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Chair

Mr. Bernard Patry

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● (0910)

[*English*]

The Chair (Mr. Bernard Patry (Pierrefonds—Dollard, Lib.)): Good morning. We're going to start now.

Pursuant to Standing Order 108(2), we've commenced consideration of issues relating to the Global Fund to fight AIDS, Tuberculosis, and Malaria.

It's our pleasure this morning to welcome as witnesses, from the Global Fund to Fight AIDS, Tuberculosis and Malaria, Mr. Richard Feachem, who is the executive director, and Mr. Christopher Benn, the director of external relations. Welcome, both of you.

Mr. Feachem, do you have a communiqué to give us? You could start, please.

Mr. Richard Feachem (Executive Director, The Global Fund To Fight AIDS, Tuberculosis and Malaria): Good morning, ladies and gentlemen, and thank you very much for inviting us to be here this morning. It's a very great pleasure.

I thought I would give a very short introduction and allow maximum time for interaction and discussion.

As I think everybody here knows, there was a consensus reached at the end of the 1990s that HIV/AIDS, TB, and malaria were getting rapidly worse and that all current efforts to prevent that were not proving to be successful. Therefore a movement started to create what became the Global Fund to Fight AIDS, Tuberculosisand Malaria, as a dedicated financing mechanism to provide large amounts of additional money for the fight against AIDS, TB, and malaria. And Canada played a leading role in this international discussion and in the birth of the global fund. Indeed, early in the conceptualization of the global fund it was actually known as the Ottawa Fund because of a particularly critical meeting that took place in this city.

These efforts, led primarily by the G-8, led to the creation of the global fund in January 2002. So the global fund is three years old. And since its creation in January 2002, the global fund has grown very rapidly. We currently have pledges on the income side of roughly $6 billion U.S. If you'll forgive me, I'll speak in U.S. dollars because those are the numbers that I have at my fingertips.

We are today already supporting 300 programs in 130 countries. We have become very rapidly the largest international financer of work against tuberculosis and the largest international financer of work against malaria, and one of the three major sources of finance for work against HIV/AIDS. It has been an historically unparalleled development of a brand-new international financing mechanism providing large amounts of money for this priority goal of turning back the HIV, TB, and malaria pandemics.

It's important to see this effort within the broader context of the millennium development goals. AIDS, TB, and malaria are among the millennium development goals, and our efforts at the global fund must be seen within the context of the broader effort to address the millennium development goals. HIV/AIDS, TB, and malaria are essential for the millennium development goals, partly because they are necessary requirements to achieve other millennium development goals. For example, the child mortality development goal cannot be met in Africa unless malaria is controlled because malaria is the largest cause of child death in Africa. Similarly, unless HIV/AIDS is controlled, many of the millennium development goals, particularly in Africa, but also in Asia, cannot be achieved. For example, on the education development goals, in Zambia HIV is killing school teachers at exactly twice the rate that school teachers are being trained. Therefore, the education system in Zambia is collapsing—not may collapse, but is collapsing. Therefore, unless we control and treat HIV/AIDS, we cannot expand the education system to meet the education millennium development goals.

So AIDS, TB, and malaria are part of the millennium development goals, but are particularly critical for the achievement of other millennium development goals.

In conclusion, let me just say a word about the global fund's income. The global fund's income in 2004 was $1.5 billion. In 2005 we need $2.3 billion, and in 2006 we will need $3.4 billion, and then we will plateau at about that level of $3.4 billion to $3.5 billion a year. Canada has been a major supporter of the global fund, but I am here on this visit to Ottawa to ask for this support to increase and develop as the income of the global fund expands. And particularly, I'm hoping that Canada can further increase its contributions so that when in 2006 we achieve an income of about $3.4 billion to $3.5 billion the Canadian share of that will be around 4%, which I'm told is the traditionally established Canadian view of the appropriate role in multilateral financing efforts.

● (0915)

Perhaps I'll stop there. I understand you have been handed brochures and information about the global fund. I very much look forward to the comments and questions.

With me is Dr. Christoph Benn, who is our director of external relations and an extremely experienced physician treating TB, HIV, and malaria in Africa, particularly in Tanzania.

Thank you very much.

The Chair: Thank you, Mr. Feachem.

Now we'll start with Mr. Goldring, please.

Mr. Peter Goldring (Edmonton East, CPC): Thank you, Mr. Chairman, and thank you very much, Mr. Feachem, for your presentation.

Looking at your brochure and leafing through it, I'm seeing here under your charts your expenditure targets and am looking at the various breakdowns on them. Do you have any provisions with this funding for ongoing improvement? In the case of diseases such as AIDS and HIV and tuberculosis and malaria, are there not any expenditures or areas you're looking at to improve the overall continuation, for the community to be involved and perhaps take over some of these types of assistance projects and be able to capably handle them in the future? In other words, is there a future to this for the people in the country? I understand with proper medications many AIDS people are living longer and longer, so now I would think there should be attention directed to the quality of life, community continuation, and the community's own self-sustainability.

Has there been attention to those areas, and what percentage would that be?

The Chair: Mr. Feachem.

Mr. Richard Feachem: Indeed there has been a lot of attention to that area, and as you rightly say, it's an extremely important dimension of what we do. The global fund is a financing mechanism alone, and it has a very innovative architecture and way of doing business. We respond to proposals we receive from public and private organizations in the eligible countries, so what we're financing is their ideas, not our ideas. They, the people of the countries most affected, are very well aware of the points you make about the necessity for full community involvement and for the longer-term sustainability of the programs.

Many of the programs we're funding do contain those elements, funding community-based organizations, NGOs, faith-based organizations in many countries to develop the capacity to deliver services, which after assistance from the global fund they will be able to continue to do into the future. It strengthens their capacity to do that.

On the strictly financial side, I think some of the countries we're supporting will be able in the near term to take over these financial responsibilities for themselves, but other countries will in the longer term require external finance to make the task possible. For example, South Africa can quite quickly graduate from global fund financing, whereas Malawi cannot. There will be many decades in which Malawi needs external financial help to assist in what it is doing. But it must be grounded in community-based organizations.

Mr. Peter Goldring: I'm looking, for example, at page 14, where you're indicating the global engagement of this fund on the three specific items of AIDS, tuberculosis, and malaria. We are definitely to understand that the areas and the countries that are not included also have these problems, and I'm thinking specifically of tuberculosis. We hear of that problem here in our own country being quite extensive in the aboriginal communities.

I'm wondering, because they're excluded from this, whether there are any parallel groups. Is there a connection between your global fund and how you approach these issues in the various countries and how countries like Canada may approach the issue? Are there similarities in how funding, once again, and sustainability and working within the communities and other things...? Are there comparables, and are we just separating this because your fund is, understandably, quite separate from the Canadian government?

● (0920)

Mr. Richard Feachem: I think there are comparables—yes, indeed. We by our mandate can only provide money to the eligible countries, and under global fund rules, the eligible countries are all low-income countries under World Bank definitions, and all lower-middle-income countries under World Bank definitions. We cannot finance urgent work in, for example, the native community of Canada—or the native community of Australia, to take an example I know better. We cannot finance that work, but we are aware of similarities, absolutely, as you suggest. Certainly we would encourage that exchange of experience between programs we are financing and programs others such as the Canadian or Australian governments may be financing in their aboriginal communities, but our money could not be used for that purpose, unfortunately.

Mr. Peter Goldring: Then for countries that are lower-income countries and do have problems that are not identified under your list of countries here, is the application to this fund by countries...? And I'm thinking of the Dominican Republic, which has recently had a problem with malaria outbreaks. Obviously, the Dominican Republic is not to be one of the higher-income countries. Are there difficulties in countries such as that being added to this list of countries, being able to participate in this?

