

AGE OF CONSENT: LEGAL REVIEW CANADA COUNTRY REPORT



FOREWORD

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To be written by the ED

Jonathan Gunthorp



Executive Director - SAT

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AGE OF CONSENT LEGAL REVIEW



ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-retroviral Therapy
EHP	Essential Healthcare Package
GDP	Gross Domestic Product
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
MMC	Medical male circumcision
MPR	Multiple-perpetrator rape
MSP	Multiple Sexual Partners
PLWHA	People Living with HIV/AIDS
PLWHIV	People Living with HIV
PEP	Post Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SRHS	Sexual and reproductive healthcare services
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organisation
YSF	Youth-friendly services

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EXECUTIVE SUMMARY

Sexual intercourse with persons under the age of 16 years is illegal. Mistake of age is not a defence unless the accused took all reasonable steps to ascertain the age of the complainant. Canada has exception for gay sex provided for in the Criminal Code with 'close in age' or 'peer group.' Accordingly 14-15 year old can consent to sexual activity with a partner as long as the partner is five years older and there is no relationship of trust, authority, dependency or any exploitation of the young person.

The age of consent to access contraceptives varies from province to province. In most provinces in Canada (except in Quebec), the emergency contraceptive pill (ECP/ Plan B/ Morning after Pill) is available without age restrictions.

The age of consent to access to HIV Testing varies from province to province. If a young person can consent to medical decisions, he or she will be able to obtain the test results without the parents being made aware of the results.

The policy framework and legislation enabling or disabling access to ART varies from province to province. There is no legal prohibition on Pre and Post Exposure Prophylaxis (PEP). Young people can legally access PrEP and PEP but the position concerning access and parental consent varies from province to province.

The ingredients used to make Truvada are on the federal Prescription Drug List, which means this form of PrEP can be legally prescribed. The drugs underlying PEP are on the federal Prescription Drug List which means that PEP can be legally prescribed.

Abortion in Canada is legal. The rules on access to abortions with or without parental consent vary from province to province.

Healthcare is generally free in Canada, which enables access to Antenatal Care (ANC).

Federal funding was provided to provinces and territories in 2007 to support an HPV vaccination program. The rules on access and parental consent are determined by each Province.

Chapter One: Introduction

The world's attention has moved beyond HIV and AIDS, yet it remains the leading killer of adolescents in Southern Africa, presenting major impediment to healthy communities and a significant factor in the health and status of women and girls in the region.

According to The Joint United Nations Programme on HIV/AIDS (UNAIDS) report on prevention of HIV (2013), Eastern and Southern Africa is home to half the world's population living with HIV even if the region is only 5% of the world's population. Today the region continues to be the most infected and affected with the HIV/AIDS epidemic, with 48% of the world's new HIV infections among adults, 55% among children, and 48% of AIDS related deaths.

Research conducted in many parts of the world shows that several legal and human rights barriers hinder access to, and uptake of, HIV services for adolescents. Key among these barriers are age of consent legislation and policies. Recent global guidelines have therefore explicitly called on countries to examine their current policies and consider revising them to reduce age-related barriers to access and uptake of the overall SRH services, HTC and to linkages to prevention, treatment and care.

The Southern Africa sub-region experiences the most severe HIV epidemic in the world, namely Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, with each having an adult HIV prevalence of over 10%. UNAIDS reports that Swaziland has the highest HIV prevalence in the world (26.0%), followed by Botswana.

In 2011, there was an estimated 1.2 million adolescents aged 10-19 years old living with HIV, more than half of all HIV positive adolescents globally. Eastern and Southern Africa now has 10.5 million children who have lost one or both parents to AIDS.

The risk of becoming infected with HIV is higher for girls and young women and currently, HIV prevalence among young women aged 15 to 24 years stands at 4.8%, which is two and a half times higher than among men of the same age. In Swaziland, 15.6 percent of young women are HIV-positive, compared to 6.5% of young men.

The advocacy campaign 'ALL IN To #EndAdolescentAIDS' was launched as a global platform for action and collaboration for social change in February 2015 by global leaders and civil society partners. This global agenda provides opportunities for ensuring that existing and new strategies and programmes on HIV prevention, treatment and care are effectively implemented to benefit young people. These include the 2012 guidance on Pre-Exposure oral Prophylaxis (PrEP) for sero-discordant couples, men and transgender women who have sex with men at high risk of HIV transmission, as well as the 2013 guidance for HIV testing and counselling and care for adolescents living with HIV and Young Key Population policy briefs.

