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Chair

Mr. Dean Allison

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• (1105)

[English]

The Chair (Mr. Dean Allison (Niagara West—Glanbrook, CPC)): Pursuant to Standing Order 108(2), we are studying the G-8 summit, with a focus on the maternal and child health initiative.

Welcome to meeting 16.

To our witnesses here today, we want to thank you very much for taking the time to be here. We'll start with Ms. Vandenberg, from World Vision Canada, then we'll move to Teresa Chiesa from CARE Canada, Mr. Fox from Oxfam Canada, and Clare Demerse from the Pembina Institute. We'll finish off with Fraser Reilly-King, from the Halifax Initiative Coalition.

Please try to keep your comments to ten minutes. We'll then have some time to ask questions and get answers.

I'll start with you, Ms. Vandenberg. You have ten minutes. Then we'll go across and start with our questions and answers.

Once again, thank you for being here today. The floor is yours.

[Translation]

Ms. Elly Vandenberg (Director, Ottawa Bureau, World Vision Canada): Thank you for providing me with the opportunity to talk about the G8. My name is Elly Vandenberg, and I am the Director of World Vision Canada's Ottawa Bureau.

[English]

Both myself, from World Vision, and my colleague, Teresa Chiesa, from CARE Canada, will be speaking about the G-8 prioritization of maternal newborn and child health. I will draw on best practice evidence and the field experience of NGOs that work alongside communities in developing countries to outline three things: the current crisis facing women and children in developing countries; secondly, the context of this year's G-8 and the potential to address the crisis through the G-8 maternal and children-under-five initiative; and finally, the unique value-added of Canada's contribution.

There's a growing consensus about what is killing women and children in developing countries and what can save lives. There's a unique opportunity for G-8 countries to leverage resources for saving lives and a particular leadership contribution for Canada to make.

First, the current crisis. Many of you are aware of the role of Canada and NGOs at times of a crisis like the earthquake in Haiti, but there's a silent crisis under way, a lack of access to basic, proven

health care for the world's most impoverished women and children. You've all heard the haunting statistics. This year, nearly nine million children will die from preventable causes and over 300,000 women will die from causes related to pregnancy and childbirth. You can read the numbers from scientific journals, and I know you've heard the statistics from many different speakers. But what I don't want us to lose sight of is the people these numbers reflect: children who look like babies but are actually stunted four-year-olds affected by malnutrition, or kids dying of illnesses like diarrhea, for which our children might stay home from school for a day or two. The statistics represent mothers who die from bleeding to death in childbirth because they didn't get the kind of birth support you or I or your wives, sisters, or daughters or mothers received. These are the people our organizations see each day in the countries in which we work. Teresa will soon describe more fully the causes and solutions of this silent emergency. I will describe how we can use the G-8 moment and Canada's leadership role specifically to respond and make a difference.

What is it about this year's context that makes it such an important time to make a difference for women and children? This year, 2010, is a landmark year to catalyze progress for maternal and child health and to ensure promises made by global leaders are promises kept. At the UN Millennium Summit in 2000 government leaders came together to commit to the millennium development goals, a set of time-bound objectives aimed at reducing extreme poverty by 2015. You'll hear more about them from my colleague, Robert Fox, from Oxfam. The goals are very interrelated, and we've seen progress on several of them. It is MDG-4 to reduce child poverty and MDG-5 to improve maternal health that are most seriously off track. A consensus for maternal, newborn, and child health has been developing involving donors, developing countries, international bodies, and civil society organizations. The G-8 this year have the unique opportunity to build on this consensus and provide important momentum for the United Nations global action plan to meet the health MDGs at this September's United Nations millennium development goals summit.

Over 18 months ago Canadian child-focused organizations that all support the broad consensus—World Vision, Plan Canada, RESULTS Canada, Save the Children Canada, CARE Canada, and Unicef—came together to explore the specific opportunity provided by the 2010 G-8 summit for making progress on the health-focused MDGs. As organizations that have significant long-term experience working within and beside communities and know first-hand the challenges children and women face as well as the most effective solutions to overcoming them, we decided to join forces to help shape the contribution G-8 countries, including Canada, could make. Our NGO efforts have been focused on Canada's role as G-8 host but have also been global in nature as part of worldwide campaigns to leverage other G-8 and non-G-8 actors to commit to action on these MDGs. It's been very energizing and hopeful to watch the process unfold and to be part of the global consensus building both at home and globally.

We welcome Canada's leadership with the announcement of a G-8 focus on maternal and child health.

• (1110)

What's the unique position of the G-8 to respond to this reality? What should the overall G-8 initiative look like, and in what should the G-8 invest?

Based on our collective programming experience and the most recent best-practice literature, such as *The Lancet*, we believe that the G-8 can have a catalytic effect on progress for MDGs 4 and 5 by doing the following: investing substantially new money into, one, an integrated basket of proven solutions that, two, support national health plans and, three, strengthen health systems within—four, the kicker—a coordinated and accountable framework. That's what we're calling for.

The chair's summary from the recent development ministers' meeting in Halifax signalled that new money will be pledged and that those core principles will lay the groundwork for the G-8 initiative. What this looks like specifically is investment in the following integrated basket of foreign interventions, things you've probably heard of already: antenatal care; postpartum care; family planning, which includes contraception; reproductive health; treatment and prevention of diseases; prevention of mother-to-child transmission of HIV; immunizations; and nutrition.

Building upon the Paris and Accra principles of aid effectiveness, the initiative should support national health plans to help ensure that the necessary infrastructure is in place to support an expanded and context-specific basket of interventions.

Strengthening of health systems refers to the fact that better outcomes in maternal, newborn, and child health will depend on women and children benefiting from the full continuum of care, from pregnancy to newborn to child, and from home to clinic to hospital and back again.

Accountability at all levels and improved monitoring and evaluation are critical to the success of the initiative. Globally, countries and regions with the highest levels of child and maternal mortality should be the focus. The G-8 should build on its experience with coordinated action to ensure flexibility for donors. A variety of existing funding mechanisms should be considered for

the initiative, including expansion of the existing catalytic initiative approach, direct bilateral support for national health plans, and partnership with multilateral and civil society organizations to address the full continuum of care.

We welcome the recent commitment from Minister Oda to new funding from Canada for the G-8 initiative, which ensures stable funding across all areas of CIDA programming. We will actively follow this promise. We look forward to the June G-8, where we will expect to see clear commitments from each of the G-8 countries, including Canada.

If based on evidence, lessons learned, and CIDA's stated priorities and commitment to delivering focused and effective aid, what should Canada's specific contribution be?

You'll find the details in our coalition brief, but for Canada the focus needs to be on four things: ensuring the presence of a full range of skilled, motivated, and equipped health workers in the right place at the right time, with the necessary infrastructure, drugs, and equipment, and addressing the main causes of maternal, newborn, and child mortality while emphasizing access for the most poor and most vulnerable; an integration of proven high-impact interventions, with the focus on proven interventions, to ensure healthy pregnancy and childbirth; a range of family planning interventions within the larger basket; and finally—Canada's contribution, and the kicker that I talked about—accountability to communities and measuring the results.

We welcome the commitment by G-8 development ministers to more determined political action on aid effectiveness, accountability, coordination, and sustainability.

What does that look like?

Canada has particular experience in drawing upon participatory methodologies that enable men, women, and children to become active participants in their own health care. Accurate and timely information and data, as well as common performance indicators, will be fundamental to support evidence-based decision-making and allow for comparison and standardization of reports and results.

Finally, in conclusion, based on the depth of evidence and the high degree of global agreement on the needed solutions, there's no need to wait for new discoveries: the time to act on improving maternal, newborn, and child health is now. We believe Canada can add significant value to this global effort by focusing on the most vulnerable and ensuring that they have access to front-line health workers providing core health services close to home.

Finally, in my work I have the privilege of meeting women and children in developing countries. They're not demanding exotic things, but evidence-based tools that have a real impact in their lives.

• (1115)

In Malawi I met women proudly showing me their harvest from planting diversified, nutritious crops that are giving them energy and their children growth; a child who showed me the benefits of keeping her own and her siblings' hands clean; women singing, encouraging each other about the benefits of breastfeeding; men and women together doing community role plays about the importance of spacing births and getting appropriate pre- and post-natal care; trained and equipped community health workers proudly showing me the impact of their work on children's growth charts; policy change happening at the national government level to fortify flour, something that we in Canada take for granted. I saw women, children, and families putting life to international policies, goals, and plans.

I've been engaged in international development for over 20 years. Opportunities for big impact and change come and go. There is a unique Canadian moment now, in which Canada is host to the G-8, in which research and experience all speak to the same conclusions, and in which there is consensus around specific interventions.

As Canadian NGOs we worked hard with one another and our international colleagues to find that sweet spot where there is consensus. We will be relentless in urging the government to take this moment, invest new, substantial, accountable funds for these proven interventions, and make a real impact on mothers' and children's lives.

