

CONTRACEPTION POLICY ATLAS CANADA 2024







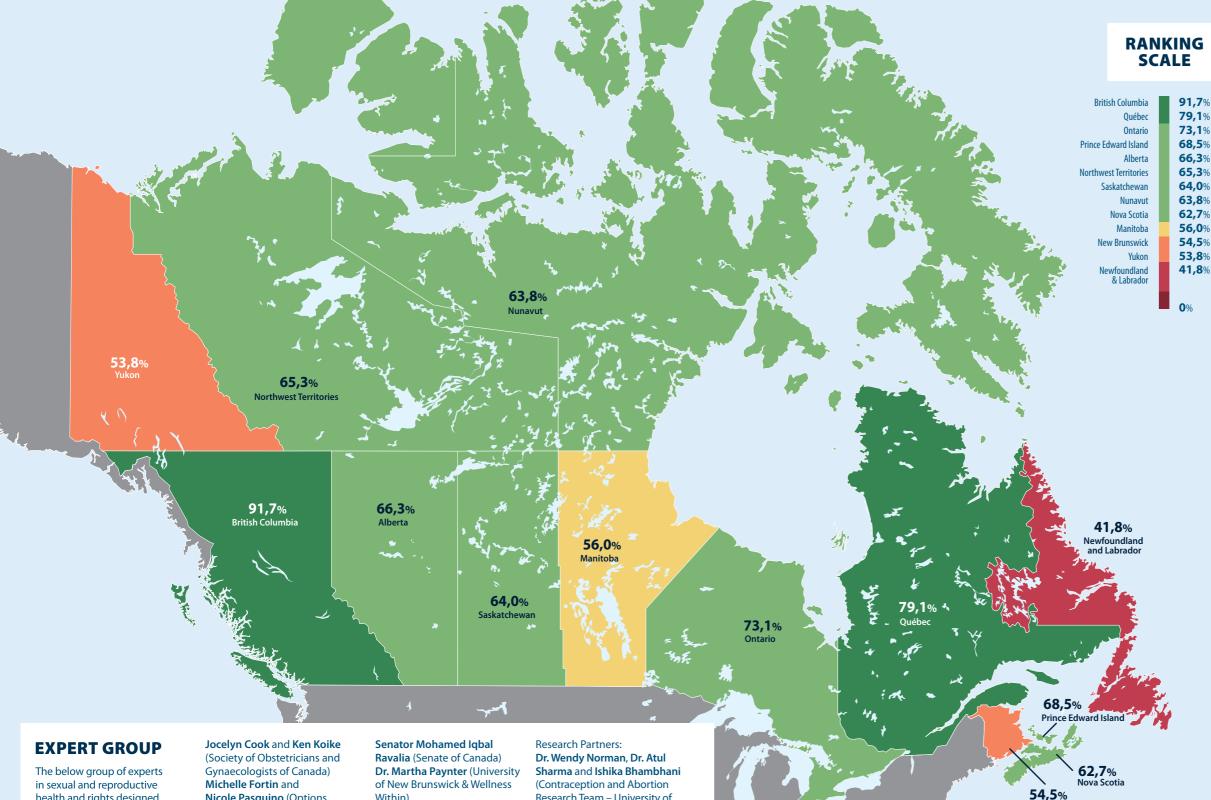


THE UNIVERSITY OF BRITISH COLUMBIA

Action Canada for Sexual Health & Rights

Tracking provincial and territorial policies on contraceptive supplies and information

For more information, please visit www.srhrpolicyhub.org or contact secretariat@epfweb.org and info@actioncanadashr.org



in sexual and reproductive health and rights designed the questions and structures for the Atlas.

Advisory Group: Nour Bakhache and Hava Starkman (ContraceptiON)

Nicole Pasquino (Options for Sexual Health) Dr. Ruth Habte (Access BC) Dr. Sarah Munro (Contraception and Abortion Research Team - University of British Columbia)

of New Brunswick & Wellness Within) Jalisa Karim and Pretty Ngo (National Youth Advisory Board - Action Canada) Rana Salame (Organon) Marina Davidashvili (European

Parliamentary Forum)

Research Team - University of British Columbia) **Project Coordinators:** Action Canada for Sexual Health

and Rights, Kelly Bowden and Insiya Mankani

,7%
,1%
,1%
,5%
,3%
,3%
,0%
,8%
,7%
,0%
5%

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

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

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.

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 o contraceptive methods, such as condoms and emergency contraception [...]

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

CONTRACEPTION POLICY ATLAS CANADA

Tracking provincial and territorial policies on contraceptive supplies and information

ACCESS TO MODERN CONTRACEPTION

			ACCESS TO MODERN CONTRACEPTION																	
				ACCESS TO SUPPLIES							AVAILABILITY OF ONLINE INFORMATION									
				COVERAGE OF CONTRACEPTIV	ES		PATHWAYS TO ACCESS			TYPE OF ONLINE INFORMATION					USER ACCESSIBILITY			INCLUSION IN PUBLIC EDUCATION PROGRAMMING		_
	Provinces (in alphabetical order)		king ex of inces	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	Provinces (in alphabetical order)	
89	Alberta		66,3%	Coverage for multiple 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		91,7%	Universal coverage for entire population	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists and Midwives and RNs	Yes	Yes	Yes - Both Pro- vincial and Major Public Health Authority	High	Yes	Yes	Yes	Yes	Yes	Only English	Yes - included for all	British Columbia	
AK AK	Manitoba		56,0%	Coverage for some targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Both Pro- vincial and Major Public Health Authority	Low	No	Yes	No	No	No	Only French and English	Yes - included for all	Manitoba	
1	New Brunswick		54,5%	Coverage for multiple 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	
X	Newfoundland & Labrador		41,8%	Coverage for some 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	\mathbb{X}
W	Northwest Territories		65,3%	Coverage for some 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 some targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Both Pro- vincial and Major Public Health Authority	Medium	No	Yes	No	Yes	No	Only French and English	Yes - included for all	Nova Scotia	\mathbf{X}
*	Nunavut		63,8%	Coverage for some 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	*
35 26	Ontario		73,1%	Coverage for multiple targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists or Midwives or RNs	Yes	Yes	Yes - Both Pro- vincial and Major Public Health Authority	Medium	No	Yes	Yes	Yes	Yes	Only French and English	Yes - included for all	Ontario	
28	Prince Edward Island		68,5%	Coverage for multiple 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	22
4 4 4 7	Québec		79,1%	Coverage for multiple targeted populations	Medium	Yes	General practitioners/ Nurse practitioners + Pharmacists and Midwives and RNs	Yes	Yes	Yes - Both Pro- vincial and Major Public Health Authority	High	Yes	Yes	No	Yes	Yes	Only French and English	Yes - included for all	Québec	* *
a tr	Saskatchewan		64,0%	Coverage for multiple 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	日 本 大
	Yukon		53,8%	Coverage for some 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

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