House of Commons
CANADA

Standing Committee on Foreign Affairs and International Development

FAAE • NUMBER 015 • 3rd SESSION • 40th PARLIAMENT

EVIDENCE

Tuesday, May 4, 2010

Chair

Mr. Dean Allison

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● (1105)

[*English*]

The Chair (Mr. Dean Allison (Niagara West—Glanbrook, CPC)): Order. Pursuant to Standing Order 108(2), our study on the Group of Eight, or G8, summit, with a focus on the maternal and child health initiative, will commence.

I want to welcome our witnesses today.

From CIDA, we have Margaret Biggs, the president, and Diane Jacovella, vice-president of the multilateral and global programs branch.

We also have, from DFAIT, Ron Garson, director of the summit policy division.

I believe, Ms. Biggs, you have an opening statement, after which we will go around the room for questions. We're here until 12 o'clock.

Ms. Biggs, thank you very much for being here. I'll turn the floor over to you for your opening statement.

[*Translation*]

Ms. Margaret Biggs (President, Canadian International Development Agency): Thank you very much, Mr. Chair.

Thank you for inviting me to speak about the Canadian International Development Agency's work on maternal and child health.

Aid effectiveness is a priority of the Government of Canada, and CIDA's work on maternal and child health delivers on the government's commitment to ensure that Canada's development assistance is focused, effective and accountable.

[*English*]

Improving the health of mothers and children is a foundational development issue. Healthy children, able to thrive and ready to learn, are fundamental to the long-term growth and prosperity of all countries and societies, and ensuring the health of children begins with their mothers. That is why improving maternal and child health and reducing maternal and child mortality and morbidity are both an essential part of the international framework of the millennium development goals.

[*Translation*]

It is also the reason why the government has chosen to champion this cause at the G8.

[*English*]

The medical journal *The Lancet* recently reported that maternal deaths have dropped by approximately 35% between 1980 and 2008. This is according to a new study by researchers from the University of Washington and the University of Queensland in Australia.

Now, while I must caution that this is only one study, and it is based on estimates, early reports of new data from the World Health Organization seem to indicate a similar trend. And if true, this provides evidence that investing in maternal and child health can work and can save the lives of millions of women.

[*Translation*]

But even with these encouraging results, progress has been slower than it should be.

Allow me to start with Millennium Development Goal 5, improving maternal health.

[*English*]

Of all the millennium development goals put forward a decade ago, maternal health is the one that lags the farthest behind. Complications from pregnancy and childbirth are the leading cause of death for young mothers, young girls aged 15 to 19. Every year more than 500,000 mothers die worldwide from pregnancy and childbirth, particularly in sub-Saharan African and Asia, and 20 million mothers suffer lifelong illnesses or other harmful effects from their pregnancies.

[*Translation*]

For Millennium Development Goal 4, reducing child mortality, the situation is equally concerning.

[*English*]

Although death in children under five has declined steadily worldwide, we have not yet achieved the results we need to at this point if we are to meet the millennium development goals for 2015.

Every year, as you know, three million babies die within the first week of life, and almost nine million children in the developing world die before their fifth birthday because of causes that are largely preventable, such as pneumonia, diarrhea, malaria, severe acute malnutrition, measles, and HIV.

As we approach the G8 summit in June and the United Nations millennium development goals summit in September, we are reminded that much work remains to be done.

With proper planning and resource mobilization, it is within the reach of many developing countries to prevent the deaths of mothers and children by strengthening their health systems, training health workers, and providing simple proven interventions such as immunizations, insecticide-treated bed nets, and better nutrition.

The G8 can make a tangible difference in terms of maternal and child health. G8 countries have a strong record of accomplishment in health. In recent summits they committed to eradicate polio and they agreed to scale up support to the fight against HIV/AIDS, tuberculosis, and malaria, and these have seen results.

They have also repeatedly stressed the importance of strengthening health systems, particularly in Africa, so that people, particularly women and children, have access to quality local health services.

During the G8 development ministers meeting in Halifax last week, the G8 ministers agreed that the most effective approach to improving maternal and under-five child health and reducing mortality and morbidity is through a focus on strengthening developing-country health systems to provide high-impact, integrated interventions on the ground, including skilled birth attendants and immunizations.

Central to these discussions was the view of G8 ministers, who were joined by Mali's health minister, that if you could provide these integrated and comprehensive services at the local level it could make a significant difference in terms of the lives and mortality of children and mothers. These include access to primary care; equipped and resourced facilities; trained front line health workers, particularly skilled attendants for births; and robust health information systems to monitor performance and progress. Ministers also committed to support countries' efforts to improve access at the local level through properly equipped and resourced health systems, including a skilled health workforce.

The G8 ministers also recognized the fundamental importance of improving nutrition. Nutrition is essential to early childhood development and to building a healthy population in the long run, and today, malnourishment leads to serious illness, blindness, mental disorders, and death among the world's most vulnerable. According to the World Health Organization, malnutrition contributes to over one-third of all childhood deaths, and the nutrition of mothers, as you know, is critical for the health of their newborns and their children's future development. So by underscoring nutrition and putting forward its importance as a crossover issue between maternal and child health, I think the G8 can make a fundamental difference here.

I think we gave the chair a copy of the chair's summary coming from the G8 ministers meeting last week in Halifax, if you'd like to circulate it.

Canada's proposed contribution to the G8 maternal and child health thrust could involve various interventions, including responding to the importance of strengthening health systems, in particular human resources for health, at the country and local level through the training, deploying, and retaining of skilled health workers, and family planning, which includes the use of modern contraceptive methods.

It is also important to note that through the government's consultations with the United Nations and other partners, this G8 initiative will complement and make a key contribution to the United Nations Secretary-General's millennium development goals summit in September.

As you know, CIDA is the main means by which the Government of Canada can address maternal and child health, and I'd just like to take a few minutes to give you an outline of some of the things we're already doing.

As you may know, one our main priorities is around children and youth. We're already working in many countries to strengthen health systems, improve access for women to maternal and reproductive health care, reduce sickness and death in newborns, increase immunization, and promote nutrition. Maternal and child health is one of the three components of our priority around securing a better future for children and youth, and it starts with the mothers.

We recognize that effective family planning is one part of improving maternal and child health, and it is an important element of an effective health system. One of the things we know about family planning is that this kind of programming reduces unwanted pregnancies.

● (1110)

Family planning includes the woman's ability to space and limit her pregnancies, which has a direct impact on her health and her well-being, and on the outcome of each pregnancy. So in response to the needs of developing-country partners, family planning is integrated with activities in a number of CIDA's maternal health and safe motherhood projects, in line with our international commitments.

For example, in western Mali, CIDA support has helped to ensure that skilled health workers attend almost half of all deliveries. In Guatemala, CIDA's support to the Society of Obstetricians and Gynaecologists of Canada and its local partner associations has helped to train over 730 health professionals so they may better provide for mothers and newborns during childbirth.

The other component of CIDA's maternal and child health strategy is to promote a healthy start for infants and young children, so they may thrive, attend school, and become active members in their communities.

CIDA has been a leader in promoting proper nutrition and medical services like immunization. We know that undernourishment increases children's susceptibility to infectious diseases, mental impairment, blindness, and permanent physical stunting. That is why CIDA is helping to provide vitamin A, iodine, and other micronutrients, which play a crucial role in the health of young children and mothers. As a founding partner and principal donor of the micronutrient initiative, Canada has become known for its leadership on vitamin A and iodine. Indeed, UNICEF has said that Canada's support for iodized salt programs has saved six million children from mental impairment.