Mr. Richard Feachem: The Dominican Republic is already a recipient of global fund money, so it is on the list.

I should give an explanation about the maps. I think you're referring to these maps.

Mr. Peter Goldring: Yes.

Mr. Richard Feachem: I think the Dominican Republic is a recipient for HIV/AIDS.

I'm sorry. If you look at footnote number 3 on the AIDS map, you will see that there is a multi-country Caribbean program that includes the Dominican Republic. On the AIDS map there are footnotes. If you look at footnote number 3, it lists it.

Mr. Peter Goldring: Yes, under the HIV/AIDS, but in recent times it has been coming under issues concerning malaria.

Mr. Richard Feachem: Exactly.

I should perhaps explain that this is our current coverage. We are three years old, and these are the countries by the three diseases where we're currently providing finance. The door is wide open, so in the future we would expect to be providing finance to additional countries for other diseases.

Mr. Peter Goldring: So the application to be included, is that something that's initiated from the country itself?

Mr. Richard Feachem: Precisely.

We have an application round that's just been launched, and if the Dominican Republic applies in the current round for a malaria grant and they submit a high-quality proposal, we would support them, yes.

Mr. Peter Goldring: Okay. Thank you very much.

The Chair: Thank you.

Now we will go to Mr. Paquette.

[*Translation*]

Mr. Pierre Paquette (Joliette, BQ): Thank you, Mr. Chair. Thank you for your presentation. Your brochure displays truly interesting information, and graphic information too.

I noted with interest that at the end of your statement, you mentioned liaising with other major multilateral stakeholders like UNAIDS, the WHO and other organizations. We know that in the area of international cooperation, duplication may sometimes be a source of waste. I would like to know what specific steps you are taking to make sure that you have the proper coordination.

In your brochure, you mention public-private partnerships and a number of initiatives. I found that interesting, because it is a somewhat fashionable trend. I would like you to tell us a little more about it, as those public-private partnerships may sometimes be misleading.

If you have some time left, I would like to hear your views on the issue of drugs in the context of the overall activities of the Fund. Is there or not a problem with those drugs?

[*English*]

Mr. Richard Feachem: The question of collaboration and coordination among agencies is absolutely critical, and we devote considerable efforts to making sure that collaboration is good. There are two kinds of collaboration, one being collaboration with organizations that are not financing organizations, and I single out here the World Health Organization and UNAIDS. Our collaboration with them is essentially that we have the money and they have the technical expertise. We do not have the technical expertise, and they do not have the money. In a way, it's a marriage made in heaven. We are a financing organization; they are not. They are a technical assistance and technical guidance organization, and we are not, so the collaboration derives from that marriage. I must say it's working very well, both with WHO and UNAIDS. We are not part of the United Nations system, as you know, but we are located in Geneva, close to the World Health Organization and close to UNAIDS. It's a good relationship.

The other kind of relationship is with other financing organizations, from the World Bank through to Canadian CIDA, or DFID, or USAID, or whoever it might be. That, we have found, is mainly a question of joint working, country by country, and finding out—in Ethiopia, in Mozambique, in Guinea-Bissau, wherever we happen to be—what the most appropriate arrangement is for channelling our money and their money so that this is a complementary exercise. I have to say today that those efforts are continuing. They are not quickly successful; it is not an easy matter. In some countries we have good news; in other countries we're still working on improving that collaboration.

On your second point, about public-private partnerships, which I agree has become a rather fashionable phrase, what that means to the global fund is several things.

The private sector makes financial contributions to the global fund—not big enough, but they are growing. The private sector sits on the board of the global fund and is part of our governance. The private sector has given very substantial pro bono services to help develop the machinery of the global fund—millions of dollars of pro bono services, still continuing to this day. We recruit staff from the private sector, as well as from other sectors, and in the developing countries themselves we are promoting the concept of co-investment: if a corporation has invested in prevention and treatment for its workforce, then we will invest in parallel to expand those services into the community. This is a very innovative kind of scheme that is just beginning to take off. We have some enthusiasm about this and we think it will be rather successful.

On your last point, about drugs—for AIDS, TB, and malaria, getting effective low-cost drugs to the people who need them is critical. It's a fast-moving situatiom. If I concentrate on antiretroviral drugs, five years ago antiretroviral drugs cost $25,000 per patient per year, and the patient had to take 20 to 30 pills per day. Today, under the agreement between the global fund and the Clinton Foundation, it costs $150 per patient per year—so it is down from $25,000 to $150—and it involves taking two pills per day. They are the same pill—one in the morning, one in the evening—and each pill contains three drugs. They are made by the Indian generic producers. In the future, they may be made and exported by the Canadian generic producers, as a result of the legislation that you have recently passed. But today it's basically sourced out of India.

So it is a revolution in the availability of low-cost and effective drugs, and the marketplace continues to move in a very dynamic way. I think the global fund is part of that, because we have such large purchasing power in that marketplace.

● (0925)

The Chair: Thank you.

Now we'll go to Mr. McTeague.

Hon. Dan McTeague (Pickering—Scarborough East, Lib.): Thank you very much.

I appreciate your last intervention.

I note that you have pointed out Canada's contribution here. I know many of us are skeptical from time to time and like to say that Canada is not doing enough in terms of assistance around the world, but I point out that your commentary and your factum sheet show that we have indeed paid our $100 million in full, and of course increased and doubled our pledge for 2005.

You talked about how antiretroviral drugs being brought in from generics, particularly from India and through the Clinton Foundation, have been able to bring the prices down per patient. Is that applicable to all your patients globally, or is that only a certain number under the Clinton Foundation? In other words, how difficult is it for your organization to deal with tuberculosis and malaria, which are often a consequence of AIDS? We often find, in the case of TB, an immune system is suppressed, and therefore the body is subjected to much more invasive...certain types of ailments that can be easily treated. How much, in terms of the cost of drugs, is this pushing up the cost of your fund, such that it makes it impossible to achieve the target you're seeking?

● (0930)

Mr. Richard Feachem: The arrangement with the Clinton Foundation applies only to antiretroviral drugs and to some diagnostic equipment, particularly for measuring viral load and CD4 counts relating to the treatment of HIV/AIDS. So the Clinton Foundation arrangements with the global fund refer only to HIV/AIDS drugs and diagnostic equipment.

You're absolutely right in saying that an important part of what the global fund does is finance treatment for tuberculosis and for malaria. I'll speak briefly on each of those.

For tuberculosis, the basic treatment, which is often called DOTS, the directly observed treatment strategy, is low-cost, and the drugs are readily available. Through the work of the World Health Organization, there are good supplies of the low-cost drugs for the basic TB treatment.

The problem comes with the multiple-drug-resistant tuberculosis. The global fund is now the major financer of the treatment of multiple-drug-resistant tuberculosis in those places where it is a problem, such as Russia. That is very expensive, and there's no easy solution to that. It will remain expensive. But it's extremely necessary because we have to get on top of multiple-drug-resistant TB and treat it effectively.

For malaria, countries are now moving from the first- and second-generation malaria drugs to the new third-generation malaria drug because of resistance to the earlier drugs. The third-generation malaria drug is called the artemisinin combination therapy. It's based on a Chinese traditional plant medicine. It costs roughly $2 to $3 per treatment.

The global fund is almost the only purchaser of that in the world today. Our money is allowing already about 40 countries to make the transition to the new drug. Prices may fall, but still, at $2 or $3 per treatment to save a child's life who would otherwise die, it seems like a good way to spend $2 or $3.

