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Wednesday, May 5, 2010

Chair

The Honourable Hedy Fry

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● (1530)

[*English*]

The Chair (Hon. Hedy Fry (Vancouver Centre, Lib.)): I'd like to call the meeting to order, please.

I'd like to welcome the witnesses who came all the way here to share their insights with us and answer questions.

As you know, pursuant to Standing Order 108(2), this committee is doing a study on maternal and child health. On April 12, 2010, the Standing Committee on the Status of Women unanimously adopted the following motion to study maternal and child health. The motion states:

> That the Committee study maternal and child health following the government's announcement to make maternal and child health a priority at the G8 in June that Canada will be hosting, as long as this is done before the end of May.

So we have a very narrow timeline for this committee to meet and listen to witnesses.

Now I want to welcome everyone here, and I will list the witnesses: Action Canada for Population and Development, Katherine McDonald, executive director; the Guttmacher Institute, Sharon Camp, president and chief executive officer; Oxfam Canada, Robert Fox, executive director; and of course the White Ribbon Alliance for Safe Motherhood, Maureen McTeer, Canadian representative.

Because you're each four separate and distinct groups, I'm going to ask you to take 10 minutes to present to us. You could take less if you wish, but 10 minutes.... I'll give you a two-minute signal so that you will know that you only have two minutes, and then we will move to a question and answer session.

We will begin with the Guttmacher Institute, Sharon Camp, president and chief executive officer.

Dr. Sharon Camp (President and Chief Executive Officer, Guttmacher Institute): Thank you very much for the invitation to appear today. Let me dive right in.

If we could convince the world community, developing as well as donor country governments, to double current investments in both family planning and maternal newborn health, we could reduce maternal mortality by 70%, cut nearly in half newborn deaths, and generate a range of other development benefits.

The Guttmacher Institute, with financial and technical support from the United Nations Population Fund, estimated the cost and benefits of three alternative investment strategies for reducing maternal deaths.

In the first scenario, we calculated the cost-effectiveness of increasing investments in family planning alone to a level sufficient to address 100% of the unmet need for modern contraception. We estimate that about 215 million women worldwide have an unmet need; that is, they don't want to become pregnant any time soon but are not using any effective method of contraception.

In the second scenario, we calculated the cost-effectiveness of making new investments only in maternal newborn health to a level sufficient to provide the WHO-recommended package of basic maternal newborn care to all those women and newborns needing it.

In the third scenario, we calculated the cost-effectiveness of combining both the additional investments in family planning and those in maternal newborn care. Here are the results.

If you'll turn your attention to the sets of graphs I'm holding in English and French, you'll see that the stacked bar to the left shows current expenditures of $11.8 billion U.S. for contraceptive services —those are in red—and maternal newborn care, split between intended pregnancies in green and unintended pregnancies in grey.

The two taller bars compare the cost-effectiveness of making additional investments in maternal newborn health alone and the cost-effectiveness of making additional investments in both family planning and maternal newborn care simultaneously. By investing an additional $3.6 billion U.S. in family planning, we reduce the annual cost for caring for unintended pregnancies—those that women may not have wanted and certainly didn't plan for—from $6.9 billion a year to $1.8 billion, a savings of over $5 billion U.S. This in turn reduces the overall cost of providing universal access to comprehensive family planning and maternal newborn care by roughly $1.5 billion U.S. a year.

Now let's look at the impact on maternal health.

I'd like to thank my two volunteers. The easels didn't show up, so I have human easels.

On this chart, the first bar represents the current situation. Based on 2005 United Nations figures, we started with an estimate of 550,000 largely preventable maternal deaths in 2008, a major share of those resulting from pregnancies that the women did not want or plan, and many of them ending in unsafe abortion. Addressing the unmet need for family planning alone would save lives, as you can see from the next bar. So, of course, would the much larger investment required to provide universal access to a basic package of maternal newborn care.

● (1535)

But look at the impact of making both investments together: a whopping 70% reduction in maternal deaths, from 550,000 to 160,00 in a single year. In the Guttmacher model, that would save the lives of 390,000 women, with most of them in the prime of their lives and most of them already mothers of young children. And we know that the death of a mother puts the lives of her young children in serious jeopardy.

Next week, at the World Health Assembly, WHO, the World Bank, the UN Population Fund, and UNICEF—known as the H-4—will release new UN estimates of maternal deaths for 2008. We now expect that they will be lower than the estimates used in these Guttmacher calculations. But the basic results of the cost-benefit analysis do not change, even if we start with lower numbers of maternal deaths.

Doubling investments in both family planning and maternal/newborn health from the current level of under $12 billion U.S. a year to roughly $24.6 billion would cut maternal deaths by at least 70% and newborn deaths by 44%. The combined investment strategy would save more lives. It is also $1.5 billion a year less expensive than investing in maternal and newborn health alone.

It's also the approach that provides the greatest development benefits outside the health field, including higher education levels, especially for women; higher labour force productivity, including greater female labour force participation; increases in household wealth resulting in reductions in poverty; and slower rates of population growth, resulting in less pressure on renewable natural resources. If you know your MDGs, that's seven out of the eight, I believe.

This, I submit, is smart government at its best.

Thank you very much for your time.

● (1540)

The Chair: Thank you very much.

We will now go to Robert Fox from Oxfam Canada for 10 minutes.

Mr. Robert Fox (Executive Director, Oxfam Canada): Thank you to the committee for your leadership and your work on this issue, and for the invitation to appear before you today.

Among the four of us, I know we're going to be covering off a lot of statistics, and there are some very powerful ones. Circulated in your package is a brief from Oxfam that provides, from our perspective, some very compelling reasons that we, as Canada, should be exhibiting our leadership and demonstrating our leadership globally in addressing this issue, and how critical and important this is for women around the world and for the women who are most poor around the world.

I don't want to start with the statistics. I want to bring us back to who we are talking about when we're talking about these initiatives globally. I have the opportunity and the privilege to meet with many of these women and young girls as I travel around the world. As I say, I think it's important, when we're looking at what we can do with billions to benefit hundreds of millions, that we do have in our minds who it is we are talking about.

Young girls who are supporting their families are working in the maquilas in Managua. They are 16 years old and they have two children. They're working in difficult conditions, earning poor wages, and often facing significant occupational health and safety hazards, and yet they are absolutely determined to raise their family and contribute to their community, contribute to their economy, and contribute to a better future. But they recognize that in order for them to do that, they need some support. They need access to comprehensive community health services to ensure that their sexual and reproductive rights are respected and that their ability to access the services they need are supported.

We're dealing with women in southern Africa, in communities in Namibia, where the rates of HIV infection are among the highest in the world. These are women who are living in hovels made of paper or plastic, who have a number of children, who themselves have had very few opportunities to get an education. These women have few opportunities to get any access to information, but more importantly to the power they need in order to exercise control over their lives and to create an environment in which their children have the prospects to live a better life than they do.

I've spent time in Darfur, meeting with literally thousands of women and girls, themselves terrorized and traumatized by the violence in that country. Hundreds of thousands of them have been victimized by rape as a strategy of war. They are dealing with the caustic and corrosive impact, on themselves and their family and their community and their future, of large numbers of children born of violence.

So when you're dealing with these different circumstances and you see how rending this is for people, you can't but recognize the urgency and the enormity and the absolutely compelling reason that we need to do much more in this area.

We need to understand that in taking on this issue, there's no quick fix. It's not a little thing here; it's not a little thing there. It is a comprehensive, integrated response that is required to deal with the full range of health and human services to ensure that people can secure their sexual and reproductive rights, but that also situates that in the broader context. We recognize that the thing that will have the largest impact on how many children a woman has is how much education she has received. The thing at the end that will have the biggest impact on her ability to access health services is that there's a coherent national health care system that has publicly available services with no fees and no barriers to access.

We need to then be addressing these issues at the level of individuals, in terms of behaviours and attitudes, and at the community level, in terms of cultural norms and societal values. We also need to be looking at these issues systemically, in terms of the services that are available within nations, and recognize that it is in the bed, in the household, in the markets, in the parliaments, in the courts, and in the streets that the future of those women and their prospects for living a healthy life, being able to raise children who cannot just survive but can thrive—all of that—is what is at stake here.

● (1545)

We're very clear about what we need to do. What we've been lacking in this case is the political will and the commitment to do it.

The week before last, I was invited to address the United Nations General Assembly on the millennium development goals. And there I raised the issue of the amount of money that has been committed by the world for bailing out the banks and refloating the economies of the global north.

The American ambassador to the United Nations took some umbrage at what I said, because he interpreted it as a critique of how much money had been allocated to reviving and restoring and revitalizing our economies.

While I might have had a certain quibble—I might have suggested that a deeper gender analysis might have been brought to bear on how that money was spent, or that there might have been more environmental sensitivity to how that money was spent—at the end of the day I said I had no concern at all about how much money the world had committed to refloating the economies of the north. But it's really important that we understand that the bar has now been set, against which our performance globally will be measured in terms of our response to the more than one billion people on this planet who are deeply poor.

When we look at this initiative with respect to maternal health and supporting the capacity of children to survive, we have to be absolutely clear about the amount of money we're talking about. It is a pittance compared to the trillions that have been mobilized. And anything less than the full amount of money that is required in order to ensure that women can secure their sexual and reproductive rights, that there are full and comprehensive health services available to citizens of this planet, that we have the educational support, and the support to clean water and sanitation, and all of the other building blocks that are essential not only for prosperity but for equality on this planet, indicates that we are negating our responsibility as citizens and as human beings.

