



# 6<sup>TH</sup> ANNUAL GLOBAL PARLIAMENTARIANS' SUMMIT CONFERENCE REPORT



Balancing the Scales of Women's  
Lives in the Countdown to 2015

Canadian Association of Parliamentarians  
for Population and Development (CAPPD)

Ottawa, June 10-11, 2010



# TABLE OF CONTENTS

<b>Introduction</b> .....	3
<b>Continuing the Tradition of Parliamentary Summits</b> .....	4
<b>Parliamentary Engagement with the Millennium Development Goals</b> .....	5
<b>Summit Proceedings</b> .....	9
Opening Ceremony .....	9
Session 1—The Millennium Development Goals: Successes and Challenges in Placing Women and Girls at the Centre of the Development Agenda .....	9
Day 1 Lunch Address—The Feminisation of AIDS and its Impact on Maternal Health .....	11
Session 2—The Global South: A Dialogue with Parliamentarians and Civil Society .....	12
Reception .....	15
Session 3—The Way Forward in the Countdown to 2015 .....	16
Session 4—A Dialogue with Donor Countries: How Reproductive Health and Family Planning can help meet all the MDGs, in particular 1, 5 & 6 .....	19
Session 5—Shared Interests in Making the MDGs a Reality for Women and Girls in the Countdown to 2015: Donor Countries’ Perspectives .....	20
Day 2 Lunch Address .....	21
Session 6—The Global Village: Best Practices and their Impact on the MDGs .....	23
Session 7—An Action Plan that works: Summit Appeal for G-8 and G-20 Heads of State Summit .....	25
Closing Ceremony .....	25
<b>Parliamentary Appeal to G-8 Heads of State and Government</b> .....	26
<b>Conclusion</b> .....	28
 <b>APPENDICES</b>	
<b>Summit Agenda</b> .....	29
<b>Letter to the Right Honourable Stephen Harper, Prime Minister of Canada</b> .....	35
<b>Response from the Prime Minister of Canada</b> .....	36
<b>List of Participants</b> .....	37
<b>Acknowledgements</b> .....	41
<b>Useful Resources</b> .....	43





# INTRODUCTION



*Sixth Annual Global Parliamentarians' Summit group photo*

Parliamentarians from around the world convened in Ottawa, Canada on June 10-11, 2010 at the Sixth Annual Global Parliamentarians' Summit to re-examine the role of parliamentarians in achieving the Millennium Development Goals (MDGs). The summit, which took as its theme *Balancing the Scales of Women's Lives in the Countdown to 2015*, continued a tradition of parallel parliamentary meetings on international development commitments that have preceded the annual G-8 summits since 2005.

The Summit was hosted by the Canadian Association of Parliamentarians on Population and Development (CAPPD) in partnership with the Parliamentary Centre of Canada and focused on women and children's health in the context of extreme poverty and preventable disease. Parliamentarians examined their roles in achieving three MDGs: MDG 1 (Eradicate extreme poverty and hunger), MDG 5 (Improve maternal health) and MDG 6 (Combat HIV/AIDS, malaria and other diseases). Special attention was given to particular challenges encountered when tackling health issues in Indigenous communities.

Parliamentarians also discussed their role in holding their own governments accountable to the commitments they made and the importance of a democratic system in women's health.

The parliamentarians concluded their summit by adopting a strong parliamentary declaration in the form of an appeal addressed to the Canadian prime minister and the leaders of the G-8 countries. The appeal calls for action by the world's governments and urges the developed countries to provide more substantial funding to improve women's health and women's rights regarding sexuality, reproductive health and family planning, particularly in the developing countries and for the most vulnerable groups. It also recommends that mothers and children be guaranteed access to health care and that assistance in reducing maternal mortality reflect the real needs of developing countries in the broader context of the struggle against poverty, illiteracy, sex-based violence, malnutrition, HIV/AIDS, tuberculosis, malaria and violations of women's rights.



# CONTINUING THE TRADITION OF PARLIAMENTARY SUMMITS

The Sixth Annual Global Parliamentary Summit took place two weeks before the Group of Eight (G-8) Summit in Muskoka, Canada on June 25 -26, 2010, and the Group of Twenty (G-20) Summit in Toronto, Canada on June 26-27, 2010. While the G-20 Summit focused on international economic cooperation in the wake of the financial crisis, the focus of the G-8 Summit was on key challenges related to development and international peace and security, with a particular focus on maternal, newborn and child health, and accountability for past promises.

The roots of the Sixth Annual Global Parliamentary Summit extend back to more than a decade earlier to the International Conference on Population and Development (ICPD) in 1994, when parliamentarians from around the world united in Cairo and pledged to implement a Programme of Action to achieve a number of development goals by 2015. This programme has now been integrated into the goals of the United Nations Millennium Declaration signed in the year 2000 in New York by world leaders.

In 2002, parliamentarians from all over the world held their first follow-up meeting in Ottawa after Cairo 1994, to discuss and begin monitoring progress on a biannual basis towards fulfilling their ICPD commitments. The conference was hosted by the Canadian Association of Parliamentarians on Population and Development (CAPPD). The most recent conference took place in Addis Ababa, Ethiopia in 2009.

In the meantime, the Inter-European Parliamentary Forum on Population and Development initiated the first meeting of parliamentarians prior to the 2005 G-8 Summit in Scotland to advise heads of state on development issues of specific concern to Africa, mainly sexual and reproductive health. It was there that the tradition of holding a parallel global parliamentary conference prior to G-8 meetings began.

This practice continues to be upheld as these global parliamentary conferences have proven to be a valuable

forum to deliberate issues of common concern, to share best practices, to initiate global action in parliaments across the world, and to present a united call for specific actions for world leaders to consider at the following G-8 Summits. The parliamentary conferences have built awareness of the role of parliamentarians, provided support for parliamentarians' actions in their respective countries and given them the opportunity to take home tangible goals to influence change.

## **International Parliamentarians' Conferences Preceding G-8 Summits**

**G-8 International Parliamentarians' Conference,  
6-7 June 2005, Edinburgh, United Kingdom:  
Development in Africa**

**G8 International Parliamentarians' Conference on  
Population & Sustainable Development, Moscow,  
Russia, June 8, 2006: HIV/AIDS in Eurasia and the  
Role of the G8**

**G8 International Parliamentarians' Conference,  
May 30-31, 2007 Berlin, Germany: Economic  
Rewards of Investing in HIV/AIDS Prevention  
and Health**

**G8 International Parliamentarians' Conference on  
Population & Sustainable Development, July 2-3,  
2008 Tokyo, Japan: Global Health, Climate Change &  
Food Security**

**Fifth Annual G8 Parliamentarians' Conference,  
Rome, Italy, June 22-23, 2009: Strategic Investments  
in Times of Crisis — the Rewards of Making  
Women's Health a Priority**

**Sixth Annual Global Parliamentarians' Summit,  
June 10-11, 2010 Ottawa: Balancing the Scales of  
Women's Lives in the Countdown to 2015**





# PARLIAMENTARY ENGAGEMENT WITH THE MILLENNIUM DEVELOPMENT GOALS

## Sixth Annual Global Parliamentarians' Summit Focus

**MDG 1: Eradicate extreme poverty and hunger.**

**MDG 5: Improve maternal health.**

**MDG 6: Combat HIV/AIDS, malaria and other diseases.**

The Millennium Development Goals (MDGs) agreed to by world leaders at the Millennium Summit in September 2000 are an ambitious agenda for reducing poverty and improving lives. For each goal, there are also targets which should be reached in all countries by 2015.