Could I just come back to your first point about Canada's contribution? I'm going to talk in U.S. dollars and in round figures.

Canada started with a contribution of $25 million a year, and doubled that last year, or in the 2004-05 budget year, to $50 million. What we are explicitly hoping for is that this number will go to $100 million in 2005-06, and to $150 million in 2006-07.

At $150 million, that would be about 4% of what the global fund income will need to be by 2006-07—namely, the $3.4 billion or $3.5 billion figure that I spoke about. So this is our hope and our request, for the continued strength of the Canadian support to the global fund. If this were to be announced to the G-8 summit in Gleneagles in July, I think it would be a huge act of Canadian leadership in this arena.

Hon. Dan McTeague: Mr. Feachem, I moved an initiative in my caucus about three and a half or four years ago. I remember it very well. I brought heads of Oxfam and Médecins sans frontières together. My good friend and neighbour, Richard Heinzl, who is also a founder, had suggested that there was an opportunity for Canada to act in terms of providing and making better provision of its resources. We had the people on the ground to distribute that, certainly in the case of AIDS, and to address issues such as malaria, sleeping disease, river blindness, and a host of other diseases.

I spoke to him just the evening before last, as I was picking up my children, and he was mentioning to me as he was finishing filing his taxes while watching the football game, "You know, there's a tsunami in Africa every three months and no one seems to pay attention to that."

Here in this country we have been embroiled somewhat in the willingness to do something, but I'm not so sure the evidence will be there that we're going to be able to meet it.

You made a point to my colleague, in your last comment, about Canada's hopeful contribution in the fight against AIDS, in terms of providing a generic version. At this point, there has been zero response or ability for generics to provide the kinds of drugs you seek.

If Canada is unable to do it because of rather obtuse wrangling between generics and manufacturers and our hopes are dashed, how do you see Canada's provision that we continue to simply pay the payer—in other words, whatever price the major brand name companies suggest for the new drugs, we simply pay the freight? Or is there an opportunity here for generics in Canada?

● (0935)

Mr. Richard Feachem: If I can comment on the tsunami, AIDS, TB, and malaria are actually a tsunami every ten days. It's something we really need to constantly remind ourselves of—a tsunami every ten days.

On the drug question—

Hon. Dan McTeague: In Africa? Sorry, just in Africa alone?

Mr. Richard Feachem: No, globally. You were making an African comparison, but it's globally. Recall that TB is extremely prevalent in India and China and other parts of Asia, and the HIV pandemic is moving to an Asian epicentre. So we're talking global, not African.

On the question of drugs, it's a good one. The situation today is that the older antiretroviral drugs, most of the ones we currently use for first-line treatment, are available from the Indian generic producers and increasingly from other generic producers—South Africa, China will become a more important player, Thailand, Vietnam is coming up in this area.

The challenge lies with the new products that may be brought to the market by the research-based industry, and to what degree the WTO compliance and TRIPS compliance—India became TRIPS-compliant on January 1 this year—will inhibit lower-cost versions of newer antiretrovirals.

I think it is an evolving scene, and of course India can do what Canada has done, which is pass legislation using the flexibility in TRIPS and the Doha agreement that would allow them to continue to manufacture, because of the global emergency, generic versions of newer drugs that may come to the marketplace and, under TRIPS agreement flexibilities, make those available to other countries for their own emergencies.

This is all ground to be tested. We don't know that what I have just said is going to work in practice. I'm cautiously optimistic, partly because the way the system works is nothing is illegal until it is challenged—and we have to ask the question, who will challenge? In the case of AIDS, TB, and malaria, who would actually launch a challenge at the World Trade Organization against low-cost drugs for these emergency purposes?

Hon. Dan McTeague: On a point of order, Mr. Chair, I want to point out for the witness that under Canada's drug patent laws, the burden of proof of what is illegal is actually on the person who is trying to provide the drugs. So it's the other way around. If you'll pardon the expression, we've got it ass backwards in Canada.

The Chair: Now I'll go to Madam Desjarlais. No? Okay.

I'll go to Mr. Sorenson and then Mrs. Phinney.

Mr. Kevin Sorenson (Crowfoot, CPC): Thank you again for coming.

Certainly I think all of us have become more aware. Every time you turn the television on, you see what's happening around the world.

Canada is being rated in the top ten of those countries that are donating. We're in the top ten as far as overall pledges and contributions are concerned. But how does Canada rate when we look at it per capita? We are being compared against countries with 300 million, 80 million, 100 plus million. What does it break down to? Do you have anything on that? In another case—I can't remember what it was, perhaps something to do with Haiti—they figured out that we were at about $3 per person in the country, which put us up there in about third place. Relative to our population, where do we fit in?

The Chair: Mr. Benn.

Dr. Christoph Benn (Director, External Relations, The Global Fund To Fight AIDS, Tuberculosis and Malaria): Thank you very much.

I think Canada would rank somewhere in the middle. If you are looking at contributions to the global fund relative to the GDP and the population, then it's the so-called “Point Seven” countries—those who provide 0.7% or more of their GDP for development aid—that are leading also in the contributions to the global fund. They are the Netherlands, Sweden, Norway, Denmark—mainly Scandinavian countries—Ireland, and so on. Among the major donors it's France at the moment that is leading the larger donors in terms relative to their GDP. Canada would rank somewhat in the middle, I think, similar to the contributions that we received from Germany, Japan, Italy—those countries.

● (0940)

Mr. Kevin Sorenson: I look on page 14 and I see that when we look at all these countries, Russia doesn't have malaria there probably because of the climate, but China is shown here as having AIDS, tuberculosis, and malaria. I am just wondering about the amount of money that goes to China. We have a country that is now becoming an economic power, yet certainly these three diseases are plaguing that nation as well.

I am just wondering about the commitment that your organization has in China.

Mr. Richard Feachem: That's an extremely good question. The global fund rules at the moment, as determined by our board—and Canada has a seat on our board—make all the lower-income and the lower-middle-income countries eligible. That makes China eligible and it makes Russia eligible.

Let me take those two examples. China and Russia both have very large HIV epidemics growing very rapidly. They both have major TB epidemics, which are worsening because of HIV. So they undoubtedly have the problem. China has just come out of denial and is beginning to now tackle the problem seriously. Russia, I would say, is still in semi-denial, and the leadership there is far from what we would hope for.

Because of that eligibility, they have applied, and the global fund is making investments in those countries. I've recently been in Beijing, and a few months earlier I was in Moscow, and I have the impression that our investments are having huge influence, which is to the good of all countries globally, because we are catalyzing more rapid response and more rapid movement that otherwise would not have occurred.

We also have a much franker relationship with those governments than UN agencies are able to have, because we're free from the political constraints UN agencies have to work under. I would say that's caused us to have very substantial influence.

What you say is correct. China could pick up that bill for itself, and Russia could pick up that bill for itself. It's a matter of political choice. I would anticipate that after a few years we would begin to withdraw and would insist and expect that the local resources picked up the cost we were covering.

Right now I think our presence there, our investments, our level of frank dialogue, and our ability to fund NGOs directly—the big movement in Russia is not coming through funding of government programs but is coming from funding NGO programs—all these things are rather positive, and I wouldn't want to see them cut off prematurely. But in the medium term I think we can withdraw.

Mr. Kevin Sorenson: I have really quick supplementary question.

The Chair: Yes, you can make a very short comment.

