The Right to Sexual and Reproductive Health – Challenges and Possibilities during COVID-19: A Canadian Perspective

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Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.

On a domestic scale, Canada significantly underfunds access to sexual and reproductive health care and programming. With nine provinces experiencing increases in sexually transmitted infections, higher rates of maternal morbidity, and increased gender-based and intimate partner violence, Canada has significant gaps in the investments, funding, and overall support of sexual and reproductive healthcare services (Action Canada, 2021).

In the past ten years, Canada has increased its funding towards global efforts to support sexual and reproductive health and rights. Canada has increased its SRHR-related funding by over 210% from 2009 to 2019 (Jaeger & Johnson, 2021). A significant proponent of this growth can be attributed to creating the Feminist International Assistance Policy in 2017 and the Trudeau Governments' commitment to investing 1.4 billion Canadian dollars annually, starting in 2023, with an immediate investment of 700 million Canadian dollars in 2019 (Prime Minister of Canada, 2019). In 2019, Canada was the third-largest donor to the United Nations Population Fund with 11 million dollars in core funding and 95 million dollars in non-core funding (UNFPA, n.d.).

Now, more than ever, Canada must continue to provide robust, sustainable, and equitable commitments to funding SRHR services due to not only the need for a just COVID-19 recovery

but also to offset the gap left by decreased funding commitments from the U.K. and the U.S (Rauhala; 2019; Worley 2021).

In mid-2020, the Federal Government announced new funding towards global aid to combat the inequitable effects of COVID-19 on SRH services. The Trudeau Government committed to 4.9 million Canadian dollars to Marie Stopes International to increase access to safe abortion services, 2 million Canadian dollars to Ipas for safer abortion and contraceptive supports, and 2 million Canadian dollars to the United Nations Trust Fund on Violence Against Women to combat the global rise of gender-based violence (Wright, 2020).

Global Affairs Canada (GAC) also announced 1.1 million Canadian dollars in funding for COVID-19 and SRH assistance to the Philippines (Global Affairs Canada, 2020). Within this funding announcement, GAC contributed over 700 thousand Canadian dollars towards N95 PPE masks and 400 thousand Canadian dollars towards the Sexual Health Empowerment Philippines project with Oxfam International (Global Affairs Canada, 2020).

In late 2020, the Canadian Government re-committed funding the multi-sector sexual reproductive health and rights (SRHR) initiative, Rapariga Biz, with an additional 2.5 million Canadian dollars to prevent child marriage and unwanted pregnancies (ReliefWeb, 2020).

At this time, the Federal Government of Canada has not made any formal investment announcements related to SRHR services in 2021. With the upcoming G7 and G20 leaders

summit, it is anticipated that there may be additional and/or renewed investments to global SRHR-related services and programming.

Please also specify legal or other measures introduced during the pandemic aiming at recognizing, or restricting, banning or criminalizing: a) access to legal abortion; b) consensual sex between adults; c) same sex sexual relations, d) consensual sex between adolescents of similar ages, e) sex work, f) same sex marriage, g) information on the right to sexual and reproductive health; h) HIV transmission and i) autonomy and free decision making on one's body and sexual and reproductive health.

In June 2021, a controversial federal bill in which two-thirds of the official federal opposition voted in favour of banning "sex-selective" abortion failed to pass in the House of Commons. Bill C-233 and "sex-selective abortion" are typical tactics to further restrictions and limitations on an individual's right to choose (Parliament of Canada, 2020).

In June 2021, the Canadian Civil Liberties Association successfully brought forth a constitutional legal challenge to the province of New Brunswick's abortion legislation, which currently bans government funding for abortions outside of pre-approved hospitals (Smellie, 2021). As a result of this legislation, the only private clinic in New Brunswick offering abortion services was forced to utilize public donations to fund procedures, as the government will not provide subsidies for the clinic. In fact, in late 2020, Clinic 554, a well-respected private clinic for queer and transgender health care, along with abortion services and supports for marginalized communities, ceased operations due to financial losses related to the governments' refusal to

support out-of-hospital abortions (Bell, 2021). Clinic 554's closure is equally unprecedented due to the poor access to abortion and abortion-related services in Atlantic Canada, which have been particularly compounded due to the COVID-19 pandemic (Cooke, 2021).