Many countries have made significant progress toward achieving the MDGs, and Members of Parliament (MPs) play an important catalyst role in the progress towards accomplishment of these goals. Parliamentarians are mandated to not only carry out their duties in Parliament but also to influence other decision makers and to proactively engage in local and national campaigns intended to accelerate progress in a given country.<sup>1</sup> The central role that Parliaments can play in reducing poverty in the country and attaining the MDGs has been further reinforced in international agreements such as the Paris Declaration on Aid Effectiveness in 2005 and the Accra Agenda for Action in 2008. The MDGs provide a unique reference point to allow parliamentarians to analyse whether agreed-upon development targets are being met and whether poverty is being reduced in their respective countries. Parliamentarians are in a position to raise issues or concerns with their governments in order to adjust MDG-related policies to make them more effective and to better address the needs of citizens.

Ensuring that Parliaments engage according to the parameters of the MDGs not only increases a sense of national ownership but can also lead to improved progress on the road toward development according to the MDGs. Without fully engaging Parliaments in the

MDG framework, it would be even more challenging for countries to reach the ambitious targets set in the MDGs by 2015.

Clear links can be identified among the four primary functions of Parliaments (legislation, oversight, budget scrutiny and representation) and the delivery of MDGs in any given country. Parliaments can also ensure that the necessary enabling legislation to make progress towards the MDG targets is created and implemented. Parliaments can also hold governments and other stakeholders accountable with regards to MDG-related policy implementation.

For instance, a Parliament can assess whether resources are being prioritised effectively towards progress of the MDGs. Representation can take many forms in different Parliaments but will usually include ensuring that citizens, different stakeholders and civil society groups have a voice at the national level in identifying, prioritizing, and setting goals within a given national legislative agenda.

Citizen feedback is a vital component of the process, and might, for example, include soliciting citizen-or citizen-group feedback, to be then utilized in modifying legislation or altering the way in which the law is implemented, including subsequent information-sharing between the legislature and the people it is intended to represent.

Parliamentarians have been steadily working towards achievement of the MDGs in their own countries, by mobilizing resources, bringing about policy and legislative changes, and raising awareness on relevant issues. They have gathered together each year on several occasions to exchange ideas and best practices and to plan further work. At these meetings, Parliamentarians have issued declarations of their commitments to the MDGs, as listed on the next page.

<sup>1</sup> The information in this section on parliamentarians' role in attaining the MDGs has been adapted from *Parliamentary Engagement with the Millennium Development Goals—A Manual for Use in Parliaments*, 2010, issued by the United Nations Development Programme (UNDP) and launched in Ottawa.



## Parliamentary Declarations and Commitments Relating to the MDGs

### 2009

- Addis Ababa Statement of Commitment

### 2008

- Tokyo G8 Parliamentarians Statement of Commitment

### 2007

- Tokyo Parliamentary Statement of Commitment
- Berlin Parliamentary Appeal

### 2006

- Bangkok Statement of Commitment
- Arusha Declaration on Reproductive Health Commodity Security
- Wellington Plan of Action
- Dhaka Declaration of Action
- Riga Parliamentary Statement of Commitment

### 2005

- Declaration of the 2<sup>nd</sup> Regional Conference of Medical Parliamentarians from Latin America and the Caribbean
- Madrid Declaration
- Lisbon Declaration
- Brasilia Declaration
- Edinburgh Declaration
- N'djamena Declaration of Speakers of African Parliaments
- Parliamentary Declaration for the 38<sup>th</sup> session of the Commission on Population and Development
- 49<sup>th</sup> Meeting of the Commission on the Status of Women — “No Step Back — The Whole Platform for Action!”

### 2004

- Kuala Lumpur Statement
- Strasbourg Statement of Commitment
- Suva Parliamentary Declaration
- Almaty Declaration
- South East Europe Parliamentary Declaration
- San Juan Parliamentary Statement
- Canberra Declaration
- Port of Spain Parliamentary Declaration
- Dakar-Ngor Parliamentary Declaration
- Santiago Parliamentary Statement

### 2003

- Rabat Declaration on Population and Development
- Cotonou Commitment

### 2002

- Bangkok Statement of Commitment
- Ottawa Statement of Commitment

Source: List compiled by UNFPA, available at <http://www.unfpa.org/public/parliamentarians>

The emphasis of the Sixth Annual Global Parliamentarians' Summit focused on MDG 1 (Eradicate extreme poverty and hunger), MDG 5 (Improve maternal health) and MDG 6 (Combat HIV/AIDS, malaria and other diseases). The current status of progress towards achieving these MDGs is summarized on the opposite page.

In January 2010, the Prime Minister of Canada announced that maternal and child health would be a priority for the G-8 Heads of State Summit in Canada in June 2010 (his official statement is reproduced in the following pages). The attainment of MDG 5 (Improve maternal health) was therefore brought into greater prominence as the key subject of discussion at the Ottawa Parliamentarians' Summit.