Thank you.

The Chair: Thank you, Ms. Vandenberg.

We'll now move to CARE Canada, with Ms. Chiesa for ten minutes.

Ms. Teresa Chiesa (Health Advisor and Program Manager, International Programs, CARE Canada): Hi. My name is Teresa Chiesa, and I am a health specialist and program manager at CARE Canada. It is my hope today that I can clarify questions pertaining to maternal, newborn, and child health and provide information on the economic and social costs that justify our investing in this initiative.

First, I want to tell you a little bit about my experiences. In my current role with CARE Canada, I manage and provide technical backstopping to a Canadian-funded child survival project based in rural Zambia. This project provides hands-on experience in an initiative that works to build the skills of front line health workers to save the lives of children under five years of age. More than 200,000 children and their families benefit from these CIDA funds.

Prior to CARE, I lived in sub-Saharan Africa for seven years, in the countries that consistently appear at the bottom of the UNICEF maternal and child mortality tables. I worked in delivering primary health care services, inclusive of maternal and child health programs, to women and their families in rural communities. My years of living and working in these communities have confirmed for me who will benefit from this Canadian initiative: those without a voice and those who need it the most.

During my years in Africa, I have had the good fortune to celebrate and participate in the births of newborn children with mothers who survived their pregnancies and to witness children

laughing and playing as we imagine they should. But I've also had the first-hand experience of the profound grief that comes with the unexpected death of a mother, a newborn, or a young child. A death for these families and communities is overwhelming, and while we can understand it in our context, you can imagine, when the main breadwinner, maybe, has passed away, who is left behind. You wonder whether the children who are left behind will survive, or how the father who is now alone will raise these children, and the community continues to want to know why this keeps happening.

In some cultures, naming of a newborn child is delayed until many weeks after birth; these communities know that many newborn children will not survive their first month of life. But these deaths aren't happening because the health community doesn't know how to prevent them. They are dying because the world is failing to help.

I just want to clarify what we mean when we talk about an effective continuum of care and about maternal, newborn, and child health, reproductive health, and family planning. These words are being tossed around, and I want to make sure that we all understand what we're talking about. I'll be happy to answer questions afterwards as well.

An effective continuum of care delivers essential services for mother and children at critical points from adolescence up to pregnancy, during birth, post-natal, and neo-natal periods, and up to the child's fifth birthday. That's what we mean when we talk about a continuum of care. The essential services are delivered by skilled, equipped, and motivated front line health workers, which this government is pledged to, at key locations close to the household and in the community. These services are provided through outreach interventions or in health facilities where they can be readily accessed by women and children. Community partnerships in health are essential components of the continuum of care. Health care must be responsive to the needs of the communities and delivered in a culturally appropriate manner, if women are to use it.

CARE has found that barriers to seeking health care include inadequately trained and equipped health care workers, lack of privacy and respect for clients, and bureaucratic delays. Evidence shows that one in four women experience birth without a skilled assistant, and up to 80% of deaths in children under five years of age occur at home, with little or no contact with health care providers. That's 80%.

Bringing skilled equipment and culturally sensitive health care closer to home and focusing it on the leading causes of maternal, newborn, and child health is critical if we want to save these lives.

• (1120)

Maternal, newborn and child health is a basket of programs and services. Within this basket we find maternal health, sexual and reproductive health, and child health. Typically in the past child health had been separate and in its own specific vertical intervention, but the international community has realized the economical and practical efficiencies and benefits associated with linking these services.

As Elly mentioned before, and as Canada has agreed, the basket includes services such as: access to voluntary family planning information services and commodity, thereby empowering women to voluntarily plan their families and giving them the freedom to decide what method is most appropriate for them; antenatal care, so intermittent prevention of malaria; folic acid and iron; any other tetanus vaccinations; skilled attendance at birth, including emergency obstetrical care—we know that the majority of women are dying during the pregnancy and the childbirthing period—for postpartum hemorrhage, obstructed labour, those issues; immediate postpartum care for the mother and newborn, because most children will die within the first day, or subsequently the first month of life, and then the first year. These are the key points.

Exclusive breastfeeding is part of this package, and also prevention of mother-to-child transmission of HIV; education and counselling on reproductive health and parenting; and a package of life-saving interventions for children, including immunization, breastfeeding and appropriate complementary feeding to improve their nutritional status, vitamin and micro-nutrient supplementation—we know that most of these children, because they are malnourished, do not have adequate micro-nutrient and vitamin levels—and care and treatment for sepsis, pneumonia, malaria, and diarrhea. These are the majority of killers in children under five.

As we heard from Elly, an estimated 300,000 or 500,000 mothers die worldwide during pregnancy and childbirth, 41% of newborns will die within their first four weeks of life, and 8.8 million children will die before reaching the age of five. But I'd like to introduce you to a new statistic that you may or may not have heard. I think the most striking statistic I ever heard was that in many countries where CARE works, a girl is more likely to die during pregnancy than to attend school.

The United States Agency for International Development estimates that maternal and newborn mortality accounts for \$15 billion in lost potential production globally each year. Maternal mortality adversely affects the welfare of surviving children. The loss of a mother's income due to maternal death or illness can be particularly devastating for female-headed households. Women are estimated to be the sole income earners for 25% to 33% of households in the world. Such families are likely already to be struggling with poverty, and when a mother dies her family breaks apart. Her children are less likely to go to school, get immunized against diseases, and eat well, and are up to ten times more likely to die in childhood.

According to the UN Millennium Project, women account for the brunt of non-paid work throughout the world. This unpaid work has an economic value, because it saves expenditures and replaces income in times of economic crisis. If given an economic value, the

total contribution of women's unpaid work in the household would add the equivalent of one-third to the world's gross national product.

Rural women are responsible for the production of half of the world's food. In developing countries, and Africa especially, they produce 60% to 80% of the food and 70% to 80% of the health care. Thus what we've been saying is that poor maternal health can significantly diminish women's ability to provide essential economic contributions to the household, including food production, water collection, and caring for children, the sick, and the elderly.

• (1125)

In 2001 the director general of the WHO appointed a commission on macroeconomics and health to respond to the need to place health at the centre of the development agenda. In the report, the experts argue that the linkages of health to poverty reduction and economic growth are much more powerful than is generally understood.

The evidence supports the argument that health is critical to economic development in poor countries. Disease blocks economic growth, and a previously held argument that health will automatically improve as a result of economic growth is unfounded. Disease will not go away without specific investments in health interventions.

Just to summarize, maternal and child mortalities are nothing short of an epidemic. Worldwide, hundreds of thousands of women die from complications during pregnancy or childbirth, and millions of children die before their fifth birthday every year. These mothers and children aren't dying because the health community doesn't know how to prevent their deaths, they're dying because the world is failing to help. The low-cost interventions necessary to change maternal and newborn health mortality are skilled, equipped, and supported front-line health workers focused on the leading causes of death for mothers and newborns, for children under five, access to voluntary family planning, education, information, and services.

The health of women and children needs to be at the centre of the development agenda. Evidence shows that linkages of health to poverty reduction and economic growth are more powerful than previously understood. Health is critical to economic development in poor countries.

As we have found at CARE, the mother is the pillar of the family unit, and the family unit is the pillar of a society. When we save the life of a mother, we are actually saving a society.

Congratulations to Canada for taking on this initiative.

• (1130)

The Chair: Thank you very much.

Mr. Fox, you have ten minutes.

Mr. Robert Fox (Executive Director, Oxfam Canada): I'm going to bridge from these presentations to a broader look at the whole question of the millennium development goals and the range of issues that are going to be addressed at the G-8 and need to be addressed globally in tackling the deep poverty that afflicts this planet.

In doing that, I think it's really important that we recognize that while the issue of maternal health is the area in which we have had the least progress on the millennium development goals, in fact we are flagging on every single indicator, in every single target that we had sent, and we have slid back from the early progress that was being made in the earlier parts of the century. In the last several years we've had a perfect storm: the global financial crisis, food crisis, fuel crisis, climate crisis, care crisis, all of which are putting huge pressures on poor people on this planet. And we're seeing, in country after country, that progress that has been made slowly and surely is eroding on key indicators across the board. This is a very preoccupying situation, and clearly a concerted global response is required.

When we consider who is poor, as has been said, it is really important that we keep in mind who it is we're talking about. We're talking about rural women and their families. There's a sub-scene irony in the fact that it is the women who produce most of the world's food who are the most poor, the most hungry, who eat last and eat least, and that is the context in which they are raising their families and they're providing leadership within their household, their communities, their nations, and their societies. We need to understand that the maternal health initiative needs to be a broad, comprehensive initiative, that it is rights-based and understands the full range of people's sexual and reproductive rights that need to be addressed. If this initiative is to be successful, it has to be situated within progress on all of the MDGs. The biggest predictor of whether a girl survives to a certain age is how many years of schooling she has; the biggest predictor of how few children someone will have is how many years of schooling she's had. So the education MDG is absolutely critical.