Mr. Kevin Sorenson: I was told this past weekend—and I'm not sure if the person who told me this is an expert or not—that there are 200,000 people dying a day around the planet, or approximately six million a month. He also went on to say that in Africa, and I think he was talking about certain parts of Africa, the population over the next ten years could be diminished by—I think his statistics were 15% to 25%—because of AIDS. Is that a correct statistic?

In your global fund, how do you gauge how effective you've been? We see Africa, which really.... I see money going into China. That's great; that's where the AIDS is. We have to be there where the AIDS is. Then you have Africa, where we are so aware of how bad it is. Wouldn't it just be better to throw more money into Africa?

● (0945)

Mr. Richard Feachem: The HIV pandemic has been evolving rapidly. It's two decades old. We first became aware of it in 1981. It's just over 20 years that we've been working on it, that we've been aware of it. It's evolved very rapidly.

Today, and it's changing year by year, the worst-affected area is southern Africa. Southern Africa represents the most disastrous situation today, where life expectancies have come down by 30 years and more, and where it is beginning to decimate the population and to have huge impacts on the fabric of society. Farther north in Africa it's growing steadily in most countries but is not yet at southern African levels.

Meanwhile, India already has the most HIV-positive people in the world, and the Indian epidemic is the time bomb. The Indian epidemic is the one to watch globally. Meanwhile, China has a large epidemic growing rapidly, and Russia has a large epidemic growing rapidly.

Mr. Kevin Sorenson: Do you have any good news for us?

Mr. Richard Feachem: I do, I do.

So it is a global phenomenon, and where do you put your money? I think the answer is you have to invest everywhere, but the balance of investments is different depending where you are. In southern Africa it's the rolling-out of treatment; it's testing and treatment and care of orphans that are the highest priorities, alongside prevention. But in India, China, and Russia, where it's earlier days and rapidly growing—earlier epidemics—prevention has to come first to prevent them becoming like one large southern-Africa situation. So there are different priorities for investment in different places, but we don't have easy choices such as to put all the money in Africa. I wish it were like that, but it isn't.

Just to mention the good news quickly, it is that with HIV/AIDS we do have real reason for hope. We see a few countries where prevention has worked and where rates are coming down. We see places where treatment is being scaled up and testing is being scaled up, which is making a huge impact. Parents go back to being parents. The best way to prevent orphans is to stop parents dying, and the way to stop parents dying is to have antiretroviral therapy available. When you see those sights, where parents go back to being parents, workers go back to being workers, and schoolteachers go back to being schoolteachers, it's miraculous, frankly, what antiretroviral therapy does in those communities, in those settings. We're beginning to see the serious expansion of the testing and the treatment that is so desperately needed, and it gives you huge grounds for optimism.

If you have an Africa trip coming up, we'd be happy to introduce you to some particular places to go to see wonderful people doing wonderful work and a real sense of optimism and hope as a result of the work they're doing. Our role is the easy bit, providing the finance. They do the hard work, and it's inspirational to spend a few days with them.

The Chair: Thank you.

Now we'll go to Ms. Phinney, please.

Ms. Beth Phinney (Hamilton Mountain, Lib.): Thank you very much.

I'd like you to speak a little bit about the connection between HIV/AIDS and these diseases and poverty and nutrition. I haven't seen anything in any of the charts indicating that you're putting any money into this area, and I'm wondering who's doing most of that.

The other question is this. I was quite startled to hear you say that if a country has a high-quality proposal, then they might get the money. I don't like the sounds of that. That sounds like saying—I don't know—we might have some groups in Canada that would like some money from HRDC or some place, and if the proposal isn't glossy and shiny, etc., they don't get the money. I don't like the sounds of that. Could you expand on what this high-quality proposal is?

Those are my two questions.

Mr. Richard Feachem: Nutrition raises a very good question, because nutrition and HIV/AIDS and the treatment of HIV/AIDS are strongly interlinked. Under our rules we do not fund nutrition interventions broadly. If a country or an organization were to come to us with a nutrition program to broadly improve nutrition, we actually couldn't fund it. It's not in our mandate.

But many countries do apply to us for programs that include nutritional elements within the expansion of treatment programs, because when you are treating people with late-stage HIV disease you need to worry about their nutrition as well as their antiretroviral therapy and attacking the virus. You also have to make them well-nourished so their immune systems can do their best to stay on top of the infection. We do fund these, but we don't fund free-standing nutrition programs.

What do I mean by a high-quality proposal? The model of the global fund is unlike most development financing agencies'. We call for proposals, proposals are submitted to the global fund, and they go to an independent technical review panel.

The independent technical review panel makes technical judgments. When I said “high-quality”, I certainly didn't mean “glossy”; I meant “technically sound”. The proposals that pour into the global fund range from extremely well-thought-out, technically sound, evidence-based—if you like, “good science” or “good medicine”—proposals through to the other end of the spectrum: loony proposals that we would not want to fund. Then there is a wide spectrum in between.

Our technical review panel is 26 men and women from all over the world. They are completely independent—they report to our board, they don't report to me. Its role is to make judgments about the scientific and technical rigour in the proposal—whether the proposal is proposing to do things we know will work—and other aspects of the proposal. They make those judgments and make recommendations that our board then acts upon in terms of actual funding decisions.

So it's a different model. We don't send teams of people to Malawi to say, "Let's help you write a proposal". We say: "You tell us what you think is best for Malawi. We'll put it through a technical screen, and if it gets through that technical screen, then we will finance it." It's a different model.

I have to say, so far it's not only successful but has been welcomed by the recipient countries themselves. It's far less interventionist than most development finance models. It really is in their hands to make their proposals, and countries that are rejected quickly reapply in the next round and typically succeed. If a proposal is rejected, it's rejected with reasons, with explanations. We fund in these periodic rounds—these calls for proposals—and the experience has been that a rejection in round two, for example, leads to a reapplication and an acceptance in round three.

● (0950)

Ms. Beth Phinney: Thank you very much.

The Chair: Thank you.

I have some questions for you, Mr. Feachem.

You mentioned at the beginning of your comments that we need to reach the United Nations millennium development goal. My comments are mainly in regard to malaria.

We know there are between 300 million and 500 million cases of malaria a year in the world; 90% are in Africa, 95% of the falciparum form is in Africa itself, and the resistance to current medication is very high, mainly in Africa.

You mentioned that the world fund responds to proposals of eligible countries. My first question is in regard to this. What are your criteria for accepting a country's proposal? Secondly, when you look at these criteria, do you take into consideration the infrastructure of the country? You see, it seems that even if we get free medication everywhere in the world, for every patient in the world, it never reaches the patients, the person. That, for me, is much more important, in a certain sense, than trying to find medication. It's important to find the medication, but with the medication, if you don't reach the population, what's the reason? So in your criteria, in accepting a proposal from a country, what are you doing in this regard?

As for my second question, you mentioned also the medication artemisinin, which, as you said, comes from China. It has been used for more than a thousand years in China against fever. We know in certain countries in Africa it works sometimes in concert with another medication like chloroquine. These medications can work together.

My question is very straightforward. In *The Lancet*, in January 2004 there was an article, a medical paper, on which I want to get your response on the fact that the global fund was providing medication that was not costly, but in a certain way the efficacy of the medication was not proven. That was the import of the article in *The Lancet.*

I have a third question, which is in regard to vaccinations. We know that in South Africa, Novartis has a medication, a vaccination, Coartem, which has been used there with good results. We know in some other countries—in Mozambique right now, I think—there is a vaccination being used. It has already started to be used. I'd like your comments regarding these medications, and I want to know if you're involved in the distribution, in the infrastructure of these vaccinations.