You're in a privileged position, as leaders and as respected people within this country, to bring a very clear message to the government to support this initiative; to indicate that we need serious bucks behind it; and to indicate that the expectations of Canadians in terms of our obligations to our values, our traditions, and our understanding of our role within Canada with respect to this issue demand that we raise the bar, raise our level of ambition, and commit seriously our resources and our energies to this objective.

Thank you.

The Chair: Thank you very much.

The next presenter will be Ms. McTeer from the White Ribbon Alliance for Safe Motherhood.

Ms. Maureen McTeer (Canadian Representative, White Ribbon Alliance for Safe Motherhood): Thank you, Madam Chair.

And thank you, members, who have taken the time to be here and to actually discuss and to also think seriously about some of the issues, as Robert has put them in context.

I have been in a privileged position; we're all in a privileged position, but my privileged position included the opportunity to go to some of the countries of the world with my spouse when he was foreign minister. One of the things I always did—because my view of life was that the last thing I needed was another lunch—was to go see CIDA projects. I would go to clinics, to maternity clinics, and hospitals, and I would speak with ministers responsible for the status of women and ministers responsible for women and children and get a feel for the kinds of needs they had. That was some time ago. And if anything, those needs are much more serious, and much more urgent now than they were even in the late 1980s and early 1990s. That's what we're talking about here.

All of us were very excited and very pleased when the Prime Minister said he would follow up on the work that was done in Italy at the G-8 to in fact make maternal health and women's sexual and reproductive health, which is an essential component of maternal health, a key at the G-8; and that he would be a champion for us, if you will.

I hope that it's in that context that this discussion can be held, and that it will be an important reminder to all, both in government and in Parliament at large, that these are issues of saving women's lives. It is absolutely essential that we deal with them and look at them in that context if we're going to move forward.

I've given some information, which you should all have, with respect to the White Ribbon Alliance. There is a website that gives you much more information. It's www.whiteribbonalliance.org/.

Many of us are either...well, in Canada you're the “third lady”, but it's too hard to explain how you got to be the third lady so everyone is referred to as “first lady”, and many of us are in that category. There are queens and movie stars and models and everything from fish to nuts...poor people who have no income whatsoever, but who are interested in these issues. We have a very broad cross-section of people in over 148 countries, including Canada, and we are very excited about the work that's being done.

But I'm glad that we have this opportunity to come here and discuss how, in fact, we can contribute to helping save women's lives.

● (1550)

[*Translation*]

The White Ribbon Alliance supports grassroots organizations across the globe to demand that all governments provide necessary medical care for women along the continuum of care for childbirth, including vital reproductive and sexual care.

We are probably going to repeat something that you have heard several times this week already, but we know that investments in health care produce results. Eighty per cent of maternal deaths are preventable with the provision of basic care. Yet the current absence of these services in the developing world costs the global economy $15 billion a year in loss of productivity, beyond any health issue, and family and community disruption.

At the heart of the WRA's mission is the principle of partnership. We have built strong coalitions across hundreds of groups to ensure capacity for care is increased and resources harnessed to reduce maternal, newborn and child mortality and morbidity.

[*English*]

At the heart of the White Ribbon Alliance's mission is the principle of partnership. We have built strong coalitions across many countries to ensure that there is a capacity for care, that the capacity is increased, and that resources are harnessed to reduce maternal, newborn, and child mortality and morbidity.

To achieve these goals, we advocate several things.

First, we advocate increased and targeted funding to ensure and strengthen health care systems, especially in low-resource countries and regions. This was something I was delighted to see mentioned by the development minister in her remarks recently.

We advocate for the provision of family planning services in all of their manifestations.

We advocate for the provision of medical care to women in need, including abortion in countries where this procedure is legal.

We advocate for the training of skilled birthing attendants, especially those who are going to provide care to women in their own communities.

We advocate for the provision of obstetric emergency services and postpartum care for women. I'm sure you've all heard loud and clear the message that Dr. André Lalonde of the Society of Obstetricians and Gynaecologists gave yesterday. In one of my other volunteer hats, I'm a public member of the SOGC, and I've learned a great deal about medicine and about how little I know about medicine, even though I claim to teach it at law school.

The sixth area where we advocate is in the provision of education and materials to prepare women in the long run to be their own advocates for maternal care, for positive health policies, and for real and timely access to reproductive and sexual services. It is this role as advocates for action on maternal health, on sexual and reproductive options, and on access to those that is the key focus of our efforts leading up to the G-8 meeting here in June, to the UN Secretary-General's meeting in New York in late September, and to the Seoul G-20 meeting in early November.

● (1555)

[*Translation*]

You have probably heard a great deal during these committee hearings about how we must, and can, save women's lives and those of their children. The social, economic, medical and human rights challenges are complex and significant. But the good news is that there is very little disagreement on the nature of the problems in maternal and child health, and even less on the solutions to a tragedy that kills over 340,000 women every year and leaves a million more disabled or chronically ill.

The actions that we expect of governments, like our own, who have committed to international human rights conventions are clear, and form part of our mission.

[*English*]

You'll see what I recommend that your committee do, and how I hope you'll play that role, but I'd like to end on a personal note, in part because I sometimes find this has a larger impact.

Part of what we did last year at the White Ribbon Alliance was fund a shipment from a wonderful group in Saskatoon called Save the Hungry. They were providing a million dollars worth of equipment and supplies, but they had to have payment for the container to take it over to Ghana. We paid, the shipment was taken, and we re-equipped a maternity section of a major hospital where the three ORs were not working prior to the arrival of this equipment. Then, as a thank you, the doctor who received it said to us, in a very matter-of-fact tone, which was as surprising to me as the story, that he was so pleased to have this and to have the ORs up and working again because it meant that in the morning he would not have go down to the emergency section and make the decision as to which of the women needing a C-section would live and which would die.

I think when we hear those stories, it reminds us, as Robert's stories did, that these issues have a human face. We are affluent. We are influential. You are more influential. You have an opportunity now to make a difference, and I'm really looking forward to seeing that happen.

The Chair: Thank you very much, Ms. McTeer. Very well said.

Now, finally—last but not least—we go to Katherine McDonald from Action Canada for Population and Development.

Ms. Katherine McDonald (Executive Director, Action Canada for Population and Development): Thank you, Chair, and thank you for the opportunity to present before this committee.

Around the world this past year there has been unprecedented global attention on the issue of maternal mortality as both a health issue and a human rights issue. While a woman in Canada has a one in 11,000 chance of dying from complications of pregnancy and childbirth, in Niger, pregnancy-related causes will kill one in seven women. This injustice and inequity underscore the seriousness of these human rights violations. It is the underlying reason why industrialized nations such as our own must do more.

So let's begin by talking about what those industrialized nations have already agreed to do. The 2000 millennium development goals, or MDGs, included a global promise to reduce maternal mortality by three-quarters by 2015 and to achieve universal access to reproductive health by the same year. Unfortunately, as noted by UN Secretary-General Ban Ki-Moon, this is the goal to which the least progress has been made by governments, so it is unlikely to be met. In September, as we've heard, world leaders will gather to review progress on the achievement of the MDGs. Overall levels of maternal mortality have barely changed over the past 20 years, although it is anticipated with new data recently released and the new UN estimates that we will see some signs of progress, which indeed will be encouraging.

But the MDGs were nothing new. In 1994, at the International Conference on Population and Development held in Cairo, 179 governments, including Canada, committed to provide by 2015 universal access to reproductive health, to a full range of safe and reliable family planning methods, and to related reproductive health services that are not against the law. These commitments have been further fleshed out by international human rights experts. In recent years, the right to survive pregnancy and childbirth has increasingly been recognized as a basic human right. According to human rights experts, avoidable maternal mortality violates women's rights to life, health, equality, and non-discrimination.

Several UN treaty monitoring bodies have found violations of key human rights treaties where states have failed to take measures to prevent maternal mortality. In 2006, African leaders without exception adopted the Maputo plan of action on sexual and reproductive health and rights, which, among other strategies, mandates the health system to provide safe abortion services to the fullest extent of the law. While it may not be common knowledge, it is true that all African states permit abortion under some circumstances. Indeed on April 19 to 21 of this year, the African Union convened a continental conference to celebrate progress on maternal and child health.

Canada has also committed to deliver its foreign aid in accordance with the ODA Accountability Act. It requires all aspects of Canadian aid to focus on poverty reduction and requires that the perspectives and concerns of the poor be taken into account in the delivery of that aid. Canadian aid and all the decision-making related to it must be consistent with six principles; these are, Canadian values, foreign policy, sustainable development, aid effectiveness, the promotion of democracy, and the promotion of international human rights standards.

What are the international human rights standards related to maternal mortality and morbidity? The human rights experts who sit on these treaty monitoring committees have interpreted their respective international treaties as requiring states to provide a whole host of obligations. These include affordable and comprehensive reproductive health care services, including family planning services; programs geared to increasing knowledge about and access to contraceptives, as well as safe abortion services in accordance with local laws; dissemination of reproductive health and family planning information; guaranteed access to emergency obstetric care, and ensuring that births are attended by trained personnel and that quality emergency care is available for complications from unsafe abortions. These human rights experts have linked maternal deaths and ill health to a failure to provide these services. In other words, the states in question, if they're not providing the services, are actually violating human rights.