ALL IN To #EndAdolescentAIDS works through four work streams. As part of work stream 1, global partners have prioritized joint action to take stock of the current situation in countries with respect to age of consent for services including HIV by carrying out a systematic desk review of age of consent laws and a mapping of the processes led and outcome of reforms undertaken by countries to address this barrier. Through the ALL IN To #EndAdolescentAIDS, many agencies and global partners including United Nations development Programmes (UNDP), The Joint United Nations Programme on HIV/AIDS (UNAIDS), The PACT and AIDS Alliance have already initiated actions on data collection to inform their policy advocacy efforts at global and specifically within the 25 focus countries. This review will inform the development of a source or toolkit for learning on this theme and capacity building of experts and policymakers worldwide.

Why age of consent review?

Several global bodies, including UNICEF and WHO, are currently undertaking a number of initiatives to change the global guidelines with regard to adolescent access to a range of HIV prevention services, including age of consent and informed consent, confidentiality, availability, accessibility, acceptability, adherence and quality must inform these services.

Southern African AIDS Trust (SAT) in collaboration with UNICEF worked with participating local law firms, and a consultant to conduct the Age of Consent research. The three areas of the research included the following:

1. Age of consent legal review
2. Ethical, Social, Cultural (ESC) desktop review
3. Youth Attitudes Survey

Therefore, the main goal of the project was to conduct research on “Age of Consent” laws, regulations, and policies, as well as ESC factors, in relation to adolescents. This entailed collecting country experiences to address age of consent laws / polices and ESC factors that serve as potential barriers to adolescents accessing sexual and reproductive health care services, including HIV prevention, care and treatment. The research explored implications for expanding SRHR services and HIV Testing & Counselling (HTC) in adolescents aged 10 – 19 years.

Methodology

The Canadian legal review was conducted by Blake, Cassels and Graydon law firm in Canada and focused on the laws and policy support around the Age of Consent in relation to the various aspects relating to SRHR. The review looked at all the relevant national laws (including nationally recognized customary or religious laws), regulations and policies exploring the ages for girls and boys separately where relevant, including where contradictions exist in laws, policies and regulations on these issues.

The review specifically looked at the following:

1. Age of consent to sexual intercourse including age for statutory rape
2. Age of consent to access modern contraceptives, including with and without parental consent
3. Age of access to emergency contraceptives including with and without parental consent
4. Policy framework and legislation enabling or disabling access to Pre Exposure Prophylaxis including age of consent with and without parental consent
5. Policy framework and legislation enabling or disabling access to Post Exposure Prophylaxis including age of consent with and without parental consent
6. Policy framework and legislation enabling or disabling access to safe abortions and post abortion care including age of consent with and without parental consent
7. Policy framework and legislation enabling or disabling access to Antenatal Care including age of consent with and without parental consent
8. Policy framework and legislation enabling or disabling access to HPV vaccine, and cervical cancer screening and treatment, including age of consent with and without parental consent
9. Age of consent to access HIV Testing without parental consent.

Chapter Two: Age of consent to sexual intercourse

The age of consent to sexual intercourse in Canada is 16 years even though there are a number of exceptions. Notably, mistake of age is not a defence to sexual assault, unless the accused took all reasonable steps to ascertain the age of the complainant.

Legislation and policy framework

Section 150.1 of the Criminal Code, R.S.C., 1985, c. C-46 (the “Criminal Code”): <http://laws-lois.justice.gc.ca/eng/acts/c-46/index.html>:

Consent no defence

150.1 (1) Subject to Subsections (2) to (2.2), when an accused is charged with an offence under Section 151 or 152 or Subsection 153(1), 160(3) or 173(2) or is charged with an offence under Section 271, 272 or 273 in respect of a complainant under the age of 16 years, it is not a defence that the complainant consented to the activity that forms the subject-matter of the charge.

Mistake of age

(4) It is not a defence to a charge under Section 151 or 152, Subsection 160(3) or 173(2), or Section 271, 272 or 273 that the accused believed that the complainant was 16 years of age or more at the time the offence is alleged to have been committed unless the accused took all reasonable steps to ascertain the age of the complainant. Idem

(5) It is not a defence to a charge under Section 153, 159, 170, 171 or 172 or Subsection 286.1(2), 286.2(2) or 286.3(2) that the accused believed that the complainant was eighteen years of age or more at the time the offence is alleged to have been committed unless the accused took all reasonable steps to ascertain the age of the complainant.

