



**Action Canada**  
**for Sexual Health & Rights**

**Policy Brief:**  
**Canada's Pharmacare**  
**Plan Should Provide**  
**Access to All Forms of**  
**Contraception**

November 2022

## The Promise of Pharmacare

Access to contraception is a human right, enabling individuals to freely decide if or when to become parents, as well as the number and spacing of their children. To respect, protect, and fulfil this right, governments must ensure that contraceptive information, supplies, and services are available, accessible, acceptable, and of good quality to all, not just to some.<sup>1</sup>

In 2021, the Liberals and the New Democratic Party made a pledge to continue progress toward a universal national pharmacare program over the course of their “supply and confidence” agreement.<sup>2</sup> Action Canada campaigned for the introduction of the pharmacare program and believes it has the potential to change the lives of people across Canada, particularly for marginalized people who are falling through the cracks of our existing healthcare system. To move this promise forward, the government has committed to passing a Canada Pharmacare Act by the end of 2023 as well as establishing a national formulary, which is a list that will identify which drugs will be cost covered as essential medicines under the plan.

**We strongly urge the government to move swiftly in passing the Canada Pharmacare Act and that the national formulary for Canada’s new pharmacare program include universal contraceptive coverage.**

Universal coverage will ensure two things: first, that cost is not a barrier to choosing contraceptive methods that work best for an individual’s life and health circumstances. Second, that the benefits of improved sexual and reproductive health are available to all. Universal contraceptive coverage, including emergency contraception, allows for better family planning, a decrease in the number of high-risk and / or unintended pregnancies and improved social and economic outcomes for people who can be pregnant. People have the right to build their families using the method best suited for their needs. While this brief does not discuss the possible coverage of fertility treatments and their related drugs, we want to recognize the importance of these and other sexual health related drugs for consideration in pharmacare planning.

Right now, Canada is the only country with universal healthcare coverage that does not also offer coverage for prescription drugs, including contraceptives.<sup>3</sup> The United Kingdom, France, Australia, and New Zealand all cover a range of contraception options. While some countries only offer partial coverage which reduces costs and helps ensure more people can access contraception, such reduced coverage still leaves many people behind. In New Zealand for example, where only partial coverage is offered, there are still high rates of unintended pregnancies, especially notable among marginalized people. Instead, Canada must ensure universal no-cost contraception is accessible to everyone.

The current lack of contraceptive coverage in Canada comes with steep costs. Roughly 47% of pregnancies in the country are unintended, costing Canadian health systems millions of dollars annually.

<sup>4</sup> Studies have shown that providing universal contraception coverage could see that entire amount saved in as little as six to twelve months. An Options for Sexual Health study from 2010 estimated that

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<sup>1</sup> World Health Organization. (2014). *Framework for ensuring human rights in the provision of contraceptive information and services*. Geneva: World Health Organization: [https://apps.who.int/iris/bitstream/handle/10665/133327/9789241507745\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/133327/9789241507745_eng.pdf)

<sup>2</sup> Office of the Prime Minister . (2022, March 22). *Delivering for Canadians Now*. Retrieved from Office of the Prime Minister: <https://pm.gc.ca/en/news/news-releases/2022/03/22/delivering-canadians-now>

<sup>3</sup> The Lancet. (2019, October 19). *Canada needs universal pharmacare*. The Lancet, 394(10207), 1388. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32324-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32324-4/fulltext)

<sup>4</sup> Guttmacher Institute (2022, March). *Unintended Pregnancy and Abortion in Northern America Fact Sheet*. Retrieved from: <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-abortion-northern-america>

the BC government could save as much as \$95 million annually which is nearly twice the projected cost of implementing this policy in British Columbia.<sup>5</sup> A separate study in the Journal of Obstetrics and Gynaecology Canada estimated that the current annual cost of contraception across Canada would be \$261 million, but the savings, for direct medical costs of unintended pregnancy alone, would be approximately \$320 million.<sup>6</sup> This cost estimate does not consider the increased bargaining and purchase power the federal government would have when negotiating universal contraceptive access under a pharmacare plan, lowering the expected cost for the federal government.