I read somewhere else that there have already been 25 vaccines tried, that some companies are working on vaccinations. I'd like to get your comments regarding that, please.

● (0955)

Mr. Richard Feachem: Thank you very much, and thank you for raising malaria. Malaria is the quick win among the millennium development goals, and it's the quick win for Africa if only we do on a large scale what we know how to do.

Malaria is the largest killer of African children. It's preventable, it's treatable, and this holocaust of African children need not continue. If you go to the few places in Africa where the known interventions are being applied on a large scale, you see malaria being brought right down to very low levels very quickly. So malaria is a huge potential success story waiting to be done.

Your first question was on the criteria we use for considering malaria proposals. First, of course, any country that is a low- or middle-income country may apply. When they apply, the technical review panel is looking, as you suggest, at both the scientific merit of the proposals they're making and their capacity to deliver. The capacity to deliver is critical.

Our experience so far is that there is a lot of capacity to deliver, and that many countries can do much more than they are doing today with existing capacity. However, the capacity needs to be further strengthened. It's for that reason that half of all global fund investments are in infrastructure: in human resources, in transport, in laboratories, in buildings, in people. Infrastructure, all kinds of it, at the moment represents about half of our investments in order to further strengthen that capacity.

Secondly, as you say, in many countries the first-line and second-line malaria drugs are now no longer useful because of resistance. Countries are moving to the new artemisinin combination therapy. About 40 countries have decided to make that move and are in the process of it. The global fund is almost the only external financial support to assist them in that transition to the new drug. The new drug is absolutely life-saving. If you go to Zanzibar, if you go to Zambia, you will see children now being treated and saved who would otherwise have died quickly if the new drug had not been available.

The *Lancet* article of about a year ago accused us of buying the wrong drugs. I think that was an untrue accusation. We were already buying a large amount of the artemisinin combination therapy while also supporting other countries in the use of older drugs that were still effective in those countries. However, the *Lancet* article was also a call to action in terms of the more rapid movement toward the new malaria drug. We appreciated that call to action. We agreed with that. We've accelerated our efforts to help countries make the transition to the new drug.

Third, about vaccines, we don't have a vaccine for HIV, we don't have a vaccine for tuberculosis—BCG doesn't work—and we don't have a vaccine for malaria. There was recently a small phase two trial in southern Mozambique of a new malaria vaccine made by GlaxoSmithKline. It produced encouraging results; I wouldn't say it more strongly than that. That vaccine needs to go to larger phase three trials in different places. We shall see what happens.

There are other malaria vaccines in the pipeline. My prediction would be that within five to ten years we will have a malaria vaccine, fully tested and ready for use, with a degree of efficacy that is worthwhile. It won't be 95% efficacy, but even a 50% efficacy will be good enough to make it a useful public health tool.

When we have that vaccine, the global fund then needs to purchase large amounts of it and make it available in parallel with the other interventions that we're also making. The vaccine will not be the nirvana. It won't suddenly solve the malaria problem. But it will be an important extra tool to use.

● (1000)

The Chair: Thank you.

Mr. Menzies.

Mr. Ted Menzies (Macleod, CPC): Thank you very much for the presentation today.

I'll be very brief. I know we want to get out of here soon.

We have some concerns. There are a number of factors that play into them, and one I would like a comment on is this huge fundraising effort in reaction to the tsunami. Is that going to impact your funding?

Also, on Canada's commitment, we're concerned about the funding for CIDA. We're in the midst of an international policy review. We're just not sure about the funding for CIDA. I'm assuming part of the reason for your visit is to lobby for specific funding. How confident are you that you're going to get your shopping list filled?

We also have concerns about tied aid and Canada's position on tied aid. Does that impact your funding and your delivery mechanisms?

Mr. Richard Feachem: Thank you very much for those questions.

On the tsunami, I just make the point again that AIDS, TB, and malaria are a tsunami every ten days. The tsunami manifested enormous human goodwill and human solidarity around the world. The response to the tsunami from individuals, from corporations, and from governments is without parallel. We've never seen anything like it. Huge amounts of money were raised very rapidly in response to the tsunami.

In general that is an opportunity. It's good news if we can maintain the message and maintain public attention on the fact that there is a silent tsunami—AIDS, TB, malaria, and other great killers—going on every day. It's not on our TV screens, it doesn't kill tourists, it's not as dramatic, and it's not like a Hollywood movie with a large wave breaking over villages and homes and hospitals, but it goes on quietly all the time and it's much larger. If we can convey that message, then there's an opportunity here.

There's also a message to governments, which is that their electorates wish them to be generous in the face of human disaster and catastrophe. I think sometimes politicians may doubt whether their electorate does wish them to be generous, and this sends the message that, yes, the electorate does indeed so wish. In fact, in most countries, electorates believe their governments are more generous than they really are, so again there's a field for education there.

On the question of Canada's contribution, in 2004-05, it's $50 million. We're asking for $100 million in the next budget year and $150 million in the following budget year. That would keep Canada at around 4% of the financing of the global fund. The question Canada has to ask itself is, do we want to maintain that 4% contribution with the global fund? Do we think it's an effective way for multilateral financing against these three great killers? Do we like the instrument? Do we think the instrument's effective? These are hard-headed decisions. If we do, then do we want to support it at the 4% level? These are questions that the legislators and appropriators in Canada face.

On tied aid, the global fund has a very clear policy of zero tied aid. Any donor giving to the global fund, public or private, relinquishes any rights to any form of tying.

It has been very remarkable how the donors, including some in their bilateral programs, have continue to have tied aid policies. I know the trend has been away from that. Canada has been part of leading that trend, but some donors continue to not be particularly good observers of that trend. But when the money comes to the global fund, it's in a central pot and there is no tying of any kind, and all the major donor countries have been more than willing to abide by that principle. That is, I think, encouraging and shows the direction in which we're all moving in relation to the untying of aid.

● (1005)

The Chair: I just have one last question, Mr. Feachem. I will switch to HIV-AIDS. Given that the estimate of the number of HIV-AIDS sufferers may increase to over 50 million this year, does this indicate that the existing prevention strategies are not working? What explains the continuing overall increase in infection, and what more could be done to contain the spread? What's your involvement? What's the balance between prevention and treatment?

Mr. Richard Feachem: This is an extremely important question, and the first answer is prevention, prevention, prevention, prevention. We have got to prevent new infections. We have got to scale up the testing and treatment in countries already badly affected, obviously, but it's the prevention side that's got to be made to work.

The experience so far is that some countries, a minority of countries, have implemented successful efforts in prevention. We have to replicate that widely. We've learned several things. We've learned that leadership is critical. No country has been successful that has not had political leadership, religious leadership, corporate leadership, and community leadership. You need President Museveni talking about it every day. Prime ministers and presidents have got to talk about this. Religious leaders have got to talk about this, and talk about it in the right way, in a constructive way. Other figures in the society who people respect, and listen to, and look up to, have got to be vocal. The leadership has got to be there. We know that.

Secondly, the approaches have got to focus on youth, and particularly on girls and young women. We've learned a lot over the last several years about what kind of approaches work. We can see those approaches successfully operating in countries such as Thailand and Uganda.

You're familiar with ABC? It's part of the answer, but it's got to be ABC plus-plus. ABC alone is not enough.

The Chair: Thank you, Mr. Feachem.

Mr. Sorenson, a quick question.

Mr. Kevin Sorenson: I've just noticed from the maps here that very few countries in Africa are not affected. Libya is one of them—I'm just trying to figure this out—and Egypt, on a lot of them, except perhaps for tuberculosis....