Mistake of age

(6) An accused cannot raise a mistaken belief in the age of the complainant in order to invoke a defence under subsection (2) or (2.1) unless the accused took all reasonable steps to ascertain the age of the complainant.

Definition of statutory rape

There is no definition of statutory rape in the Criminal Code.

The Criminal Code defines assault and makes clear that the assault provision applies to sexual assault. It also contains provisions for ‘sexual interference’, ‘invitation to sexual touching’ and ‘sexual exploitation’ which specifically relate to sexual assault of someone under the age of consent.

Legislation and policy framework

See Subsection 151-153 & 265 of the Criminal Code:

Sexual interference

151 Every person who, for a sexual purpose, touches, directly or indirectly, with a part of the body or with an object, any part of the body of a person under the age of 16 years

- a. *is guilty of an indictable offence and is liable to imprisonment for a term of not more than 14 years and to a minimum punishment of imprisonment for a term of one year; or*
- b. *is guilty of an offence punishable on summary conviction and is liable to imprisonment for a term of not more than two years less a day and to a minimum punishment of imprisonment for a term of 90 days.*

Invitation to sexual touching

152 Every person who, for a sexual purpose, invites, counsels or incites a person under the age of 16 years to touch, directly or indirectly, with a part of the body or with an object, the body of any person, including the body of the person who so invites, counsels or incites and the body of the person under the age of 16 years,

- a. *is guilty of an indictable offence and is liable to imprisonment for a term of not more than 14 years and to a minimum punishment of imprisonment for a term of one year; or*
- b. *is guilty of an offence punishable on summary conviction and is liable to imprisonment for a term of not more than two years less a day and to a minimum punishment of imprisonment for a term of 90 days.*

Sexual exploitation

153 (1) Every person commits an offence who is in a position of trust or authority towards a young person, who is a person with whom the young person is in a relationship of dependency or who is in a relationship with a young person that is exploitative of the young person, and who (a) for a sexual purpose, touches, directly or indirectly, with a part of the body or with an object, any part of the body of the young person; or (b) for a sexual purpose, invites, counsels or incites a young person to touch, directly or indirectly, with a part of the body or with an object, the body of any person, including the body of the person who so invites, counsels or incites and the body of the young person.

Exceptions on gay sex

Canada has exception on gay sex, the Criminal Code provides 'close in age' or 'peer group' exceptions. For example, a 14 or 15 year old can consent to sexual activity with a partner as long as the partner is less than five years older and there is no relationship of trust, authority or dependency or any other exploitation of the young person (Section 150.1). In addition, 16 and 17 year-olds cannot consent to sexual activity that involves prostitution or pornography (Subsection. 286.2 and 163.1).

While there is an exception for anal intercourse in the Criminal Code (which states that the age for anal intercourse is 18), this provision has been found to be unconstitutional and therefore of no force and effect by many appellate courts.

Legislation and policy framework

Peer Group Exceptions

See s. 150.1 of the Criminal Code:

Consent no defence

150.1 (1) Subject to subsections (2) to (2.2), when an accused is charged with an offence under section 151 or 152 or subsection 153(1), 160(3) or 173(2) or is charged with an offence under section 271, 272 or 273 in respect of a complainant under the age of 16 years, it is not a defence that the complainant consented to the activity that forms the subject-matter of the charge.

Exception - complainant aged 12 or 13

2. When an accused is charged with an offence under section 151 or 152, subsection 173(2) or section 271 in respect of a complainant who is 12 years of age or more but under the age of 14 years, it is a defence that the complainant consented to the activity that forms the subject-matter of the charge if the accused
 - a. is less than two years older than the complainant; and
 - b. is not in a position of trust or authority towards the complainant, is not a person with whom the complainant is in a relationship of dependency and is not in a relationship with the complainant that is exploitative of the complainant.

Exception - complainant aged 14 or 15

- 2.1. If an accused is charged with an offence under Section 151 or 152, Subsection 173(2) or Section 271 in respect of a complainant who is 14 years of age or more but under the age of 16 years, it is a defence that the complainant consented to the activity that forms the subject-matter of the charge if the accused
- a. is less than five years older than the complainant; and
 - b. is not in a position of trust or authority towards the complainant, is not a person with whom the complainant is in a relationship of dependency and is not in a relationship with the complainant that is exploitative of the complainant.