## Progress towards Achieving MDGs 1, 5 and 6: Current Status

MDG 1: Eradicate Extreme Poverty and Hunger	GOAL 5: Improve Maternal Health	GOAL 6: Combat HIV/AIDS, Malaria and Other Diseases
<b>TARGETS</b>		
<ol style="list-style-type: none"> <li>1. Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day</li> <li>2. Achieve full and productive employment and decent work for all, including women and young people</li> <li>3. Halve, between 1990 and 2015, the proportion of people who suffer from hunger</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</li> <li>2. Achieve, by 2015, universal access to reproductive health</li> </ol>	<ol style="list-style-type: none"> <li>1. Halt and begin to reverse, by 2015, the spread of HIV/AIDS</li> <li>2. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</li> <li>3. Halt and begin to reverse, by 2015, the incidence of malaria and other major diseases</li> </ol>
<b>Quick Facts</b>		
<ul style="list-style-type: none"> <li>• The number of people living under the international poverty line of \$1.25 a day declined from 1.8 billion to 1.4 billion between 1990 and 2005.</li> <li>• The proportion of people living in extreme poverty in developing regions dropped from 46 per cent to 27 per cent — on track to meet the target globally.</li> <li>• The economic crisis is expected to push an estimated 64 million more people into extreme poverty in 2010.</li> <li>• About one in four children under the age of five is underweight in the developing world, down from almost one in three in 1990.</li> </ul>	<ul style="list-style-type: none"> <li>• Hundreds of thousands of women die annually from complications during pregnancy or childbirth, almost all of them —99 per cent — in developing countries.</li> <li>• The maternal mortality rate is declining only slowly, even though the vast majority of deaths are avoidable.</li> <li>• Every year, more than 1 million children are left motherless. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not.</li> </ul>	<ul style="list-style-type: none"> <li>• Every day over 7,400 people are infected with HIV and 5,500 die from AIDS-related illnesses. HIV remains the leading cause of death among reproductive-age women worldwide.</li> <li>• An estimated 33.4 million people were living with HIV in 2008, two-thirds of them in sub-Saharan Africa.</li> <li>• Access to HIV treatment in low- and middle-income countries increased ten-fold over a span of just five years.</li> <li>• Malaria kills a child in the world every 45 seconds. Close to 90 per cent of malaria deaths occur in Africa, where it accounts for a fifth of childhood mortality.</li> <li>• 1.8 million people died from tuberculosis in 2008, half of whom were HIV-positive.</li> </ul>
<b>WHERE DO WE STAND?</b>		
<ul style="list-style-type: none"> <li>• The world is on track to meet the MDG target of halving the proportion of people living on less than \$1 a day between 1990 and 2015.</li> <li>• Achievements so far are largely the result of extraordinary success in Asia, mostly East Asia.</li> <li>• The proportion of people suffering from hunger is declining, but at an unsatisfactory pace.</li> <li>• Between 1990 and 2008, the proportion of underweight children under five declined from 31 per cent to 26 per cent in developing regions with particular success in Eastern Asia, notably China.</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal mortality remains unacceptably high.</li> <li>• Most maternal deaths could be avoided.</li> <li>• More women are receiving antenatal care and skilled assistance during delivery.</li> <li>• Large disparities still exist in providing pregnant women with antenatal care and skilled assistance during delivery.</li> <li>• The risk of maternal mortality is highest for adolescent girls and increases with each pregnancy, yet progress on family planning has stalled and funding has not kept pace with demand.</li> </ul>	<ul style="list-style-type: none"> <li>• The global response to AIDS has demonstrated tangible progress toward the achievement of MDG 6.</li> <li>• Knowledge about HIV is the first step to avoiding its transmission.</li> <li>• Antiretroviral treatment has expanded, but continues to be outpaced by HIV infection rates.</li> <li>• Half the world's population is at risk of malaria.</li> <li>• Major increases in funding have recently helped control malaria.</li> <li>• Tuberculosis remains the second leading killer after HIV, but its prevalence is falling in most regions.</li> </ul>
<p>This information was extracted from factsheets issued by the United Nations, available at <a href="http://un.org//millenniumgoals/news.shtml">http://un.org//millenniumgoals/news.shtml</a></p>		





## Canada's G-8 Priorities: Maternal and Child Health Statement by the Prime Minister of Canada

26 January 2010  
Ottawa, Ontario

At the end of January, many global leaders and members of the international business community will meet at the World Economic Forum in Davos, Switzerland. There, Canada will set out its plans as president of the G-8 and host of the G-20 Toronto Summit in June. We remain committed to working with our partners to keep our commitments — including fully implementing government stimulus measures and opposing trade protectionism.

The G-20 has emerged as the world's premier forum for fiscal and economic cooperation. Its members include developed and developing nations alike. Previously, this responsibility belonged to a club of developed nations, the G-8. Going forward I believe the smaller, but still influential, G-8 will focus on security concerns and human welfare. It is incumbent upon the leaders of the world's most developed economies to assist those in the most vulnerable positions.

The plight of the people of Haiti concerns us all and the world's response has been uplifting and encouraging. Within hours of the devastating earthquake demolishing the capital, governments around the world mobilized and coordinated a massive relief effort. Soon after, donations began pouring in as people opened their hearts and wallets to help. It serves as a reminder of the innate human kindness we hold towards one another.

Yet, it should not take a natural disaster to turn our attention to the less fortunate. The world's poor have been hit hardest by the global economic downturn and in these difficult times we must address their pressing needs.

Indeed, tragedy strikes all too frequently on those that can least afford it. The lack of the most basic services can lead to dire consequences, especially for the world's most vulnerable populations. Each year, it is estimated that 500,000 women lose their lives during pregnancy or childbirth. Further, an astonishing nine million children die before their fifth birthday.

This is simply not acceptable. The United Nations had hoped to reduce the number of deaths related to pregnancy by 75 per cent by 2015 as part of its

Millennium Development Goals. It now appears this target will go unfulfilled. What makes it worse is that the bulk of the deaths during pregnancy — experts claim as many as 80 per cent — are easily preventable. There is a pressing need for global action on maternal and child health.

As president of the G-8 in 2010 Canada will champion a major initiative to improve the health of women and children in the world's poorest regions. Members of the G-8 can make a tangible difference in maternal and child health and Canada will be making this the top priority in June. Far too many lives and unexplored futures have already been lost for want of relatively simple health care solutions.

The solutions are not intrinsically expensive. The cost of clean water, inoculations and better nutrition as well as the training of health workers to care for women and deliver babies is within the reach of any country in the G-8. Much the same could be said of child mortality. The solutions are similar in nature — better nutrition, immunization — and equally inexpensive in themselves.

As its contribution to this G-8 initiative, Canada will look to mobilize G-8 governments and non-governmental organizations as well as private foundations. Setting a global agenda for improving maternal and child health is an ambitious plan. But working with other nations and aid agencies on the ground where the need is makes it an achievable goal.

There is other business to be transacted at the G-8 as well as informal discussions on security, nuclear proliferation and the environment. But our focus on maternal and child health will be a priority.

As the Haitian emergency demonstrates, our humanity spans borders as developed nations coordinated efforts to help the sick, people lost under rubble and those left hungry by tragedy. Together, we must do so again. As leaders of the most developed economies of the world, we have an obligation to assist those that are most vulnerable to hardship. Canada hopes members of the G-8 will rally together on this.





# SUMMIT PROCEEDINGS

## Opening Ceremony

The summit began with a prayer delivered by **Elder Bertha Commanda** of Kitigan Zibi Anishinabeg (the Algonquin Nation) in Canada. **The Honourable Don Boudria**, former Minister for International Cooperation of Canada, made opening remarks, urging participants to bring up issues that might be controversial but are important in meeting the MDGs.

**The Honourable Albina Guarnieri**, Member of Parliament (MP) of Canada, moderated the opening session, which focused on setting the agenda for a successful parliamentary summit.

Women's health is at the heart of the issues to be discussed, said **Marie Rose Nguini Effa**, MP from Cameroon and Chairperson of the Committee of HIV/AIDS, Malaria and Tuberculosis and Chairperson of Health, Labour and Social Affairs in the Pan-African Parliament. Parliamentarians have an important role to play in monitoring funds, taking part in committees, making sure national budgets take into account health and gender issues, and encouraging government initiatives on HIV/AIDS, counselling and sexual guidance. Parliamentarians must work to make abortion a priority



*Elder Bertha Commanda of Kitigan Zibi Anishinabeg (Algonquin Nation) (Opening and Closing Prayers)*



*Don Boudria*



*Albina Guarnieri (Opening of Summit)*

in cases of rape and sexual violence and to eliminate impunity for rape. They must also make the effort to share good information and best practices.