In May 2021, the Provincial Government of Saskatchewan introduced new legislation to create bubble zones around abortion clinics within the province, essentially barring anti-abortion protestors within 150 metres of properties (Skjerven, 2021). While not yet passed, Bill 605(1) can fall in line with previous efforts and legislation put forward by the Provincial Governments in British Columbia, Alberta, Newfoundland and Labrador, Nova Scotia, Quebec, and for some clinics in Ontario (Abortion Rights Coalition of Canada, n.d.).

Further, in May 2021, a new law was passed by the Federal Government which amends the Judges Act and Criminal Code to require judges to participate in continuing education matters related to sexual assault and systemic discrimination, as well as to provide written reasons when deciding sexual assault matters, for reasons of transparency (Department of Justice Canada, 2021).

In October 2020, the Canadian Federal Government reintroduced legislation to criminalize conversion therapy in Canada. New amendments to the Criminal Code would criminalize causing a minor to undergo conversion therapy, removing a minor from Canada to undergo conversion therapy, forcing a person to undergo conversion therapy against their will, profiting from conversion therapy, or advertising conversion therapy (Department of Justice Canada,

2020). In fact, in November 2020, Yukon became the first territory to ban conversion therapy officially (d'Entremont, 2020).

Additionally, there is another ongoing charter challenge, starting in early 2020, supported by the Canadian Alliance for Sex Work Law Reform, along with 25 other sex worker rights groups across Canada, concerning current criminal laws which prohibit sex work, and therefore, make sex work less safe for workers themselves (Zadorsky, 2020; Taccone, 2021). Since this charter challenge, additional sex worker advocates have called for the decriminalization of sex work and better working conditions for those within the field (Rowe, 2021).

Ultimately, no significant federal legal or constitutional changes have been enacted concerning sexual and reproductive health in Canada amidst the COVID-19 pandemic; however, there are continued and ongoing efforts to shed light on current inequities faced by individuals accessing abortion services, as well as individuals involved in sex work.

Any changes compared to pre-COVID 19? Has any service, good or information been deprioritized or defunded? Who is this affecting in particular?

The closing of Clinic 554, New Brunswick's only private abortion clinic, demonstrates how inconsistencies in government funding puts access to sexual and reproductive health care at risk and introduces additional barriers for individuals from marginalized communities that already face unfair treatment in our Canadian health care system. Clinic 554 was the only clinic in New Brunswick offering out-of-hospitals abortions. Beyond abortion care, the clinic served over 3,000 patients on waitlist for family doctors, provided transgender care, and offered LGBTQ2I+

services. Its closure worsened the gap in health care services to already vulnerable patients. Although instruction from both the Federal Government and Health Canada to remove restrictions on healthcare funding, the New Brunswick Government refused to fund healthcare equitably by allowing Medicare to cover the cost of a patient who seeks an abortion procedure. Dr. Adrian Eoin Edgar (2019), Medical Director at Clinic 554, shared:

> It has never been financially sustainable to provide barrier-free abortions at Clinic 554 without Medicare reimbursement from the Province. We remained open all these years through sheer perseverance and due to the charity of individuals from all across Canada - because the need in our community is so great it touched Canadians everywhere. I thought I would be the family doctor for my patients until I or they died. But I didn't predict our government would continue to act illegally to withhold healthcare from my patients.

Still, the Province maintains that it is not in violation of the Canada Health Act by not funding the clinic. The pressure is also on the Federal Government to defend access to abortions and ensure universal health care is available to all Canadians across Turtle Island.