● (1115)

[*Translation*]

Canada is also helping children through the Catalytic Initiative to Save a Million Lives. In fact, CIDA was the first to support UNICEF in training and equipping front-line health workers to deliver modern malaria treatments, bed nets, antibiotics for infections, and other health services to children and vulnerable groups.

The need to improve maternal and child health is instrumental to fulfilling CIDA's mandate of reducing poverty in the poorest countries around the world.

At the recent UN roundtable meeting in New York, Minister Oda stated that the government is prepared to invest a significant level of new funding in this initiative, and we expect that it will be successful in inspiring other donor countries to follow suit.

[*English*]

Thank you very much, ladies and gentlemen. I welcome your questions.

The Chair: Thank you, Ms. Biggs.

We're going to start with Mr. Rae of the Liberal Party, for seven minutes.

Hon. Bob Rae (Toronto Centre, Lib.): Thank you so much for joining us today.

I don't want to put you on the spot, but I'm afraid I'm going to have to. When Secretary of State Clinton and Foreign Secretary Miliband were here to discuss the G8 summit, they both were very clear that in their view, reproductive and sexual health, including access to safe abortion services in those countries in which it's legal, is a critical part of a comprehensive initiative.

You're the leader of CIDA: what is CIDA's position with respect to the comments of two of our most valued and experienced allies in this field?

Ms. Margaret Biggs: Thank you.

I won't comment on their views specifically. As I think you'll see in the statement that the chair issued after the G8 development ministers meeting yesterday, in the continuum of care from pre-pregnancy through to the age of five, there are a variety of measures that could be contemplated that would include family planning and that would include reproductive health. Within the context of that, countries can be free to choose to focus on the things where they feel they can make the greatest difference.

So I don't think there's a contradiction there in terms of the scope that might be required in terms of a maternal and child health framework, which would go, again, in a continuum of care, from pre-pregnancy through to the age of five.

Hon. Bob Rae: I'm trying to understand what this means for Canada, though, in terms of what we have done in the past and what we will do in the future.

My understanding is that there would be several examples of agencies that would have been funded, or that have been funded, by CIDA, that include abortion referral as part of their service—a comprehensive service that includes family planning and includes other things.

Are we now to understand that it's the new position of the Canadian government that we will not provide support for those agencies because their work includes abortion referral?

● (1120)

Ms. Margaret Biggs: Well, CIDA in the past has never funded abortion services directly—

Hon. Bob Rae: Not directly; I'm talking about funding agencies that provide abortion referrals. That's why I chose my words so carefully.

Ms. Margaret Biggs: —yes—and we won't in the future fund abortion services directly.

We do provide support to countries who in their health systems... and through that there may be, where it's legally available and voluntarily accepted, abortion services. We will continue to fund health systems, and we will continue to fund organizations. We fund the United Nations Population Fund, and they have a broad approach to reproductive health. We continue to fund them. But we have not in the past, and we won't in the future, directly fund abortion services.

Hon. Bob Rae: No, but we've never.... The point is we've never done it.

So what you're telling me is that in effect there's going to be no change?

Ms. Margaret Biggs: That's right. There's no change in the policy.

Hon. Bob Rae: In the policy.

Ms. Margaret Biggs: There's no change in the policy.

Hon. Bob Rae: As a result of all the announcements and statements that have been made, actually there'll be no change in the current position of the Canadian government, which is that we fund governments that include abortion as an integral part of their health care system and we will continue to fund agencies in those countries that could include abortion referrals as part of their service.

Is that correct?

Ms. Margaret Biggs: That's correct. There's no change in CIDA's programming and there's no change in how we will approach these issues. However, the government has made clear that as part of their G8 contribution, they will focus on other areas, a range of areas to be determined. It could include family planning, but it will not support directly abortion services.

Hon. Bob Rae: I don't want to get you engaged in this, but in effect what you're telling us is that for all the... What the statement that's been made really means, in effect, is that there's no change in Canadian government policy. The Government of Canada...and in fact no foreign government goes into a country and says we're going to fund abortions directly. We fund health care systems. We provide direct support for national treasuries. We provide support for health care reform in countries. We provide support for NGOs and for agencies that provide referrals, and what you're telling us is that this is not going to change.

Ms. Margaret Biggs: Correct. CIDA's programming will remain the same as what we're doing now.

Hon. Bob Rae: Okay.

There are two other areas in which I see contradictions or problems. The second one is this question of advocacy for women. One of the concerns I've had, and I've heard it from several NGOs, is the very real concern that in a number of countries, Canada is no longer funding advocacy groups for women—in Pakistan, for example, a very significant reduction in advocacy for women—in a number of situations where advocacy for women is critical.

We've heard about Match, we've heard about KAIROS and the other organizations; still no funding, I understand, for the International Planned Parenthood in the Canadian-based organization that is working overseas.

Can you explain why that would...if maternal health is significant? We all recognize that one of the reasons why we have not achieved the goals yet that we've set out—I would argue quite strongly—is that women are not empowered in enough societies to get the services they need and to insist on a different standard.

The record will show very clearly that one of the reasons industrialized countries have made such a dramatic change in the condition of women is because women have become politically empowered and socially empowered. That's why, in the past, Canadian governments have said we believe in equality for women and we believe that in empowering women and women's organizations and women's advocacy, we'll be able to improve their health.

So has that policy changed?

Ms. Margaret Biggs: No, the policy has not changed. I think the Prime Minister's focus on maternal and child health for the G8 summit speaks to the points you just made, about the importance of focusing on women and children. In fact, I think many would argue that maternal mortality is a litmus test of how well functioning health systems and health services are in any country, so I don't think anything has changed.

CIDA continues to integrate gender equality, equality between women and men, in everything we do. In fact, CIDA's been a leader in that area for many years. CIDA has done a fair amount in Afghanistan, for example, in terms of direct programming but also in terms of encouraging women's participation in civil society, in the democratic process, and has gone out of its way to do that.

So I think the track record is still very strong in terms of encouraging the role of women, particularly with respect to children and families, but in every aspect of development; it's integrated in everything we do.

● (1125)

The Chair: Thank you very much.

That's all the time you have.

Hon. Bob Rae: Really? It went so fast. I was having such a good time.

The Chair: It does go quickly. We'll try to get back for another round.

I'm going to move to the Bloc now.

Madame Deschamps.

[*Translation*]

Ms. Johanne Deschamps (Laurentides—Labelle, BQ): Thank you, Mr. Chair.

Good morning, Ms. Biggs. Welcome to the committee.

You know that one of the Millennium Goals, Goal Nº 5 concerning maternal health is the one that we are lagging most behind. You said at the end of your statement that the government was prepared to give significant additional funding for that goal.

Where is the government intending to take that additional funding from? Will it take it from the current envelope that exists for International Aid or are we going to have to cut in other programs in order to get this additional funding?

[*English*]

Ms. Margaret Biggs: Thank you very much for the question.

The government has indicated it will provide new funding toward maternal and child health that would be over and beyond what we are currently spending in the area. We would hope that others as well would put incremental resources toward this effort to really make a difference.

As you will recall, in budget 2010 of a few months ago the government indicated it would have a further 8% increase in its international assistance resources, an extra $354 million in 2010-11. A portion of that would go, I would expect, toward this new initiative, what we can do extra, new, for maternal and child health.

These would be new dollars. They would not be cutting other programs to put toward maternal and child health.