A welcome to all was issued by the Chair of the Summit Steering Committee, **Raymonde Folco**, MP from Canada and Chair of the Canadian Association of Parliamentarians on Population and Development (CAPPD). She stressed the importance of the Summit in achieving development objectives and invited participants to engage in conversation to prepare a powerful appeal that would voice parliamentarians' concerns on women's and children's health to the leaders of the G-8 countries.



*Raymonde Folco, CAPPD Chair*

## Session 1—The Millennium Development Goals: Successes and Challenges in Placing Women and Girls at the Centre of the Development Agenda

This first session enabled parliamentarians from several continents to present regional perspectives about the place of women and girls in their society, emphasizing the challenges and possible solutions in that field. The session was chaired by **Raymonde Folco**, Summit host.

Keynote remarks by **Dr. Keith Martin**, MP of Canada, stressed the importance of access to health and other services and highlighted the connection between maternal health, the environment and development. Dr. Martin proposed the establishment of a global fund for maternal health that would work with global organizations such as the United Nations Population Fund (UNFPA) and the World Food programme.

Powerful testimony on the deep-rooted causes underlying Afghanistan's poor conditions in maternal health was delivered by **Dr. Massouda Jalal**, former



Minister of Women's Affairs and twice presidential candidate in Afghanistan. The causes range from poor medical facilities and services, a lack of practitioners and funding, to cultural and societal attitudes towards women and lack of knowledge, literacy and education. Help is required from the international community in achieving cultural, political and social change in Afghanistan. To compensate for the severe lack of women midwives and doctors, a body of female doctors from around the world should work as educators in small villages in the country.

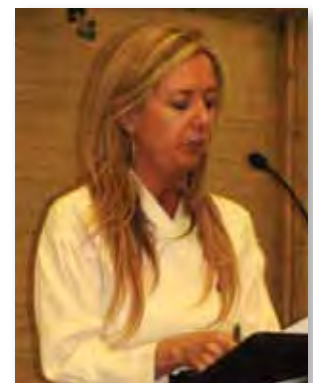
The need for cultural, political and social change was echoed by **Maria Cristina Percival**, Sub-Secretary for the Promotion of Human Rights in the Ministry of Justice, Argentina. Having women as members in the Senate does not necessarily mean that the women are activists in the equality agenda, she observed. Financing and policy mechanisms must be developed so that politicians can better represent the needs of women. While women comprise 40 percent of the working population, most work in the informal sector and a huge wage gap exists. Large-scale migration has taken place in Argentina leading to marginalisation and the loss of rights for migrant women. Violence against women, domestic and institutional, is also a serious issue. Initiatives are needed to address the trade in women and children and drug trafficking. Parliamentarians should also work towards the development of a United Nations (UN) treaty on small and light weapons. To reach MDG 1 (Eradicate extreme poverty and hunger), and MDG 5 (Improve maternal health) women must be present in education spaces.

The link between access to family planning and maternal and newborn health was emphasized by **Dr. Jacqueline Sharpe**, President of the Family Planning Association of Trinidad and Tobago and Chairperson of the Board, Western Hemisphere Region, and President and Chairperson of the Governing Council of the International Planned Parenthood Federation. Dr. Sharpe noted that 25 percent of newborns in developing countries have low birth weight due to poor maternal health. In countries in the Caribbean Community (CARICOM), the rate is as

high as 70 percent. National governments in developing countries are not assigning enough funds to family planning. Without control of fertility, lives are at risk. The profile of maternal deaths has changed: the rates are higher among adolescents and chronic diseases are often the cause. The health care system is overburdened and has limited capacity. Access to family planning and safe abortion would prevent many deaths. An estimated 200 million women worldwide want access to family planning but do not have it. Social stigma may prevent women from seeking needed services. Commitments to funding family planning education and services must be made to achieve the MDGs. Actions taken so far have resulted in progress toward meeting the MDGs but much remains to be done.

**Sumarjati Arjoso**, MP of Indonesia, spoke about the contribution of social policies to the dramatic development of gender equality in Asian countries. Asian countries differ in terms of their ability to address gender inequality and meet the MDGs. Indonesia has ratified the United Nations Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. Policies to increase political participation of women and affirmative action policies have been adopted. Female involvement in development planning has also increased.

**Dr. Kim Barker**, Medical Advisor for the Assembly of First Nations in Canada, spoke on the successes and challenges for Indigenous peoples' health with reference to Canadian First Nations. The challenges include social factors such as discrimination, poverty, low levels of education and the weakening of cultural identity. Indigenous women face double discrimination because of gender and race. In Canada, only 50 percent of First Nations young people graduate from high school, with women twice more likely



*Kim Barker*





to drop out. Declining use of First Nations languages often mean that children cannot communicate with their grandparents, leading to loss in the transmission of culture. Housing is often of poor quality and there are high levels of domestic violence. When women leave home because of domestic violence, the racism they face outside inevitably forces them to return to their homes and abusive situations. Achievement of MDG 6 (Combat HIV/AIDS, malaria and other diseases) must rely on the public health care system seeking out individuals who will not seek treatment. Disease and teenage pregnancy rates are much higher in the Aboriginal population, compared to other Canadians. Teenagers who become pregnant often do not finish school, perpetuating the cycle of poverty. As fertility rates in the Aboriginal population remain high in comparison to the population at large, there is a need to ensure increased access to family planning services for the Aboriginal population. Young Aboriginal mothers face many challenges regarding food security. Large numbers of children are taken into protective custody because they cannot be financially supported. The cost of childcare prevents many mothers from seeking care for their children. All such factors have an impact on mental health: one third of First Nations women think of suicide, and one fifth have attempted it. Indigenous people should have increased representation in decision-making bodies and increased access to education and health care. Aboriginal child and maternal health should be made a priority in the G-8 maternal health initiative.