● (1600)

In June 2009 the Human Rights Council of the UN adopted a landmark resolution recognizing maternal mortality and morbidity as a pressing human rights concern. With this resolution, which Canada co-sponsored, member states acknowledge that the issue of maternal health must be recognized as a human rights challenge and that efforts to curb the unacceptably high global rates of preventable maternal mortality and morbidity must be urgently intensified and broadened. It is the first intergovernmental acknowledgement of maternal mortality as a human rights issue.

Not even one month later, in July 2009, at the meeting of the G-8 in Italy, the G-8 heads of government agreed that maternal and child health was one of the world's most pressing global health problems. They committed to “accelerate progress on...maternal health, including through sexual and reproductive health care and services and voluntary family planning”. They also announced, and I quote, support for “building a global consensus on maternal, newborn and child health as a way to accelerate progress on the Millennium Development Goals for both maternal and child health”.

It is encouraging that after years of neglect, governments are increasingly speaking out against this tragedy, but the question remains: how do we turn these words into actions? Of course, in June, the leaders of the G-8 countries will gather in Huntsville for their 36th annual summit. As well, of course, a G-8 and G-20 summit, which is co-hosted with South Korea, will take place at the same time.

The Muskoka summit comes at a critical time. The world's most powerful heads of state will need to address international development as we enter the final period for delivering on the MDGs. The summit will follow unprecedented global attention to maternal, newborn, and child health. Momentum has never been greater to accelerate progress in this crucial area.

So let's look at what we might want from our government and other heads of state from this G-8. One, we want governments to live up to and build on past commitments. The past commitments include last year's G-8; efforts to ramp up to achieve the MDGs; we want governments to meet the commitments they made in Cairo in 1994 and at subsequent UN reviews; we want to make sure that the maternal and child health initiative lives up to the promises made in the ODA Accountability Act and is based on evidence of what works and what is effective; we want to make sure there is enough money to do all of this; and I think we should call on our government to make a plan to reach 0.7% of gross national income relative to ODA.

Thank you.

● (1605)

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

Now we will go to the question and answer portion.

We will begin with a round that lasts seven minutes. The seven-minute round for each person will mean seven minutes for both questions and answers. I am asking everyone to please stick to a short question and a pithy answer so that we can get as many questions and answers done as we possibly can.

We will begin, therefore, with Ms. Neville for the Liberals.

Hon. Anita Neville (Winnipeg South Centre, Lib.): Thank you very much. I'll try to keep it short.

We are indeed privileged to have the four of you here today. Your presentations were all quite splendid.

I'll put my questions out, and then leave it open and let Ms. Fry manage the time.

My first question is to you, Ms. Camp. I would like to know from you what the impact of the previous U.S. President's policies were on maternal health worldwide and the impact they did or did not have. That's President Bush's policies.

My second question, which I would put to all of you, is given that Canada signed on in Italy at the G-8 to maternal health policy, from each of your perspectives—and you've all addressed it some way or other—what would you each see as the optimum outcome of the G-8 meetings coming up? From Canada's perspective, what would you like to see there, and the leadership for Canada to provide?

Ms. Camp.

Dr. Sharon Camp: Thank you.

Although we can't put a number on the impact of former President Bush's policies in this area, we do know that international funding for family planning services stagnated during that period, even though the need for family planning grew. As a result, there were almost certainly more unintended pregnancies, probably half of which ended in unsafe abortions. And the result of both unsafe abortions and unintended pregnancies would have been substantial in terms of the impact on maternal mortality.

As you all know, unsafe abortion is a very important component of maternal mortality worldwide. In those countries that have in fact addressed other contributors to maternal mortality, deaths related to unsafe abortion actually become an even larger share of maternal deaths.

So all of this was unfortunate. We lost a good deal of momentum in the effort to make reproductive health care universally available. I hope that we can now, with the change of government in the United States, make up for that lost time by making substantial new investments in family planning services around the world.

● (1610)

Hon. Anita Neville: In terms of the outcome of the upcoming meeting, what would you each like to see in terms of Canada's role? What would be optimal?

The Chair: We'll begin with Ms. McTeer.

Ms. Maureen McTeer: I would like to see several things.

First of all, I think there has to be funding. Robert has mentioned it. I think we've all mentioned it. That was part of what this G-8 was supposed to be about. It was not supposed to be a question of what maternal health is but rather a question of how we fund it.

I think it also has to be integrated. It's really important that we not all go off on different tangents. For instance, on micronutrients and nutrition, Canada is known as a world leader. It makes sense for us to play a leadership role. But that is an add-on. That is something in addition to.

We're talking, in a sense, about two different kinds of things. We're talking about maternal health, which is basically medical care. We are talking about training people, which again, the development minister has mentioned is something that will be a priority. That has to be there. We have to have systems within which all of this can happen.

We have to have access to family planning in all its manifestations. We have to recognize, I believe, and respect, the whole history and the historical places that brought us to where we are with respect to sexual and reproductive health. And as Secretary Clinton has made quite clear, you can't talk about women's sexual and reproductive lives without also being conscious that there will be times when abortion is necessary.

We know that it kills women. We know that it's controversial. We know that there are many religious groups who really object to it. But if I were putting this together, that is what I hope would be included.

The Chair: Thank you.

We'll go to Mr. Fox.

Mr. Robert Fox: I would say that what we're looking for from this meeting is to move forward. We need a serious commitment of funding, and we need it to be very clear that it's a multi-year commitment of significant funding.

The reality is that in order to deal with this issue from a systemic perspective, we have to build health care systems. That's a long-term investment to train professionals and health care workers and to support them in their work.

One year of funding, those sorts of conferences where people come together, pledge something, cut a cheque, and then the next year move on to the next issue, would be fatal. It would be irresponsible, and it would be unacceptable. Right? So we need a long-term commitment of significant funding to address this problem in a systemic and sustained way.

We clearly need an integrated approach. We need to deal with the reality of people's lives. Abortions are going to happen, but that isn't the question. The question is whether they are going to happen in hospitals or with medical attention for women who are not wealthy. We need to ensure that the system understands that this is one integral element of a broader approach and that to the extent that we deal with it properly, we will, in fact, minimize how often it happens and when it happens. And we will ensure that when it happens, it happens with the best possible outcome for everyone involved.

As I say, there are a number of elements of the package, but what I would stress is the magnitude, the long-term duration, and the integrated nature of that initiative.

The Chair: Thank you, Mr. Fox.

I'll go to Ms. McDonald because we only have a minute left. You speak and then I'll have Ms. Camp if she wishes to add something to this.

Ms. Katherine McDonald: I would absolutely support everything my colleagues said and repeat it. I would also emphasize the fact that a piecemeal approach to this G-8 maternal and child health initiative is ineffective. It will reduce the impact of the financial investment that is made. It needs to be a comprehensive, integrated, across-the-board approach with no strings attached.

The Chair: Thank you.

Ms. Camp.

Dr. Sharon Camp: I'll be very quick.

I would love to see the Canadian government double its current level of investment in both family planning and maternal and newborn health. We're not talking about a lot of money, as Robert said.

But more than that, I'd really like to see the Canadian government join with governments like Norway, Great Britain, and others that have been involved in the leadership of this new movement to mobilize the entire world community.

This is a wonderful opportunity that you all have as hosts of the G-8 meeting to bring along the rest of the world's governments in a commitment to reach the MDG 5 goal by 2015. It's not impossible to do, it's not a lot of money, and I hope you'll provide some of the leadership to do it.

● (1615)

The Chair: Thank you very much.

Now I will move to Madame Deschamps for the Bloc.

[*Translation*]

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

Thank you very much for testifying before us today and for sharing your experience. It is very important. You are in the field, you know the conditions that African women live in. They are grappling with serious problems and left to their own devices.

You have all said that donor countries must double their financial aid. You also say that it is imperative that we have a global vision in order to attain realistic, tangible, concrete objectives. If we put all of the necessary effort into this we could attain the objectives you have set out, in particular that of reducing the rate of maternal mortality by close to 70%.

You know that a broad debate is going on because some wish to eliminate abortion from this picture. Unless I am mistaken, you are telling us today that if we do not include it, we are going to miss the target completely. The money will be wasted because we will not reach the objectives and we will not sufficiently reduce maternal mortality.

At the end of last week's meeting in Halifax, a press release stated that the countries that had met had arrived at a consensus. The Minister of International Cooperation stated that everyone was going to work on their priorities. In short, there is no consensus for people to work together. One does not get the impression that efforts will be coordinated. We are practically seeing failure even before the G8 meeting next June.

I don't really have a question. These events leave me speechless. The living conditions of these women are being turned into a monetary issue. This has become a political football. We are forgetting that at the heart of the problem, we want to save lives and that to do so, we have to have everything in these initiatives, including abortion.

I don't understand how a country like Canada, where this is a right that women have, is excluding abortion from the measures that we want to offer other women on the planet who are dealing with very serious problems.

How can Canada show leadership—correct me if I am wrong—when it is not meeting its own commitments?

[*English*]

The Chair: Thank you. I'll start with Mr. Fox, and then I'll go to Ms. Camp, Ms. McDonald, and Ms. McTeer.

[*Translation*]

Mr. Robert Fox: My French is awful and so I am going to speak to you in English.

