



### RANKING SCALE

British Columbia	88,9%
Quebec	79,0%
Ontario	69,3%
Prince Edward Island	68,5%
Alberta	66,3%
Northwest Territories	65,3%
Saskatchewan	64,0%
Nunavut	63,8%
Nova Scotia	62,7%
Manitoba	56,0%
New Brunswick	54,5%
Yukon	53,8%
Newfoundland & Labrador	41,8%
	0%

### MAIN FINDINGS

In Canada, access to modern, effective and affordable contraception differs from province to province and there is no federal drug plan in place to equalize access despite Canada having a universal health care system. Across the country, provinces provide a patchwork of financial supports to access contraceptives meaning that while targeted vulnerable populations such as youth, low income and uninsured people may have subsidized access to some form of contraception, financial cost remains the greatest barrier to overall access for Canadians. While financial coverage remains inconsistent, information on the available forms of contraception and where they can be obtained is available across most provinces so that Canadians are able to find evidence-based information on how to access contraceptives and make the choices that are right for their health.

46% of provinces **provide financial coverage** of contraception for all or most of their population.

77% of provinces have a **website** produced by a provincial health authority or a major public health authority that **provides information on contraception**.

100% of provinces have **expanded prescribing ability** beyond only general practitioners and nurse practitioners to **include either pharmacists, midwives, registered nurses, or some combination thereof**.

100% of provinces **include information on contraception in school sexual education curriculum**.

### INTERNATIONAL GUIDELINES

The following international commitments and agreements provide a foundation on which government responsibility for action should be based.

**Sustainable Development Goal Target 3.7**  
By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.  
Source: <https://unstats.un.org/sdgs/metadata?Text=8&Goal=3&Target=3.7>

**Nairobi Statement on ICPD25: Accelerating the Promise (2019)**  
We, representing all nations and peoples, and all segments of our societies [...] will [...] achieve universal access to sexual and reproductive health and rights as a part of universal health coverage (UHC), by committing to strive for [...] zero unmet need for family planning information and services, and universal availability of quality, accessible, affordable and safe modern contraceptives.  
Source: <https://www.nairobisummiticpd.org/content/icpd25-commitments>

**Committee on Economic, Social and Cultural Rights General comment No. 22 (2016) on the right to sexual and reproductive health**  
Essential medicines should [...] be available, including a wide range of contraceptive methods, such as condoms and emergency contraception [...]

Information accessibility includes the right to seek, receive and disseminate information and ideas concerning sexual and reproductive health issues generally [...]. All individuals and groups, including adolescents and youth, have the right to evidence-based information on all aspects of sexual and reproductive health, including [...] contraceptives [...]

States should aim to ensure universal access without discrimination for all individuals, including those from disadvantaged and marginalized groups, to a full range of quality sexual and reproductive health care including [...] contraceptive information.  
Source: <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-22-2016-right-sexual-and-reproductive-health>

### EXPERT GROUP

The below group of experts in sexual and reproductive health and rights designed the questions and structures for the Atlas.

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Data was extracted in 2023. Findings accurate at date of research, July 2023.

# CONTRACEPTION POLICY ATLAS CANADA

Tracking provincial and territorial policies on contraceptive supplies and information

Data was extracted in 2023. Findings accurate at date of research, July 2023.

## ACCESS TO MODERN CONTRACEPTION

### ACCESS TO SUPPLIES

### AVAILABILITY OF ONLINE INFORMATION

Provinces (in alphabetical order)	Ranking index of countries	ACCESS TO SUPPLIES						AVAILABILITY OF ONLINE INFORMATION										Provinces (in alphabetical order)
		COVERAGE OF CONTRACEPTIVES			PATHWAYS TO ACCESS			TYPE OF ONLINE INFORMATION				USER ACCESSIBILITY			INCLUSION IN PUBLIC EDUCATION PROGRAMMING			
		Level of cost coverage	Diversity of supplies covered	Cost coverage of emergency contraception	Types of prescribers	Emergency contraceptives available without prescription	Support for disbursement of non-prescription contraception	Government produced website available?	Variety of contraceptives listed	Info on cost and where to obtain	Links to reliable external sources	Warning on misinformation	Support informed choice	Website easily discoverable	Number of languages included	Inclusion in public education programs		
Alberta	66,3%	Coverage for <b>multiple</b> targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Provincial	Medium	No	Yes	No	Yes	Yes	Only English	Yes - included for all	Alberta	
British Columbia	88,9%	Universal coverage for entire population	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists and Midwives and RNs	Yes	Yes	Yes - Both Provincial and Major Public Health Authority	High	Yes	Yes	No	Yes	Yes	Only English	Yes - included for all	British Columbia	
Manitoba	56,0%	Coverage for <b>some</b> targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Both Provincial and Major Public Health Authority	Low	No	Yes	No	No	No	Only French and English	Yes - included for all	Manitoba	
New Brunswick	54,5%	Coverage for <b>multiple</b> targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	None	Low	No	Yes	No	No	No	Only French and English	Yes - included for all	New Brunswick	
Newfoundland & Labrador	41,8%	Coverage for <b>some</b> targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	No	None	Medium	No	No	No	No	No	Only English	Yes - included for all	Newfoundland & Labrador	
Northwest Territories	65,3%	Coverage for <b>some</b> targeted populations	High	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Provincial	Low	No	Yes	No	Yes	No	Multiple languages covered	Yes - included for all	Northwest Territories	
Nova Scotia	62,7%	Coverage for <b>some</b> targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Both Provincial and Major Public Health Authority	Medium	No	Yes	No	Yes	No	Only French and English	Yes - included for all	Nova Scotia	
Nunavut	63,8%	Coverage for <b>some</b> targeted populations	High	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Provincial	Medium	Yes	Yes	No	Yes	Yes	Only one or two other languages covered	Yes - included but elective	Nunavut	
Ontario	69,3%	Coverage for <b>multiple</b> targeted populations	Medium	Yes	<b>Only</b> General practitioners/ Nurse practitioners	Yes	Yes	Yes - Both Provincial and Major Public Health Authority	Medium	No	Yes	Yes	Yes	Yes	Only French and English	Yes - included for all	Ontario	
Prince Edward Island	68,5%	Coverage for <b>multiple</b> targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Public Health Authority	Medium	Yes	Yes	No	Yes	Yes	Only French and English	Yes - included for all	Prince Edward Island	
Québec	79,0%	Coverage for <b>multiple</b> targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists and Midwives and RNs	Yes	Yes	Yes - Both Provincial and Major Public Health Authority	High	Yes	Yes	No	Yes	Yes	Only French and English	Yes - included for all	Québec	
Saskatchewan	64,0%	Coverage for <b>multiple</b> targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Provincial	Medium	No	Yes	No	Yes	No	Only English	Yes - included for all	Saskatchewan	
Yukon	53,8%	Coverage for <b>some</b> targeted populations	High	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	None	Low	No	No	No	No	No	Only French and English	Yes - included for all	Yukon	

Who is behind the Atlas?

This initiative is powered by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) in partnership with Action Canada for Sexual Health and Rights. We are grateful to the numerous national organisations and country experts who contributed to gathering the data presented in the Atlas. The Atlas was produced in partnership with a group of experts in sexual and reproductive health and rights (see above) who helped design the questions and structures. EPF and Action Canada for Sexual Health and Rights benefitted from the financial support of UNFPA to undertake original and independent research which is presented in the Atlas. The scope and the content of the Contraception Policy Atlas Canada is the sole responsibility of the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) and Action Canada for Sexual Health and Rights.

