

# Canadian Contraception Policy Atlas Paper

## Executive Summary:

Universal access to contraception gives individuals the autonomy to make informed choices about their health and lives. It enables those who can become pregnant to plan if and when to become pregnant, leading to immediate, lifelong, and intergenerational benefits. The ability to choose if and when to have children is a critical component of sexual and reproductive health and a fundamental human right of every person. 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. Along with the 2025 Canadian Contraception Policy Atlas, this policy paper highlights Canada's current contraceptive landscape, the differing levels of access from province to province, and how we can make free contraception a reality across Canada.

In October of 2024, Canada passed Bill C-64, [An Act Respecting Pharmacare](#). This legislation establishes the foundational principles for the initial phase of Canada's national universal pharmacare program. It introduces universal, single-payer coverage for prescription drugs, beginning with coverage for medications related to diabetes and contraception. This was swiftly followed by a [change in leadership](#) for the Liberal Party and a federal election heavily focused on [affordability and security](#), causing a drastic shift in the political landscape. Now, the newly elected federal government has shown a commitment to increasing [spending on defense](#), but while continuously displaying [inconsistency in their commitment](#) to Pharmacare - not only hesitating in [signing agreements](#) with provinces, but also in their promise that this would be the [first phase](#) of a more comprehensive program. As job losses and financial pressures increase, programs like Pharmacare, which enhance our healthcare system and help people save money, are not only wise policy choices but also crucial for ensuring that all Canadians can live with dignity. The federal government must continue its work with remaining provinces and territories to sign agreements and ensure the Canada Pharmacare Act is implemented across the country.

As [last year's contraception atlas](#) indicated, access to contraceptives in Canada continues to be heavily dependent on the province you live in. Each province defines who is eligible for medication benefits under its [respective pharmaceutical program](#). In addition, provinces individually define any conditions to accessing particular products, and how frequently one can access them. This leaves significant gaps in coverage across the country and the level of coverage dependent on where one lives in Canada. As provinces and territories begin to sign agreements, providing **universal, first dollar and single-payer**

**coverage** will ensure that agreements are made in the best interest of the public. If this is not the case, agreements risk falling to a ‘fill the gaps approach’ which often leaves the most vulnerable without coverage.

## The Canadian Landscape

The Canadian Contraception Policy Atlas ranks provinces from best to worst in overall performance based on an evaluation of government policies in place to support access to contraceptive supplies and information. The passing of Bill C-64 made Pharmacare the law of the land in Canada. However, with only [four agreements](#) signed so far, access in Canada remains unequal and the country continues to be the only one with universal healthcare coverage that does not also offer coverage for prescription drugs, including contraceptives. This lack of coverage comes with [steep costs](#). Each province defines who is eligible for medication benefits under its [respective pharmaceutical program](#). In addition, provinces individually define any conditions to accessing particular products, and how frequently one can access them. This leaves significant gaps in coverage across the country and the level of coverage dependent on where one lives in Canada.

[Nearly half of all pregnancies](#) in Canada are unintended and many Canadians continue to use a narrow range of contraception methods, with the three most common reported methods being among the [least expensive](#) for individuals to purchase (condoms, oral contraception and withdrawal). Fewer than 5% of individuals between [15-24 years](#) report using a contraception method in the most highly effective tier, such as intra-uterine devices (IUDs) or contraceptive sub-dermal implants. This can likely be attributed to several barriers to access, including a lack of awareness, concerns related to misinformation or ‘myths’, ability to access a prescribing healthcare practitioner and overall financial barriers. As such, socio-economically disadvantaged individuals are often faced with choosing the most affordable contraceptive options. [Data from the initial years](#) of British Columbia’s contraception coverage program shows more patients opting for birth control in general but also an increase in patients specifically opting for long-acting reversible contraception such as IUDs – forms of contraception they may not have been able to afford prior to the policy being implemented. These trends are a promising sign of the shifts we could see across Canada if every province were to sign pharmacare agreements with the federal government.