[*English*]

It is a concern, given that Canada, through the Paris Declaration, the Accra Agenda for Action, and all the other initiatives we've taken with respect to our approach to international cooperation, where we are acknowledging the importance of southern ownership and the fact that our responsibility as a donor is to support nations in the south, to have them identify their priorities, to have them identify how they believe systems should be, how the needs and the rights of their citizens should be met and respected, is actually now proposing something whereby we would be forcing governments to the south to keep track of the Canadian money, distinct from the money that's coming from Britain, France, Germany, Japan, and all the other G-8 countries, and all the other countries of the world. It's actually going to create a huge burden on health care systems in the global south, because all of a sudden, they're going to have to start to ensure that they're tracking the Canadian money this way and other people's money that way.

From a perspective of aid effectiveness and value for money and accountability, it isn't a good precedent and it isn't a good signal to send.

● (1620)

The Chair: Thank you, Mr. Fox.

Ms. Camp.

Dr. Sharon Camp: I think we need to focus on where there is agreement. Family planning is not controversial. Although I would love to see leadership from Canada on the issue of reproductive rights and access to safe abortion, certainly we can agree that behind every abortion is an unintended pregnancy. We can prevent those. While we will never completely reduce the need for abortion, we can bring it down very substantially if we meet women's need for modern contraception.

I continue to be embarrassed that my own country, the United States, does not in fact, even under our new government, provide support for safe abortion services. But I'm happy to say that most of the European donors, who are involved in this maternal mortality initiative, do support access to safe abortion. The British are very committed to it. The Danish government has made it the focus of their health programs this year. The Norwegians, the Swedes, virtually all of those who have been in the forefront of the leadership on maternal mortality have also supported access to safe abortion as one piece of the effort to reduce maternal deaths. But let's concentrate on where there is agreement, which is about family planning.

The Chair: Excuse me, I'm going to have to ask that you shorten your answers, please, because we have now gone overtime on this. However, I will give Ms. McDonald an opportunity to say something, and Ms. McTeer. But please be as brief as you can. We've gone well over the time limit.

Ms. Katherine McDonald: Okay. I'll try to be as brief as possible.

I would echo my colleagues, but I would also talk again about the Maputo plan of action. Here is a card setting out the key elements of it. They say the key elements of sexual and reproductive health are adolescent sexual and reproductive health, maternal health and newborn care, abortion and post-abortion care, family planning, and sexually transmitted infections, including HIV/AIDS.

So that's what Africa is asking the world to support. This is what they want, and I think we have a responsibility of privileged people in the global north of providing aid in accordance with the needs, desires, wants, and expectations of African leaders.

The Chair: Ms. McTeer.

[*Translation*]

Ms. Maureen McTeer: I am going to say two things, very quickly. I think that Canada historically has demonstrated leadership in the area of women's equality, women's rights and the health of women. This is a position that was established and developed and cultivated over a number of years. If this really marks the beginning of a change in our priorities with regard to international development, we need a public debate. We cannot just sweep everything away, off the table with one swift movement. We have to mandate a commission of inquiry or have this question put before Parliament. Before we reject everything we have to know why we are doing it and ensure that this is what we want to do. And you are the ones, parliamentarians, who have this responsibility.

Once again, if we are just going to reject in one fell swoop the principles of equality, our promises and our legal responsibility regarding women's equality and the rights of women, we cannot accept that this be done from one day to the next because it happens to be what one individual wishes or one government wishes.

These are principles Canada has always been proud of and for which we have been recognized internationally. We have to protect them, promote them and implement them. I completely agree with Sharon on the fact that it is absolutely essential that we move forward. We cannot slip back. We are women, and there are men also who have wives, partners, daughters, mothers, etc. We are talking about their lives; we have to move forward. We could talk about this indefinitely, but we absolutely have to accept the fact that we have the moral responsibility to move forward with this.

● (1625)

[*English*]

The Chair: Thank you very much.

We now move to Ms. Brown. Are you both sharing?

Ms. Brown first and then Ms. McLeod, from the Conservatives.

Ms. Lois Brown (Newmarket—Aurora, CPC): Thank you very much, and thank you to our witnesses for being here. I certainly enjoyed your presentations.

Ms. Camp, you made a comment in one of your last answers that I think we need to focus on, and that is the areas of agreement. I think that is very important for this discussion because we are talking about women's lives. I've been to Bangladesh, I've been to Africa, I've seen the circumstances, and I understand that we are talking about some catastrophic conditions that women are living in. I have a heart of compassion when I see these women and children and the beggar babies that are on the streets of Bangladesh. It is heart wrenching for everyone.

I think what we are seeing here is that Canada is taking a leadership role. We are recognized on the international stage, first of all for the security and safety of our financial institutions, and that has given Canada credibility in many, many other areas. We are able to take a stand, and stand proud. I am proud to be a Canadian and to know that we are being recognized for these things in the world. I think this has given us the opportunity to take leadership in other areas.

Demonstrating leadership on this maternal and child health has been one that you know of. The MDG goals have had the least attention. Nobody wanted to touch it. No money or little money was put toward it, so at a time when many other countries are cutting back on their foreign aid, Canada has actually increased our budget. Half a billion dollars is going forward in foreign aid. I think that is substantial when we see what is going on around the world. We've chosen a basket of initiatives in which we know that Canada has expertise.

I read from the millennium development goals put out by UNICEF, where it says “Access to skilled care during pregnancy, childbirth and the first month after delivery is key to solving these women's problems—and those of their children.” That's talking from...you know, the majority of deaths and disabilities are preventable, being mainly due to insufficient care during pregnancy and delivery.

Then I was doing some research on the World Health Organization's report. According to the World Health Organization, trained skilled attendants who are able to prevent, detect, and manage obstetric complications as well as provide equipment, drugs, and other supplies, are the single most important factor in preventing maternal deaths. So where Canada has made the decision to put this money into a basket of initiatives, like the EU has done, and saying we are really good at providing clean water and sanitation, those are the areas where we feel we are going to do some real good in the world and have real impact.

I've probably used up my time. I should turn the questions over to Ms. McLeod.

The Chair: Well, there are only four minutes left, so if you expect answers, Ms. McLeod and Ms. Brown, you'd better make sure you get your questions in as quickly as possible.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): First of all, I really appreciate the comments around ultimately needing a comprehensive primary care system. I think that's absolutely critical.

What I really want is an on-the-ground perspective. We talk about emergency obstetrical services being important; how do the 68 countries we're looking at distribute emergency obstetrical services? Are they hundreds of miles away from the majority of the population? Can anyone comment on that? It's probably a very complicated question.

● (1630)

Ms. Maureen McTeer: It depends on the country. We sometimes forget that one of the reasons we can play a leadership role is that we share similar geographies with many of these countries. Some of the technologies we've developed in telemedicine are an example, and how we deal with rural communities or northern communities provides valuable lessons on how we can contribute as well.

Your question is very well taken, because in addition to that, there's very little infrastructure in terms of roads. One of the realities is that you need to have skilled attendants in the community, because they can then make a decision that this person is going to have trouble with her delivery, and if there is no facility in the village or the town, where most of the women will be, she will have to go away. That, in and of itself, is okay, except that if you have to pay when you get there, and you have to be buried in your village, you're not going to go, if in fact you have to pay.

When we talk of being integrated and putting everything together, it's because the issues are so large, but we know how to deal with them at the local level. Maybe you can enlighten us from your own personal experience, but I really do think it's absolutely essential to realize that each country is different. Some countries use the lakes as a method of transportation, or women will be on the backs of bicycles for 30 miles, in labour, trying to get somewhere. It's a bit late then.

Why don't they go earlier? Perhaps it's because they have no money or perhaps they have no one to babysit their kids. Perhaps their husband says “No, you're not allowed to leave the village”, or “I'm not going to pay”, or “I'm not going to get rid of my best cow”, or “I'll marry somebody else”.

These are all elements of their decision-making. That's why an integrated approach, as opposed to a one-off, is so important.

Mrs. Cathy McLeod: I hope to get one—

The Chair: Mr. Fox indicated that he wanted to answer your question as well.

Mr. Robert Fox: I want to emphasize that in many cases we're really talking about midwives. In my personal experience, I was outnumbered 40 to one by health professionals at the birth of my son. Our vision of what birth entails tends to be a little more high-end or high-tech than what we're talking about here.

I draw your attention to one of the charts in the documentation we have. It shows that Niger has a handful of midwives and 14,000 women who are dying every year in childbirth; Sri Lanka has 10,000 midwives and a handful of women who are dying every year. These aren't high-tech solutions; these are integrated, low-scale, and highly labour-intensive solutions, in many cases, but those are the investments that have a huge impact. That's why we want to ensure that the money we're putting into health care systems goes to health care services and not to the accountants following the money trail.

The Chair: Thank you.

That's seven minutes. I'm sorry, Cathy.

Mrs. Cathy McLeod: Excuse me. How many minutes did the Bloc have earlier?

The Chair: Actually, I allowed the witnesses to answer. That was the thing. I didn't allow Madame Deschamps to come up with another question. She only asked the one.

I sometimes want to let the witnesses finish their answers. I allowed Ms. McTeer and Mr. Fox, and they went over the time. To allow you to ask another question would not be appropriate, because I didn't let anybody else ask a question.

Thank you. I think we'll go to a third round. We move to Ms. Mathyssen for the NDP.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you, Madam Chair.

Thank you very much for your testimony. You've added a great deal in terms of scope and depth to this study, and I appreciate it very much.

I want to start with Ms. McDonald, although certainly, please, if you have something to add....