[*Translation*]

Ms. Johanne Deschamps: I may not be an expert in numbers but as the minister has announced that from 2011, there will be a freeze over the next five years, how can we honour our commitments taken by Canada at the G8 summit? We know that the envelope being frozen, there will certainly be some problems arising. In fact, we might be backtracking. Where will the money be coming from? If there is a freeze how shall we be able to meet these goals? Is it realistic to think that we can reach the goals that we set for 2015?

[*English*]

Ms. Margaret Biggs: Maybe I'll just answer in a couple of steps, if you will.

In terms of meeting commitments, the government has already met its commitments to double aid assistance to Africa. It did so last year and it will do so again this year. It will also meet its Gleneagles commitment from the G8 to double its overall international assistance, and it will do so this year, in 2010-11. So it is on track to meeting its commitments and would be looking at the G8 summit to ensure other countries are also stepping up and meeting their commitments they've made in the past.

Back to the maternal and child health initiative, as I indicated, the government would be looking to put additional resources toward that, not taking it away from existing programming. I would expect that would be done out of a portion of the increment that was announced in the budget in 2010. That would allow the government to give additional resources toward trying to advance the cause of maternal and child health in developing countries.

The third aspect of your question, I believe, was with respect to how the world is going to reach the millennium development goals of 2015. That is of course the focus of the United Nations Secretary-General's special summit on the MDGs in September, to galvanize collective action, to give it a boost in terms of trying to make sure that the world will meet those MDGs.

Now, that action has to come from developing countries themselves, from the developed countries, the donors as well. It will require additional resources, for example, as we are expecting with maternal and child health, and also the most effective use of existing resources. We know that not all dollars are equally effective in terms of the results they guarantee.

So that will be the focus of the Secretary-General's meeting in September: how the world is going to get to the MDGs by 2015.

● (1130)

[*Translation*]

Ms. Johanne Deschamps: In your statement, you referred to the medical journal *The Lancet* in which it was said that according to a study, the mortality rate had dropped by 35%.

Could you be more specific? I also read *The Lancet* and it seems to me that the figures were more alarming than the fact that maternal death had dropped by 35%. Where has the mortality rate dropped? In which country?

[*English*]

Ms. Margaret Biggs: I don't have all the details in front of me. I have read the study myself, and I think you're right, there are encouraging signs in it. I drew your attention to it insofar as we do have evidence to show that if you focus on maternal and child health, you can make a difference, and we have seen progress.

That said, this is one of the MDGs that is lagging behind. We know that the progress has been uneven across countries. There has been a lot of progress in countries that have had much better success at reducing poverty and focusing on health. We also know that it's uneven within countries. We know that the poorest and the most vulnerable, often those in the rural areas, are the most disadvantaged, and it is their outcomes that we still need to focus on.

I was pointing to *The Lancet* as a glimmer of hope and progress, that we actually know we can make a difference and we can move these thresholds. On the other hand, I would agree with you that there is a long way to go.

That's why putting a focus on maternal and child health is something that... I think there's a huge consensus in many countries to do it.

The Chair: Thank you very much, Ms. Biggs.

Thank you, Madame Deschamps.

We will move over to Mr. Abbott, for seven minutes.

Hon. Jim Abbott (Kootenay—Columbia, CPC): Good.

Ms. Biggs, thank you very much for attending.

If I may, I will just take 30 seconds on politics, then we'll get more into your area.

I must say that I have been dismayed and disappointed at the fact that Mr. Ignatieff and the Liberals have decided to introduce a topic into this issue that has nothing to do with this issue, and the fact that it, in turn, will create a massive disservice to the women and children of the developing world by us being diverted and the amount of ink that there has been on this issue as a result of him introducing an absolute red herring, a bogus issue, into this debate.

That said, I must say that I'm very impressed with your statement, if I may read it:

> With proper planning and resource mobilization, it is within the reach of many developing countries to prevent the deaths of mothers and children by strengthening health systems, training health workers and providing simple solutions like inoculations, insecticide-treated bed nets, and better nutrition.

This is what the original thought was of the Prime Minister, and certainly of our government.

I was particularly impressed, because this morning all of us received the chair's summary of the G8 development ministers meeting, which I think will go an awful long way to answering the concerns of Mr. Rae about foreign nations making comments about the topic that he chooses to bring up.

I'll take look at clause 11 of the chair's report:

> In terms of scope, Ministers agreed that improving maternal and under-five child health requires comprehensive, high impact and integrated interventions at the community level, in country, across the continuum of care from pre-pregnancy through delivery to the age of five, including such elements as: antenatal care; post-partum care; family planning, which includes contraception; reproductive health; treatment and prevention of diseases; prevention of mother-to-child transmission of HIV; immunizations; and nutrition.

This is an awfully big basket we're talking about, to be able to come up with some funding that will work in that direction.

I would like to ask you about current programs CIDA has in the areas of inoculations and/or better nutrition, and how they may be fed into this initiative that we're talking about.

I should say that I had a briefing last night by a doctor from a totally impoverished country. The statistics from that country show that 93% of the population suffer from gonorrhea, and just a hair under 100% suffer from syphilis. The frustration of the indigenous doctor from that country was the fact that particularly the syphilis could be answered by a matter of inoculations and that kind of thing. Indeed, this is the kind of work that Canada is into and that I think all Canadians should be proud of.

I would like to give you an opportunity to give us a very quick idea on inoculations and also in the area of micronutrients, as to where we are going with that at this point.

● (1135)

Ms. Margaret Biggs: Thank you very much for the question.

I'm going to ask my colleague Diane Jacovella to talk about some specifics around what Canada and CIDA have been doing with immunization and micronutrients. It is an area where Canada has been a leader, and we are also a leader in terms of malarial bed nets. We were one of the first out the door.

In terms of your general point, and referring back to the chair's statement from the G8 development ministers meeting last week, one of the things I'd like to point out is the shift that I think has to happen. In the past number of years we've had a focus on a number of diseases in particular—whether it's malaria, HIV, AIDS, or polio —on which we all know we can produce results through immunization. We know we can produce results through antibiotics and treatment of infectious diseases. We all know we can produce tremendous health results through adequate nutrition and micronutrient supplementation. But what often doesn't happen is their integration into one package. We know that if they are integrated into a package that a local, trained health care worker can deliver, we can have substantial improvements in terms of the outcomes for mothers and for children.

I think the key now is to look at it as an integrated approach. We did this with the catalytic initiative with children in terms of front line health workers having a basket of things that we know have high impact in terms of treating infectious diseases, in terms of treating diarrhea, in terms of immunizations, in terms of nutritional supplements, and we know that it can work. It's very cost-effective, high-impact, and not that complicated. But you do have to have the health system behind you to ensure that on the ground it is delivered in that way. That's what I think the development ministers focused on: how everybody supports that integrated, comprehensive approach.

Going back to the specific things that Canada has done, as I mentioned, CIDA has been a leader in terms of the micronutrient initiative. Canada has also been one of the leaders in terms of the global fund for AIDS, tuberculosis, and malaria, which has saved millions of lives.

I'm just going to ask Diane perhaps to give a few more facts on some of the key things that you asked about.

Ms. Diane Jacovella (Vice-President, Multilateral and Global Programs Branch, Canadian International Development Agency): Thank you.

Ms. Biggs has already answered a lot of the questions, but in terms of immunization, we've been working really hard with the World Health Organization and UNICEF to make sure that the basic immunization package that any child in Canada or North America would have would be available.