Equitable access to contraception is a human right and it is also a key to realizing public health goals, reducing health care costs, reducing health disparities, and achieving gender equality. International human rights law also guarantees all people the right to the highest attainable standard of physical and mental health, which includes sexual and reproductive health. This right includes obligations on Canada to ensure that cost does not prevent people from accessing sexual and reproductive health information, services, and supplies, including contraceptive methods of their choice. Beyond the economic benefits of ensuring access to contraception, universal contraception coverage would ensure Canada meets its human rights obligations. This paper explores three core outcomes from a universal single-payer approach to providing contraception: expanded choice, expanded access, and the prevention of coercive contraception practices.

*...when people are given the possibility of selecting the options that work best for them, regardless of costs, that they are more likely to use contraception, and more likely to select the method most appropriate for them.*

## Expanded Choice

People who are socio-economically disadvantaged may not be able to afford contraceptives or can be forced to compromise when making contraceptive decisions, using methods they can afford instead of the most effective one or the one that works best for them. All contraceptives aim to prevent pregnancy, but there are a variety of ways they can do so. Contraceptive options aren't interchangeable, and the best form of contraception will differ person to person depending on a variety of factors such as side effects, ease of access, privacy concerns, effectiveness and more.<sup>7</sup> An intrauterine device (IUD) can cost between \$75 to \$400, oral contraceptive pills can cost \$20 per month (adding up to \$240 a year), and hormone injections as much as \$180 per year.<sup>8</sup> These costs are a significant barrier to accessing the contraception of choice for many people across Canada.

<sup>5</sup> Options for Sexual Health. (2010). *Universal Access to Publicly Funded Contraception in British Columbia*. Vancouver: Options for Sexual Health. Retrieved from [https://www.accessbc.org/files/ugd/9fd619\\_5e84ed1e331649c199007a5081c206b3.pdf](https://www.accessbc.org/files/ugd/9fd619_5e84ed1e331649c199007a5081c206b3.pdf)

<sup>6</sup> Black, A. Y., Guilbert, E., Hassan, F., Chatziheofilou, I., Lowin, J., Jeddi, M., . . . Trussell, J. (2015, December). *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*. *Journal of Obstetrics and Gynaecology Canada*, 1086-1097.

<sup>7</sup> World Health Organization. (2020, November 9). *Family planning/contraception methods*. Retrieved from World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

<sup>8</sup> Action Canada for Sexual Health and Rights. (2015, September 22). *Support for a Full National Drug Plan*. Retrieved from Action Canada for Sexual Health and Rights: <https://www.actioncanadashr.org/resources/policy-briefs-submissions/2015-09-23-support-full-national-drug-plan>

A 2016 report from the Society of Gynecologists and Obstetricians highlighted that the most used forms of contraception in Canada are the birth control pill, condoms, and the withdrawal method—the cheapest forms of birth control.<sup>9</sup> Cheaper methods of contraception, such as external condoms or the withdrawal method, also have higher rates of failure but when individuals have to make decisions between spending hundreds of dollars on contraception or paying for other necessities, people will often choose the birth control method they can afford and those easiest to access. Currently, many individuals in Canada have an unmet need for their birth control method of choice, largely because of the cost barrier. While some individuals can cover the price of contraception through private health insurance or provincial or federal public drug benefit programs, the amount covered and the contraceptive options available vary across plans and provinces.<sup>10</sup>

## Expanded Access

Because Canada does not cover the costs of prescription drugs, 1 in 5 Canadians have insufficient or no drug coverage.<sup>11</sup> This lack of coverage disproportionately affects marginalized communities. Young people, 2SLGBTQIA+ people, undocumented people, immigrants, and people of colour are most likely to have difficulty accessing the medication they need, including contraception. Right now, the cost of contraception falls mostly on women and people who can get pregnant. Women and people with uteruses cannot experience unintended pregnancy without the participation of the people who can get them pregnant. Forcing them to disproportionately bear the private cost to prevent pregnancy is unjust.