I'm quite fascinated by the Maputo plan of action because one of the things we very often hear is that women have absolutely no control over what happens to them in terms of their reproduction. In some instances, in some countries, they can't determine when or with whom they will have sexual relations, and some of them are very young. The fact that all African nations indicated that abortion was allowed in some circumstances I think suggests that there's some progress or some understanding being made here. I just wondered, in what situations would abortion be allowed. Would it be rape, the mother's life in danger, etc.?

It also seems to me that unless somebody is there on the ground monitoring every single case, if a woman simply needed to have an abortion because there were too many babies to feed, who is going to be there saying, no, you can't have this service?

● (1635)

Ms. Katherine McDonald: Certainly I did a quick look at the grounds on which abortion is legal in Africa, and in light of the Maputo plan of action. In all countries of Africa, abortion is available to save the life of the woman. In about three-quarters of those countries, it's available to preserve the health of the woman. In about more like half to 60% of the countries, it's available in the case of incest, and it's very similar in the case of rape. Even in some cases it's available for social and economic reasons, and in some cases in the case of fetal impairment or abnormality.

Also, there's another very interesting statistic I actually read in an article by Don Martin, in one of his columns. The WHO shows that despite the fact that abortion is legal in each of those countries, only five out of every 100 abortions in Africa is carried out under safe conditions. We're talking about the inability of those nations, despite the political will at the top, to put in place the infrastructure to provide safe abortions. So we're talking about a real problem.

Related to this, if we are to restrict abortion from Canadian aid policies, we have to remember that in most of those countries where women get sexual and reproductive health care, there's only a one-stop shop. There is only place where they get it, and that is, generally speaking, a family planning clinic. If abortion is legal, contraception fails, and they go back to find our what their options are with respect to possible termination of that pregnancy, the practical issue arises of what do they do if that clinic is receiving Canadian aid? Do they say, no, we have to turn you away because we've got Canadian aid pooled in our funding, or is it a situation where Canadian aid won't be available to that clinic at all? So in fact funding for reproductive health with reduce. That will exacerbate this situation where you only—

The Chair: Excuse me, Ms. McDonald. I would like to ask the responders to please try to be as succinct as you can. Thank you. We've now used up four and a half minutes of Ms. Mathyssen's time.

Ms. Irene Mathyssen: It's like holding these people and these clinics at ransom by saying, no, our money isn't going to go for this procedure.

I'm tired of dancing. We've heard the government say they're putting in all this extra money in terms of aid, yet the reality is we promised 0.7% and we're somewhere in the range of 0.32%. Is it time for Canada to just say that we're going to live up to our obligations, we're going to show leadership, we are the host of the G-8 and G-20, and we're going to do 0.7%?

Ms. Katherine McDonald: Yes.

Mr. Robert Fox: Certainly it is disappointing that the government has indicated there will be a cap on further increases in aid in future years, because this again speaks to our credibility as host this year. We are far from 0.7%, and we've already indicated we will be making further savings into the future by capping our commitment, at a time in fact when a significant increase is warranted.

The Chair: Thank you.

Ms. McTeer, Ms. Camp, do you have anything to add?

Dr. Sharon Camp: I have nothing to add on that last question.

The Chair: All right.

You have one minute.

Ms. Irene Mathyssen: Ms. McDonald, Mr. Fox, both of you made reference to the failure to address maternal and child health as a violation of human rights. How does attention to this issue in regard to child and maternal health reflect the broader issue and concerns about human rights and the imperative to protect those human rights? Have we reached a point in this discussion where we can say we have to look beyond the issues we've clung to because this is a matter of human rights on a grand scale?

● (1640)

Ms. Katherine McDonald: Absolutely. If I may quickly answer that, I also think linking it to the ODA Accountability Act and our responsibility to deliver aid consistently with international and human rights standards is extremely important. I would like to see this government do an analysis, do the legal research, to determine whether or not we are complying with those standards in the ODA Accountability Act.

Mr. Robert Fox: Certainly we do see rights as broad and indivisible. Any situation where you're saying we will respect these rights and those rights we won't gets us into very dangerous ground.

Ms. Maureen McTeer: The last point I was going to make earlier in my remarks and didn't have a chance to because I was waxing eloquent about other things is that I believe this Parliament—not this government, this Parliament—needs to re-commit to a human rights model as part of our agenda for women's health generally and reproductive health in particular. I think that's an essential component of moving forward, that we reassure our international partners that we haven't turned our ship around—our equality ship—our commitment to women's equality and to maternal health and moved it in another direction. Only Parliament can do that in terms of reassuring others.

The Chair: Thank you.

We will now go to the second round. The second round is a five-minute round. I'm going to ask everyone to please be succinct. When we have witnesses who have come a long way, I like to give them the opportunity to answer. Perhaps you could try to be more succinct.

We begin with Ms. Simson for the Liberals.

Mrs. Michelle Simson (Scarborough Southwest, Lib.): Thank you, Chair.

I'd like to give my sincere thanks to all witnesses today for opening statements that were not only compelling but powerful.

I did want to address my first question to Ms. Camp. I agree the focus should be on areas of agreement—no question. You went on to mention that if we could make headway in that area, proper family planning would prevent unintended and unwanted pregnancies.

I'm curious. How do we address situations like the Congo, where the media is describing how rape is now considered a weapon of war? How is family planning going to help those young girls? A lot of them are young women, and I would argue there are going to be thousands and thousands of unwanted pregnancies. How do we deal with that?

If there are any of the other witnesses who would like to respond, I'd be interested.

Dr. Sharon Camp: Certainly we've got to provide a whole range of services to the women who've been victimized in that way. Access to safe abortion for those who wish to terminate the resulting pregnancies seems to me to be a basic humanitarian response. But these women need more than safe abortion.

Mrs. Michelle Simson: If rape is described as a weapon of war, this isn't the only region that has suffered this. We heard about thousands of rapes during the Sri Lankan conflict. I'm sure there's going to be that kind of result.

How could a country that has a conscience even consider withdrawing something that could be that essential, based on what's happening globally in some of these regions?

The Chair: Ms. McDonald.

Ms. Katherine McDonald: The Inter-American Commission on Human Rights just slapped Nicaragua for not providing abortion services in the case of a rape of a 10-year-old girl by her stepfather. If we replicate that situation in our foreign aid, I would suggest that we should at the very least be cognizant of the fact that we're violating women's human rights.

The human rights norm is not only to do no harm. This actually provides funding that may in fact result in harm. I think it's a very serious issue.

● (1645)

The Chair: You have two more minutes.

Mrs. Michelle Simson: Do any other witnesses care to comment?

Mr. Robert Fox: We certainly work around the world in conflict situations with literally hundreds of thousands of women who are in those circumstances in Asia, in the Americas, and in Africa most particularly. It is acute, it is criminal, and it requires a systemic response.

A woman dies every eight minutes on this planet from an unsafe abortion. There are many women in situations of conflict who wish they had access to safe services.

Mrs. Michelle Simson: It is a major component.

You made a comment to my colleague across the way in terms of leadership. How effective is leadership when a country like Canada, which has been a leader in the past, is backtracking instead of building on what we signed last year in Italy? How could it possibly be viewed as leadership when we suddenly announce on the cusp of the G-8 that, despite what our Prime Minister said, all options are on the table?

One important component, I would argue, is that it shouldn't be an ideological thing. This is about human rights and health.

What would be your comment on how effective leadership is when something like that transpires?

The Chair: Given that we only have 30 seconds left, I would like to know who feels they have a very good answer to this. Does anyone want to volunteer?

Ms. McDonald.

Ms. Katherine McDonald: Canada showed leadership during the Cairo conference. Canada showed leadership at the Beijing conference. Canada showed leadership at every UN meeting attended throughout the nineties and the 2000s.

We now cannot count on Canada to even use the term “gender equality” at UN forums.

The Chair: There you go. We have finished the round, Ms. Simson.

We now go to Mr. Calandra for the Conservatives.

Mr. Paul Calandra (Oak Ridges—Markham, CPC): Thank you.

Ms. Camp, I'll start with you, because you mentioned this earlier. Correct me if I'm wrong, but does the Helms amendment from the seventies in the U.S. not absolutely forbid U.S. foreign aid going to abortion programming?

Am I wrong in that the Obama administration rescinded the Mexico City policy to support family planning, which Canada supported?

Dr. Sharon Camp: During its first week in office, the Obama administration rescinded the Mexico City policy, which denied U.S. foreign aid to any foreign organization that with its own funds, including funds from its own government, provided any type of abortion counselling or services.

The 1993 Helms amendment, which prohibits the use of U.S. foreign aid dollars for abortion promotion or services, still stands. I would certainly like to see it overturned. I doubt that will happen in the next year or two.

Mr. Paul Calandra: I don't want to cut you off, but I have a lot of questions. But anyway, thanks. So that's still there.

We talked about the Congo. It strikes me that ending the war and then having a democratic government with better health care and trade and better farming and food security would be equally important goals. And if abortion was the only matter that would solve all the world's problems with respect to that, then the recommendations of the MDG Africa Steering Group might be a bit different than they were.

I note that in their report they state...and I'm going to mention some of the things they talked about. They talk about cost-effective strategies and their technologies for the green revolution that can double per hectare yields among smaller farms in a shorter period of time. This is Africa that we're specifically talking about. They also talk about the need to improve crop and livestock husbandry and to adopt sustainable land and water management practices. They talk about a particular challenge, which is the need to reduce donor fragmentation and to channel financing more effectively. They talk about high agricultural commodity prices as being an opportunity for African nations to enter into the field of exporting some of their crops so their economies could grow. They talk about how important it is for developing nations to have trade opportunities and that other nations, particularly in the west, seize those opportunities.