We've also been working with other donors, and the World Bank, and GAVI on what we call the "advance market commitments", to try to entice the private sector to develop a vaccine for pneumococcal disease. This is something new, what we call "innovative financing", to try to generate some interest and a vaccine that would work for children in developing countries.

In terms of polio, that has been a signature project. In the Afghanistan program, we've been having great success despite the difficult security environment.

In terms of micronutrients, the three key partners that we've been working with are the Micronutrient Initiative, which is a Canadian-based organization; Helen Keller International, a U.S. organization; and UNICEF. We try to work with all three to make sure that vitamin A is available for children. We integrate this and some of the other interventions that these players are making.

We're also working really hard with countries to iodize their salt, and we've had huge success in this area.

One of the new things we are exploring right now is the incorporation of zinc in oral rehydration for diarrhea, which seems to be having a lot of success. We are again working with Canadian partners here to try to advance this with our multilateral players.

● (1140)

The Chair: Thank you very much, Mr. Abbott.

We're now going to move it back over to the NDP.

Mr. Rafferty, welcome back to the committee. The floor is yours, sir, for seven minutes.

Mr. John Rafferty (Thunder Bay—Rainy River, NDP): Thank you very much, Chair.

The 2005 World Health Organization report *Make Every Mother and Child Count* says that the leading cause of maternal death is hemorrhaging, bleeding. But it also says that the second leading cause of maternal death is unsafe abortion. I'm surprised that some say here that it's not part of what we're talking about today, but the second leading cause is very important.

My question is a policy one. The government claims to be making maternal health a key priority in the G8 meeting, and CIDA says that it seeks to improve sexual and reproductive health and rights and reduce maternal morbidity and mortality. Does it not make sense for our government and CIDA to try to reduce or eliminate the second leading cause of maternal mortality in developing countries, that being unsafe abortions?

Ms. Margaret Biggs: Thank you for the question.

Well, the primary killer of mothers is at birth: it is the complications, the hemorrhaging, and the various things around birth. So that, I think, would privilege the importance of having skilled attendants in the lead-up to the birth, during birth, and shortly after, because that's when lives are lost for mothers and also for newborns. So that's a critical window of importance for maternal and child health.

It is true that a large percentage of women die because of unsafe abortions. The primary way to avoid that is for them to have family planning. If they had access to family planning and contraceptive commodities, and the ability to time and ensure that they had safe pregnancies and deliveries, that would be the single most important thing. That would be something that Canada could focus on, that we have done in the past and we could do in the future.

Mr. John Rafferty: While I'm on policy, I don't like to leave Mr. Garson out, because he did come all the way here to be part of this. This is an opportunity to be candid and straightforward. I will let Ms. Biggs off the hook for the moment.

It's sort of a personal question.

Ms. Margaret Biggs: So you know it's dangerous.

Voices: Oh, oh!

Mr. John Rafferty: You are the policy director for the G8 summit, right?

Mr. Ron Garson (Director, Summit Policy Division (G8/G20) , Department of Foreign Affairs and International Trade): For the G8 and G20.

Mr. John Rafferty: Right.

Do you think that funding clean, modern facilities, and funding groups that provide safe abortion services to women who are pregnant in developing countries—who want the services in countries where it's legal—would help reduce maternal mortality?

Mr. Ron Garson: I am the policy director for the G8 and G20, but I will say that the kind of details you're asking are not those that I get into in my job. Were I to do that, I would never have any time... basically, to sleep.

I tend to work at a more general level, so I think I would refer that to Ms. Biggs.

Mr. John Rafferty: Well, then, Ms. Biggs—

Ms. Margaret Biggs: Back to me.

● (1145)

Mr. John Rafferty: —back to you, yes.

I mean, you can be brief. A yes or no would be okay here, I suppose.

Would funding clean, modern facilities, and funding groups that provide safe abortion services to women who are pregnant, help reduce maternal mortality?

Ms. Margaret Biggs: I'll go back to the points that I made before, in terms of saving mothers' lives. The number one focus can be on pregnancy and good delivery and the immediate ante and postpartum period. That is the single most important focus in terms of saving mothers' lives.

In terms of family planning, if women had access to family planning as they needed it, you could reduce the percentage of unsafe abortions by 75%. That's according to the UNFPA. That would be the single most important thing that we could do in terms of giving them access to planning and contraception and the ability to prevent unsafe pregnancies. That would be a very important way to save mothers' lives.

Mr. John Rafferty: In the most recently available statistics—2006 are the statistics I have—Canada provided access or funded abortion services 91,377 times in this country. Presumably the government chooses to continue this funding, this access to abortion, because it believes in a woman's right to choose and that by providing and funding these services to women there are positive impacts on maternal health.

I applaud them for accepting this and for not reopening the domestic debate at this time. But what about the government's position internationally? There's a bit of a disconnect here. I have to wonder what kind of signal you think it sends to women in developing countries when our government claims to want to help them, but then refuses to provide the same services to them, which are proven to reduce maternal mortality. They're the same services as our own citizens get.

Now, you said that CIDA never has had a policy on funding or promoting or increasing access to safe abortion services in developing countries. Am I right in that?

This was from the conversation earlier with Mr. Rae.

Ms. Margaret Biggs: CIDA does not, has not, will not fund abortion services directly.

Mr. John Rafferty: Okay. And it's never had a policy on promoting or increasing access.

Ms. Margaret Biggs: The international consensus is that abortion is not viewed as a form of family planning, so it's not promoted as a method of family planning. That's agreed by all parties and all international organizations. Canada adheres to that.

CIDA doesn't fund abortions directly. It hasn't and it won't. However, on your question, just as the Government of Canada funds provinces indirectly through transfers to provinces, and provinces run their health systems, Canada can support developing countries' health systems, and we will continue to do so. It's their choice as to what basket of services they provide.

So I don't see the issue. There's no change in policy. But the Prime Minister and the minister have made it clear that for Canada's G8 initiative, we will not include anything that directly supports—

Mr. John Rafferty: I have one last quick question, Mr. Chair.

NGOs and civil society are on edge, and have been for the last year or so. There have been funding issues—NGOs, for example, that have not received any funding.

Planned Parenthood has had funding from CIDA since the early 1980s, I think. I was wondering, can we expect an announcement soon on Planned Parenthood and CIDA's support?

Ms. Margaret Biggs: I'm not really in a position to comment on proposals that are currently under review, and that's one that's under review.

Mr. John Rafferty: Okay.

Thank you.

The Chair: Thank you very much.

We're now going to move to the second round. I think we're going to have time just for two additional questioners.

Mr. Lunney, five minutes, followed by Dr. Patry.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you very much, Mr. Chair.

At the recent G8 meeting just a few days ago in Halifax, which is preparation for the event coming up in June, I noticed that part of the communiqué that came out mentioned that the Minister of Health from Mali was with the ministers there. The ministers "commended those partner countries that are investing directly in building effective health systems in order to make integrated primary health services available at the community level".

When I go back to the remarks in your opening statement, Ms. Biggs, you mentioned part of the data that came out: three million babies dying in the first week of life, nine million children in the developing world dying before their fifth birthday. The causes, largely preventable, include pneumonia, diarrhea, malaria, acute malnutrition, measles, HIV.

To the question from my colleague Mr. Abbott a few moments ago on micronutrients, there was the response about the impact of zinc in helping to mitigate diarrhea. You mention in your report some successes that Canada has already had. I picked up on Mali, because in western Mali we have a program training health care workers. That has had the kind of impact where now over half the births are attended by a trained health care worker. In Guatemala we are working with the faculty of obstetrics and gynecology. I believe we have trained 700 health care workers there to assist in births. Another success was working with UNICEF on vitamin A and iodized salt.