When we look at women's poverty, it's not just a poverty of income, it is a poverty of opportunity. It's a poverty of time, most particularly. For many women upon this planet—most particularly in a context where climate change is a real and present danger and has an impact on the lives of the poorest people on this planet—it's not a threat looming on the horizon that we need to divert; it is something that is absolutely present in their day-to-day lives. The indicator of that is the increased number of hours a day that women are spending finding and fetching water, and the increased number of days of school that girls are missing because they've been pulled out of school and pressed into the service of finding and fetching water for their family. The education goal and the water goal and the climate goal and the economic goals are all part of this broader dynamic whereby women's equality and women's access to power and to influence within their bed, within their household, within the streets, within the markets, within the legislatures, within the courts, within the parliament, is absolutely central to the sorts of changes we need to see on this planet if in fact we are to achieve the objectives that we've set out in the millennium development goals, and if in fact we are to make a serious dent in diminishing poverty and promoting justice on this planet.

Canada's response and Canada's leadership to this has been critical historically, and it's absolutely important that we seize the opportunity of our presidency of the G-8 and G-20 in moving this forward. In that, we applaud the initiative around maternal health and children's health. We want to ensure that this is broad and comprehensive and in keeping with the commitments Canada has historically made. We also want to ensure that Canada is encouraging progress on the broad range of issues and is coming to that table with really concrete proposals in terms of funding for climate mitigation and adaptation—and Clare is going to talk more about that—that Canada is addressing broadly the MDG goals, and that we're not cherry-picking and thinking that there's some magic bullet and if we could just do this one, then that's enough, because in fact these are integrally interrelated and mutually reinforcing and supporting. In the absence of serious progress on one, you will find yourself running up against the same wall in trying to achieve your targets on the other.

• (1135)

So we look at that, and when we do look at that, we see that the level of ambition in terms of funding is absolutely critical.

The week before last I was invited to address the General Assembly of the United Nations on this question of the millennium development goals. And in my presentation I made the comment that the world had amassed huge resources collectively to respond to the bank failures and the global economic crisis in the north. And the American ambassador to the United Nations took some umbrage at what I said and was commenting that if in fact we hadn't mustered that many resources, the people of the global south would be even more poor than they are.

Now, I might wish that a greater gender analysis was brought to bear in how the world had allocated its recovery funds, and I might wish that there was a stronger green agenda in forming that, but I pointed out to the ambassador that I was not in any way criticizing how many resources we had mobilized globally to respond to the global economic crisis. But I want to be very clear that we've now set the bar against which our performance will be measured in addressing the reality of more than the billion, and growing, numbers of people on this planet who are severely, deeply poor.

Having mobilized trillions to refloat our economies, the billions we're looking for actually to deal with life-and-death issues for billions of people on this planet is modest. In fact, it's embarrassingly modest.

So it's really important in terms of Canada's leadership that we are setting a very clear goal and that we are setting a very ambitious goal in terms of our level of funding. It's also important—and frankly a concern in a moment in which we understand from the Minister of Finance that Canada's official development assistance funding in future years will be capped—that we don't find ourselves in a situation where we are robbing Peter to pay Paul, and that in order to have a robust response to maternal health, we don't find ourselves undermining other commitments and other initiatives that we collectively are committed to and that we collectively understand are integral to the success of the maternal health initiative.

So we need to be really very clear that it is funding increases, new and additional funding, that we're looking for to reach the level of ambition and have the impact that we're seeking. And we need to be clear, whether it's the climate adaptation funding, or the range of other issues, that this is over and above. And we need to be also very clear that these need to be built on long-term commitments that ensure the money then is going to have a real impact in the real lives of real people and not go into bureaucracy, into accounting, or into old-style aid programs.

The last thing I would say is that to do that, I recognize the pressure the Minister of Finance is under. And I recognize the pressure that you are under, as parliamentarians, in setting priorities for Canadian public spending and for Canadian official development assistance. But it's really critical, then, that we take bold steps in identifying innovative sources of funding and we support the sorts of policies that will allow nations in the global south to generate from their own citizens the taxes, the royalties, and the revenues that they need to provide and fund those services in the long term; and that we collectively identify through new and innovative funding—and I know Fraser and others will speak to this—other avenues that will ensure we are providing the level of funding to this that sets us up for success and not for failure.

Thank you.

• (1140)

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

We're now going to move over to Ms. Demerse. The floor is yours for ten minutes.

Ms. Clare Demerse (Associate Director, Climate Change, Pembina Institute): Thank you.

Good morning.

[Translation]

Thank you for inviting me.

My statement will be in English, but I will be happy to answer any questions in French.

[English]

My name is Clare Demerse. I'm the associate director of the climate change program at the Pembina Institute.

For those who don't know Pembina, we're a national sustainable-energy think tank that was founded in Alberta 25 years ago. We've been following climate change at the G-8 summit for several years. I attended the last two summits as an observer.

I'm here today to talk about the role of climate change at Canada's G-8 summit in June. In a nutshell, we believe this summit is an opportunity to make progress on this critical and urgent issue that is far too important to waste.

To be clear, we don't see the G-8 or the G-20 as the home for the next global climate agreement. We believe the UN is the right place for that, because at the UN, it includes the countries most at risk for the impacts of climate change, as well as the biggest polluters. But the G-8 and the G-20 summits can give momentum to the global negotiations, and momentum is desperately needed following the

disappointing outcome of the UN meetings in Copenhagen last December.

To provide a little context, I think that it's sometimes possible in Canada to lose sight of the priority that other countries give to climate change in their international diplomacy. As we saw in Copenhagen, tackling global warming is a top-tier foreign policy concern for leaders around the world. I think it's safe to say that if the first G-8 summit after Copenhagen was being hosted by the U.S., the EU, or Japan, climate or energy policy would play a very prominent role.

In particular, the EU's national leaders have clearly stated that climate change must be on the agenda of all key international summits, including the G-20. This week the President of the European Commission, José Manuel Barroso, stated that the EU would like to see climate change discussed at the G-8 and G-20 meetings in June, both for environmental and economic reasons. Barroso stated that "the transition to a lower carbon economy is an important element of the economic strategy" for the EU.

Many of Canada's G-20 peers take the "race for clean energy" job very seriously. One quick illustration of that comes from a 2009 report from the HSBC Bank, which is entitled *A Climate for Recovery*. It found that the 2010 G-8 co-host, South Korea, devoted 80% of its total economic stimulus funding in 2009 to green initiatives. Canada devoted ten times less. They found that 8% of our 2009 stimulus funding went to green initiatives.

Our organization did a similar type of analysis, but we were looking at Canada versus the United States. To use this year's numbers, we found that President Obama's 2010 budget request contained 18 times more new funding per capita for renewable power than Canada's 2010 federal budget.

When Prime Minister Harper laid out his agendas for the G-8 and G-20 in a speech in Davos, in January, only one sentence pertained to climate change. The speech classified climate policy as a non-economic matter that had no place on the G-20 economic agenda.

The Prime Minister did place climate change on the G-8 agenda, but it's difficult so far to find much evidence that it's been included in the preparatory work that's been done to date in preparation for the summit. In fact, in a break with tradition, the Government of Canada has not yet convened a meeting of G-8 environmental ministers in advance of the Muskoka summit.

In looking at the recent history of the G-8, we have seen important initiatives come from that group of countries. In Italy last year, G-8 leaders agreed to an aggregate goal of reducing their own emissions by 80% or more by 2050. In Pittsburgh last September, G-20 leaders agreed to phase-out inefficient fossil fuel subsidies over the medium term.

Turning to this year, we believe the most urgent priority, as Robert mentioned, is financial support for developing countries as they reduce their own emissions and adapt to the consequences of climate change. Finding ways to provide this financing is critical to building trust at the global climate talks. It's an obligation that developed countries accepted nearly two decades ago when they negotiated the UN Framework Convention on Climate Change.

● (1145)

Financing like this is needed, for example, to cover the extra cost of building new clean-power facilities rather than a dirty alternative, or to provide funds for malaria, drugs, and bed nets in new regions as the disease spreads. There have been a lot of estimates made of the amount of funding that would be needed for these priorities, and we find with all of them that we're looking at tens if not hundreds of billions of dollars a year over the medium term.

The funds are also needed urgently, as Robert mentioned. This is a here-and-now reality for people around the world. The 2009 report from Kofi Annan's Global Humanitarian Forum estimated that, on average, climate change may already be responsible for the deaths of 300,000 people per year. The fundamental injustice of climate change is that it's the world's poorest people, those who have done the least to cause climate change, who are being hit first and hardest by its consequences. As the nations most responsible for historical greenhouse gas emissions and with the greatest financial capacity to help, G-8 countries must lead in tackling climate change.