The issues related to access are particularly notable for youth. A 2019 UBC study found that among young women at risk of unintended pregnancy, 59 per cent used oral contraceptives while 17 per cent used condoms only. Meanwhile, 14 per cent did not use any contraceptive methods at all.<sup>12</sup> Many national health organizations, including the Canadian Pediatric Society, have flagged the cost of contraceptives as a significant barrier to access for youth.<sup>13</sup> While evidence shows that lower household income is associated with a greater risk of youth not using contraceptives, when financial barriers are removed, young people demonstrate significant interest in using contraception.<sup>14</sup> This shows that when people are given the possibility of selecting the options that work best for them, regardless of costs, they are more likely to use contraception.

Currently, accessing contraception can also be complex for people in vulnerable positions. Consider how adolescents' access to contraception can be jeopardized if coverage is only offered through their parents' insurance plans, which compromises their privacy. Or they must visit health care centers that are not equipped to serve youth confidentially. Similar barriers may arise when people experience intimate partner violence. In these situations, survivors may be financially controlled and experience surveillance, including through monitored usage of joint insurance plans. This type of context means

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<sup>9</sup> Vogel, L. (2017, July). *Canadian women opting for less effective birth control*. Canadian Medical Association Journal, 921-922. Retrieved from <https://www.cmaj.ca/content/189/27/e921>

<sup>10</sup> Motluk, A. (2016). *Birth control often not covered by Canadian insurers*. Canadian Medical Association Journal, 1001-1002. doi:10.1503/cmaj.109-5313

<sup>11</sup> Health Canada. (2019). *A Prescription for Canada: Achieving Pharmacare for All*. Ottawa: Government of Canada.

<sup>12</sup> University of British Columbia. (2019, November 5). *Birth control options out of reach for many low-income women*. Retrieved from UBC News: <https://news.ubc.ca/2019/11/05/birth-control-options-out-of-reach-for-many-low-income-women/>

<sup>13</sup> Di Meglio, G., & Yorke, E. (2019). *Universal access to no-cost contraception for youth in Canada*. Paediatric Child Health, 160-164. doi:10.1093/pch/pxz033

<sup>14</sup> University of British Columbia. (2019, November 5). *Birth control options out of reach for many low-income women*. Retrieved from UBC News: <https://news.ubc.ca/2019/11/05/birth-control-options-out-of-reach-for-many-low-income-women/>

that many may not be able to negotiate contraceptive use or they may face reproductive coercion, inhibiting their ability to control their reproductive health.<sup>15</sup> Taking a “fill the gaps” approach to pharmacare, where cost coverage is only provided to those without private insurance, both limits contraceptive options to those included in the benefit plan and runs the risk of limiting contraceptive access for those whose plans are controlled by someone else. Universal contraception coverage is key to ensuring access to contraception for people in vulnerable situations.

COVID-19 exposed fault lines in the delivery of essential sexual and reproductive health services, including contraceptive care. Many sexual health centers fill the gaps in contraceptive care for the communities they serve by offering low or no-cost contraception programs, but these programs are often

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reliant on donations and struggle to

meet demands at the best of times.<sup>16</sup> The demand for contraceptives did not change during the pandemic; however, the sexual health centers that filled contraceptive gaps in several communities were forced to close and those that remained open saw a sharp increase in clientele due to other health care providers limiting services offered, such as IUD insertion and removal. Many had to significantly reduce their hours, or limit in-person staff at their facilities, further limiting people’s access to contraceptives at a critical time. Reliance on grassroots community support for essential medical services is insufficient. A universal cost covered program provides much needed stability in access to products and services.

While all people in Canada have the right to contraception, it is not available, accessible, acceptable and of good quality to everyone.

## Prevention of Coercive Practice

It is a fact that certain people and communities are more likely to have contraceptive decisions imposed on them.<sup>17</sup> For example, young people, disabled people, Indigenous people, Black people, racialized people, and immigrants are more at risk of being coerced into choosing a certain type of contraceptive method. This can look like being disproportionately or forcefully offered only one or certain kinds of contraceptive methods either through coercive programs<sup>18</sup> or due to medical practices informed by systemic racism and ableism.<sup>19</sup> Black, Indigenous, and disabled people and communities in Canada have