I wondered whether you might take a moment to expand on any or all of those types of initiatives that have proven very effective in helping reduce child mortality and improve maternal health.

● (1150)

Ms. Margaret Biggs: Thank you.

Maternal and child health are the focus of a number of our bilateral or geographic programs. You've drawn attention to one of them in Mali. The Mali health minister was with us in Halifax. We can't do the whole country necessarily or the western part, but we have supported the training in one region, the Kayes region, in terms of skilled birth attendants, which has made a significant difference in the number of assisted births and therefore the reduction in child mortality in Mali.

Another component we're working on with the Government of Mali as part of their overall health systems plan is on broader health care human resource planning and skills and training so they can extend this across their country.

We also have extensive maternal and child health programs in countries like Tanzania, where we work with the Government of Tanzania and their Marie Stopes International particularly around maternal and reproductive health. Again, we've had significant success there.

We also work in Mozambique to support the overall implementation of the Government of Mozambique's health system. One key component is around maternal health, again around the training and provision of skilled health workers, local health workers for both maternal health and attended births, and for child health.

We also work in Bangladesh, particularly focused around the rural poor and their health services. As you know, we've done a fair amount of work around maternal and child health in Afghanistan as well. That's partly been about the polio eradication initiative, but we have also helped to build the obstetrical facilities for the Mirwais Hospital in Kandahar, which provides gynecological and obstetrical assistance not just in the city but across the region. So it's very important.

It is an area where CIDA has a lot of strength to build on, a lot of expertise to build on, both in terms of what's happening on the ground in terms of maternal and child health and in terms of nutrition. I think the area of nutrition is going to have its day now that everyone recognizes that it's an underlying contributor to not just mortality but also diminished development and life chances for children.

As we would know in Canada, in terms of the development of children and their cognitive development, we can really make a difference in terms of the futures of these countries if we really focus on nutrition. Very simple nutrition packages for mothers and children on the ground, delivered in a timely way, can make a world of difference.

Mr. James Lunney: Thank you.

You mentioned packaged interventions. For so many of these things, actually, you can do a little piece here and a little piece there, but if you roll them together, they can really have a much greater impact. One of the things the ministers picked up on was safe drinking water and sanitation as well as nutrition. I know that CIDA does a lot of good work making sure that clean drinking water is available. I am also aware of areas that are devastated by AIDS. A lot of children are growing up without parents for this reason. But I know that in some areas where they work with orphanages and they get these kids on good nutritional diets, fortified with a good mix of vitamins and minerals—these kids may test HIV-positive but they're not active-AIDS kids—they grow up very normally.

I wonder if you would care to comment on any of that work CIDA is doing in those areas.

The Chair: Just give a quick response, and then we are going to move on.

That is all the time you have, Mr. Lunney.

Go ahead with your response.

Ms. Margaret Biggs: Okay.

On the packages issue, one of the outcomes of the meeting in Halifax, where WHO representatives were there with us, was that they will work with us to develop guidelines that everybody can use in terms of what needs to happen on the ground. WHO, the FAO, and UNICEF are also working on nutrition guidelines so that we actually know the five or six or seven key interventions that need to be bundled together to really save people's lives. Once we know what they are, let's package them up. Let's make sure that everybody has the same guidelines. Let's use the same scorecard, and let's measure success the same way. That's how we're going to make a significant difference around the world.

In terms of HIV/AIDS, a key issue in terms of maternal and child health will be to prevent the transmission of HIV/AIDS from mothers to children. We know that there is a 40% chance that children will have the virus transmitted and that we can reduce that to 5% with key interventions, both for the mothers and the children, using retroviral treatments. We are already doing that. One of the things we are doing in Tanzania with Mary Stopes International is on the prevention of maternal-to-child transmission of HIV/AIDS. And we can do more of that.

● (1155)

The Chair: Thank you.

We are now going to move over to our last intervention.

We're going to start with Dr. Patry. I believe you are going to share your time with Mr. Pearson.

[*Translation*]

Mr. Bernard Patry (Pierrefonds—Dollard, Lib.): Thank you very much.

Thank you, Ms. Biggs, for being here this morning.

Let us talk about the maternal and health initiative. Let us also talk about the child health initiative because both are very important. If you are looking at child health, it is dependent on maternal health because if the mother thrives, then she is in a better position to look after her children.

In the 2009 G8 summit, partners have committed to $20 billion over three years for sustainable agricultural development. In 2002, in Kananaskis, in the context of the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction, Canada committed $1 billion out of $20 billion over a 10-year period.

I have two brief questions for you. Do you know how much is going to be committed at the next summit? Knowing that Canada has dissociated itself from a number of African countries, will that G8 initiative benefit to all developing countries or will it be to the benefit of a limited number of countries and to the detriment of others?

[*English*]

Ms. Margaret Biggs: The Prime Minister will outline the actual specifics of what Canada's contribution will be. He will do that in and around the G8 summit at the end of June. I don't have those details.

As I indicated, the ministers and the government have indicated that they will put new resources towards this initiative. It will be focused on the countries...as you can see in the G8's data, we need to focus on the countries, and the people, where the needs are greatest. Some of the needs are greatest in countries in Africa, so I would expect that there should be a specific focus around Africa. As I indicated earlier, the government has already met its commitment to double its assistance to Africa. That was done last year and again this year. I think that will continue with the maternal and child health initiative. Based on needs and evidence, there would have to be a significant component that would go to sub-Saharan African countries.

Mr. Glen Pearson (London North Centre, Lib.): I just have a quick question.

Thank you for coming, the three of you. I appreciate it very much.

I have so many questions, but I will ask just the one. The *Globe and Mail* editorial this morning talked about the Woman Deliver conference in Washington, which is in June. There will be 3,500 experts on child and maternal health there. President Obama will probably be there. Ban Ki-moon will be there.

Canada has not yet signalled its intention to go to that. Obviously, we are leading the G8 shortly. CIDA has to be there. That commitment has to be there.

Do you know if there is any intention for us to go? Why would we not be there? What would be the reason?

Ms. Margaret Biggs: Thank you, Mr. Pearson.

To be honest, I don't have any details on that, so I would have to get back to you on that issue. Thank you.

Mr. Glen Pearson: Okay.

The Chair: I want to thank our guests for being here today. We appreciate you guys taking time to be here.

I'm going to suspend the meeting for now. We'll get our new witnesses up.

Thank you once again for being here.

●

(Pause)

●

● (1200)

The Chair: Pursuant to Standing Order 108(2), we will continue with our meeting.

We have today Dr. Francis Deng, United Nations Special Adviser to the Secretary-General on the Prevention of Genocide, Department of Political Affairs.

Dr. Deng, it's an honour and a privilege to have you here today.

I would just encourage any members who haven't had a chance to look at Dr. Deng's biography to do so. He's been a distinguished diplomat here as the ambassador to Canada from Sudan and he has been involved in a number of different things, as well as being the Minister of State for Foreign Affairs for Sudan, amongst many other things.

Certainly, sir, we're glad to have you here. You have a short statement and then I believe we're going to go around the room to ask some questions. Because of other commitments, you will be leaving us at twenty to one, so if we could go with the statement, then we'll try to get as many questions in as we can.

Dr. Deng, welcome, sir. The floor is yours.

Dr. Francis Deng (Special Adviser to the Secretary-General on the Prevention of Genocide, Department of Political Affairs, United Nations): Thank you very much, Mr. Chairman. It's always a great pleasure to be back in Canada.