**Senator Agnes Kayijire** of the Parliament of Rwanda, reported that Rwanda, after a terrible period of genocide, has been rebuilt with women in the forefront. The country has committed itself to improving the status of women and has already seen concrete results. Women have improved their position in political life and are present in the judiciary, in the Supreme Court and in the Council of Ministers. The 30 percent mandatory level for representation stipulated in the 2003 Constitution has been surpassed. Despite these advances, women are still not on an equal footing in all areas, due to limiting factors such as poor education, ignorance and lack of

economic opportunities. Laws are needed on all levels. In Africa, economic and social obstacles still keep women in an inferior position, preventing them from accessing rights such as health care. Women are working in the informal sector and without social protection. Their reliance on fathers and husbands means that they have no ability to make choices regarding sexual health, pregnancies and AIDS. Furthermore, women have little or no access to education and hence have very little chance to access information on health. Discrimination is another obstacle. Many laws are influenced by cultural stereotypes so that women cannot inherit land or access bank loans and bank credit. Such laws have an effect on women's health. In some cases, outdated religious beliefs, forced marriages for minors and female genital mutilation also contribute to the poor health of women. Violence is yet another factor, as is the inadequate health system in Africa generally. Maternal mortality, while on the decline, is still quite high in Rwanda. The country has implemented innovative strategies such as performance-based pay, promotion of the use of hospitals and clinics, mobilization of the use of cell phones for health services, audits of maternal birth and performance contracts to reduce maternal mortality and improve specific tests for HIV/AIDS and family planning. Rwanda is committed to the MDGs and the President of the Parliament of Rwanda is co-chair of the committee that will evaluate the MDGs in September 2010.

### **Day 1 Lunch Address— The Feminisation of AIDS and its Impact on Maternal Health**

HIV/AIDS is not just a viral infection; it is a women's disease and gender discrimination and violence are the root causes. This was the message of the lunch address delivered by **Dr. Margalit Lorber** of the Rambam Medical Centre, Haifa, Israel. The previous assumption that the disease is predominantly associated with males is now obsolete: according to the United Nations Joint Programme on HIV/AIDS (UNAIDS), over 50 percent of HIV cases are found in women. Eighty percent of HIV infections in women occur in marriage or in long-term



relationships with partners. Gender discrimination and violence are driving the epidemic. Women lack negotiating power, social control and economic independence. Female genital mutilation, child marriage and widow inheritance fuel transmission. Attitudes and behaviour of men are critical to change. As women and girls represent 75 percent of those caring for people living with AIDS, their opportunities for economic participation are limited and the cycle of poverty is perpetuated. Many women avoid testing and treatment for fear of abandonment and other repercussions. Possible solutions to these problems include promoting access for pregnant women to early testing, providing access for women to antiretroviral drugs, providing information and services to women to prevent pregnancy and mother-to-child transmission, promoting tolerance for HIV-positive women who decide not to have children, and providing treatment for infected mothers. Greater access to education is key: each additional year of school leads to a ten percent decrease in risk for HIV. Beyond these initiatives, interventions focused on changing male sexual behaviour can also make a difference.

A lively discussion followed, moderated by **Tony Martin**, MP of Canada. Dr. Lorber agreed with a comment that the key organizations are not focused on the necessary solutions; there has been no success in terms of education and the prevention of transmission, and these areas should be a major priority in the G-8 Summit. She however, disagreed with a comment that the ABC method (Abstain, Be faithful, Condomise) had worked in Uganda and referred to the HIV infection rate in that country.

Calls were made for resources to target vulnerable populations in prevention and for greater access to medication, the modernization of laws and the development of a treatment package including tests, resistance tests and second line drugs. Comments were also made about the effectiveness of harm reduction strategies. Dr. Lorber observed that countries in Eastern Europe, the Ukraine and Russia were likely to become the “second Africa” in terms of HIV/AIDS infection, if more is not done in the next ten years.

A parliamentarian suggested focusing the discussion on global health instead of just one disease such as AIDS. In addition to deaths from disease, 70,000 women die every year following an illegal abortion. Globally, attention needs to be focused on taking charge of women’s health; the issue is not simply one of health but also concerns dignity. The countries of the North should help those of the South develop their health systems and strengthen women’s health.

A parliamentarian noted that improving education is often cited as a solution to the HIV/AIDS problem, but this is a long-term plan while short-term action is need. Everyone should be given the opportunity of knowing his or her HIV status and should be tested at his or her own convenience, as has been done in Uganda (where there has been a 90 percent acceptance rate). If every eligible person is treated, the viral load in people’s blood and the transmission potential in that community will be reduced. Countries of the Organisation of Economic Co-operation and Development (OECD) should continue to devote 0.7 percent of their GDP towards development aid.

Dr. Lorber confirmed that it is definitely men who are the main carriers of HIV/AIDS.

## **Session 2—The Global South: A Dialogue with Parliamentarians and Civil Society**

This second session presented perspectives from speakers from Africa, Canada, Latin America and the Caribbean on “Making the MDGs relevant to the G-8 and G-20 Heads of State” and was moderated by **Svend Robinson**, former MP of Canada and currently Consultant, Parliamentary Relations, for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**Jacqueline Mahon**, Senior Policy Advisor, Global Health, the United Nations Population Fund (UNFPA) provided opening remarks. She spoke of the power of the MDGs as a catalyst to fight poverty and sustain the cause of development. Progress in the achievement of health-related MDGs will also support the achievement of other MDGs; however, the health-related MDGs will not be achieved by 2015 unless effort is escalated and





From left to right: Kim Barker, Hazel Brown, Svend Robinson (Moderator), and El Hadji Malick Diop.

commitments renewed. Sexual health has a direct impact on poverty and production. Two hundred and fifteen million women have an unmet need for family planning. Family planning would prevent half a million unborn deaths. The lack of essential health services perpetuates a cycle of continual poverty. Women and girls make up 60 percent of the world's poorest people. Good maternal health also has wider social and economic benefits such as lower population growth and benefits to households. Economic growth is driven by women, and billions are lost in productivity as women die during and after childbirth. Three points were emphasized in conclusion: protect what has already been achieved, do not go back, and scale up. Current investment must be doubled in order to reduce current maternal mortality by 70 percent.

**El Hadji Malick Diop**, MP from Senegal, observed that no one can foresee the future behaviour of vulnerable populations that can affect the environment and relationships between the North and South. HIV/AIDS, malaria and other diseases develop due to the environment. As each country's economic



El Hadji Malick Diop

development must rely on its own population, the three health MDGs are the fundamental pillars of development. Policies that target poverty and improve maternal health should be the priorities of all national economies. Mr. Diop called the attainment of the MDGs by 2015 a "titanic task," one that is almost impossible and expressed despair at the high rates of maternal and child death in sub-Saharan Africa. Possible solutions include the implementation of decentralization policies that would allow local populations to take charge of their own issues and involve local elected officials in implementing the MDGs, the development of strategic documents targeting poverty, and the adoption of a multi-institutional, grassroots approach. There have been positive results from work in Senegal and Mali on water systems, food storage for livestock, artificial insemination, and the production of onions. These initiatives have inspired similar programmes in other countries. The African Union has adopted the principle of absolute equality which furthers the equality of women at the decision-making level.

**Niki Ashton**, MP of Canada, presented the perspective in Canada. She spoke of how her constituency faces challenges that are rarely heard of in the rest of Canada, such as inadequate housing and inadequate access to safe drinking water. Canada's announcement of maternal and child health as a priority at the G-8 Summits indicates that



Niki Ashton

Canadians would like to see the world come together to discuss these issues and make a difference; however, such a process must include Canadians discussing maternal and child health in Canada. In terms of infant mortality, Canada has progressed over the last century, but the statistics show 8.0 deaths per 1,000 live births for the Aboriginal population, 1.5 times higher than the Canadian infant mortality rate of 5.5. As well, young



Aboriginal women are seven times more likely to become pregnant than non-Aboriginal women.