We know that in this Parliament we've been debating the Canada-Colombia free trade agreement that would see us having an ability to trade with a poorer nation and to help some of those poor farmers. That was filibustered by one of the parties here.

They talk about the importance of genetically modified seeds that can resist drought that would help farmers in those areas farm better and have greater yields, which would lead to—

● (1650)

The Chair: I'm sorry, I have a point of order from Ms. Neville.

Hon. Anita Neville: Are we not discussing MDGs 4 and 5, Madam Chair?

The Chair: Yes, the topic for discussion by this committee is very clear, and it pertains to MDG goals 4 and 5, which concern child mortality and maternal health.

Mr. Paul Calandra: Yes. I'm referring to the Africa Steering Group report on that.

The Chair: On MDG 4 and 5 specifically....

Mr. Paul Calandra: It's on MDG, yes, on the millennium development goals.

The Chair: No, excuse me, Mr. Calandra, I think you're not listening.

There are eight millennium development goals.

Mr. Paul Calandra: I understand there are eight development goals, Madam Chair.

The Chair: We are dealing with MDG 4 and 5, and you are discussing—which is Ms. Neville's point—other millennium development goals, so you are off—

Mr. Paul Calandra: I wonder how the George Bush question earlier related to millennium development goals 4 and 5, Madam Chair.

The Chair: Mr. Calandra, will you allow the chair to finish, please?

You have brought in other millennium development goals. That is Ms. Neville's contention, on a point of order. I agree with her point of order because the topic here is specific. We have said so. When I began this, we clearly said what this issue is about, so I would ask you, please, to stick to the discussion in place, millennium development goals 4 and 5, and not any of the other eight. Thank you.

Mr. Paul Calandra: On that similar point of order, Madam Chair, I notice that you didn't step in when we were talking about the former U.S. President. I suppose that was a different thing.

And I suspect—

The Chair: Mr. Calandra, excuse me.

Mr. Paul Calandra: If I could continue, Madam Chair.

The Chair: You also accused me of not stepping in when the former President was mentioned. I think it was also pertaining to MDG 4 and 5, so we were still on topic.

I would ask you to please direct your question so that it's pertinent to the topic we are discussing.

Thank you.

Mr. Paul Calandra: Anyway, to continue, they talk about the need to improve agriculture so people can feed themselves, so mothers and children can have better lives, mothers can be healthier when they are pregnant, and the children who are born to these mothers can have a better start. I would suggest that agriculture and feeding people are very important parts of maternal care, both before and after.

They also—

Ms. Maureen McTeer: Nobody would dispute that. It's an important point to raise because Canada has played a leadership role in terms of agriculture for many years.

Am I to understand that you're recommending we use agricultural technology to create genetically modified and hopefully sterile sperm as part of a solution to this issue?

Mr. Paul Calandra: No. What I'm suggesting is that the report here suggested that there are opportunities to have certain types of proven agricultural crops and seeds that resist drought used in certain circumstances that have been approved so the people in these nations can have better outcomes.

The Africa Steering Group also talks about health care. They talk about the need for essential drugs so we can get medicines there. And they talk about what I think you touched on, Mr. Fox, logistics and care when you're there—

The Chair: Mr. Calandra, excuse me. You have gone over time. You are now at 5 minutes and 31 seconds. You are skirting my ruling here, because you're continuing to discuss what is not pertinent to the millennium goals 4 and 5. I would ask you to please stick to the topic or I will have to cite you in contempt of the chair.

Please, Mr. Calandra. Your time is up anyway, so I will now move on to Madame Deschamps for the Bloc Québécois....

Yes, Mr. Calandra.

Mr. Paul Calandra: On a point of order, please, I wonder if my time included your interventions. Did you stop the clock on the interventions?

The Chair: No, your time is now almost six minutes. My interventions are included in that.

Mr. Paul Calandra: I would just then continue on this point of order.

I guess I interpret agriculture, health care, and infrastructure as important aspects of maternal health, and I'm sorry that you disagree with that as being important for maternal health. I wish I would have had the opportunity to have our guests talk about that.

Perhaps after the meeting we can get together and we can talk personally, because the chair certainly doesn't want to hear about those things.

I leave it to the next person.

The Chair: Mr. Calandra, you are being too cute for words, I will say.

Madame Deschamps.

● (1655)

[*Translation*]

Ms. Johanne Deschamps: Madam Chair, I only have five minutes left and I would have so much to say.

Firstly, to all of you here, could you give us a picture of what an unwanted pregnancy can mean in a developing country?

Secondly, the government is stating that it has doubled its aid. However, this same government announced that as of 2011 it was going to freeze the whole international aid envelope. So there is a paradox. I do not know if you understand the message. We are so very far from the 2015 objectives. Moreover, Canada is 16th in the list of the 20 OECD member countries as concerns international aid, if it is not 18th. I think that we are victims of what the United States experienced during the Bush era. We are being borne on an ideological right-wing wave that is not a fair reflection of Canada, one in which we do not recognize ourselves—this is their Canada, not my Canada.

[*English*]

The Chair: I'm sorry, I have a point of order here.

Madame Boucher.

[*Translation*]

Mrs. Sylvie Boucher (Beauport—Limoilou, CPC): When I want others to talk about what I think, I will give them that right. Here, we are within a committee we have guests and I do not want to be associated with former President Bush. Earlier, someone made a point of order and now it is my turn. We are here to talk about maternal health. If the member wants to support certain ideologies, let her do so with her group, but not with me.

[*English*]

The Chair: Madame Boucher, I feel it is pertinent to the question in the same way that after I made a ruling, I allowed Mr. Calandra to then take his whole agricultural piece and relate it to maternal health. I allowed him to do that, and Ms. McTeer responded to it.

As long as what you're asking eventually has bearing on the particular topic here, and as long as you can relate it to the particular topic, I will allow for people to digress, if they wish. But they must come back to this; this is a piece that pertains to maternal and infant morbidity and mortality, which is what we're discussing here.

I allowed Mr. Calandra to move his seeds and grains piece into nutrition and how that affects maternal health. That was a reasonable thing for him to do.

Madame Deschamps is also relating this to what she considers, in my understanding of her question, to be an ideological issue with regard to maternal health. She's citing an example.

Go ahead, Ms. Deschamps.

[*Translation*]

Ms. Johanne Deschamps: Thank you, Madam Chair.

In any case, I was alluding to what Ms. Camp said herself concerning the conditions that prevailed in the United States and the evolution she would like to see there now.

I put two questions and I would like to hear the answers, please. I am asking for this as a matter of respect for our witnesses.

[*English*]

Dr. Sharon Camp: The first question was, what do we mean by an “unintended pregnancy”? This is a technical definition. It is what women themselves say about a recent pregnancy, that it either was unwanted or that it occurred two or more years earlier than they wanted.

Health risks in pregnancy are greatest if pregnancies occur too early in a woman's life, say, before she's 20, when her body is finally fully developed and ready to bear a child, if pregnancies are too closely spaced together, or if they occur too late in a woman's life. Many unintended pregnancies fall into one or more of those categories.

They involve very high health risks to the mother as well as poor prospects for the newborn and infant.

The Chair: Does anyone else wish to answer the question Madame Deschamps posed?

No?

Mr. Fox.

Mr. Robert Fox: I'd like to respond to her second question, if I may, or make one comment on it.

We're in a situation where it's not yet clear what the consequences are for the other parts of the aid package from the government having identified maternal and child health as a priority. We welcome this priority and think it's an absolutely legitimate priority, and we're absolutely clear that the government has the right to set priorities for Canada's aid.

But at a moment where it isn't clear that the envelope for aid is increasing into the future—we've been told, to the contrary, that it will be frozen—we don't yet know what will be crowded out as a result of this priority. So while it's an absolutely legitimate priority and we support it, we don't yet know what it might mean for other important initiatives, such as initiatives around health, and food security, children's education, and water and sanitation, which we know are integral to the success of this initiative and to the success of the whole package. Right?

If the amount of aid we had were growing significantly, then you would have confidence that this increased investment in maternal health would not perversely undermine some other elements of our vision and commitment as a country. That's an open question for us right now, and we know that in the coming weeks and months, the government will be clearer about the amount of money that's been committed and what it means for other areas of our current aid program.

It would obviously be a tragedy if we were to pull money away from something like the WHO's program on polio in order to fund more midwives. That's a zero-sum game, and we want to ensure that we're not robbing Peter to pay Paul in this situation. So we're hoping that this actually represents new and additional money going forward.

● (1700)

The Chair: Madame Deschamps, you have another 20 seconds, if you choose, for a question and answer.

[*Translation*]

Ms. Johanne Deschamps: Someone said that if we really wanted to see concrete results, all of the initiatives had to be included, including abortion, contraception, family planning, etc. Earlier I was listening to the comments of my Conservative colleagues. Let's take the example of this woman who has 10 kids to feed and finds herself pregnant once again. Will it change something in her life if she is close to a field or sitting on a sac of grain, if she does not have the sexual and reproductive health services she needs to get out of this situation of human misery?

[*English*]

The Chair: I would like one person to please answer that, if they can.