Anal intercourse

See Section 159 of the Criminal Code:

159 (1) Every person who engages in an act of anal intercourse is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years or is guilty of an offence punishable on summary conviction.

Exception:

2. *Subsection (1) does not apply to any act engaged in, in private, between*
- a. *husband and wife, or*
 - b. *any two persons, each of whom is eighteen years of age or more, both of whom consent to the act.*

But see, for example, R v M.(C.) (1995), 98 CCC (3d) 481 (Ontario Court of Appeal) (<http://canlii.ca/t/231v2>) which holds that the section discriminates on the basis of age and therefore is of no force and effect.

Chapter Three: Access to contraception services and commodities

A young person's ability to consent to health care varies by province/territory. In British Columbia, for example, a young person can consent to health care (including accessing contraceptive) where the health care provider is satisfied that the person understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care and has made reasonable efforts to determine and has concluded that the health care is in the person's best interests. (See Annex 2 'Schedule A') for the relevant consent legislation in British Columbia, Ontario and Quebec.

Legislation and policy framework

The Infants Act, RSBC 1996, c 223, s. 17 ("infant" includes those under the age of 19) which is applicable in the province of British Columbia only:

Consent of infant to medical treatment

Section 17 (1) states that:

Health care means anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health related purpose, and includes a course of health care;

'health care provider' includes a person licensed, certified or registered in British Columbia to provide health care.

2. *Subject to subsection (3), an infant may consent to health care whether or not that health care would, in the absence of consent, constitute a trespass to the infant's person, and if an infant provides that consent, the consent is effective and it is not necessary to obtain a consent to the health care from the infant's parent or guardian.*
3. *A request for or consent, agreement or acquiescence to health care by an infant does not constitute consent to the health care for the purposes of subsection (2) unless the health care provider providing the health care*
 - a. *has explained to the infant and has been satisfied that the infant understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care, and*
 - b. *has made reasonable efforts to determine and has concluded that the health care is in the infant's best interests.*

Access to emergency contraceptives

In most provinces in Canada (except in Quebec), the emergency contraceptive pill (ECP/ Plan B/ Morning after Pill) is available in pharmacies without a prescription. There is no age restriction for an individual seeking emergency contraceptive. In all provinces except for Saskatchewan and Quebec, the Plan B contraceptive is available on the shelf and without requiring a prescription. In Saskatchewan, the drug is kept behind the counter meaning a pharmacist can ask screening questions. In Quebec, a prescription is required to acquire the Plan B drug.

Legislation and policy framework

See, for example, the Drug Schedules Regulation, BC Reg 9/98, ss. 1-2 & schedule III, which is applicable in British Columbia.

Also see: the Food and Drugs Act, R.S.C., 1985, c. F-27, s. 29.1 (<http://lawslois.justice.gc.ca/eng/acts/F-27/page-4.html>); the Food and Drug Regulation, C.R.C., c. 870, "Prescription Drug List"; the Prescription Drug List: http://www.hc-sc.gc.ca/dhp/mps/prodpharma/pdl-ord/pdl_list_fin_ord-eng.php

Also see: Website for the "Plan B" emergency contraceptive: <http://www.planb.ca/where-to-get-it.html>

Chapter Four: Age of consent and HIV Testing

In Canada young person's ability to consent to health care varies by province/territory. In British Columbia, for example, a young person can consent to health care (including accessing contraceptive) where the health care provider is satisfied that the person understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care and has made reasonable efforts to determine and has concluded that the health care is in the person's best interests. Access may also be granted through a sexual health clinic. (See Annex 2 - Schedule A)

Age of consent to report HIV status direct to adolescents

Young person in Canada may consent to make medical decisions, he or she will be able to obtain their test results without their parents being made aware of the results. Health care information is also protected by privacy legislation.

