

Migration Status and Homelessness as Barriers to Abortion Access in Canada

Summary of Joint Stakeholder Submission to Canada's Universal Periodic Review (UPR)

Abortion is a decriminalized healthcare procedure and a human right. Despite this, many people in Canada face **barriers when seeking abortion services**, representing a **violation of Canada's international human rights obligations**. We addressed this issue in our joint submission to Canada's fourth UPR, focusing on migration status and homelessness.

THE ACCESS ISSUES



Geography: Access varies between provinces and surgical abortions are often only available in cities

Non-medical expenses: Transportation, childcare, accommodation, lost wages

The Access Line and Emergency Fund

Action Canada runs a national telephone and text service and fund for those facing financial barriers to abortion

In 2022, the Access Line received an average of **400 calls per month** from across Canada, the vast majority of which were related to abortion care. Over **45%** of those receiving our financial and logistical assistance were **uninsured, undocumented, or with precarious migration status**.

For those without access to the public health system, who disproportionately experience financial strain, out-of-pocket costs are often prohibitive, undermining the principles of universal accessibility and affordability.

Access is deeply unequal and barriers are magnified for those experiencing marginalization.

MIGRATION

Many **migrants face unique and intensified barriers**, including:

- exclusion from the public health system
- lack of access to transportation
- economic marginalization
- geographic isolation



Undocumented people are not eligible to become insured within the public health system and most migrant workers must wait **three months** to have active insurance. Often, Temporary Foreign Workers are bound by coercive employment contracts tied to their migration status and lack the **freedom, privacy, and access to information** necessary to seek abortion care.

HOMELESSNESS

People **living without secure and stable housing**, who reside in temporary shelters, unsafe accommodations, on the streets and/or in encampments face multiple barriers when attempting to access both surgical and medical abortion.



- lack of resources and support
- judgment from healthcare providers
- lack of access to identification
- lack of private space to carry out medication abortion
- discovering pregnancy after 9 weeks, making surgical abortion their only option and often requiring travel

These barriers are further aggravated by racism, xenophobia, ableism, stigmatization, and criminalization.

What are Canada's obligations?

The Government of Canada must respect, protect, and fulfill the rights of all people within its jurisdiction and devote resources to ensure that the **right to health is enjoyed free from discrimination**. Abortion care is well-protected in international standards and national legislation:

- "physical accessibility [of abortion care] should be ensured for all, especially persons belonging to disadvantaged and marginalized groups" (CESCR General Comment 22)
- Care must be geographically reachable and of equal quality for all (WHO Abortion Care Guideline)
- Health services must be accessible "without financial or other barriers" (Canada Health Act)

We recommend Canada remedy these gaps through a pillared approach:



- 1) A sustained commitment to a well-resourced sexual and reproductive health and rights sector
- 2) Targeted measures to eliminate barriers and the facilitate low-barrier care
- 3) Building a broader framework for equity in health care access that is grounded in human rights

The full text of our report can be found here: <https://www.actioncanadashr.org/abortionUPR>