In Copenhagen in December, developed countries agreed to provide up to \$30 billion U.S., from 2010 to 2012, in new and additional financing to developing countries, and also to jointly mobilize \$100 billion U.S. annually by 2020 from a variety of sources. Most developed countries have already made initial pledges of climate financing, but in Canada this summer developed country leaders must deliver on those financing pledges. They must state explicitly that the dollars they provide will be over and above official development assistance.

As Robert alluded to, climate change has not made tackling poverty any easier or any less important. The climate financing that is taken from Canada's existing aid budget will result in reduced resources for poverty reduction. That's not an acceptable outcome. The best way to ensure that climate financing is additional to ODA is to tap into new and innovative sources of funding. Fraser will discuss some of those later on. I believe that G-20 countries can, and should, explore those options this summer.

The government's Speech from the Throne, in March, acknowledged the need to provide international climate financing. Despite that commitment, Canada remains the only developed country in the G-8 that has failed to announce any short-term climate financing. I believe this needs to change before our country welcomes world leaders to Muskoka.

Our organization's analysis is that Canada is responsible for at least three to four percent of the global total of climate financing required. In that short-term funding identified in Copenhagen, that would mean at least \$300 million to \$400 million per year from 2010 to 2012.

I would also suggest that this committee could make an important contribution by studying climate financing in more depth over the coming months in order to provide recommendations to the government about how best to raise, manage, and disperse Canada's fair share of climate financing.

Before concluding, let me note quickly the importance of following up on a key commitment from the Pittsburgh G-20 summit, which is to phase out inefficient fossil fuel subsidies. The G-20 energy and finance ministers were mandated to "develop implementation strategies and timeframes, and report back to leaders" at this June's Toronto summit.

In Canada alone, current federal tax advantages for oil and gas companies are likely in the order of \$2 billion a year. Phasing out those subsidies will provide an ideal source of revenue for climate action in developing countries. Despite the federal government's emphasis on the theme of accountability for the G-8 and G-20 summits, it has not yet stated a timeline for phasing out our own fossil fuel subsidies.

Many of the points that I raised are covered in more detail in a background I have provided to the committee clerk. I apologize for not getting it in time to have it translated, but it will come around shortly.

Thank you so much.

● (1150)

The Chair: Thank you, Ms. Demerse.

We're now going to move to our last witness, Mr. Fraser Reilly-King, from the Halifax Initiative Coalition. The floor is yours, sir.

Mr. Fraser Reilly-King (Coordinator, Halifax Initiative Coalition): Hello there. My name is Fraser Reilly-King. I'm with the Halifax Initiative, which is a coalition of 18 development, environment, faith-based, human rights, and labour organizations. We focus on international finance issues, with specific attention to the activities and policies of the World Bank, the International Monetary Fund, and export credit agencies.

I'd like to thank the committee for inviting us here to appear before you. I'm particularly pleased, since I appeared before the committee last October, with another colleague, to represent the 2010 G-8 and G-20 civil society coordinating committee. At that time, we emphasized the importance of discussing these issues among parliamentarians during the lead-up to the 2010 summits. I'm pleased that the committee has taken the initiative again to hear from civil society organizations.

I'm here primarily to speak about one component of the civil society platform that relates to economic and financial issues. I think it really ties together a number of the issues that have been brought to you already. The issue, which several people have touched upon already, is new money, additional funding, from innovative sources of financing, to help fund development and climate change. These are innovative sources that go beyond just aid. They are crucial at a time when the world still faces an economic crisis and when countries around the world are freezing their aid budgets.

This issue of innovative financing already has a lot of traction internationally. In the next few weeks, the United Nations leading group on solidarity levies to fund development, which is an intergovernmental body of around 55 governments, including 11 governments from the G-20, will be releasing a new report that looks at various innovative mechanisms for financing development, including a financial transactions tax, which I will be talking about later.

In February, the United Nations also convened a high-level advisory group on financing for climate change, which includes the heads of state from the United Kingdom, Guyana, Norway, and Ethiopia. Again, representatives from 12 G-20 countries—government officials—sit on this panel.

Unfortunately, Canada is not engaged in either one of these bodies.

Finally, the G-20 itself announced last September that it wanted the International Monetary Fund to look into how the financial sector could contribute to the cost of all the bank bailouts. The proposals the IMF made two weeks ago, which I'm sure many of you read about in the media, and others made by European governments, have all been opposed by Canada, some rightly so.

I don't want to go into detail on these proposals. I have a one-pager in English and French on the different proposals being made, which we can circulate.

If we are to address the issues my colleagues have talked about—climate change, the millennium development goals, the child and maternal health initiative—Canada, I feel, needs to play a more constructive and helpful role in terms of thinking about innovative sources of finance. In recent years, Canada, in fact, played a lead role

in pushing the issue of advanced market commitment. I believe that Canada can follow suit on a number of other issues.

Climate change mitigation and adaptation, realizing the MDGs—the millennium development goals—which Robert talked about, and now the cost of the economic crisis and burgeoning deficits and debts, all put significant pressures on governments, in both the north and the south.

Bruno Jetin, an economist at the University of Paris, estimates that governments will require \$710 billion per year to cover the costs of the millennium development goals, climate change mitigation and adaptation, and industrialized economy deficits and debts.

Innovative finance, in sum, is clearly essential at a time when the world is facing such a daunting set of crises, which Robert just referred to. One of the innovative sources of finance that we on the civil society coordinating committee are most interested in is the financial transactions tax, or FTT. I don't want to go into too much detail about the FTT. I have another one-pager that outlines what it is, both in English and French. For those of you who may not be familiar with it, I'll touch upon what it is very briefly.

● (1155)

The FTT is a tiny tax that would be placed on all financial market transactions, including stocks, bonds, derivatives, and currency exchanges that pass through stock and futures exchanges, but also what is called off exchanges or over-the-counter transactions. A lot of people have been talking about a Tobin tax. This is much broader than a Tobin tax.

Ordinary consumer transactions such as payment for goods, paycheques, or cross-border remittances would not be subject to the FTT, and the FTT could be collected through centralized clearing and settlement systems that exist on all major stock exchanges.

Finally, it's estimated that even with the decline of 60% in the size of financial transactions and financial assets globally, a tax of just 0.05% would generate approximately \$650 billion per year, and we feel this money should be used to help tackle climate change mitigation and adaptation, the MDGs, and help governments boost their economies and cover the costs of deficits and debts.

A lot of what you have read in the newspapers is opposition to the tax, and perhaps that's understandable. It's a new issue in a way. I'd like to use the rest of my time to address some of these concerns and why I feel they're wrongly placed.

One of the major concerns is that an FTT can't be done. This isn't true. The IMF definitively put that issue to rest two weeks ago when it released its report and said, and I quote: "The FTT should not be dismissed on grounds of administrative practicality." We already knew this. The IMF has now confirmed it can be done.

Another argument is that our banks didn't need bailing out. This is true. A lot of the G-20 countries have a lot to learn, I think, from Canada's banking system, from its regulations, and our strong recovery within the G-20 is a testament to our strong banking system. This started as a credit crisis, and the extent to which our banks and financial institutions were well regulated helped us avoid the brunt of that financial crisis. But it's not just a financial crisis; it's an economic crisis. And just a year ago—it seems that we have such short memories—our manufacturing sector, our forestry sector, and our construction sector were all desperately looking for bailouts from the government to help them, and the government provided those.

The unemployment rate is still 2% higher today than it was two years ago, before the crisis in Canada. We have a large deficit. So while it may be true that our banks didn't need bailing out, inasmuch as this is an economic crisis, not just a financial one, we need to address the issues related to the economic crisis and the impact. Eighty-nine million people around the world have been thrown into poverty as a result of this crisis. Thirty-four million more people are unemployed today relative to two years ago.

So for me it's not constructive to say that we didn't cause this crisis and it's not our problem. That is akin to saying you're sitting in a sinking boat and your part of the boat looks fine. The boat is still sinking. So we need to consider not just the financial impacts of the crisis but also the economic ones, and I feel the FTT could help address that.

Another hot topic is that we don't raise taxes. This is true, but these are extraordinary times, and while the government's pledge to not raise taxes is laudable, what are the options? We don't want to raise income tax, either personal income tax or corporate income tax. We don't want to increase employment insurance premiums. We don't want to increase value-added tax. We don't want to increase the GST. It doesn't leave us much.

We could grow ourselves out of this situation, but again that's dependent on our trading partners recovering at the same time. Last week Greece received one of the biggest bailouts in history from the European Union and the IMF, and in eastern Europe and western Europe many countries are still on the brink of a crisis. So while our recovery is looking good today, we don't know what it will look like tomorrow.

Again, this is a tiny tax, 0.05%, that could generate a huge amount of revenue, and I don't think people should see it so much as a tax on Canadians as a tax on globalization. We've all seen the benefits globalization can bring, and now we've seen the costs it can bring.