Someone asked me the other day—having been a special representative of the Secretary-General on internally displaced persons, and now on the prevention of genocide—why they always give me such difficult mandates. This mandate is obviously recognized as being very difficult, some would even say impossible. I say it is a mandate that is impossible but must be made possible.

I think we can all say that humanity must be united to prevent and punish genocide, but in reality we know that genocide is generally recognized only after the fact. While it is occurring or unfolding, there is a tendency to deny it, not only by the perpetrators, but by those who would be called upon to step in and do something about it. Because it is such a sensitive issue and difficult to manage once it has blown up, I believe prevention is absolutely critical early on, before positions harden into denial.

For me, prevention also means defining the problem in a manner that we can easily understand and manage. That's why I have focused on seeing genocide as an extreme form of identity-related conflicts, whether these identities are defined, according to the 1948 Convention on the Prevention and Punishment of the Crime of Genocide, as national, ethnic, racial, or religious groups, and perhaps even other factors of identification.

It is not just that we are different that causes conflicts; it's the implications of those differences in terms of access to sharing power, wealth, resources, services, employment, and the enjoyment of rights of citizenship. As a special representative to the Secretary-General on internally displaced persons, I went to many parts of the world. I was always struck by how acutely divided these societies were, with some, considered in-groups, enjoying the rights and dignity of citizenship, and others, marginalized, discriminated, excluded, and denied the rights. Sooner or later there is bound to be a conflict in that kind of a situation. When it occurs, you have the disadvantaged being the victims of the more powerful.

If this is our understanding, then I think the challenge is really how to manage diversities constructively, with means to promote a sense of equality, a sense of belonging to the nation, a sense of enjoyment, a sense of dignity as a citizen, as a human being. I believe that no country worth self-respect, respect by others, and legitimacy can say that we want to deny citizens their rights.

I must say, having served in this wonderful country for years, I was always very struck by your system of managing differences and diversities—your multiculturalism philosophy. I travelled around the country in many places and saw how this was playing out.

I see this as a challenge for government. It also means that the first layer of protecting—or, as you say, prevention—is a responsibility of the state. I believe very strongly that unless we work with governments, unless we challenge the governments to constructively manage their differences, we cannot succeed. We cannot come from outside and dictate solutions that people from within do not see as the national vision.

That's why, when I was at Brookings developing the Africa project, the post-Cold War assessment of conflicts in Africa, I emphasized the shift from seeing these conflicts as proxy wars of the superpowers during the Cold War period, to reassigning responsibility by seeing problems in their proper context, as regional or national, and reassigning responsibility to that of the state in the first place, supported by the international community if it lacks the capacity. And only in extreme cases, where the governments fail and people are suffering and dying in large numbers, will the international community be called upon.

● (1205)

But that is a tough one, because if there is any capacity at all to resist, however limited, intervention can be very costly. Therefore, as Boutros-Ghali used to tell me, the problem that the Third World fears intervention, that is a misplaced concern, because in most cases, when the going goes rough and there are threats associated with intervention, the opposite is often the case, rather than the threat of intervention.

The most constructive way is to work with governments on the three pillars of their responsibility for their people, supporting them to build the capacity to be able to protect their own people, and various ways, short of military intervention, of actually getting the international community to be more involved to fill the vacuum of responsibility where that exists. I think it is a challenge for countries that have the capacity to be supportive of countries that are lacking, whether it is projecting the kinds of strategies and models that we can take as models to emulate, or whether it is projecting practices that can divide and lead to genocidal conflicts of identities that we should avoid.

That is the way I'm approaching this mandate. I see my role as that of a catalyst for others with the capacity to do what needs to be done.

I should say that I have a very small staff. I'm glad to say that one of those very dedicated staff members is a Canadian citizen, sitting next to me, Kelly Whitty.

I'm looking forward to our exchange of views on this. Thanks.

● (1210)

The Chair: Thank you, Dr. Deng.

We're going to try to get one round in. We have about 20 or 25 minutes, so we're going to try to keep it to around seven minutes each. That will give you about half an hour. I'm going to keep you to that.

I'm going to start with Dr. Patry.

Mr. Bernard Patry: *Merci beaucoup*.

Thank you very much, Mr. Deng, for appearing this morning.

Last week the committee met with Mr. Gareth Evans, the former foreign minister in Australia. He came for some other issue, but he is a co-chair at the United Nations, and a co-author of *The Responsibility to Protect*. What is your understanding of the current implementation at the UN level of this “responsibility to protect” doctrine? That's my first question.

Here's the second one. In 2009, Senator Roméo Dallaire and the Montreal Institute for Genocide and Human Rights Studies cooperated to produce a report entitled *Mobilizing the Will to Intervene*. It included recommendations to the governments of Canada and United States. What is your opinion about it?

Thank you.

Dr. Francis Deng: Thank you.

In a sense you could say that the responsibility to protect is the result of the evolution of the notion of sovereignty as responsibility. Some studies have documented the link between what we try to do at Brookings and the responsibility to protect.

Close to three years ago, when I first came to New York, my colleague, the adviser on issues related to the responsibility to protect, Edward Luck, and I were talking to permanent representatives and mission members in New York. The overwhelming response from these particularly third world country representatives was almost a denial of the fact that the responsibility to protect had been accepted as a concept. People would say that what we had agreed upon was a framework for further discussions and that it had not been accepted.

The reason was that when we speak of these three pillars, the last pillar, which calls for military involvement—and even then, after other measures have been attempted—was taken to be the essence of the responsibility to protect. So our task was to really disabuse people of that kind of misinterpretation of the concept by emphasizing the responsibility of the state, support for the state to build its capacity, and only when the state is manifestly failing, with disastrous consequences for the civilian population, would the international community consider several phases of getting involved, including, as a last resort, the military response.

The Secretary-General had a report this year, which was debated by the General Assembly. I think we have seen a tremendous shift from this initial reluctance to go ahead with R2P—the responsibility to protect—to accepting it with concerns. The question is how to address the concerns of countries that feel this could be abused as a tool by more powerful states of the global north to intervene in the global south. Those kinds of concerns have been significantly ameliorated by our emphasizing the first two pillars. But they still need to be addressed.

I think this is connected with your second question, the will to intervene. It is true that if you have a Rwanda or you have genocidal situations that history tells us all after the fact, if we relive those situations, I doubt that there will be many who would say we should not develop the will to intervene. That last resort, when all fails, I think is to be borne in mind. But my emphasis is on early prevention and on cooperating with the governments concerned as a national responsibility in the first place.

● (1215)

The Chair: Mr. Pearson, you have less than three minutes.

Mr. Glen Pearson: Thank you for the opportunity, Mr. Chair.

It's wonderful to have you both. It's an honour to have a Canadian at the table as well. Thank you for coming.

Mr. Deng, I appreciate that you're from Sudan. You understand about the north-south peace talks that took place, which culminated in peace in Sudan in 2005. I'm very interested in this; when we have a region that is in this kind of situation, it seems to me that we often target so that it's the west intervening in that one country. It might be a United Nations mission or something else. To me, though, what I've always seen in my time in Africa is that the region should be a very important player.

In the south, with the comprehensive peace agreement, for instance, IGAD played a huge role in that—in getting Mr. Bashir to back off and other things. It seems to me that if we look at something like the Congo, is there a place in your thinking for, if we do practice the will to intervene, or W2I, and move in...? Because there's increasing suspicion in many ways.The south wants to work with the south and is afraid to have the north intervene.