Does anyone wish to tackle that?

Ms. McTeer.

[*Translation*]

Ms. Maureen McTeer: That is the reason, why as Robert said, we absolutely have to agree on the way to move forward since the millennium objectives for development form a whole. An educated woman has better control over her life. A woman who can plan her pregnancies has more possibilities. It must be said that it is the women who deal with the farm. We must not kid ourselves, women are the ones who do the work in Africa.

We now have the opportunity to do something. This has to form a whole. Regarding maternal health, however, there is no progress. We have to wonder why and how we can improve the situation. Whenever I think that a woman dies from an abortion every eight minutes or that every minute a woman dies trying to give a birth, I tell myself that something is not working. You do not have to be a rocket scientist to figure that one out.

As Ms. Camp said, if we have the opportunity to progress we should at least try to do so. Let's stop this ideological debate which is always forcing us to go backwards, rather than asking ourselves as women and as a society how we can find a solution to save the life of that woman with those 10 children, or of women who have been raped, and so on.

[*English*]

The Chair: Thank you, Ms. McTeer.

I will now go to Ms. Mathyssen for the NDP.

Ms. Irene Mathyssen: Thank you, Madam Chair, and thanks again for your very candid and clear answers.

On Monday, Jill Sheffield from Women Deliver was here. We asked her if there were one thing that we should do to improve maternal and child health, what would it be? She said the number one, most significant thing was family planning. Of course, that has to include all the parts of family planning, and certainly abortion is one of them. She implored the federal government to send a representative to the meetings in Washington in June, where there's going to be a summit. We haven't heard anything from the government in that regard.

How important is it that Canada be at the table in June? Do you have any thoughts on that?

● (1705)

Ms. Katherine McDonald: The Women Deliver conference is bringing together 3,500 experts and professionals from around the world, including many development cooperation ministers. Secretary-General Ban Ki-moon is likely to open the conference. There are 80 parliamentarians from all over the world, from every G-20 country and beyond, attending that conference.

It's a few weeks before the G-8 meeting here in Canada. It's an opportunity for our Prime Minister, I believe, to go and show leadership and talk with people who care deeply on these issues, to listen and learn and exchange views that will help him prepare for the summit a couple of weeks later.

It would also be an opportunity for Canada to show its leadership role and regain some of the tarnished reputation that we have suffered over the last several years in terms of our leadership role at the international level. It's a wonderful opportunity to move the agenda forward and build on the momentum that has been growing.

So I think it would be extremely important.... I understand Minister Oda said yesterday that she would attend. But I think it would be really important for him, especially in this year, to attend and talk with President Obama.

Ms. Irene Mathyssen: Any others? No.

I want to ask a concrete question in regard to the human face. We've talked a great deal about the statistics. We say a woman dies every eight minutes from the complications of abortion or childbirth. Twenty million women have unsafe abortions each year, three million of the estimated 8.5 million will need care for subsequent health complications. Rich women, no matter where they live, have always had access to safe abortions. They have always had access.

What we're talking about are poor women. I want to know, what happens to these women? What are the consequences of these unsafe abortions? Can you give me a sense of the human being and what we're saying to this human being when we say, no, you will not have access to Canadian development funds, no abortions for you?

The Chair: Thank you.

We have two minutes to answer this. If anyone feels they want to start this, would you please put your hand up.

Ms. Camp.

Dr. Sharon Camp: It's not only the woman who suffers as a result of the complications of unsafe abortion; it's her entire household.

We have just done some work attempting to estimate the social and economic costs of unsafe abortion in countries like Uganda, Rwanda, and other parts of the developing world. We think the experience of unsafe abortion may be one of those things that helps to tip a low-income household into poverty. These costs represent huge expenditures for the family. They have to be borne by the family.

If the woman lives through those complications, it's likely that her productivity, at least in the short term, will be greatly compromised and her children's health and nutrition are likely to be compromised. We think the costs of unsafe abortion are huge, both in human terms and in terms of economic development.

The Chair: Thank you very much.

That ends that round.

We will now move to Ms. Wong from the Conservatives.

Mrs. Alice Wong (Richmond, CPC): Thank you very much for coming.

I want to bring to your attention that all the G-8 ministers and senior officials responsible for the developmental cooperation met in Halifax, actually not long ago, April 27 and April 28. They laid the foundation for the developmental issues for the G-8 leaders summit. Also, the Minister of Health of Mali, as well as senior representatives from the Organisation for Economic Co-operation and Development, that is the OECD, United Nations agencies and so on, were there.

The reason I listed all of these is that in summary of what they say, they are very much related to what we've been talking about: saving the lives of mothers and children. One of the things they mentioned is accountability and effectiveness in international assistance. We keep saying we want to pour in more and more money, but at the same time, I think these G-8 ministers agree that more determined political action is needed to deliver on existing aid effectiveness commitments, including greater predictability and transparency of aid, reducing transaction costs, and fragmentation. Also, they emphasize the importance of accountability.

That is my first question. I have only two.

The other one is that in all of the panel today, nobody seems to have mentioned anything about children. Nobody seems to have mentioned the importance of nutrition for children. I came from a very humble family in Hong Kong, way back when Hong Kong was needing foreign aid. At that time, my family was able to get some good food for me. Otherwise, I would have died; I wouldn't have lived until now. Also, my mother was able to get good food so that she gave birth to the only son in my parents' family. So in my family history, food, nutrition, and clean water have been very important in raising a family. I'm really disappointed that nobody in our panel actually mentioned anything about that.

Again, the minister has stressed that action is required on factors contributing to improving the health of women and children, such as access to safe drinking water, sanitation, and gender equity. I would like the panel to comment on these few things that have not been mentioned today.

● (1710)

The Chair: Thank you.

Mr. Fox and then Ms. Camp.

Mr. Robert Fox: Certainly, what I tried to do, but perhaps not specifically enough, is make very clear that the women on the front line in the story we are telling today are caught in the eye of a storm. It is the global financial crisis, the global food crisis, the global fuel crisis, the global climate crisis, and the global care crisis. They are being faced with an onslaught from all sides, and they are juggling huge challenges and contradictions in doing that.

The point you make around food and nutrition is absolutely central, and we're absolutely clear about that. It makes a huge contribution and it is an important part of the bigger picture.

I also, though, point out that both in your quote and in Mr. Calandra's quote, there was reference to aid fragmentation. That's what I've been talking about. When different countries are putting different conditions on an aid package.... When they say aid fragmentation, that's exactly what they're talking about: the lack of a coherent, concerted, international response. Canada has committed itself consistently to promoting that, and that's why we're concerned about ensuring that that not be in jeopardy, or that we don't find ourselves starting to put all sorts of conditions on Canadian aid.

The Chair: Thank you.

Ms. Camp.

Mrs. Alice Wong: Did I see you hand this out?

Dr. Sharon Camp: Yes, you did.

One of the reasons we are so focused on maternal and newborn health is that those are two areas where we haven't made much progress compared to the progress we've made on other millennium development goals. Prior to the global recession, there was very substantial progress on child mortality reductions, poverty alleviation, hunger, education—including education for girls—but the area in which we have made the least progress is in maternal mortality and morbidity and that of newborns. Although child mortality has come down very significantly, newborn mortality has not, because it's so closely linked to maternal health.

Mrs. Alice Wong: Can I share my time to allow Sylvie to ask a question?

If you don't want to, it's okay.

Mrs. Sylvie Boucher: I've just arrived. I'm so sorry.

The Chair: Thank you.

We've finished that round, Ms. Wong.

Mrs. Alice Wong: But, Madam Chair, how come mine ran shorter?

The Chair: It isn't shorter. You're over five minutes.

Mrs. Alice Wong: The other peoples' five minutes are longer.

The Chair: Maybe you have perceived that, but we have a stopwatch here, Ms. Wong.

● (1715)

Mrs. Alice Wong: Okay. It's just a remark.

The Chair: Thank you.

We're going to another round. It's a three-minute round.

We will start with the Liberals, Ms. Neville.

Hon. Anita Neville: Thank you.

Again, thank you very much for a long afternoon here.

I'm rustling through papers here. I see the wording of the commitment made last July at the G-8 in Italy, and I see that Canada signed on to it and was clearly committed to accelerating progress on maternal aid through sexual and reproductive health care. I'm not going to read it all.

Then I have in front of me the Maputo plan of action from September 2006 in Mozambique. I see here, in the Maputo plan of action—I don't want to read it all—at number 5 in the introduction, that it "seeks to take the continent forward towards the goal of universal access to comprehensive sexual and reproductive health services in Africa by 2015". If Canada is leading this initiative and in some way its credibility is undermined by isolating a piece of what Africa is asking for, what it had signed on to a year ago, does it in fact compromise the whole initiative itself?

Ms. Katherine McDonald: I think if Canada goes forward and builds on the concepts and the language from last year's agreement—

Hon. Anita Neville: You're talking about Italy?

Ms. Katherine McDonald: Yes, last year's Italy agreement.

If they adopt that again as part of the communiqué and the outcome documents of the summit, that would then lay the groundwork for others not to backtrack or international agreements to backslide. However, it's my opinion, I guess, given the statements made by the development minister yesterday at the foreign affairs committee, that Canada would probably have a restricted level of funding in terms of reproductive health. That would be problematic for Canada, but I don't think it's particularly problematic for the other G-8 leaders who will go forward strongly. What will suffer is Canada's reputation as a leader.

The Chair: Thank you.