What are they doing right? Or is it that you just can't get in to...?

Mr. Richard Feachem: No, and thank you for asking—

Mr. Kevin Sorenson: Is it Tunisia that's...? I'm not sure what country this is, just above South Africa.

Mr. Richard Feachem: If you're looking at the white hole in the middle of southern Africa, on the blue map and the yellow map, that is Botswana. That's telling us that we have an HIV/AIDS grant in Botswana but we don't have a TB grant and we don't have a malaria grant.

The thing we have to emphasize is that we're three years old. We've completed four rounds of funding—call for proposals, receipt of proposals, judgment of proposals, and flow of funds to successful proposals. This map is the work-in-progress. It's where we are three years into the life of the global fund.

Botswana may not have applied for TB and malaria; I would have to check that. Libya couldn't apply. Libya is too rich. Libya is an upper-middle-income country. Tunisia and other north African countries, such as Morocco, are eligible.

Countries apply or they don't. If they don't apply today, they may apply tomorrow. This map is changing all the time. It's where we are today. A country that has not yet been successful, either because it hasn't applied or because it's applied and been rejected for a particular disease, such as tuberculosis, would be encouraged to come back and make another effort.

The World Health Organization and UNAIDS look at this map all the time, and they spot, just as you've spotted, countries that have not yet accessed global fund money for a particular disease. They work with those countries to submit good applications in the next round.

If I were to present to this committee a year from now, there would be more yellow, more blue, and more red on this map, because other countries would have come into our family of recipients.

● (1010)

[*Translation*]

The Chair: Thank you very much, Mr. Feachem, for being with us this morning. It was a pleasure to listen to you.

[*English*]

I hope to see you next year, perhaps, to see progress with the global fund. Thank you very much.

We'll suspend for five minutes.

● (1011)

(Pause)

● (1019)

[*Translation*]

The Chair: Order, please. Mr. McTeague has a request.

Mr. McTeague, you have the floor.

● (1020)

[*English*]

Hon. Dan McTeague: Mr. Chairman, it would appear to me that there has been a question raised by members on the subject of Thursday morning's meeting.

It was proposed by Ms. McDonough, but I didn't get the impression that the committee had endorsed the appearance of both Mr. Michael Byers of the Liu Institute and Steve Staples of the Polaris Institute. My concern was, and I think it may very well have been a misinterpretation by the chair, that these individuals were going to be invited on an issue other than RADARSAT and Bill C-25. As much as I commend these two individuals—they both have quite an experience and are leading in their own rights campaigns against ballistic missile defence, and I think there will be plenty of opportunity for us to hear from these two individuals—neither Mr. Byers nor Mr. Staples have any type of expertise in remote sensing.

It's nice to have a committee that will handle this and will discuss this, but I think the context under Bill C-25, the mandate direction given at second reading by the committee, requires us to move in general principle in support of the bill. More importantly, unless these individuals have some expertise that they can bring to the table, I don't believe it would be appropriate for this committee to have either one of them appear as witnesses.

More importantly, I think it would be effective and helpful if we had some verification. I realize, Mr. Chair, that we were all rushed to accommodate another committee, and I think something might have been lost in the translation. But it certainly wasn't my understanding that we were to invite these three individuals, the other one being Mr. Bélanger, I believe, who has since declined.

The Chair: Thank you.

Are there any comments?

Mr. Sorenson.

Mr. Kevin Sorenson: Just to endorse what Mr. McTeague has said, the impression we had at the last meeting was that we were waiting for résumés. We were to take a look at the résumés before making any definitive decision as to whether we would even indeed invite them to the committee. So I was somewhat perplexed when I saw the minutes and saw that they were scheduled to come. That was not the impression I was left with, and I would not support that.

The Chair: Mrs. Desjarlais first and then Mr. McTeague.

Mrs. Bev Desjarlais (Churchill, NDP): Without having been here and having seen the minutes as to exactly what was agreed to, just in response to the expertise of the two individuals, it's my understanding that they do have expertise. I take note of Mr. Sorenson's comments of waiting for the résumés. I don't know if that's what had been agreed to—to get the résumés before representation. My understanding of the two individuals is that they do have expertise and are preparing a brief related to that expertise. Maybe it's not expertise some individuals necessarily like, but the bottom line is if there is expertise there, it just makes sense that a committee hear from all sides.

But I don't know what the agreement was.

The Chair: Mr. McTeague.

Hon. Dan McTeague: Mr. Chair, I appreciate Mrs. Desjarlais' intervention. I know it to be sincere. I'm simply saying that the committee, when it left its business last Thursday, was of the impression that we would examine the credentials of these individuals in order to determine whether they could be helpful to a very specific bill, dealing very specifically with remote satellite.

Quite apart from whether these individuals lead or are involved with a campaign on an ancillary and another issue, I was more concerned that we may not get the depth and requirement members of Parliament are looking for in terms of background. As much as these individuals can do a quick study, neither of them are, today or as of that day, recognized as having any expertise in the area specifically of remote satellites, which this committee is dealing with specifically.

I would propose, Chair, that we defer the invitation of these individuals until we can get a better understanding of who they are, and perhaps substitute the officials on Thursday with the same ones who appeared before the committee. I think members still have plenty of questions, and we could better utilize that day to round off our understanding and experience so that we can move this legislation ahead. I would propose that in the form of a motion.

● (1025)

The Chair: Mrs. Phinney.

Ms. Beth Phinney: I'm just confirming that he said we did have the agreement that we would see their résumés before we invited them to come. Also, I feel very strongly that I'd like the three who were here first. Because I feel I have some questions ready now that I didn't have ready then, I'd like to have the experts who were here the first day back again.

The Chair: That's fine.

Mrs. Desjarlais.

Mrs. Bev Desjarlais: On that, are the experts the committee has heard to date a broad range of experts from different sectors on this issue?

The Chair: Ms. Phinney, she's referring to government officials, specialists; she is not referring to officials from at large.

Mrs. Bev Desjarlais: So who are the experts who have been heard on the issue, other than government officials? For the government officials, what expertise do they have? Do we have their résumés?

The Chair: The people who were here for the first day, last Tuesday, were government officials. After that, we heard people from McGill University who are specialists on the treaty, and also people from RADARSAT, the company that is involved with this. They are not people who were involved in a certain sense, but we have great difficulty finding specialists in this field. That is why some members say we should come up with specialists. Madame Lalonde came up with Mr. Bélanger, and he declined. He just cannot come.

For the other ones we requested, I requested a CV because some people might be specialists in BMD, but it's not an issue of BMD; it's an issue of RADARSAT, and it's totally different. We don't want to discuss BMD when we have a bill like Bill C-25 coming in front of the committee. This is the reason. And on the specialists, according to Mr. McTeague and Mr. Sorenson, these people might be very knowledgeable in BMD, but RADARSAT is a totally different issue and has nothing to do with BMD.

Mr. Sorenson.

Mr. Kevin Sorenson: I'm not opposed to them coming if we have a committee on BMD. Ms. McDonough's list would be very good if we were dealing specifically with BMD. There were a number of those on that list that she brought forward who we were very much questioning in terms of whether they would add to the debate on satellite surveillance systems.

The Chair: If the committee wishes to change the motion, another motion is required to rescind it.

Everything is coming from the minutes of the clerk. The motion was that another meeting with witnesses be held during the week of February 7 and that witnesses be invited from the lists submitted by members pursuant to the motion of December 13, 2004, on Bill C-25. That's the motion, and we need to rescind this motion first.

Mrs. Desjarlais.