Are there ways in which, let's say in the Congo, there are opportunities to work with the regional base that's there, that could apply pressure on the combatants or the diverse groups there to bring it to pass?

Do you see this as something that should be part of W2I?

Dr. Francis Deng: Absolutely, and I'm glad you raised that question. In my own work, I have emphasized the role of subregional organizations and regional organizations, and I'm glad to say that the approach I have adopted for my mandate is being well received in Africa.

I have addressed the Peace and Security Council of the AU. I have addressed the Panel of the Wise of the AU. We have developed a framework of analysis that gives us some lenses or tools for assessing the risks of genocidal conflicts in a situation. The AU is adopting them to be integrated into their early warning system.

But specifically on the Congo, when I went there, first I was warned not to talk ethnicity and not to talk genocide. When I went there, everybody was talking ethnicity. Everybody was alleging that genocide was being committed against them.

The UN forces there, no matter how reinforced they might be, have a tough job—to not only support the government and protect the civilians—with proliferating armed groups that, to be disarmed, would require, as one commander told me, expeditionary force.

But I saw that if we addressed some of the underlying causes that generate these sorts of problems, and in a regional framework, where all the interests of the countries involved, not just Rwanda and Uganda but all the regions of the country... Nyerere used to say that the problem with Rwanda and Burundi is that they're tiny, overpopulated countries surrounded by large countries with a lot of land.

So in my report from DRC, I emphasized working with the regional actors to address those underlying causes. I would say that if we range from early prevention to certain involvement that is short of military action, there's a lot that the world can do.

Some of the more powerful countries... I've just been to Washington and had very good meetings in the State Department, in the White House, and the think tanks, and all that. There's so much that can be done by the more powerful states.

For me, I think the question related to the earlier question, too, is that I cannot see the powerful countries of the world—by “powerful” I mean both economically and militarily—see certain regions of the world go into chaos and destruction and massive killing and just sit. I think there is national interest in global security, particularly in those countries that have a much deeper reach and whose interests are tied to global peace and security.

• (1220)

The Chair: Thank you very much.

We're now going to move to Madame Lalonde.

[*Translation*]

Ms. Francine Lalonde (La Pointe-de-l'Île, BQ): Thank you, Mr. Deng. Thank you for this report that I read on North Kivu.

I have a first question. If we were to translate in other words part of what you are saying, here is what we would have. You said that we need a diagnosis, that we cannot intervene and that perhaps we cannot even help a country if we do not understand the violence happening there. This is evidenced by the many points that you have given us here, for our examination. So we need to start by understanding, is that right?

[*English*]

Dr. Francis Deng: Yes, I entirely agree with you, and that's why I emphasize that instead of seeing this as a horrible problem out there that we are afraid to touch, we bring it down and see it as a crisis of management of diversities, a crisis of management of differences, whether these differences are ethnic or religious and otherwise, and then address them at the root. I do think that the overemphasis on fighting terrorism, valid as it is—there's no question that you need do deal with terrorism—overlooks the root causes of problems in a particular country and in the long run does not help the cause.

This is why, as I said earlier, we have a framework of analyses that the AU is adopting now to be part of their early warning mechanism. It looks at eight sets of factors, beginning with the existence of identity groups that are in conflict, a history of discrimination, and a certain capacity to prevent or to stop genocide, and goes on to certain triggering factors, such as the military or the presence of armed groups, and then on to certain conditions that trigger violence—for instance, elections.

All of this, which we developed in partnership and collaboration with many other experts in this field, to me can be a mirror in which the countries can look at themselves and see where they are performing well, where they are not performing so well, and where they need to do better.

I also think it is important to look at not just problem countries or countries of concern, but also models of success. One of the reasons I keep referring to your country is that I think you have a model that can be very useful for others to emulate in managing their differences, and that early prevention is a creative and constructive approach that is less divisive than when we go to the point of having to discuss intervention.

[*Translation*]

Ms. Francine Lalonde: The situation in the Democratic Republic of the Congo is shocking. In fact, I don't know who could tell… You would know. There are several genocidal situations in the DRC. There are a number of minority groups that are violently attacked by various factions. There are foreign countries that have intervened for economic reasons, for political reasons. How can we intervene in that country?

[*English*]

Dr. Francis Deng: I think we already have all the three pillars at work in the Congo. We have a government that lacks the capacity, but of course is charged with its national duty. We have an international community that is helping the government. And we have a force that by UN standards has a very strong mandate to protect civilians. And we know that women and children are among the most victimized civilians.

So far, all these three pillars working together are not improving the situation. That's because I do believe we have to shift from dealing with the armed groups, trying to disarm them... While protection of civilians is critically important, we need to shift towards a peace process, a peace process that will bring in all the countries of the region that have a stake.

Now, instead of this, two...in terms of more countries that are overpopulated, open up regional arrangements that will bring all the countries of the region into the picture to create regional peace, security, and stability. The regional approach is effective because countries feel they are in the same boat. They are faced with the same problems; they have to work together to help one another. For instance, ECOWAS has been relatively successful in doing that for the countries of west Africa.

I've just come from Guinea and had discussions in Ghana and Guinea. I was supposed to go to Nigeria. There is a willingness there to work with the international community and to work with my mandate for early prevention. There is already a process going on in the Great Lakes region that also needs support. The thing about these regional initiatives, as we have seen in Darfur with the AU forces, is that there may be the will but the capacity is lacking. And support for the capacity of these countries to be able to do what is in their own regional interest is critically important.

Support can come in a wide variety of forms. We need to get the situation right. If I go into a country using my framework of analysis and I come back and say that the core of the problem is poverty, is resource-sharing, is human rights violations, has to do with political exclusion...

We see what happened in Kenya, where, in the end, despite the elections determining a winner and a loser, they had to come to a government of national unity. The same is being done in Zimbabwe. We have to transcend the feeling that democracy simply means elections with a winner and a loser. In the western context, there is respectful opposition for a minority. Being in or being out does not mean you gain or lose everything. But we tend to see elections these days as being democracy, when that is only a small part of what democracy should be about.

• (1225)

The Chair: Thank you very much.

We're going to move over to Mr. Goldring, and then Mr. Van Kesteren.

You have seven minutes, please.

Mr. Peter Goldring (Edmonton East, CPC): Thank you very much, Mr. Chairman. I'll be sharing my time with my colleague.

Mr. Deng, I believe one of the most basic elements of a civil society is respect for its people, particularly respect for its women and children. We saw earlier in another meeting some appalling statistics of some 1,100 women and girls who are raped every month. Over the period of 10 to 12 years, that could well be up to 1.5 million.

Being former military myself, and understanding that it's an elected government there now and that some of these rapes are being conducted even by their own militia, their own policing, and given that there is a United Nations force in there of 20,000 people, I find it unbelievable that the situation is still continuing. And it's perhaps one of the reasons our good General Leslie either didn't see fit to take on the duty or he had other things he had to do.

I would like to know your opinion on why progress has not been made on that issue. I would think that it's a failure of all militaries everywhere. It's an issue that perhaps...and maybe it would be interesting to know your viewpoint on whether any punishments are being meted for that crime, whether the bar of deterrence is too low on it, or whether it's a cultural acceptance within the regions.

Dr. Francis Deng: Well, I might begin with the very last statement you just made about cultural acceptance.