• (1200)

There is another criticism that the banks will simply pass on the cost to consumers. This is not true. Research has shown that the initial incidence, or who pays for the taxes, will fall primarily on net worth hedge funds investors and employees of hedge funds as well as investment banks, and to a lesser extent on commercial banks. These actors trade a huge amount. There's one company in Toronto that uses algorithms to make between 500,000 and a million trades per day. A relatively small proportion of this tax would go to bank shareholders, pension funds, and corporate customers, all of whom are not making short-term speculative investments but long-term investments.

For example, if you buy \$1,000 worth of shares today, with this tax you'd pay 50¢ on that, but if you consider that you're already paying, if you go through a stockbroker, 2%, or \$20 to \$30, just to make the deal, 50¢ doesn't seem like so much.

And it's not going to address every problem. We don't believe that, so further safeguards do need to be built in by governments to ensure that the costs aren't passed on to consumers.

Finally, it's said that it can't be done unless everyone is on board. Again, this isn't true. The United Kingdom has had what's called a "stamp duty" on all trades of stocks in its stock market. The duty is 0.5%. Japan had a levy on financial transactions for a long time. Brazil had a levy for 12 years on bank transactions, and just last October introduced a levy of 1% on currency exchanges to cool down hot trading. So many countries are already doing it.

I'm happy to respond to other critiques that maybe people have heard and hopefully try to respond to those.

Just to sum up, I would strongly urge that all parties support the idea of a financial transaction tax. We're pleased that the NDP has already come out in support of the idea. I would also—just as Clare has mentioned—urge this committee, perhaps in collaboration with the environment or finance committee, to engage in a study looking at innovative sources of financing for development and climate change. Right now, Canada is nowhere on these international debates, and I'm convinced that can change.

Thank you.

The Chair: Thank you, Mr. Reilly-King.

Now what we're going to do is start our first round, which will be seven minutes for questions and answers.

I'm going to start with Mr. Pearson.

Mr. Glen Pearson (London North Centre, Lib.): Thank you, Chair.

We're thrilled to have you here. It's nice to see some familiar faces here.

Ms. Demerse, I have a question for you. I'm very much aware of maternal and child health, and what we're trying to do in Muskoka about focusing on that as an issue is a good thing for Canada to take on.

In my own particular work in Africa, I have seen work that's been built upon for years suddenly taken over by a number of refugees, or IDPs, as a result of climate change. They suddenly swamped into an area and basically undid work that has been building up for a decade.

I know that you're from Pembina, but I would be interested in your view as we seek to work with other G-8 partners to build a more harmonized approach towards child and maternal health. I've also seen that in a lot of the travelling that a lot of these IDPs or refugees have had to do, it's often been the woman who has perished in the plight of the journey. I wondered if you have a view on that.

I'm worried that we have not established a clear link between climate change and the millennium development goals. I think we treat them as two separate things and we look at aid as one thing. We push out billions to help with that; it's not sufficient, but we still push it out that way. We don't see the climate change part of it at all. I wonder if you could just clarify that a bit for me and help me to understand how you would see environmental refugees or IDPs as impacting child and maternal health.

Ms. Clare Demerse: Thank you, and I'm happy to also share that with others on the panel, who I know work on these same types of questions.

I think you're absolutely putting your finger on a key issue. As Robert said, these are integrated concerns. One of the factors with climate change is obviously it is the world's most vulnerable people who are disproportionately feeling the impacts, and we know who those are. Women are obviously disproportionately vulnerable when they are poor, as women tend to be.

So it is absolutely right that as we see climate refugees, as we see the impacts of climate change in vulnerable countries and with vulnerable populations around the world, this is leading to a lack of progress or a stepping back on progress that had been made. So I think we do have to take a more holistic look at the issues that are before us.

When we talk about climate adaptation funding, there are a number of funds that are out there that provide very good alternatives that can help to deal with some of these vulnerability questions, that are looking in a very serious way at how to do good development and good climate adaptation at the same time, or sometimes good mitigation as well. Emission reductions are part of that adaptation and are part of development—so taking that broader view.

For example, we like to think of the adaptation fund that has been created under the Kyoto Protocol. It is being funded right now primarily by a levy on clean development mechanisms, so on the Kyoto Protocol market mechanism. There's a small levy being placed on that. So it has this new fund up and running, and we're seeing countries such as Spain making a contribution to that fund, and others are starting to do the same, such as Germany. And I would really encourage the Government of Canada to look to the adaptation fund as well, as a really good example of how to deal with these kinds of issues.

Similarly, there is the least-developed-countries fund, which was set up a long time ago, and Canada actually made the very first contribution to that fund back in 2001. That fund has done a lot of analysis as to what are the most urgent adaptation priorities in the least developed countries. A lot of that analysis happened, and now countries have not been able to go out and fund the plans they've developed.

So I think that's a really important gap that needs to be filled, and these are the kinds of holistic initiatives we're looking to for the summit.

I don't know if others want to comment on that.

● (1205)

Mr. Robert Fox: The points you make are absolutely central. There are millions of people on the move in Africa every day in an ever more desperate search for ever more restricted resources. Water and grazing lands and viable farms are increasingly under pressure. In a country such as Bangladesh you see that literally millions of people spend a portion of their day, every single day, sifting out silt from salt water in order to try to preserve a land base to sustain their families and their communities.

So this is urgent, and we need to be absolutely clear that we can't raid our ODA dollars in order to pay for our climate dollars.

Mr. Glen Pearson: Ms. Vandenberg, thank you for coming today.

You talked about child and maternal health, and focusing in on what we're doing, you mentioned high-impact interventions. You maybe mentioned some of them in your remarks, but can you help me to understand what those are and why you see those as essential?

Ms. Elly Vandenberg: You may want to add to the response to that question.

In our brief we've highlighted a number of the ones that we see as high impact based on what evidence shows us around what children and mothers are actually dying from. What the evidence shows, for example, is that two-thirds of children die of preventable diseases. We need to invest funds in those. Thirty percent of children die of malnutrition, so we need to invest resources in those.

What we're seeing as high-impact ones are like the administration of antibiotics to deal with pneumonia, zinc supplementation and oil rehydration therapy for dealing with diarrhea, very simple things like nets to deal with malaria. And we've all heard about nets already, so we're not talking about new and exotic things, but what our experience shows in the field and what research shows is that those are the things that actually have the highest impact.

Around newborn care for infection, again, administering antibiotics.... When it comes to mothers' care, it's around counselling on family planning, including contraception, and counselling on exclusive breastfeeding. We've heard about that for a long time, but these are simple, high-impact, cost-effective things we can do.

Do you want to add to that?

Ms. Teresa Chiesa: Sure.

Mr. Pearson, with regard to what's killing women, there's hypertension or eclampsia, as you may have heard.

There's also postpartum hemorrhage. That's when the placenta is delivered and it's not completely taken out of the uterus. Part remains behind, and a woman bleeds to death after labour.

There's obstructed labour. When you have 14-year-old children having babies, their pelvises are often too small and the baby gets stuck. If a woman doesn't have access to health care resources, she will die with that child in the birth canal.

In terms of post-abortion services, where legal, when they are done in unsafe conditions, many women will die, possibly because of a postpartum hemorrhage, possibly because it was done when it shouldn't have been done by somebody who was unqualified and causes greater morbidity and ultimately mortality.

Then there's a whole host of unexpected others. As we know, 15% of all pregnancies will become emergency status at the time of delivery. This is why we all—the SOGC, the PMNCH, and all of our coalition—keep talking about the need for skilled assistance at birth. They are the only ones who can make a difference. Trained birth attendants haven't, and cannot. You need to have people skilled and equipped and ready to deal with it on the ground.

• (1210)

The Chair: Thank you, Mr. Pearson.

Now we'll move over to Madame Deschamps for seven minutes.

[Translation]

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

Seven minutes is a very short time, since we are hearing so many different points of view today.

My first question is very short. We know that, just before the G8 Summit, the Prime Minister decided to make maternal and child health a priority. First, I would like to know if you, the witnesses, were consulted about planning and establishing priorities on maternal and child health. Were you consulted? Who in fact was consulted?

Please keep it short.

[English]

Ms. Elly Vandenberg: I know there were a number of consultations that CIDA did when they were figuring out what the new theme should be for CIDA. There was one particularly on children and youth, so all NGOs were consulted for that. Out of that consultation, they gave a sense of a child and youth strategy.

For the G-8 specifically, we came together as a coalition of a number of NGOs. We put a number of briefs together to CIDA, both to the civil service and to the minister, describing what we wanted to see come from the G-8 on child and maternal health. So we took action ourselves to communicate that. We weren't invited to do that; we were proactive.

Ms. Teresa Chiesa: As well, Madame Deschamps, we did actually send a letter to the Prime Minister's Office, back in the fall, and subsequently had meetings with the sherpa team from the Department of Foreign Affairs, as well as representatives from the Prime Minister's Office, in the fall.

[Translation]

Ms. Johanne Deschamps: Ms. Demerse, you prepared three submissions...

Ms. Clare Demerse: No. We were not consulted about the agenda of the G8 meeting.