In 2002 Aboriginal persons comprised 5 to 8 percent of prevalent infections and 6 to 12 percent of new HIV infections in Canada, a ratio that is disproportionate to the representation of the Aboriginal population in Canada. Despite a commitment to devote 0.7 percent of its GDP to foreign aid, Canada's current contribution to foreign aid stands at only 0.33 percent of GDP. Countries are now turning their attention to the economic crisis, tightening their belts and looking inwards. Parliamentarians must speak up for empowering the community through education or through investment in healthcare, so that women and children all around the world are healthier and better off.

Although there has been progress in some parts of the world in terms of women's rights and women's health, international assistance is still a very important factor in achieving MDGs worldwide, observed **Maria Antonietta Saa**, Chair of the Inter-American Parliamentary Group on Population and Development (IAPG) and a Chilean Member



*Maria Antonietta Saa*

of Parliament. Ms. Saa described the challenges and problems faced by women in Latin America and the Caribbean. In Chile, family planning has contributed to lowering the number of deaths and there has also been a drastic reduction in infant mortality. Sex education is important in reducing the age of sexual action. Current fertility is above the desired ratio. For example, in Bolivia, the birth rate is 2.9 times more than what people want, which means many unwanted pregnancies. Statistics show unequal use of birth control among the Latin American countries, a difference arising from differences in income. Abortions are illegal, even health-related ones. Support is needed to achieve the MDGs, gender equality and the empowerment of women in the region.

Parliamentarians in the region have received letters from the Catholic Church asking them not to promote birth control because it opens the door to abortion. It is vital that the message be heard at the G-8 meeting that birth control promotes not abortion, but the dignity and equality of women. Sexual rights have to be recognized as a way to prevent poverty and resulting infant or mother mortality.

**Hazel Brown**, Coordinator, Network of NGOs for the Advancement of Women in Trinidad and Tobago, presented the Caribbean perspective. In the last election in Trinidad and Tobago, citizens elected a woman as the new Prime Minister, and the Official opposition has a woman leader in the House and in the Senate. The recent financial crisis cannot be allowed to deflect attention from the most basic inequalities. The crisis has constrained fiscal space for families, affecting both men and women, but women more so as they already live in poverty and suffer discrimination. Women's poverty demands attention because of its multiplying effect: when women are poor, children are poor. Women bear a disproportionate burden of care and spend more of their income on household expenses and childcare. Women's participation in political decision-making at all levels is key to achieving the other human rights; women's voice, leadership and accountability must be a part of the solution. Recommendations for the G-8 leaders include: promote greater gender



*Hazel Brown*

greater gender



*From left to right: student volunteers Gamal Hassan and Adrian Clarke with Eleni Theocarous.*





balance and representation; strengthen partnerships with civil society; provide support for traditional microcredit programmes through which women can gain access to their own security; train midwives; provide full access to affordable, culturally-sensitive maternal healthcare; and provide support to teenage mothers to continue their education.

Key points of the discussion that followed the presentations are summarized below:

- Developed countries should be making decisions with and not for developing countries. If partnerships for the Global Fund are not working, it is because they are not working on the ground with elected representatives.
- All the difficulties that have been discussed start with poverty. Many issues are inter-related: development is and has been affected by pandemics, health problems, lack of human security, environmental challenges, and lack of income creation opportunities. Synergy among efforts focusing on these issues is required if the MDGs are to be reached by 2015.
- The policies of the G-8, the World Bank and the International Monetary Fund (IMF) in developing countries must be based on the realities and government administration in each country.
- Canada is one of the G-8 countries, yet its Aboriginal population faces many challenges, including high child mortality rates. There have been advancements in the way services are delivered but these are insufficient. There is a need to listen to the voices of Aboriginal peoples and to implement local approaches.

- Investment should be made in primary health care and not in combating specific diseases. Much can be done which does not require a lot of resources, such as family planning, micronutrient supplementation, and reducing the viral effectiveness of diseases.
- Canada has had a reputation as a generous country and one that is friendly to women. However, few Canadian government representatives are present at this Summit and recommendations brought forward may not be heard.
- The message to bring forward is: bring about basic rights for women and get men to become responsible for their own role in reproduction. The focus should be on primary care and not on treating maternity as an illness.

### Reception

The first day of the summit concluded with a reception at the Westin Hotel, hosted by the United Nations Millennium Campaign. The occasion was used to launch the 2010 edition of the UNDP Manual for Parliamentarians entitled Parliamentary Engagement with the Millennium Development Goals. Following remarks made by **Sering Falu Njie**, Deputy Director of Policy of the UN Millennium Campaign, the Honourable **Dr. Tumwesigye Elioda**, Member of Parliament from Uganda and Chairperson of the Ugandan Sub-Committee of Parliament for HIV/AIDS, Population and Development gave the special address. As a leading advocate within the Network of African Parliamentarians on the MDGs, he pointed out that the role of parliamentarians is crucial in the fight to improve the conditions of women and children in Africa and other parts of the developing and developed world.

*Delegates at the reception*





### Session 3—The Way Forward in the Countdown to 2015

Royal Galipeau, MP of Canada, chaired this session which focused on next steps and the role for parliamentarians in advancing the agenda for MDG 1 (Eradicate extreme poverty and hunger), MDG 5 (Improve maternal health) and MDG 6 (Combat HIV/AIDS, malaria and other diseases). Opening remarks were made by **Dr.**



*Fen Hampson*

**Fen O. Hampson**, Chancellor's Professor and Director, the Norman Patterson School of International Affairs, Carleton University, and member of the Summit Steering Committee, who proposed the creation of an action group of parliamentarians that would play a key role in monitoring commitments towards the MDGs' progress.

Rapporteurs from four different Working Groups gave presentations on their discussions held the previous day focusing on issues and points to be raised in the Parliamentarians' Summit Appeal to the G-8 Heads of State.

