by attackers who see sex workers as easy targets because they are stigmatized and unlikely to receive help from the police, and are more vulnerable to harassment and violence from law enforcement and the public. Criminalization may also force sex workers to work in unsafe locations to avoid detection.

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.

Canada continues to criminalize sex workers, despite the Supreme Court of Canada striking criminal code provisions that undermined their health and safety in 2013 in a unanimous decision. The current legislation, the Protection of Communities and Exploited Persons Act (PCEPA), effectively re-criminalized sex work after the Supreme Court found that the criminalization regime put sex workers in Canada at high risk of violence and human rights violations.[49] The negative consequences associated with the ongoing criminalization of sex work include:

- Displaced and isolated sex workers who fear and avoid contact with police and other law enforcement, which increases targeted violence against sex workers;
- Interference with safety mechanisms that sex workers use to stay safe[50]
- Fear among sex workers around legal consequences or harassment if they carry condoms and lubricant, which can be used as evidence of sex work;[51]
- The reduction of sex workers' ability to negotiate safer sex with clients (on the street as well as indoors or on the phone);[52]
- 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;[53] and
- Heightened risks of HIV and other sexually transmitted infections as sex workers face substantial barriers in accessing prevention, treatment, and care services[54] .

International experts, UN agencies, and human rights bodies affirm that the decriminalization of sex work is the single most efficient structural intervention to reduce the risk of violence and uphold their right to health and safety.[55] UN agencies, human rights experts, and academics from Canada and throughout the world clearly indicate that this type of legislation forces 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.

49 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.
50 Canadian Alliance for Sex Work Law reform: "Safety, Dignity, Equality: Recommendations for Sex Work Law Reform in Canada http://sexworklawreform.com/wp-content/uploads/2017/05/CASWLR-Final-Report-1.6MB.pdf
51 Canadian Alliance for Sex Work Law Reform: factsheet "Why Decriminalization is Consistent with Public Health Goals." https://drive.google.com/folderview?id=0B3mqMOhRg5FeLWp-Pd21VYTlidTA&usp=sharing&tid=0B3mqMOhRg5FeNlY4ZkxFb2pLaWM
52 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.
53 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.
54 Criminalisation of clients: reproducing vulnerabilities for violence and poor health among street-based sex workers in Canada—a qualitative study https://bmjopen.bmj.com/content/4/6/e005191
55 The Lancet. 2014. "HIV and Sex Workers." http://www.thelancet.com/series/HIV-and-sex-workers.

This is especially alarming for people in precarious immigration situations. Canada's new sex work-relatedlaws do not explicitly address migrant sex workers, but their stated objective is to "ensure consistency between prostitution offences and the existing human trafficking offences."[56] 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.[57]

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, as well as 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.[58] Canada has a clear legal obligation to end the criminalization of sex workers.

WHAT CANADA CAN DO RIGHT NOW TO UPHOLD SEX WORKERS' RIGHTS

- 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 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. This includes COVID-19 recovery policy and programs.

56 https://laws-lois.justice.gc.ca/eng/annualstatutes/2014_25/page-1.html
57 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
58 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

Canada's global leadership on SRHR

Now more than ever, Canada must deliver on its promises to women and girls.

COVID-19 is threatening global progress on sexual and reproductive health and human rights, and intensifying deeply entrenched inequalities within and among countries. In recent years, Canada has boldly stepped up in defence of SRHR and gender equality more broadly.

Canada must continue to strengthen its leadership in this area and deliver on promises made through the Feminist International Assistance Policy, the $700 million dedicated annually for SRHR until 2030, and support for the creation of a Global Alliance for Sustainable Feminist Movements.

Why should Canada prioritize its global commitment to SRHR?

[1] Sexual and reproductive health and rights are facing attacks and retrogression in all parts of the world. COVID-19 has disrupted supply chains for essential medicines (including contraception), access to sexual and reproductive health services has been restricted as resources have been diverted to address the pandemic, CSE has been effectively shut down as schools closed and out-of-school programs were not able to operate, and lockdowns have contributed to a rise in gender-based violence with women and girls trapped in unsafe living conditions. At the same time, catastrophic cuts to development assistance from Organisation for Economic Co-Operation and Development (OECD) countries, intensifying attacks on women's and girls' rights in all spheres, chronic underfunding of international human rights accountability mechanisms, and stark demonstrations of inequality within and among countries have converged to threaten progress already made

[2] MANY AREAS OF SRHR REMAIN STIGMATIZED, EXCLUDED, AND UNDERFUNDED. THESE NEGLECTED AREAS INCLUDE:

- Adolescent SRHR, including quality sex-ed
- Access to contraceptives
- Access to safe abortion
- Advocacy for SRHR
- Sexual and reproductive health services in emergency settings

Canada has committed $700 million per year towards these neglected areas until 2030, recognizing the need to allocate resources and political leadership where it can have the most impact and where the demand is greatest. Women and girls are counting on Canada to deliver.

[3] Canada has made a lot of promises to women and girls about transforming the ways international assistance is delivered, yet its own funding processes are rooted in the past and have not yet adapted to meet its feminist policy commitments. Overly burdensome administrative requirements and reporting, a disproportionate focus on quantitative targets, discouragement of local ownership of projects, and a lack of analysis on the impact such processes have on feminist movements has meant that Canada's funding mechanisms are not fit for purpose.

Feminist praxis demands attention to process as a critical part of achieving the desired outcomes and Canada still has much work to do in this area. Canada must prioritize the transformation of its funding mechanisms and accountability frameworks to enable feminist movements to challenge the patriarchal systems of power that oppress all people.

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

- Take global leadership on responding to the devastating impact of COVID-19 on SRHR.
- Commit to and resource the development of a Canadian global sexual and reproductive rights policy to ensure policy coherence and sustainability of Canada's commitment to SRHR within its development assistance and foreign policy.
- Meet the international commitment of 0.7% gross national income to official development assistance, including funds specifically earmarked for the neglected areas of SRHR.
- Increase financial and political support to the United Nations international human rights accountability mechanisms.
- Adopt feminist principles to guide all funding-related decisions, ensuring that initiatives address power and structural barriers to gender equality.
- Directly invest 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.