Legislation and policy framework on HIV Testing

As a note, anonymous HIV Testing is provided in Ontario (see: <http://hasslefreeclinic.org/home/about-hfc/clinic-history-philosophy>), and as a pilot project in British Columbia (see: <http://www.bccdc.ca/our-services/programs/anonymous-hiv-testing>)”

See also, Personal Health Information Protection Act, 2004, S.O. 2004, s. 29

Requirement for consent

29. A health information custodian shall not collect, use or disclose personal health information about an individual unless,

- a. it has the individual's consent under this Act and the collection, use or disclosure, as the case may be, to the best of the custodian's knowledge, is necessary for a lawful purpose; or*
- b. the collection, use or disclosure, as the case may be, is permitted or required by this Act.*

In British Columbia, several statutes apply to the disclosure of health information (see: <http://www.healthinfoprivacybc.ca/the-laws/overview>). The Personal Information Protection Act, SBC 2003, c 63 applies to health care providers in private practice. See section 6:

- 6. (1) An organization must not*
 - a. collect personal information about an individual,*
 - b. use personal information about an individual, or*
 - c. disclose personal information about an individual.*
- 2. Subsection (1) does not apply if*
 - a. the individual gives consent to the collection, use or disclosure,*
 - b. this Act authorizes the collection, use or disclosure without the consent of the individual, or*
 - c. this Act deems the collection, use or disclosure to be consented to by the individual.*

Chapter Five: Age of consent and access to Anti-retroviral Therapy (ART)

Young people can access antiretroviral therapy in Canada following the stated regulations that the young person's ability to consent to health care varies by province/territory. In British Columbia, for example, a young person can consent to health care where the health care provider is satisfied that the person understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care and has made reasonable efforts to determine and has concluded that the health care is in the person's best interests. ART (i.e. Tenofovir, lamivudine and emtricitabine) in Canada requires a prescription.

Legislation and policy framework

Food and Drugs Act, R.S.C., 1985, c. F-27, s. 29.1 (<http://laws-lois.justice.gc.ca/eng/acts/F-27/page-4.html>); **Food and Drug Regulations, C.R.C., c. 870, "Prescription Drug List"; Prescription Drug List:** http://www.hc-sc.gc.ca/dhp-mps/prodpharma/pdl-ord/pdl_list_fin_ord-eng.php

Chapter Six: Age of consent and access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)

There is no legal prohibition on Pre Exposure Prophylaxis and Post Exposure Prophylaxis in Canada, although there may be practical difficulties accessing it in cases involving non-occupational exposures (see the following article for a discussion of practical issues: <http://www.catie.ca/fact-sheets/prevention/post-exposure-prophylaxis-pep>). Young people can legally access PEP and there is no legislation that prohibits the use of PEP.

Legislation and policy framework

The drugs underlying PEP are on the federal Prescription Drug List, which means PEP can be legally prescribed

The Food and Drugs Act, R.S.C., 1985, c. F-27, s. 29.1 (<http://laws-lois.justice.gc.ca/eng/acts/F-27/page-4.html>);

The Food and Drug Regulation, C.R.C., c. 870, "Prescription Drug List"; the Prescription Drug List: http://www.hc-sc.gc.ca/dhp-mps/prodpharma/pdl-ord/pdl_list_fin_ord-eng.php

Chapter Seven: Age of consent and access to safe abortions and/or post abortion care

Abortion is legal in Canada and access to safe abortion and post care given that any young person has an ability to consent to health care varies by province/territory. In British Columbia, for example, a young person can consent to health care (including accessing contraceptive) where the health care provider is satisfied that the person understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care and has made reasonable efforts to determine and has concluded that the health care is in the person's best interests

Legislation and policy framework

The Supreme Court of Canada held Canada's anti-abortion laws to be unconstitutional in 1988. See R. v. Morgentaler, [1988] 1 SCR 30 (<http://www.canlii.org/en/ca/scc/doc/1988/1988canlii90/1988canlii90.html?resultIndex=1>)

Chapter Eight: Age of consent on access to Antenatal Care (ANC)

There is no specific policy/legislation enabling access to Antenatal Care (although health care is generally free in Canada, which naturally enables access to ANC). Access and consent to Antenatal Care for young people varies by province/territory. As an example in British Columbia, a young person can consent to health care where the health care provider is satisfied that the person understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care and has made reasonable efforts to determine and has concluded that the health care is in the person's best interests.

Chapter Nine: Access to HPV and cervical cancer screening and treatment

Access and consent to Human Papillomavirus (HPV) and cervical cancer screening varies from by province/territory. Specific details are defined in the 'Schedule A' legislation (Annex 2) for the relevant consent legislation in British Columbia, Ontario and Quebec.