Please explain if there has been any impacts on the availability, accessibility, acceptability or quality of sexual reproductive services during COVID – 19.

With restrictions in place to maintain social distancing, and the closure of many services, this has incited a reasonable level of fear (possible exposure to COVID-19) for many people. Lack of in-person care has impacted the ability for people to safely reach out to healthcare practitioners in-person to receive personal sexual health care. Additionally, the pandemic has had adverse effects

on the supply chain of many contraceptives (Purdy, 2020). With most manufacturing companies being in Asia, they were forced to close at the pandemics' onset (Purdy, 2020). With a reduction in manufacturing and transportation, the world has seen a global decrease in the availability of contraceptive commodities.

Please also share information on other practical obstacles or challenges to access sexual reproductive services during the pandemic, and who were most affected.

The onset of the pandemic has resulted in the closure of many necessary services, such as access to in-person education and acceptable forms of comprehensive sexual education. Youth and adolescents are left in the dark regarding understanding the sexual health services available and where to retrieve contraceptives and are affected the most. Lack of education acts as a barrier to an adequate understanding of sexual health and can result in early pregnancies or sexual disease transmissions. Furthermore, several statistics have noted the increase in gender-based violence during the COVID-19 pandemic disrupting access to life-saving care. Forms of care include psycho-social support, mental health support, and clinical management of rape (UNFPA, 2020). With the added restrictions in place to maintain social distancing, victims are limited to accessing care and treatment virtually or over the phone (UNFPA, 2020).

Please also share good practices and opportunities in the provision of sexual and reproductive health care during the pandemic.

Many factors heavily influence sexual and reproductive health, such as mental wellness, economic status, and social wellbeing. Given the dependencies and complexities of the forementioned factors, the current level of mental health support and financial support has undoubtedly impacted sexual and reproductive health care during the pandemic. Advancement of the recommendations captured below will undoubtedly be a positive influence on the current status of SRH in Canada:

1. Invest and prioritize mental health supports for individuals accessing SRH care, especially marginalized and vulnerable communities.
2. Improve access to COVID-19 testing and treatment services in communities where healthcare access is limited—specifically indigenous reserves and rural areas of Canada.
3. Dissemble barriers in access to adequate SRH for all Canadians regardless of citizenship status in Canada
4. Improve funding and support (staff, supplies, etc.) relative to SRH in rural, marginalized, and indigenous communities.

In connection to questions 1 to 3, please also share other relevant information on legal, policy or other changes affecting the right to sexual and reproductive health and related health care in your country or countries in focus, unrelated to COVID-19.

The 2021 Canadian federal budget unveiled in April outlined concrete steps to "supporting access to Sexual and Reproductive Health Care Information and Services." The Government demonstrated its commitment to collaboration with provinces and territories to strengthen the health system and expand equitable and appropriate access to SRH services. The Budget

proposed 45 million Canadian dollars over three years (starting in 2021-22) to fund community-based organizations to make sexual and reproductive health information and services accessible to all populations. This directly responds to the deprioritization of abortion care, contraceptives, and youth sexual health in the shadow of the COVID-19 pandemic. Pandemic restrictions have unarguably affected access to essential SRHR services, resulting in devastating impacts exposed in higher rates of gender-based violence, unintended pregnancies, morbidities and mortalities. "Currently, women, youth, LGBTQ2 people, racialized Canadians, and Indigenous populations face the highest sexual and reproductive health risks and the greatest barriers to accessing support, information, and services." This extends to support for 2SLGBTQ+-led organizations through an additional $15m over three years for 2SLGBTQ+ community-informed initiatives. As lack of funding perpetuates this SRH risk and barriers, this investment aims to support essential work in communities for all Canadians.

The Budget also responds to a current lack of SRHR national surveillance mechanisms. As this information is essential for policy-makers, implementors and services-provides to develop targeted policies and programs to respond to people's needs, the provision of $7.6M over five years (starting in 2021-22) for the implementation of a national SRHR survey will help expand the understanding of existing challenges and improve available supports.