Ms. Johanne Deschamps: Was the coalition consulted?

Mr. Fraser Reilly-King: We were not consulted either.

Ms. Johanne Deschamps: Okay.

On a completely different note, Mr. Fox, you said that since 2000, tangible progress has been made. Clearly, because of the financial and economic crisis, we have experienced setbacks when it comes to making progress and reaching the previously-set goals, the Millennium Development Goals. Is it realistic to believe that, since all the goals are interrelated, we cannot neglect one goal without adversely affecting another?

The target date of 2015 is quickly approaching. If we do not increase funding to the level needed to meet that target date of 2015... The needs are critical, and we should also not ignore the issue of climate change; rather, we need to adapt. You told us about a staggering amount invested in aid. I am not sure, but I believe that the amount is in the order of \$710 billion per year.

The Government of Canada will freeze its aid budget starting in 2011. Therefore, the future does not look very promising. It looks good for the moment, since commitments are being made. What are your thoughts on the matter?

[English]

Mr. Robert Fox: There's no question that if we're dividing too small a pie, we're not going to get the results, we're not going to feed the people who need to be fed, right? So it isn't a question of picking one thing in competition with the others. It is absolutely legitimate to identify priorities, but to the extent we're identifying priorities, we need to ensure there's a concerted global response so critical pieces of this puzzle aren't falling without attention.

Certainly in terms of the responsibility that Canada has with respect to funding climate adaptation, that does arise from our official development assistance obligations. It arises from the fact that we are one of the largest emitters of greenhouse gases on the planet, and given that fact we have a responsibility to contribute to the global response there, at the same time recognizing that our collective response, globally, is far short of what our own governments have committed to.

At the meetings we had with the sherpas the week before last, they admit we're \$18 billion off target. Our figure is somewhere at \$30 billion, so I won't even argue the difference, but what is their plan in June, in Muskoka, to identify the \$18 billion that we're short?

• (1215)

[Translation]

Ms. Johanne Deschamps: Mr. Chair, do I have any time remaining?

The Chair: You have two minutes left.

Ms. Johanne Deschamps: I have two minutes. I would like to go back to Goal 5, maternal health, and I would also like to talk about child health. Yesterday, I attended the meeting of the Standing Committee on the Status of Women, where several experts spoke.

The consensus seems to be that if we do not include in maternal health all the initiatives and tools for reducing mortality—to clarify, the whole issue of safe abortions and contraceptives that, in my opinion, should be included in family planning—we will not reduce mortality.

The goal is to reduce mortality by 75%. If we do not implement all the elements for achieving that result, we will miss the target completely once again. The money will be invested, but the problem will remain. All the elements must be implemented if we really want to reach the goal we have set.

[English]

Mr. Robert Fox: Certainly that's been our position. When we look at maternal deaths, one woman dies every eight minutes as the result of a botched abortion.

Abortions are going to happen, and that's not what is at question. The question is are they going to happen safely as part of a medical system where people's needs are being met? And our view has been very much that it is the full and comprehensive range of sexual and reproductive rights and services that need to be addressed as part of this if we are to have the maximum efficiency, maximum impact, and maximum effectiveness.

The Chair: A quick response, please. We're almost out of time.

Ms. Teresa Chiesa: I just wanted to clarify, Madame Deschamps, that family planning is not abortion. Family planning is planning your family, how many children you want to have and when, and birth spacing. Abortion is part of reproductive health, and 85% of maternal deaths have nothing to do with abortion. If we put more money and resources into family planning we would have far fewer abortions. So we can avert those abortions if we reinvest in prevention and providing women with access to safe family planning.

The Chair: Thank you very much.

Mr. Lunney, seven minutes.

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

Thank you to our witnesses for joining us for this meeting today. The background of this meeting of course is Canada's leadership with G-8 and G-20 this year, which is why you've been invited to speak to us today. And of course I wanted to make reference to the G-8 meeting that just took place a week or so ago in Halifax.

I'm looking at the report of the chair's summary of that meeting in preparation for the upcoming meeting. Canada has chosen goals four and five out of all the goals the G-8 has set. They all have merit. They're all deemed as worthy pursuits for G-8 nations. Canada chose to focus on goals four and five, which were sadly lagging way behind any progress in the other spheres, as laudable as all of the efforts might be. And of course we've been soundly criticized in the process for doing so. It seems to have created a measure of controversy.

I'm reviewing the objectives right out of the G-8 meeting for maternal and child health. These were referred to earlier by Elly Vandenberg, I believe. In your comments you related the goals for women: antenatal care for maternal health; postpartum care; family

planning, which includes contraception; reproductive health; treatment and prevention of diseases; prevention of mother-to-child transmission of HIV; immunization; and nutrition.

In your brief—again, I think it was Ms. Vandenberg—you related to “affordable interventions needed to stop these deaths”. And I heard numbers go by. I guess we've heard these numbers a few times. But we're talking about three million babies who die in the first week of life, nine million children who don't make it to age five, and half a million women who are dying in childbirth-related events that are avoidable. In terms of affordable interventions, one of the things at the top of the list is trained community health workers. We're going on from there to other things like micro-nutrients, breastfeeding, and emergency obstetric care. All of these things have demonstrated results.

But I want to focus on the first one, and that's the issue of skilled health workers. I see, for example in Mali, we have.... CIDA was here the other day. In western Mali, for at least half of the births now, a trained worker is available, if I got that right. But there are different aspects. I heard a little bit of discussion in the comments today about what a trained worker is. In Guatemala we worked with the Society of Obstetricians and Gynaecologists, for example, and trained over 700 workers there. And we had some measure of success.

But I think I heard from Ms. Chiesa that a trained worker is not enough; you need a skilled worker. So I don't know that we're talking about having to put obstetricians and gynecologists in the little remote communities everywhere, but I wonder if you would address your perspective on how we address this, what level.... I'm sure any level of training helps, even a midwife—not “even”, I don't mean to put that down, a midwife of some kind. What kind of training, actually, is involved to make this necessary first intervention?

•(1220)

Ms. Teresa Chiesa: Thank you.

It would be ideal to have obstetricians and gynecologists in most of these countries, more than just the ones who usually exist. It's not realistic, unfortunately.

In our coalition, when we talk about skilled or trained health workers, we're talking about the same group of people pretty much, people who have gotten an education, have been through a formalized system that is recognized either nationally or by the WHO, and have the skills and the knowledge to be able to deal with either child mortalities or maternal mortalities.

When you're dealing with maternal mortalities, skilled and trained health workers could be doctors, nurses, or midwives. And in a lot of African countries what we're hearing more and more about now are what are called "health extension workers". Ethiopia has them. Nigeria has them. I believe Mali has more of these people. These people are an extension of the health care system. They receive a year to two years of training, and then they're placed out in the communities. They usually come from the community, and they have been trained well enough to be able to provide promotive and preventive services to women. A lot of them may receive basic life-saving skills so that in the event of a pregnancy they would know how to deal with it and would be able to give drugs to help postpartum hemorrhage.

So we're talking about the same thing. We're talking about getting somebody out in that front-line position, living within the community or working within the community, somebody who's got a background of knowledge and skills and the ability and understanding to use medicines and drugs safely in order to accurately and appropriately prescribe medicines where needed or treatment where needed, and able to intervene in the case of death.

Mr. James Lunney: I don't think there's going to be a simple answer of one size fits all for all areas. I imagine that we have to look at the resources that are available in each situation, in each country of interest. There may be training available within that country. Maybe nearby there are facilities. But perhaps you're talking not only about ways of augmenting what training and education are available to ensure quality care, but also about selecting suitable people from the communities involved and bringing them to that centre and making sure they get the training and getting them back out there. Of course I think I see tremendous cultural advantages when people actually know the language, know the community, and know what it's like there. Bringing in people from another culture creates other kinds of challenges.

But I wonder, since you both have experience in the field, whether you would be able to provide specific examples from your own experience in the field of programs of this nature.

• (1225)

Ms. Elly Vandenberg: Teresa might want to talk more specifically, because she has more specific expertise.

The point I wanted to make is that it's not just about their being trained, but also equipped and motivated. All of this is integrated: you can't have health workers who have training but no equipment, or who aren't paid well, or not paid at all. So it's connected to national health systems and the national plan. It's all interrelated.

I just wanted to make sure that was well understood as well.

Ms. Teresa Chiesa: Let me continue on the point. For the child survival project that I work with in Zambia, where the government does not have health care workers on the ground, all of the groups now, UNICEF included, have looked at training people within the community on community-integrated management of childhood illnesses. This skilled UNICEF and WHO-proven training allows people from the community to be able to accurately diagnose and treat children under five who have malaria, pneumonia, and diarrhea, the three main problems children are facing—as well as sepsis.

Mr. James Lunney: Thank you.

I do have a lot more questions, but I'm afraid my time is gone.

The Chair: Unfortunately, it goes all too quickly here.