Mrs. Bev Desjarlais: For clarification, is there an agreement in this committee of a number of hours' or days' notice of motion that must be given, and was that agreement followed? If you're looking at rescinding a motion, I would suggest that you have to make a motion.

Mr. Kevin Sorenson: It goes beyond that. I think we're questioning whether or not this motion was indeed carried. There was never any consensus or any vote. There was nothing other than the motion being brought forward. We were going to wait until we got the minutes or the résumés, but it appears differently from that in the minutes.

The Chair: I really feel, Mrs. Desjarlais, that it's committee business right now. It's not like a motion where you want agreement on issues such as the Eritrea-Ethiopia boundary and so on. This, I think, is committee business.

Now, I just want to say that if the committee doesn't agree with what I said...and it usually is 24 hours, although I don't think we need 24 hours. The thing is that we have some people who might be invited right now for the next sitting. If we rescind the motion, we're just postponing it. But if it's the wish of the committee....

The committee is allowed to do whatever it wants to do, but to me, we don't need 24 hours' notice for this. This is business of the committee.

● (1030)

Mrs. Bev Desjarlais: Well, I was basing it on your reflection, Mr. Chair, that you had to rescind a motion. I took it verbatim that there was a motion that was approved that needed to be rescinded. If there is an agreement that there needs to be a notice of motion, I would expect that to take place.

The Chair: I just want to say that there are expenses concerning this. Right now we can cancel the tickets—we can cancel a lot of things—but if we wait, we'll need to pay the tickets, and there'll be some expenses for this.

Mr. McTeague.

Hon. Dan McTeague: Mr. Chair, I think there is a general consensus here, with some exceptions, that the interpretation of the invitation was premature and certainly did not reflect the overall view of the committee.

I'd thought that our hope at this meeting was to have an opportunity to review the resumés of those we've invited, to ensure that we are faithful to the requirement, as directed by the House of Commons, to look at this issue specifically. I could get any number of people to come in here to talk about BMD, but on the specific subject of remote sensing, it seems to me that we've made an error, or that we've misapprehended the intention of the committee.

As to whether or not that requires a motion to rescind or to decline until such time as the committee is satisfied with the witness list, I suggest that we first decline the invitation to these two individuals who've accepted, and then proceed with the most available witnesses for Thursday.

I suggest that this be the course of action. This is, after all, committee business.

Mr. Kevin Sorenson: I'm just wondering if there is any way of correcting the minutes.

The Chair: My understanding is that we just need to amend the minutes; it's not a motion. Members receive the minutes, and if they are not satisfied with the minutes they receive, they can amend the minutes.

You can call it a motion or not call it a motion, but for me we're just going to amend the minutes and that's it—period.

Mr. Menzies.

Mr. Ted Menzies: There are five of us present today who were here in that discussion, and I don't think any one of the five of us believes that was a true interpretation of what we felt.

The Chair: Fine.

The clerk has put it that it be agreed that the minutes of February 3, 2005, be amended by rescinding the motion to summon additional witnesses for Bill C-25.

It's just an amendment to the minutes.

Mr. John Cannis (Scarborough Centre, Lib.): Do we need a motion to amend the minutes?

The Chair: No, it's not a motion; we just accept the minutes as amended or not. That's it.

Would you read it, Mr. Clerk?

The Clerk of the Committee (Mr. Stephen Knowles): That the minutes of February 3, 2005, be amended by rescinding the motion on the subject of additional witnesses for Bill C-25.

The Chair: Mrs. Desjarlais.

Mrs. Bev Desjarlais: If a motion was made to have witnesses come, then that motion took place. Now, if there wasn't agreement on who the witnesses would be, that's one thing, but I'm taking from this that someone made a motion to have witnesses come.

I've just heard a commentary on what you're going to do to the minutes, to rescind the motion, and that does have an impact on whether or not some witnesses who may have expertise will be able to appear. I've so far heard two names that there's concern over in terms of whether or not they have expertise. My understanding is that other witnesses are supposed to be coming as well, and I don't necessarily want them impacted. I think there needs to be a real degree of clarity here. Maybe it's a matter of holding off on this issue until somebody figures out what really happened.

The Clerk: The notices are out, Mr. Chairman. The witnesses have been contacted. They have made their reservations, and in some cases they've purchased tickets.

Mrs. Bev Desjarlais: How many witnesses, and who are they?

The Clerk: Three. The witnesses, Mr. Chairman, are Professor Joseph Buckley, professor of physics at the Royal Military College of Canada; Professor Michael Byers, the academic director of the Liu Institute for Global Issues of the University of British Columbia; and Mr. Stephen Staples, the director of the corporate security project of the Polaris Institute in Ottawa.

● (1035)

The Chair: Madam Phinney.

Ms. Beth Phinney: The minutes were made in error. There were five of us here, and we know that we did not make any motion about this. I don't know how it got this far, and I don't know how they got invited, but it was an error and we should just change it, that's all.

The Chair: Mrs. Desjarlais.

Mrs. Bev Desjarlais: With all due respect, there's a question now as to whether or not there were two or three witnesses that people don't seem to know about, so—

Ms. Beth Phinney: He said that. One can't come, but the other two—

Mrs. Bev Desjarlais: No, he said a fellow by the name of Bélanger couldn't come, not Mr. Buckley.

The Chair: No, not the other one.

Hon. Dan McTeague: Excuse me, Ms. Desjarlais. You weren't there, and I appreciate that. Mr. Buckley wasn't even part of the group that was talked about last week.

The difficulty we're having here, Mr. Chair.... I suggest that, as Ms. Phinney has just suggested, we now understand and appreciate that the minutes were drawn in error, and at the very least we should have an opportunity to consider who the witnesses might be and not simply allow them to come in. I've never heard of Mr. Buckley before. Is it clear, Mr. Chair, that the name Buckley has come up before?

The Clerk: It's on the list, Mr. Chairman.

Hon. Dan McTeague: We need to look at the list, because we don't know who these witnesses are. If you want me to bring out Tim Buck, I can do that too, but the point is you want to make sure that we know these people have expertise in the area and they can be helpful to this committee. As it stands right now, I don't know Mr. Buckley. As far as I know, he's a cough medicine. As far as the two other individuals, it's clear to me that the two other individuals we are speaking of have no expertise in remote sensing. So let's go back to the minutes. The minutes are in error. Therefore, we return to the normal schedule.

The Chair: Okay, last call, Ms. Desjarlais.

Mrs. Bev Desjarlais: I've been given the list of names that were put forward as witnesses—or they were given to the clerk, if I'm correct—and Mr. Buckley's name is on it. I'm sorry, comparing someone who is an expert in physics at the Royal Military College to the Buckley cough medicine just doesn't cut it. I'm getting the impression now that there hasn't been a true reflection of people from different sectors to talk on the issue at hand, and I'm not talking about ballistic missile defence. I'm talking about the specific issue you're talking about.

I would guess that Professor Buckley at the Royal Military College, a professor of physics, might have some insight as to what's being talked about. I do have a concern, quite frankly, that of the two that I've heard have appeared, there's one from McGill, fair enough, and there are people from government affairs, fair enough, and from the company that's going to be dealing with this. So I think there is a need to have more witnesses appear. I don't want to see us stifle other witnesses coming.

The Chair: I agree with what you said. I told you in the beginning there were witnesses who came and were not, let's say, from the department or totally involved with this RADARSAT. This I totally agree with.