The discussion of the Working Group on MDG 1: Eradicate extreme poverty and hunger was facilitated by **Joyce Murray**, MP of Canada and featured as a discussant **Sharon Camp**, President and CEO of the Guttmacher Institute. **Dennis Howlett**, Coordinator, Make Poverty History Campaign, Canada, presented the highlights of the group's discussion, which were as follows:



*Dennis Howlett*

- Holistic solutions are needed to attain the MDGs but it is important to start with the basics such as health and education, of which women and maternal health are critical components.
- Experiences were shared about successes in reducing poverty in countries such as Ireland and Uruguay. In many places, the poor are still excluded. Poverty is a vicious cycle that must be broken. Many curable diseases become fatal when aid is lacking—these diseases need to be treated.
- Money for the military can be better spent elsewhere. Progress has been made in those places where war is absent and investments have been made in MDG priorities. These places are mostly countries that are democratic, and in which civil society and accountability exist.
- Sunshine (green energy) and breast milk are free and their use should be promoted.
- Compared to other areas such as debt cancellation, the least progress has been made in the area of trade. Africa cannot compete in the international trade arena because trade subsidies by other countries provide an unfair advantage to their economies. Trade negotiations that were meant to give priority to developing countries have failed.
- Progress has been made in addressing hunger, up until the recent global economic crisis and the development of growing concerns with the environment. Underlying problems in these areas need to be tackled. Technology transfer is needed for action on greenhouse gases, carbon dioxide reduction, and farming adaptations. The hungry are not the ones who have caused climate change; those who caused it need to fix it.
- More work should be done on family planning. Education is essential, especially for the use of new technologies. G-8 leadership is needed to address corruption by reducing banking secrecy and promoting transparency. Multinational corporations





and banks are taking out profits and avoiding taxation that could be used in health and education.

- Legislators must keep governments accountable, work on poverty reduction plans and review World Bank and IMF plans and reports, to make sure that available resources are used properly. Issues such as migration to cities and women's access to land must be taken into consideration.
- There is a need to be reassured that there is commitment to reaching the MDGs by 2015. Other issues that must be taken into consideration include food security for all, and recognition of the right of humanity to participate in decision-making.

The discussion of the Working Group on MDG 5: Improve maternal health was facilitated by **Dr. Carolyn Bennett**, MP of Canada, and featured as a discussant **Jose "Oying" Rimon**, Project Manager, Family Planning, the Bill & Melinda Gates Foundation. **Dr. André Lalonde** of the Society of Obstetrics and Gynaecology of Canada presented the highlights of the Working Group's discussion, which are summarized below:

- Funding of women's health is not an expenditure; it is an investment.
- International pressure on government to make maternal mortality a priority is essential.
- Donor countries should not impose restrictions on practices in aid-recipient countries that they support in their own countries.
- Separate funds for natural disaster relief should be implemented worldwide so that regular recurrent funding for women's health is not impacted.
- Family planning together with maternal and newborn interventions can potentially substantially reduce maternal and newborn mortality.
- Major investment in skilled attendants at birth, from the community to the first referral level, is strongly needed.

- Community efforts to improve maternal health are a key strategy, such as the grandmother model, with home visits by community workers and emergency preparedness, using technology such as cell phones.
- Maternity centres must offer culturally-respected practices in a holistic women-centered approach (such as choosing the birthing position and allowing family participation).
- Increasing the educational level for all girls and women is key to strengthening the labour force, increasing household wealth and decreasing maternal mortality.
- Maternal mortality in wars and conflict zones must be addressed. Women and girls are being targeted for extreme violence and rape.
- Domestic and sexual violence continues to be a major barrier to the health of women and their newborn babies.
- All citizens, political and religious leaders, men, women's groups and youth must be engaged in a common effort to scale up interventions to reduce maternal mortality.

The discussion of the Working Group on MDG 6: Combat HIV/AIDS, malaria and other diseases was facilitated by **Johanne Deschamps**, MP of Canada and featured as a discussant, **Adrienne Germain**, President, International Women's Health Coalition. **Nicci Stein**, Executive Director, Inter-Agency Coalition on Aids and Development, summarized the issues mentioned in the Working Group discussion, as follows:

- Difficulties exist in many areas, including paediatric access to medicine, sexual reproductive programmes in schools, safe abortions, female genital mutilation, early marriage and polygamy. These need to be reversed to prevent HIV infection.
- There is a lack of health personnel.
- There is a need to speak out more about intense discrimination against women in the name of culture.



- Aboriginal people face a disproportionate share of challenges and inequities, in Canada and elsewhere.
- Gender discrimination plays a key role in the issues faced by women in fighting HIV/AIDS. More than 0.7% of Gross National Income needs to be designated for overseas assistance. This applies to Canada as well, whose Official Development Assistance (ODA) budget has been frozen to its 2007 level.
- Donors to the Global Fund must listen to the voices of recipient countries and step up funding.
- Sex-disaggregated data is required to see if there is any real progress in women's health.
- For the first time in decades there is a convergence of interest on topics such as contraception, safe abortions, birth attendance, prevention and treatment of sexually-transmitted diseases, including HIV/AIDS, and sex education. There is also commitment to act on combating tuberculosis and malaria.
- New promises will not help when previous promises have not yet been fulfilled.
- Inter-generational sex plays a role. Young women have no control in this aspect.
- Reliance on donor funding must be reduced and existing donor money must be better used. Programme efforts should be harmonized.
- Women need an affordable and accessible package of integrated services close to where they live. These services can also benefit everyone in the community.
- Parliamentarians must stand up against discrimination against vulnerable groups such as men who have sex with men, sex workers, prisoners, children and drug users.
- To see real impact, all MDGs must be strengthened as they are all inter-related. Progress towards one MDG should not be penalized in efforts to reach another. The Global Fund must be replenished this year so that the MDGs are reached.

The Indigenous Peoples' Working Group featured three discussants, one for each MDG. The discussant for MDG 1 (Eradicate extreme poverty and hunger) was **Joyce Ford** from Pauktuutit Inuit Women of Canada. **Jessica Del Rio**, Executive Director from the Treasury Board of Canada Secretariat focused on MDG 5 (Improve maternal health), and **Dr. Kim Barker** of the Assembly of First Nations focused on MDG 6 (Combat HIV/AIDS, malaria and other diseases). Dr. Barker presented highlights of the Working Group's discussion, as follows:

- There are 370 million Indigenous peoples in 70 countries, and 15 percent of the world's poor are among these people. To attain the MDGs, the poorest, including the Indigenous poor, must be reached. Current data is insufficient; disaggregated data is required to ascertain reach.
- There are big disparities between the Aboriginal and non-Aboriginal populations in Canada, the United States, Australia and New Zealand. In terms of improved maternal health, it is a bigger challenge for Indigenous women to access good services. There is value and importance in Indigenous women being able

**Figure 1: Health Gap between Indigenous and Non-Indigenous Peoples**

Indigenous health indicator gap					
Aboriginal (non-aboriginal)	Canada	US	AUS	NZ	Greenland (Denmark)
Life expectancy in years m/f	69:77 (77:82)	73:79 (75:81)	67:73 (77:82)	66:71 (78:81)	75.5:80.2
gap	8:5.5	0:1	Adjusted 10:5	8:9	
Infant <one year MR/1000	6.4/5.2	8.7/6.8			na
HIV % of new infections	1.2	1.9	7.3	3.1	
gap	20	2:10 <sup>6</sup>	40% greater prevalence	8.8:10 <sup>6</sup>	
Suicide/10 <sup>5</sup>	24(11)				105/10 <sup>5</sup>
gap	13/10 <sup>4</sup>	6.5/10 <sup>4</sup>		8.2/10 <sup>4</sup>	
TB/10 <sup>5</sup>	25.3(4)	5.4(4)	6.9(5)	8.5(7)	60(7)
Factor	6.5X	1.4X	1.4X	1.3	8.5

Prepared by Kim Barker as part of her report on the health care of Canada's Indigenous peoples.





to deliver babies in their own communities and have their own language, traditions and culture respected during delivery. Traditional births and safe midwifery practices should be promoted.