I have to tell you, as someone who has studied my traditional society extensively, the rules of warfare in traditional society were very stringent. There are many who would say that they are not any less than international humanitarian standards today. You could not have children before the age of maturity, when you would be initiated as a warrior, which would probably mean 18 and over. You could not involve children in war. You cannot kill children. You cannot kill women. Even a person who has left the battlefield—

● (1230)

Mr. Peter Goldring: We're talking about the rapes.

Dr. Francis Deng: —should not be touched.

I think it's important for our societies to really dig into what our culture says in order to reinforce universal standards with traditional cultural variance, which I consider to be critically important in sustaining a society that is rooted.

Now, why are we failing? The question there is, again, we are putting emphasis on military responses to a situation that massively also needs, as I said before, a shift towards peace.

Now, MONUC is as mandated as any UN force to protect civilians, and they are doing the best they can, even exposing themselves sometimes to danger in the protection of civilians. But clearly it is proving that it's not adequate, it's not enough. We are not able to do what needs to be done. That's why I think that we should intensify the peace process and bring an end to the conflict in a comprehensive way.

Many of the armed groups that are there, you could label them, and you'd be right in labelling them, as terrorists. But even LRA, which is known to be a terrorist organization... Northern Uganda had problems that needed to be addressed and from which LRA originated. You go to the Tutsi refugees in DRC, people are afraid to go back because they committed genocide, and they are apprehensive that if they go back they may be victims of it. That applies to Tutsi organizations who feel that they have to protect themselves because of the history of genocide in the whole region.

We have to have a comprehensive approach that involves the countries of the region. It is ongoing, efforts are being made, but I do believe they also need support from the international community.

Mr. Dave Van Kesteren (Chatham-Kent—Essex, CPC): Mr. Chair, I'll ask this very quickly. I don't have much time.

Mr. Deng, thank you for coming.

You talked about the history, you talked about the Cold War. The result of Sudan basically is that struggle. There's a new player—not necessarily a new player, but becoming very visible on the African scene—and that's China.

China has a different approach. They offer stability in the way of infrastructure, the sorts of things that emerging nations probably will warm up to more quickly than perhaps democracy and some of the things that we offer in the United Nations.

Are you concerned about China? For instance, I understand that in the Sudan, the north and the south... At this point, the north is offering 100-year leases on areas...in southern Sudan to the Chinese. Are you concerned about that? Are you concerned about where that will lead to in future conflicts and possibly new horrors that we haven't experienced yet?

Dr. Francis Deng: To answer your question, let me just give a brief historical background.

I co-chaired a task force in Washington that was to develop a U.S. Sudan policy for the incoming administration, which turned out to be the Bush administration. When we started, most people were saying that Sudan was not of national interest to the United States, that the only interest was its involvement with terrorism and destabilization of the countries in the region, and the humanitarian agenda. I was the only Sudanese or non-American on the task force, chairing.

My position was that Sudan is a country that brings together southern Africa and northern Africa, two sets of civilizations and cultures and races. It could be a conciliatory meeting point or a point of confrontation, which would have ripple effects into the Middle East and into the southern part. Sudan is involved in terrorism because they believe that the west is supporting the south in the war. They're linking with like-minded people—the enemy of my enemy is my friend. Sudan is destabilizing the neighbourhood, again because they think black African countries are supporting the south.

The humanitarian agenda, the humanitarian crisis, is a result of the war. Let us make peace the top priority. The United States, as a global power that has interests all over the world, cannot afford to be disinterested on the grounds that it doesn't have a narrow national interest. It has to have an interest implicit in its leadership and the responsibilities of leadership.

Now, it's not just the United States. There are many countries of the world that play a leadership role. Your country is one. You have the U.K., Norway. They've all played a major role in bringing peace to Sudan, and indeed ending the war in the south ended all these other evils that are associated with it.

I believe Darfur is a case of good intentions leading to not-so-good results. Had we taken Darfur as the latest in a series of conflicts that started in the south and moved to the north, we would have probably engaged constructively in bringing an end to the conflict. China, as a major power that is becoming more and more global, has to recognize that the leadership role has obligations that go along with its interests and become more involved with other countries that have already been engaging in bringing peace to that region. I think the responsibilities of leadership are being made apparent to China.

● (1235)

The Chair: Thank you.

We're going to finish up with Mr. Dewar.

Mr. Paul Dewar (Ottawa Centre, NDP): Thank you, Chair.

Thank you to our guest.

First, to clarify a point that was made by my colleague Mr. Goldring, I believe it wasn't General Leslie who decided not to go. The way the structure of governance goes, it would be the government that decides that—quite rightly—and not the general. We wouldn't want that system to be put into place. And we really haven't met the 20,000 complement for the peacekeeping forces in Congo.

That said, Dr. Deng, I was very interested in your comments around the three-pillared approach, and I welcome them. You didn't mention it, but it has been mentioned before that the case of Iraq set back the whole notion of R2P. Sadly, someone—a world leader who's no longer in power—used it as a premise for involving themselves in Iraq. I can see why some would be concerned about that. If that were the use of R2P—as a doctrine to intervene, in the case of Iraq—it would cause concern to me as well as to people who worked on that.

With regard to your point about emphasizing the other two pillars, I'll go back to the DRC. When you look at the regional actors, when you look at the capacity that is required, it would be interesting to hear from you on the areas where we, if we were willing to support... in the DRC, since you've been there and have written a report. And I'm referring to specific areas beyond the military. We'll put that aside, because that's a separate...we were asked to, and we provided an answer on that. But what other areas can we help out with in the DRC with regard to those other two pillars?

Dr. Francis Deng: Thank you.

Again, my sense is that in all of these, whether we're talking about the first two pillars or talking about prevention in the broad sense that I'm talking about it, there are many things that can be done in supporting either countries or the regions to build the capacity for the sort of peace processes that I'm talking about. Already the Great Lakes region is organizing itself. There are very specific needs that I think need to be met in order to enhance its capacity to be effective.

I do believe that if we diagnose problems in a country, whether they are political, economic, social, or what have you, there are resources that countries like yours can bring to bear to the situation. They aren't always material. It could be advice. It could be political. I talked before about sharing experiences, sharing models of what works, and doing so comprehensively. I think the Great Lakes region is torn apart by problems that are solvable, and the resources themselves have been a major source of division, which could be a source of coming together.

You mentioned Iraq. I tell my African colleagues in the UN system that we exaggerate here the intervention from the outside. Unless your national interests are so strong, as I'm sure the United States decided was the case in Iraq...or, perhaps as a result of what happened in Somalia, the United States was reticent to get involved in Rwanda. What happened in Rwanda made the United States become more involved in Kosovo, and perhaps also because of other interests there. Unless that is the case, intervention is not a popular concept.

I think we misplace it when we put it on top as a matter of concern, when indeed, for many of these countries, if it's anything at all, it is the lack of interest rather than the threat of intervention that is important. But this is not to say then that you disengage, because I don't think isolationism in the world of today is an option. I think what is needed is a more considered, constructive, productive engagement with the regions and with the countries of the region to bring about the desired objectives.

Mr. Paul Dewar: Thank you.

● (1240)

The Chair: Thank you very much, Dr. Deng, for being here.

Ms. Whitty, thank you for joining us.

I realize that you're going to be involved with this over the next few years. By all means, if you're back in Canada again, I'm sure this committee would love to have an update on how you're making out. When you have a chance to be back, please let us know and we can work on the schedule. We'd love to have you.

Dr. Francis Deng: Thank you very much for having me. I appreciate that.

The Chair: Thanks.

With that, we'll dismiss the meeting.

The meeting is adjourned.

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