The witnesses who are over there.... It doesn't mean that we're going to go clause by clause next week. Ms. McDonough could come back to have some other witnesses. Next Thursday, what I intend to do is to have the people from the department come and answer every question raised by the witnesses who appeared before the committee. It doesn't mean we're going to go, and it doesn't mean we're not going to get some of these people, but it's a case of the way it was drafted. The members are just pinpointing that it was not what the committee agreed to do.

For my part, it doesn't mean we want to get rid of Ms. McDonough's list. But on the list that she provided, according to some researchers, these people are not RADARSAT specialists, they are BMD specialists, and we're looking at Bill C-25 and RADARSAT.

It was not a motion, the clerk just mentioned, that we're going to amend the minutes that were provided and there were no witnesses this coming Thursday. But we're going to give a chance to Ms. McDonough to come back. There's no rush to accept this. I don't want to put Ms. McDonough aside. If there are some other witnesses.... For example, Madam Lalonde came up with Monsieur Bélanger. Monsieur Bélanger is not available. If she has another name, we're going to look at it, but they need to be really specifically specialists on RADARSAT.

Okay, agreed? Good.

Are we all agreed with what you just read?

Read it again, Mr. Clerk.

The Clerk: That the minutes of February 3, 2005, be amended by rescinding the motion on the subject of additional witnesses for Bill C-25.

● (1040)

Mrs. Bev Desjarlais: No, I'm sorry. There is no motion.

Hon. Dan McTeague: Would you please use the word "reference"? That may be more helpful.

The Clerk: Mr. Chairman, the record speaks for itself. The minutes are on the website at this stage; they're official.

Hon. Dan McTeague: They're official, but they're untrue, and we're now faced with the understanding of this committee—

The Chair: Could you put in "reference" and put in brackets—

Mrs. Bev Desjarlais: Mr. Chair, I will maintain that if there was a motion, notice of motion has to be given. I'm not going to accept that I'm hearing that didn't happen. If there is going to be a monkeying around with the minutes, then I'm going to be really ticked.

The Chair: No, I just want to point out that the motion was for "additional witnesses". We want to get the government witnesses; that means they're additional witnesses if they are back.

Ms. Beth Phinney: What are you talking about now? Are you talking about changing what was in the minutes of the meeting?

The Chair: We just want to change the minutes.

Ms. Beth Phinney: It should say that we asked for the résumés, and that's what it should say. We did not ask for anybody to be invited; we asked simply to have the résumés, and that's all that was said at the meeting.

The Chair: Mr. Cannis.

Mr. John Cannis: From my intelligence and the little bit of research I've done, I've been advised that a motion was never actually made during that meeting for these witnesses actually to come in. That's first. Second, it was discussed that the backgrounds of these people should be looked at. So using the word "amended" takes it in different direction, on which I don't think we'll find agreement.

I'll say this with the greatest of respect, but maybe the minutes were taken down incorrectly.

The Chair: Ms. Desjarlais.

Mrs. Bev Desjarlais: What I'm hearing is that people's impression of what was said appears to be different from what's reflected in the minutes. As I said, I initially heard there was a motion, and then someone said no, we didn't have a motion for that. However, the clerk is maintaining quite stringently here that there was a motion. If that was recorded and if that recording becomes part of Hansard, our parliamentary documentation—

The Chair: I'm going to review the blues concerning what I said at the end. The blues are not translated, but they're in French. I will read them in French.

[*Translation*]

This is what I said:

> If we cannot have witnesses on Tuesday, we will postpone until next Thursday. We will see if Mr. Bélanger is available, as well as the witnesses suggested by Ms. McDonough or other witnesses. We have been given a list of five people, and that does not mean that all five of them will be available on short notice. We will consider this. It will be either Tuesday or Thursday. We will then have additional witnesses and we will go clause by clause on the following week.

[*English*]

This means we didn't say there was a motion to bring people; I didn't say there was a motion to bring people. I said we were going to look at the possibility of having some other witnesses, Mr. Bélanger or some other witnesses, and that's all. That's all I said. There was no word, the "motion" for this and that.

That is my understanding.

Hon. Dan McTeague: Based on what I've just heard,

[*Translation*]

"*nous nous pencherons là-dessus*"

[*English*]

says to me that we will consider this.

The Chair: Yes.

Hon. Dan McTeague: I'm not going to point fingers, because that's not the interest here, but that has somehow crystalized into a definitive invitation of witnesses who I believe very strongly the majority of the committee understood, as of that day, had no expertise specific to this bill. Therefore, they are irrelevant.

Mr. Chair, regardless of what we're trying to accomplish here, there may be an opportunity to demonstrate that; but in the meantime, we have to decline the invitation for these individuals. This is not reflective of the spirit of this committee, let alone the mandate we've been given by the House.

There is an order from the House of Commons; I suggest we respect it. I also suggest that we tighten up the wording there to ensure that it reflects accurately that these two witnesses and the third witness, whose name was not presented at that time as far as I know, not be invited to come on Thursday.

The Chair: Fine.

Now, last comment, because we're already half an hour over time.

Mrs. Bev Desjarlais: Fair enough. Believe me, it's not my intention to be hard to get along with here, but I will adhere to the fact that if there was a motion made and you're going to rescind the motion, then you have to do things differently. If it's a matter of then deciding which witnesses should appear, and there hasn't been agreement on that, that's fair enough.

I do want to make a little point here. Even though I've heard around the table that nobody's received the résumés, somebody's made a particular point of saying these people aren't experts. So there is some stuff happening here that just doesn't mesh.

As long as there's an opportunity for my colleague who was involved in the discussion and would have to be there to say verbatim exactly what took place—as long as she has the opportunity to then have witnesses come, that's fine.

● (1045)

The Chair: I'll make sure we'll have the opportunity to have witnesses come. Will they be the same ones? I don't think so. But it doesn't matter, we agree on this.

How many say that's fair enough? Do you all agree?

Hon. Dan McTeague: All agree on what? What are we agreeing to? Let's be very specific to what we're agreeing to.

The Chair: It was agreed that the mention in the minutes of the meeting of February 3, 2005, on Bill C-25 concerning witnesses—we're not saying "the motion" but "the mention"—be rescinded. Do you all agree?

We could have government officials?

Hon. Dan McTeague: In the alternative, until we resolve this when Ms. McDonough is back here we could bring the government officials back. I have a lot of questions that have come out as a result of the witnesses we had last week.

The Chair: That's fine. Everyone agrees on this, to amend the minutes?

Some hon. members: Agreed.

The Chair: Agreed, fine.

Ms. Beth Phinney: Where are the résumés?

The Chair: Now I need a motion to call the government officials back. Do you all agree to call the government officials back?

Mr. Kevin Sorenson: I'll move that we bring those government officials back, that we have some more questions.

Apart from the motion, I think Ms. Phinney's comment is absolutely right. Where are the résumés? Are we going to get a copy of these résumés in the meantime? Our intent wasn't that we were going to nix these guys coming. It was that we would look at the résumés before we invite them.

The Chair: Fine. Mrs. Desjarlais agreed on this.

Mrs. Bev Desjarlais: Absolutely.

Just to verify, on the résumés, my understanding is Ms. McDonough was arranging to get the résumés, and the witnesses were already confirmed so she didn't bother following through. So we will make sure that the résumés are presented.

The Chair: Fine. Thank you, Mrs. Desjarlais.

Mrs. Bev Desjarlais: My understanding is that Ms. McDonough gave a list to the clerk.

The Chair: Yes, this list was provided.

Mrs. Bev Desjarlais: Did the rest of the committee get the list? Maybe they should.

The Chair: Yes, the rest of the committee got it.

That's fine. We all agree on this.

The meeting is adjourned.

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