Mr. Dewar, sir, for seven minutes.

Mr. Paul Dewar (Ottawa Centre, NDP): Thank you, Chair, and thank you to our guests for coming today. I think most people would appreciate having more time with all of you, but we'll take advantage of the time that we do have, considering that the G-8 and G-20 meetings are around the corner and the issues are many.

I'd like to start with the issue of child and maternal health to try to clarify some of the debate that has been going on—at least here. I want to understand the comments that both of you made about the importance of an integrated approach, where you said that to have a real effect on outcomes, we need to have an "integrated basket", as you put it, and that separating out any of the component parts would probably do a disservice. I'm saying this because I think that most people who are looking at this issue get the fact that you have to invest in critical areas on the ground to expand capacity and, just as we just heard from Mr. Lunney's questions and your responses, to have the appropriate people there, and to find creative ways of matching the resources with the people who need the help.

So what I'm wanting to get from you is whether you know of any NGO or any country in the G-8 or G-20 that has recommended separating out reproductive health from an integrated approach. If so, who are they, and why have they stated that?

Ms. Teresa Chiesa: Mr. Dewar, I don't know, because reproductive health can either be an umbrella, with maternal and child health as part of that, or maternal, newborn, and child health is the umbrella and reproductive health is part of that.

So I have not heard of countries separating this out.

Mr. Paul Dewar: I ask you that with all sincerity, because if we are going to have an impact, we want to get it right. Mr. Lunney has intimated that there is a criticism of the government for taking on this initiative; I'd say that contrary to that, we've seen accolades right across the board, right across the floor, for the government taking on this initiative.

I asked you that question because if we are going to take this on, we want to get it right. The only person I've heard advancing the government's position that you can separate out abortion within reproductive health was Charles McVety, who spoke yesterday. I don't know his background well enough, but I'm going to say it's safe to assume that he is not an expert in child and maternal health. It disturbs me when I hear the government saying that they want to go down this path, which I like, but that they're going to separate out one component of child and maternal health. Maybe the government can enlighten me afterward, but the only validator that I know of who has said this is a good path is McVety, who was on yesterday saying that we shouldn't be doing this.

That's why I'm asking you the question. If we're going to take this issue on and we're going to do it right, I think we need to be singing with the choir. If the choir is saying we should do child and maternal health in a comprehensive way, as you've stated, then we should do that.

I think of some of the challenges that are faced. One of the things I've looked at that wasn't touched on has to do with adolescent women in particular. Anywhere from 10% to 48% of adolescent women report that the first sexual experience is forced upon them. I call that rape. In the case of the DRC, 14 women are raped every day. That's a study done by the Harvard Humanitarian Initiative along with Oxfam.

These women are young women. You've mentioned the risks at that age. If we can't figure out how to deal with unwanted pregnancies, particularly when you're talking about rape and particularly when you're talking about rape as a weapon of war, which has been established by everyone, then I don't know how you deal with outcomes without dealing with it in a comprehensive manner.

How do you respond to or deal with what is clearly a war against women in the world and in the developed world on top of what we have when we have meagre resources? How do you deal with it in conflict zones? How do you deal with what I'll call a gender war when you have 14 women raped in DRC every day and you have these astonishing statistics that say adolescent women's first sexual experience is basically rape? How do we make headway in those areas particularly?

• (1230)

Ms. Elly Vandenberg: Let me take a stab at this, Mr. Dewar.

To underline what you said about meagre resources, we have a consensus around which interventions are effective and also have a low cost and a high impact. We have consensus about them. That's what we join together on.

It's not denying anything you've said, but areas where we have international consensus and no Canadian public debate are where we think we should focus. We don't want to lose this opportunity to have a real impact at the G-8 by focusing on something that we don't have consensus on.

Mr. Paul Dewar: What I'm trying to say, though, is that we have a consensus in the world on this issue of maternal and child health. We have a consensus that the first sexual experience of women who are at a certain age is basically what I would call rape. I mean, what is

forced sexual experience? Those are things we can make a difference on. We have had numerous reports and numerous ways of dealing with it have been advanced. We've already heard that when you're talking about real outcomes, you have to have the whole package. I don't think there's any debate on that.

Even the government says, "Well, fine; we'll cherry-pick out what we don't want to fund". I agree that I don't want to get stuck in that; I just want to see the advice the government's getting and your policies put on the table, because if we're going to do this right, we have to base it on evidence and hopefully we have to base it on what the rest of the world is saying. I just want to put it on the table and get with the program.

We won't be out standing in our own field. We'll be with the choir if we do reproductive health along with all the other areas of maternal and child health. That would actually be sensible to do.

Ms. Elly Vandenberg: I found the session that you had with Ms. Biggs, from CIDA, very helpful at clarifying that. The CIDA policy has not changed and that's helpful to know that.

This particular G-8 initiative is going to focus on certain interventions.

The Chair: Thank you. That's all the time we have.

We're going to switch gears here and we're going to go to five-minute rounds.

We'll start with Mr. Goldring.

Mr. Peter Goldring (Edmonton East, CPC): Thank you, Mr. Chair.

And thank you for appearing here today, ladies and gentlemen.

I want to mention one of my first concerns, because it seemed to have been a debate in the House of Commons of late. I was asked to be part of the Canadian Association of Parliamentarians on Population and Development. I was asked to be vice-chair of that. And the purpose of that was to meet and study the millennium development goals. I believed it was to study them all and possibly make recommendations after a conference some time this summer, which might be helpful to be following.

In the course of this, as I wasn't familiar with the group, I started on some conference calls, getting some feeling that maybe it wasn't as broad-based as they claimed it might be. And I started narrowing down to these two points, the MDG 4 and 5. So I decided to look into it a little bit and see who comprised this group and organization, and I found that some of the foreign groups that comprised it were definitely pro-choice groups, and that concerned me greatly. So I decided to resign from this and I put in my letter of resignation, stating that I was very sorry that I had to resign, that I was very much concerned that their narrowly focusing on specific sensationalism issues could very well derail the good work that could come out of this, by this government initiative.

And I appreciate the comments commending the Prime Minister of Canada for this initiative and I full well believe that it probably has to do with hesitations from some countries wading into the MDG 4 and 5 because of some of the controversy.

Now, when this went to the House two days later, by an opposition motion, it became very clear. The motion itself was innocuous; it really didn't say too much. But from speech after speech after speech, they clarified that they wanted to narrowly focus on the sensationalism of abortion.

I appreciate your comment here.

And thankfully, a few members of the opposition party decided not to vote with their party on it, so their motion did not pass. But it really disturbed me greatly, because when you're talking about the value of what is being presented with the value of the initiative that is being put forward here....

You mention here an important statistic, where you're saying that even of the maternal deaths, 85% of them have nothing to do with abortion. That would say to me that's 85% of the maternal deaths. So I would have to speculate that, on the overall, you have the maternal deaths, you have the health and welfare, you have the nutritional, and you have all of these other things that will even help to bring about a better economy. If you have healthier citizens, you have a better economy.

Could you elaborate a little further on that statistic, on your assessment, and put it in relation to the initiative here by the Prime Minister and the good work that it can do? And it's my feeling that it's not necessary to go down that road. The millennium development goals themselves don't mention the "abortion" word. That may, however, be some part of it somewhere, but it's not necessary to go down that road, because it is a contentious issue. Could you tell me what this initiative is, the relative percentage here, how small of a percentage this is by trying to bring in that sensationalism? If it derailed this effort here, I think that would be just shameful.

• (1235)

[Translation]

Ms. Johanne Deschamps: A point of order, Mr. Chair. There are not many women at this table, I may be the only one. I'm sorry, but I don't see abortion as a sensationalist topic. We are not trying to be deliberately controversial when we talk about abortion. I feel that it was somewhat inappropriate for my colleague, the member opposite, to talk about abortion as if it were a sensationalist subject. I really don't know what to say. In Canada, abortion is an acquired right. For a woman, abortion means being able to make decisions about her own body, and it is not an issue that can be seen as sensationalistic.

[English]

The Chair: Thank you.

[Translation]

Ms. Johanne Deschamps: It is a pity you feel that way about abortion. It's a shame you view it as...

[English]

The Chair: Madame Deschamps, thank you. We're going to move back to the question.

Go ahead. I believe that—

Mr. Peter Goldring: I'd like to address that comment here, just the third question.

The Chair: No. You had a question, and your time is almost up. We'll let the witnesses answer and then we'll move on.

• (1240)

Ms. Elly Vandenberg: What I'm seeing here is a reflection of the fact that we don't have consensus in Canada about this. We have different perspectives as individuals, as organizations, as individuals within organizations, within this coalition that has struggled over 18 months to develop consensus and to figure out what has the best impact and the lowest cost, and what we could all get behind together.

This is not about abortion. The G-8 is committed to looking at a wide basket of interventions: reproductive rights, family planning. In that whole list I've already read off, those things have already been agreed to. Every country can agree to contribute in a way they choose to contribute, but what we're trying to present here is a consensus around what will have the most impact and what all Canadians can get behind.