All contraceptives aim to prevent pregnancy to varying degrees of effectiveness, but the most effective forms of contraception are also the most expensive. The best form of contraception for each individual is determined by what works best for them, not by which is most affordable. 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. These costs may force individuals to make contraceptive choices based on cost alone. Many sexual health centres fill the gaps in contraceptive care for the communities they serve by offering low or no-cost contraception programs, but these programs are often [under-resourced and struggle to meet demands](#). In some cases, these organizations are among the largest sexual health service providers in their provinces, and without them, Canadians in rural and remote regions would have to travel even further, adding more time and costs to an already onerous experience. In practice, this means that the financial and practical cost of accessing low-cost medications or inserting an IUD makes accessing the most effective forms of contraception a challenge for many. A national Pharmacare program implemented in every province would remove the barrier of cost and bring access to medications closer to where they live, allowing individuals to truly make their own contraceptive choices.

## Developments in Contraception Coverage

Similar to last year, this update to the Contraception Atlas looks at five (5) criteria and fifteen (15) sub criteria, highlighting updates to cost coverage policies, prescriber scope, government-provided information and public education available on contraception.

The federal government has taken significant steps to improve access to contraception in its [national Pharmacare program](#). As of September 2025, agreements have been made with [three provinces and one territory](#) – British Columbia, Manitoba, Prince Edward Island, and Yukon. This has had a significant impact on the scoring for all four areas where agreements have been passed, most significantly for Manitoba, rising from its ranking of tenth last year to fourth this year, and Yukon, rising from twelfth last year to sixth this year. British Columbia has retained its status as the top-ranked province, achieving an almost perfect score. An agreement with the federal government has enabled the province to cover nearly all forms of contraception, except for the patch. This development allows individuals to truly choose the birth control method that best fits their lifestyle, as evidenced by data from British Columbia's first year of implementation showing a [drastic increase](#) in the use of long-acting reversible contraceptives (LARCs) such as IUDs – forms of contraception that may not have been affordable for many individuals before the implementation of universal contraception coverage.

As highlighted above, only [three provinces and one territory](#) have signed agreements with the Federal government to implement pharmacare deals. Canadians living in provinces that managed to sign the first few agreements are able to access free medications, and those who didn't continue to have to pay to access treatments that could save their lives. If agreements are reached in every province, the Pharmacare Act would allow more

Canadians to choose their preferred method of contraception without worrying about the cost. This would enhance bodily autonomy and enable individuals to plan their families according to their own wishes. Additionally, investing in access to contraception has been shown to save the country money as [every dollar spent yields about nine dollars](#) in long-term savings.

Currently, there are significant discrepancies in access to contraception across Canada. The existing atlas highlights four provinces with ‘very good’ access, while at least two major provinces have been rated as having ‘poor’ or ‘very poor’ access. If the Pharmacare Act is successful, it could reduce these disparities in future iterations of the atlas.

All provinces and territories that have not yet reached agreements with the federal government should continue to pursue them, ensuring that these agreements support single-payer, universal, first-dollar coverage. For the Pharmacare Act to be effective, it must be accessible to all Canadians.

## Concluding Observations

While cost coverage for contraceptives across Canada would go a long way in improving access to contraception, it is not the only barrier to access that exists. Some [barriers](#) are highlighted in the atlas, including struggles in accessing healthcare workers who can prescribe contraception, lack of clear information around contraceptive choices, and the rise in misinformation to name a few. This is especially clear in provinces like Newfoundland and Labrador, which have ranked lowest on the atlas. Access to services remains an issue in this province. However, it has expressed a willingness to sign a federal agreement, though discussions have not yet begun. These barriers also do not fall equally on all individuals living in Canada, and in fact disproportionately affect those who [experience marginalization](#) rooted in systemic racism, classism, ableism, and heterosexism.

Universal access to contraception is a huge step forward in closing the gaps in access across the country that currently exist, but this is only the first step. It is important for provinces also to consider how cost coverage would be implemented in each province and ensure their agreements with the federal government address these concerns. Incorrect billing codes may create additional costs for patients or remove incentives for family physicians to perform IUD removals, [such as in Ontario](#). Further, provincial and federal governments must continue to support community health centers to ensure information and access are available to marginalized and vulnerable populations and sexual health centres must be provided with the funding to continue to provide support as well. A comprehensive national pharmacare needs to cover the full suite of essential medications

over time. This approach to contraceptive care means strengthened sexual health education, increased access to barrier methods and better information so that everyone can make consensual and informed choices about their fertility.