A recent report revealed that Indigenous women in Canada continued to be subjected to forced or coerced sterilization, with a case of forced sterilization as recent as 2019. It adds that this practice also disproportionally affects other racial groups in the country, with the deputy committee chair of the Senate committee on human rights stating, "The committee is deeply

concerned that, along with Indigenous women, other vulnerable and marginalized groups in Canada are affected by forced and coerced sterilization, including women with disabilities, racialized women, intersex children and institutionalized persons" (Fakiha, 2021).

The proposed class-action lawsuit accounts reports from more than 100 Indigenous women coming from NWT, Yukon, Manitoba, Ontario, Alberta, B.C., and Quebec. Alisa Lombart, an Alberta lawyer, said that Indigenous women in Canada had been subjected to forced sterilization in public hospitals, going back many decades and into 2018. However, the full scale of the problem is unknown due to the lack of publicly available data nor comprehensive investigations into these reports. Attorney Alisa Lombard represents several women in civil litigation against the relevant Saskatchewan-based healthcare providers and governmental entities alleged to be responsible for forcibly sterilizing them.

Nonetheless, this damaging and illegal practice extends beyond Saskatchewan (International Justice Resource Center, n.d.). It demands the "Canadian government's acknowledgment of its responsibility for forced sterilization of Indigenous women and its commitment to implement our proposed reforms and measures of redress, and significantly increased public awareness" (International Justice Resource Centre, 2020).

Please indicate if your country, institution or organization has decreased financial support or aid to other State, donor or institution or programme in the area of sexual and reproductive health, including through international cooperation, compared to pre-Covid time.

Canada demonstrates a firm commitment to health, in particular SRHR and MNCH. Canada is among the top 10 government partners for the United Nations Entity for Gender Equality and the Empowerment of Women, the United Nations Population Fund, and She Decides (Donor Tracker, 2021). Further, Canada maintains is goal, as outlined in the Feminist International Assistance Policy (FIAP), of spending 15% of its bilateral ODA on projects targeting gender equality by the 2021-22 fiscal year. Progress toward this goal continues, as funding for projects principally focused on gender equality increased through to 2018. This growth was driven by both the scale and number of projects.

In May 2018, the Government of Canada invited philanthropic, private sector, not-for-profit and non-governmental stakeholders to create a partnership to mobilize resources toward advancing gender equality and the empowerment of women and girls in developing countries (Government of Canada, 2019). This was supported through a $300M commitment. The process led to the establishment of the Equality Fund, which aims to contribute to solving the funding gap and provide technical assistance to women's organizations and movements in developing countries.

Targeted commitments toward the advancement of SRHR were cemented through the $250M committed over three years (2017-2020) to improve the reproductive health and rights of women and children (Government of Canada, 2020). This was topped when Prime Minister Justin Trudeau announced at the Women Deliver 2019 Conference that the Government of Canada will raise $1.4B annually beginning in 2023 to support women and girl's health globally (Prime Minister of Canada, 2019). This historic investment is part of Canada's 10-year commitment to

global health and rights, with $700M annually committed to SRHR. Despite investments decreasing in 2020, this was not reflected in the number of ongoing SRHR programmes supported through these investments.

In October 2020, the Government announced additional funding of up to $50M to over 1000 organizations serving women and children experiencing GBV. This announcement is in addition to the federal $200M investment (from 2017/18 to 2022/23) to prevent and address GBV (Women and Gender Equality Canada, 2020). However, no additional commitments to international support were revealed.

We call on the Government of Canada to strengthen commitments to effectively respond to the SRHR of all people throughout the reproductive life cycle. This commitment should be reflected in domestic financing, but also increased and extended internationally. Beyond the paved investments through the 10-year commitment to global health and rights, immediate and targeted actions are needed to respond to the immediate threats to SRHR globally and here at home.

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