The Chair: Thank you.

Mr. Rae, you have five minutes.

Hon. Bob Rae (Toronto Centre, Lib.): Let me just say that I've tried to understand. I was asking Ms. Biggs a question the last time to clarify what the Canadian policy is, and because of the miracle of communication today, a blog from Mr. Wherry at *Maclean's* magazine said he was trying to get clarity as well and apparently discussed this with somebody on Ms. Oda's staff, who said that "CIDA does not and has not itemized the spectrum of medical interventions performed by every one of these organizations"—every one of these organizations being all the organizations: hospital systems, national health care systems, clinics of various kinds, which are already funded by CIDA and will continue to be funded by CIDA. What I'm trying to clarify is, is it your understanding that this funding by CIDA, which is in place and which indirectly funds abortion services, will continue?

To recall the debate, Mr. Chair, the reason we had a discussion was that when Minister Cannon was in front of us and I asked him a question, he said family planning was not on the list. Then he clarified it and said it was. Mr. Abbott said in the House that it could be on the list.

It's important for us to be clear, to understand exactly what we're talking about here just so Canadians will know what's taking place. The policy of the Government of Canada agency called CIDA is that it does fund access to abortion indirectly—not directly, but indirectly—because it provides budget funding and provides funding for hospital services.

This conversation says today—the one I just read out—that CIDA does not and will not go through the list of hospitals and say they'll fund this, they won't fund that. They don't do that. They block-fund. It's the same way the federal government does for the provinces. The federal government doesn't tell the provinces they can fund this, they can't fund that. The debate has not come to that point in Canada.

I'm just saying this because I want to get some clarity here. Sometimes I hear from people.... Ms. Vandenberg and I have had a conversation about this, and I don't think I'm giving away any confidences when I say there is a concern that somehow the whole initiative is going to be derailed by this debate. Let me just say on behalf of my party—and to say we're here today—that initiative will not be derailed by this debate. This initiative is a good initiative. The initiative to focus on maternal and child care is a necessary initiative for the world. This initiative will not be derailed by the debate. But we should also try to understand exactly what our government is committed to, as you understand it, and is not committed to, as you understand it.

Perhaps I can ask any one of you, because I know you all have slightly different views and slightly different mandates with respect to your own organizational positions, and I respect that completely. We live in a society in which people do have different opinions, and charities will have different views as to what should be done. That has to be respected.

Do you understand this as I understand it, which is to say CIDA has its policy, and that policy will not change? The government is not asking CIDA to change its policy. The new initiative is going to focus on a range of things, which will not include abortion, but to be very blunt, that was never part of the plan anyway, because that's not where one would get access to these services in any event.

Is that a fair description, Mr. Fox? I'm looking at you a little bit, though Ms. Chiesa or anyone else who would like to respond.... I'd appreciate a response.

• (1245)

Mr. Robert Fox: Our understanding is your understanding, but there are questions arising because the way the government has framed its position is different from the position it took in L'Aquila last year, in Cairo, and in all previous commitments. So we're trying to understand if this is a change or not. Part of the concern we have is that in the context—

Hon. Bob Rae: Have you been able to clear that up? Because it's an important question.

Mr. Robert Fox: Indeed.

The president of CIDA gives us the assurance that it's business as usual, but the minister has been quite clear in going out of her way, I would say, to state something different, and that's why we're trying to clarify if Canada's position has shifted, and if new conditionalities will be introduced to our aid programs that never existed before.

As you say, we fund health care systems. These services are provided as health care systems, and it's important that they continue to be funded as part of health care systems. And we don't want critical dollars to be diverted from health care to be all of a sudden paying for bureaucrats within health ministries that are going to have to follow the Canadian dollars through the hospitals and clinics in

order to ensure that Canadian dollar X, which had been a pooled resource with the Brits and the French and the Germans and others to fund health care, goes—

Hon. Bob Rae: What Ms. Biggs said in answer to my questions when she appeared here, and what this comment from a staffer from Ms. Oda seems to indicate, is that frankly this debate—however we got into it, and we can all argue as to how it happened—seems to have gotten incredibly focused on something that may not really be such a fact at all. In fact CIDA's policy has not changed, and CIDA's policy will not change. And CIDA is carrying out this initiative. This is not some initiative being carried out by the Prime Minister's Office slush fund. This is coming out of CIDA.

I agree with you, we need to continue to clear it up in a way that tries to separate out the rhetoric from the reality of what in fact is being done and being proposed. I think we all have to try to do that, from all sides of the political spectrum. We have to try to say what the heck we are actually arguing about here. If somebody says we've always done this and we're going to continue to do it, how can somebody stand up and say we're not going to fund abortion, when you already are? You may not want to, but that's what in effect is taking place.

The Chair: Okay. A quick response, because we're over time here.

Ms. Elly Vandenberg: I'm just pleased that everybody is supportive of this initiative.

Voices: Hear, hear!

The Chair: All right. We're almost out of time, but I'm going to take a couple of quick responses, because I want to talk about the agenda moving forward and I need to finish that off before we go.

Mr. Van Kesteren, maybe just a couple of quick questions.

Mr. Dave Van Kesteren (Chatham-Kent—Essex, CPC): A couple of questions? My goodness.

Mr. Reilly-King, I have some quick questions. This tax you're talking about, what countries? Just quickly.

I don't have much time, so I'm going to blast you through this thing.

Mr. Fraser Reilly-King: Well, ideally it would be a global tax—

Mr. Dave Van Kesteren: So all countries?

Mr. Fraser Reilly-King: All countries. But, for example, in Europe, if the tax just took place in the U.K. and Germany, that would cover off 97% of financial transactions.

Mr. Dave Van Kesteren: Who would be responsible for the collection?

Mr. Fraser Reilly-King: Collection would be the stock exchanges in the individual countries.

Mr. Dave Van Kesteren: Who would administer it?

Mr. Fraser Reilly-King: Who would administer it? It would be administered by the individual stock exchanges, but if it happened on a global basis—

Mr. Dave Van Kesteren: Somebody has to be collecting this money and saying “Okay, here it is”. Who's going to do that?

Mr. Fraser Reilly-King: It would be the individual stock exchanges, but probably if it moved forward as an initiative, you would have to set up a body that would administer all of the funds.

Mr. Dave Van Kesteren: Who would get the money?

Mr. Fraser Reilly-King: Who would get the money? Again, I don't think we've gotten there yet. We're still talking about the tax, but Gordon Brown—

Mr. Dave Van Kesteren: I'm sorry, I haven't got much time.

Mr. Fox, what is your total budget for Oxfam?

Mr. Robert Fox: It's \$25 million at Oxfam Canada, and about \$1 billion globally.

Mr. Dave Van Kesteren: And this was going to collect how many billions of dollars, Mr. Reilly-King?

Mr. Fraser Reilly-King: It would collect \$650 billion a year or more.

Mr. Dave Van Kesteren: Wow. So there's going to be a big chunk of money that some people are going to want to get their hands on.

Where does most of your money come from, Mr. Fox?

Mr. Robert Fox: The public.

• (1250)

Mr. Dave Van Kesteren: The public. How have you been tracking, in recent years? Up? Down? In proportion to—

Mr. Robert Fox: It's growing.

Mr. Dave Van Kesteren: It's growing. Because you and I had this little chat.... So it comes primarily from the public?

Mr. Robert Fox: In Canada, we receive significant funding from CIDA, from the public, and from other Oxfams, globally—though by far, two-thirds of the funding comes from home.

Mr. Dave Van Kesteren: The same is true of World Vision?

Ms. Elly Vandenberg: We get about 3% of our funding from government. Is that your question?

Mr. Dave Van Kesteren: So that's 3% and the rest is raised. Okay.

I'm going so fast I'm losing my own line of thought.

Okay, that answers a few of my questions. As I said, it was very, very enlightening. But I am concerned about the large chunk of money. I am concerned you still haven't given us a plan. You really need to be definitive as to where this money is going to come from, that you know where it's coming from, who is going to collect it, who is going to be responsible, and then who is going to be able to tap into it, especially when you're asking for that large amount of money from the world organization. When World Vision is raising.... I think sometimes we need to look at where money is going, where people are freely giving money, and ask why they are doing that.

I'm probably running out of time, so maybe I'll leave it there.

Mr. Fraser Reilly-King: I will quickly say that if you look at the two major stock exchanges in the world, the New York and the British stock exchanges, it could probably be in the hands of the U. K. and the U.S. if Canada doesn't get on board. That's \$650 billion that the U.K. government and the U.S. can decide what they want to do with.

The Chair: Thank you.

I'm going to wrap it up. We have a little business we have to take care of.

I want to thank the witnesses once again for being here today. We'll let you go from the table. I need to keep all the members here. We need to settle some business coming up. Once again, thank you very much for being here.

[Proceedings continue in camera]

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