We have 12 seconds, Ms. Neville.

Hon. Anita Neville: Can anyone answer in 12 seconds?

The Chair: Does anyone else want to take 12 seconds?

Mr. Fox, 12 seconds, please.

Mr. Robert Fox: Canada is putting itself forward as a candidate for the Security Council next year, and I think the whole world is watching our management of this question.

The Chair: Thank you, Mr. Fox.

Now we will move on to Ms. Brown for the Conservatives.

Ms. Lois Brown: Thank you, Madam Chair—

The Chair: Sorry, before we start, I want to tell you that this is a three-minute session.

Ms. Lois Brown: Thank you. I will do my utmost.

One of the things that Canada has done very well in a leadership role is to build partnerships with outside organizations. I use the example of how we have been able to do a lot of bridging with the Bill and Melinda Gates Foundation.

Are any of you recipients of any of those funds, and can you tell us how that partnership is working?

Dr. Sharon Camp: Are you referring to the vaccine initiative, or something else?

Ms. Lois Brown: Yes.

Dr. Sharon Camp: No, we're recipients of funding in the contraceptive technology area, not the vaccine initiative.

Ms. Lois Brown: I know there are new partnerships that are being worked on. Two weeks ago, our finance minister was in Washington, and I believe it's the world hunger for children organization. Can you comment on those programs?

Mr. Robert Fox: There are Oxfams that receive funding from the Gates Foundation. Oxfam Canada is not one of them because it's seen as American-based, so it's Oxfam America that receives funding.

Ms. Maureen McTeer: I'm sure the Americans and the British have their own private funding that comes. But in the 146 countries, you are all responsible for your own funding. Fundraising has kind of taken a side step, in part because I have fundraising efforts elsewhere, but it's something we'll have to look to in the fall.

I think your point is well taken that Canada's strength has been in building partnerships. It's something we've done forever, but one of the dilemmas we're facing now in building those partnerships is to not move away from the ground norms, as they refer to them—the core principles in development, maternal health, and so on, that really are the starting points for a lot of those partnerships.

You're right that we've been able to build on partnerships, but if we wander too far from the mainstream and allow ourselves to be limited or go our own way for whatever reason—be it ideology, religion, or personal choice—we have to be aware that there will be a price to pay. That may very well be in terms of partnerships and the leadership role we have been able to play as a result of them.

● (1720)

Ms. Lois Brown: I think Canada has taken a real leadership role in starting to build these public/private partnerships. I guess you of all people, Ms. McTeer, would understand how governments have a responsibility to ensure that taxpayers' dollars are spent accountably, and that the revenue stream is a limited resource. So as we go forward, the need to continue to build these partnerships and look for private money to come in will be very important in Canada's future and how we do aid in the future, because all of these things are changing.

Mr. Fox, you indicated that there is a perfect storm going on, and we all have a responsibility to use our resources wisely. Canadian taxpayers want to see that too, so I think we're all looking for the same results at the end of the day.

Thank you, Madam Chair. I've taken my time.

The Chair: Thank you.

Now we have Madame Demers for the Bloc Québécois.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Good day. Thank you very much for being here. I apologize for my absence at the beginning of the hearing.

I would like to know from each and every one of you if you have a suggestion to make to us so that this committee can finally arrive at a common position. As you heard today, some people are for and others against. There are people who do not believe in the relevance of what you are saying, that is to say that contraception, abortion and family planning form a whole. What suggestion could you make to us so that we can act in a concrete manner and convince the government of the relevance of your recommendations and requests?

Ms. Maureen McTeer: I think that Ms. McDonald said it a few minutes ago: we absolutely have to follow up on the commitment made last year in Italy. That is the beginning, it is really the starting point, it is absolutely essential.

We all have to be on the same wavelength. If the government wants to change priorities with regard to international development, health in general and maternal and child health in particular, to the point of refusing a certain type of care to women for religious or ideological reasons, then this has to be debated. We have to see where the discussions will lead us. And you parliamentarians are the ones who will be in a position to change these things. That said, we have to take our current position as a starting point, the one that was adopted last year in Italy.

We also have to consider adding things. A witness mentioned agriculture, nutrition, potable water, etc. At the very least we absolutely have to follow the path that has already been traced. On the issue of maternal health, this should be comparable to the perception of a cancer. Everyone considers cancer to be a serious disease. No one should think that an individual who has cancer is only suffering in fact from a simple pain in the leg.

The definitions already exist. This is really the starting point. We cannot be playing with women's lives in this way. If the government absolutely wants to discuss refusing to allocate public funds to this type of procedure, which is sound, fine, than let's have this debate. In a way, it has nothing to do with our starting point.

[*English*]

The Chair: That's it. Thank you very much.

Now I will go to Ms. Mathyssen for the NDP for three minutes.

Ms. Irene Mathyssen: Thank you, Madam Chair.

I wanted to get back to my question on what happens to these women who endure an unsafe abortion. Ms. Camp gave a wonderful explanation, but Mr. Fox, I noted that you also wanted to intervene, and I'd like to give you a chance to do that.

● (1725)

Mr. Robert Fox: I think a number of them die. But as disturbing as that is, 30 times more survive but survive with deep disabilities and ongoing health issues. Some of you may have had an opportunity to meet women in countries like Ethiopia, where there's an epidemic of fistula. The number of women whose day-to-day lives is absolutely defined by the fact that they cannot control their own bodies because of the damage that was done to them in these circumstances.... It means that their ability to contribute, their ability to lead their families, their ability to be an actor and an agent for changes in making a difference for themselves and their children and their future is completely constrained.

Last year in L'Aquila, I heard the Prime Minister's summation. He was very eloquent and compelling in talking about Canada's commitment to break the tradition of G-8s, where they make promises and don't follow through on them. He said that the things we've signed on to this year in L'Aquila we're going to follow through on. It's really important that we see that to its conclusion.

Ms. Irene Mathyssen: I'd like to pick up on this discussion about Canada and its partnerships. It seems to me, though, that when it comes to aid, when it comes to that commitment, it is absolutely essential that the government be the leader and make a real commitment. Now, the current recession has been very hard on a number of groups. I know I get calls all the time from charities who are desperate. In that vein, has there been an impact on the private money for aid, and how much can we really depend on that private partnership in terms of the kind of aid that we need, that we have an obligation to deliver as a nation?

The Chair: Could we have one person answer that question? We are running short of time here.

Mr. Robert Fox: I'll try to do this very quickly.

The contribution of NGOs and volunteers and church groups is phenomenal, but at the end of the day, given the level of this crisis, you need a health care system. You don't fund ministries of health through charitable dollars. You fund ministries of health through tax dollars, and until those countries in the global south can generate their own resources from taxes, from royalties, or from other sources, we know that they're absolutely dependent on international aid playing a critical role in strengthening the health care systems we need.

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

Finally we'll go to Ms. McLeod.

Mrs. Cathy McLeod: Thank you, Madam Chair.

Certainly I'd like to thank the witnesses, and I really appreciate the conversation we've had today. Certainly as I reflect on the conversation, I keep seeing those graphs that talked about the incredible power of a combination of contraception support and maternal and child health care support and what that can actually do. So I think needing new dollars stands out very prominently in my mind. I understand that was a G-8 commitment.

There's one thing we haven't talked about, and again, perhaps because I'm a new member of Parliament, I don't understand how this translates. We're talking about the G-8 countries and these groups. How do you actually empower and work with 68 different countries in 68 or more different ways, because the way we talk is almost paternal? How do you actually work with the countries and communities in a way that really is respectful of the country and community?

The Chair: That's a very good question.

Ms. Camp.

Dr. Sharon Camp: I think it's important to put on the table the fact that two-thirds of the investment that's now being made in family planning and maternal and newborn health is being made by people in the developing countries, their governments, and private organizations, as well as individual households that are paying for some of this care. They are already carrying a very big share of the load.

Mrs. Cathy McLeod: Again, I'm new. It just seems as though we're talking about something and it doesn't seem that we are engaging in a way that we should be. It sounds as though it's happening. I'm just not aware of it.

Thank you.

● (1730)

The Chair: Ms. McLeod, you have one minute.

Mr. Fox.

Mr. Robert Fox: Well, funding global health care systems certainly is complicated, but we do have the machinery in place to help with that. The World Health Organization and other bodies of the United Nations are there with the explicit mandate to support coherent strategies. The African Union has provided important leadership on this.

It is true that every country has particular circumstances, a particular culture or context, and that they need to respond to their reality. But the numbers of things that are similar are much greater than the numbers of things that are different, in many ways. So this is not something where you need experimentation because we don't know how to do it. We know what we need to do here, and the experimentation is around how to do it even better, how to customize it here, and how to reach that most difficult to reach group there.

But this is much less complicated than some other issues we're dealing with right now. It's about the volume of funding and commitment of resources.

The Chair: Ms. Camp.

Dr. Sharon Camp: One of the things that I meant to say earlier in response to an earlier question was that the single best indicator of a functioning health system is maternal mortality. The better the health system, the lower maternal mortality is. So in terms of accountability, that is one of the indicators that really ought to be part of an effort to hold governments accountable for spending aid dollars well.

The Chair: Thank you, Ms. Camp.

We have bells, and we must end the meeting when the bells begin.

I want to thank the witnesses for coming here and giving us a great deal of information to digest.

I would like somebody to move that we adjourn.

An hon. member: So moved.

The Chair: Thank you.

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