<sup>15</sup> Maxwell, L. (2015, March 31). *Domestic violence deters contraception*. Retrieved from McGill University Newsroom: <https://www.mcgill.ca/newsroom/channels/news/domestic-violence-deters-contraception-244528>

<sup>16</sup> Women’s College Hospital. (n.d.). What is the Health Gap and Why Should I Care? Retrieved from The Health Gap: <http://thehealthgap.ca/>

<sup>17</sup> Gold, R. B. (2014, September 2). Guarding Against Coercion While Ensuring Access: A Delicate Balance. *Guttmacher Policy Review*, 17(3), 8-14. Retrieved from <https://www.guttmacher.org/gpr/2014/09/guarding-against-coercion-while-ensuring-access-delicate-balance>

<sup>18</sup> Paynter, M. (2021, November 6). *Martha Paynter: Why not publicly fund all forms of birth control in Nova Scotia?* Retrieved from Saltwire: <https://www.saltwire.com/atlantic-canada/opinion/martha-paynter-why-not-publicly-fund-all-forms-of-birth-control-in-nova-scotia-100654545/>

<sup>19</sup> DisAbleD Women’s Network of Canada. (2020). *Girls Without Barriers: an intersectional feminist analysis of girls and young women with disabilities in Canada*. Montreal: DAWN Canada. Retrieved from [https://dawnCanada.net/media/uploads/page\\_data/page-64/girls\\_without\\_barriers.pdf](https://dawnCanada.net/media/uploads/page_data/page-64/girls_without_barriers.pdf)

also faced forced sterilizations both historically and in the present day.<sup>20</sup> The shadow cast by the practice of forced sterilization and the experiences of coercive contraceptive care fuels mistrust in the healthcare system at large, creating more barriers to accessing appropriate contraceptive care and health care generally.<sup>21</sup> Providing universal access to all forms of contraceptives ensures that rights-holders are informed of the full suite of options available to them, can freely consent or withdraw their consent and, along with education, can help to ease the systemic constraints, such as cost barriers, that can lead to having to rely on what is made available or offered.

## Conclusion

When people are empowered to choose if or when to have children, and how many of them, they are better positioned to continue their education and have better employment opportunities, which in turn impacts their income, mental health, family stability, and their children's well-being. Canada's current lack of coverage restricts the ability of individuals to make those meaningful choices. Universal contraception coverage is a critical step in addressing inequality in access to contraceptives and in contraceptive choice. The latter is an important part of the conversation when we seek to address historical and persistent discrimination in the sexual and reproductive healthcare sector.

All individuals have a right to choose the contraception that is right for them regardless of who they are, the number of children they have, their age, their disability status, or what they have in their bank account. Universal coverage of contraception in Canada through a federal plan is an effective way to increase health care equity and reduce the likelihood of coercive contraceptive care practices.

It is promising that a national pharmacare strategy for Canada seems to be in our future. The current government has promised to establish the Canadian Drug Agency and to create a national formulary as recommended by the Advisory Council on the Implementation of National Pharmacare in 2019. While the Canadian Drug Agency has been established, a national formulary has yet to be created, and we continue to wait for the Canada Pharmacare Act to be tabled and passed in parliament. We urgently need progress on putting these systems in place and we need to ensure that the new pharmacare strategy supports the realization of sexual and reproductive rights and avoids discriminatory practices. To do this, all contraceptive options must be included in the formulary.

The Canadian government must lead by example and further cement its status as a champion of sexual and reproductive health and rights at this critical time when these rights are at risk globally. The federal government must move forward with adopting a universal, comprehensive, and single payer approach to pharmacare that prioritizes equitable access to the full range of contraception options for all people living in Canada.

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<sup>20</sup> International Justice Resource Center. (n.d.). *Forced Sterilization of Indigenous Women in Canada*. Retrieved from International Justice Resource Center: <https://ijrcenter.org/forced-sterilization-of-indigenous-women-in-canada/>

<sup>21</sup> El-Mowafi, I. M., Yalahow, A., Idriss-Wheeler, D., & Yaya, S. (2021). *The politest form of racism: sexual and reproductive health and rights paradigm in Canada*. *Reproductive Health*, 18, 59. doi:<https://doi.org/10.1186/s12978-021-01117-8>