The 2007 Federal Government budget provided \$300 Million for HPV vaccines. The Budget Plan 2007 states: The Government will provide funding to the provinces and territories to support the launch of a national program for the HPV vaccine that will focus on protecting women and girls from cancer of the cervix.

Ontario has expanded its publicly funded immunization program to help protect youth from HPV infection and related cancers. Beginning in the 2016-2017 school year, Ontario will offer the cancer-fighting HPV vaccine to all boys and girls in Grade 7 as part of its routine school-based HPV immunization program

In British Columbia, girls starting at grade 6 and boys/men aged 9-26 who are "high risk" are able to get the vaccine for free.

Legislation and policy framework

*Legislation and policy framework on the access to Antenatal Care draws from the **2007 Federal Government Budget**: <http://www.budget.gc.ca/2007/pdf/bp2007e.pdf>*

Webpage describing the Ontario Program: - <http://www.health.gov.on.ca/en/ms/hpv/>

Webpage describing the Immunize BC Program: <http://www.immunizebc.ca/diseases-vaccinations/hpv>

Chapter Ten: Recommended intervention on legal and policy framework

Area	Category of regulation	Required intervention
Age of sexual intercourse	L	LR
Definition of statutory rape	L	LR
Exceptions on Age of Consent for example 'Gay sex'	L	LR
Young people access to contraceptive services	CL	GR
Young people access to emergency contraceptives	P	GR
Policy framework and legislation on access to Anti-retroviral Therapy (ART)	Governmental recommendation	GR
Policy and legislation on young people access to PEP	L N/A	LR GR
Policy and legislation on young people access to PreP	Governmental recommendation	GR
Policy framework and on access to ante natal care (ANC)	L	LR
Policy framework & legislation on access to HPV vaccine, and cervical cancer screening and treatment	L	LR
Policy framework and/or legislation on access to safe abortions and/or post abortion care	L	LR
Age of consent to access HIV Testing without parental consent	N/A	GR
Legal and policy framework on the age of consent HIV status will be reported directly to an adolescent	N/A	GR
Address of various policy and legislation inconsistencies	N/A	N/A

Legislation



Policy



Government to pass new Regulations



Law Reform



Case Law



Annex

KEY QUESTIONS FOR THE LEGAL REVIEW

1. At what age may sex between consenting individuals legally take place? (Age of consent to sexual intercourse) Indicate if different ages for males and females?
2. Is there a definition of statutory rape? Please define.
3. Are there exceptions to answer (1). For example gay sex?
4. At what age may a young person access contraceptive services including contraceptive commodities? Please specify with and without parental consent if different answers.
5. May a young person access emergency contraceptives (e.g. the 'day after pill')? At what age? Please specify if different ages with and without parental consent.
6. Policy framework and legislation enabling or disabling access to antiretroviral therapy (ART), including age of consent with and without parental consent. Specify whether there is any prohibition on HIV Post Exposure Prophylaxis (PEP), including age of consent with and without parental consent.
7. Specify whether there is any prohibition on HIV Post Exposure Prophylaxis (PEP), including age of consent with and without parental consent.
8. If there is no prohibition in question 6, would young people be legally able to access PEP were it offered? At what ages? Please specify if different ages with and without parental consent.
9. Is there any legislation or policy specifically enabling PEP use in country? Please specify if it deals with ages of consent and give detail. Specify whether there is any prohibition on HIV Pre Exposure Prophylaxis (PrEP), including age of consent with and without parental consent.
10. Specify whether there is any prohibition on HIV Pre Exposure Prophylaxis (PrEP), including age of consent with and without parental consent.
11. If there is no prohibition in question 9, would young people be legally able to access PrEP were it offered? At what ages? Please specify if different ages with and without parental consent.
12. Is there any legislation or policy specifically enabling PrEP use in country? Please specify if it deals with ages of consent and give detail.
13. Please state whether there is Policy framework and/or legislation enabling or disabling access to safe abortions and/or post abortion care, including age of consent with and without parental consent.
14. Policy framework and legislation enabling or disabling access to Ante Natal Care (ANC), including age of consent with and without parental consent.
15. Policy framework and legislation enabling or disabling access to HPV vaccine, and cervical cancer screening and treatment, including age of consent with and without parental consent.
16. Age of consent to access HIV Testing without parental consent?
17. Age at which HIV status will be reported directly to an adolescent and legal/policy requirements to report status to her/his parents?
18. Please explain any inconsistencies between the answers above.



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