- MDG 6 (Combat HIV/AIDS, malaria and other diseases) cannot be attained without addressing these diseases in Indigenous populations. In Canada, most people are not even tested for tuberculosis and HIV. One-quarter of HIV cases in Canada occur in Aboriginal women and 50 percent of HIV cases among women in Canada occur in the Aboriginal population.
- Indigenous peoples face unique challenges and need to be globally recognized in the work to reach the MDGs. Disaggregation of data for Indigenous peoples is strongly recommended, and funding should be made available for those who work with Indigenous peoples. The inclusion of Indigenous people should be a requirement for all projects funded by the World Bank and the IMF, as well as by the Global Fund.

Discussion ensued following questions and comments from the floor. The key points raised are summarized below:

- The MDGs need to be looked at as a whole. Complete and universal policies must be recommended.
- Parliamentarians can become more involved in working on the MDGs through inter-parliamentary forums.
- Corruption is a reality in many countries and should be addressed during the G-8 Summit. While Canada should be acknowledged for its initiative in raising the issue, Canada's efforts to include transparency in governmental affairs should be carried out in partnership with developing countries.
- Funding of women's health is an investment that benefits everyone.
- If it is difficult for Indigenous peoples in Canada, it is so much more so for Indigenous peoples in developing countries that have fewer resources. Indigenous peoples in developing countries should get specific funding and programmes.

- Decentralization is of key importance. Program initiatives should ask the people involved what is needed—ambulances are of no use if there are no roads.
- Breast cancer and uterine cancer are a plague that is striking women in many developing countries, destroying families in which the woman is the head of the household.
- The issue of urbanization must be considered. If progress or success is to be achieved for MDG 1 (Eradicate extreme poverty and hunger), infrastructure must be improved so that people can stay in their homes or places of origin. People must stay in the rural areas if agriculture is to be supported.
- There is a need to push for women in leadership so that women's voices are represented. Institutional mechanisms are needed to support the representation of women.

#### **Session 4—A Dialogue with Donor Countries: How Reproductive Health and Family Planning can help meet all the MDGs, in particular 1, 5 & 6**

Senator Dennis Patterson of the Parliament of Canada moderated this session which featured presentations on initiatives in reproductive health and family planning.

The first speaker was **Dr. Tore Godal**, Special Advisor to the Prime Minister of Norway, and Co-Chairman of the Innovation Working Group of UN Secretary-General Ban Ki-moon's Joint Action Plan for Maternal Health. MDG 4 (Reduce child mortality), MDG 5 (Improve maternal health) and MDG 6 (Combat HIV/AIDS, malaria and other diseases) must be linked to each other, he said, and innovation can accelerate progress towards these MDGs. Examples of innovative initiatives include paying women for going to hospital in India, and the use of cell phone technologies in the delivery of maternal health care. Unless all stakeholders commit to close the funding gap, the MDG targets will not be reached. The Innovation Working Group of the UN Secretary General wishes to utilize all mechanisms at hand to reach maternal health goals.



**Dr. Michael Clarke,** Director, Research on Health Equity, International Development Research Centre (IDRC), Canada, spoke on “Research for Development”. Health research at IDRC is concerned with how



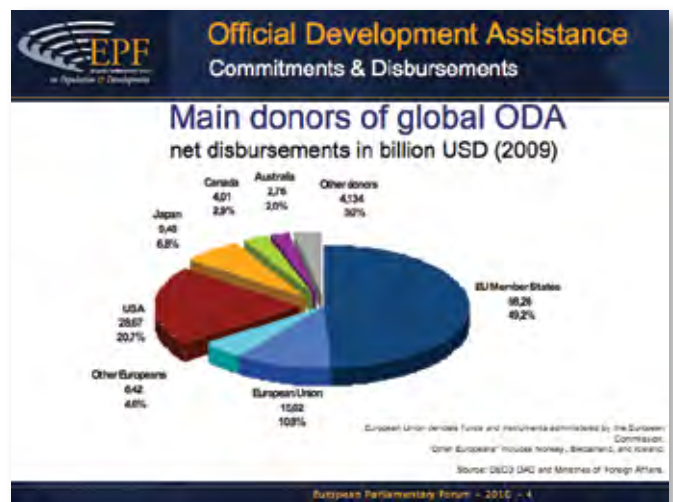
Michael Clarke (left) and Leonard Edwards

reproductive health planning affect MDGs 4, 5 and 6. IDRC believes that building capacity in the South is the cornerstone of development. Created by the Canadian Parliament and primarily funded by the Government of Canada, IDRC has an international board of directors and researchers in the developing world set its agenda. The centre links researchers, practitioners and decision makers, creating partnerships and building the skills of individuals and institutions. The central principles underlying IDRC’s approach towards MDGs 4, 5, and 6 are ensuring evidence-based solutions, capacity building and influencing the root causes of the problem. IDRC has a very fundamental approach towards maternal health and is reviewing immediate care around pregnancy and delivery. In Kenya, IDRC is working on a mobile phone system and on registering and monitoring all children under five years of age. In Burkina Faso, IDRC has worked on removing user fees for pregnant women seeking care. In South Africa, IDRC has strategically addressed HIV/AIDS issues and collaborates with donor funders to complement each other’s work.

**Session 5—Shared Interests in Making the MDGs a Reality for Women and Girls in the Countdown to 2015: Donor Countries’ Perspectives**

This session was set aside for donor countries to provide their perspectives on the MDGs. Speakers from France, Great Britain and Australia repeated the commitments of their countries while pointing to delays in the achievement of the MDGs for 2015. They also stressed

**Figure 2: Official Development Assistance—Global Health Spending in 2008**



Note: The above slide formed part of the presentation by Neil Datta.

the obligations of their countries to the countries of the South, in explaining the problems that still exist, even in developed countries, in achieving MDG5: Improve maternal health. The session was moderated by **Senator Dennis Patterson** of the Parliament of Canada.

First, **Neil Datta**, Secretary of the European Parliamentary Forum on Population and Development, gave an overview of donor commitments related to MDG 5 (improve maternal health). Overall, the United States is the number one donor of development aid in this



Neil Datta

area, followed by countries of the European Union. G-20 countries such as Turkey and South Korea, countries that were recipients of aid not long ago, are joining the donor countries. The biggest donors of development aid for health come from the G-7 group. The United States is the





biggest player, followed by the United Kingdom and other countries in the European Union. South Korea is stepping up on providing aid. In terms of population assistance, there are four main categories but family planning is not the major one. HIV-AIDS funding has increased substantially over the last few years. The US is still the biggest donor, followed by countries in the European Union. Parliamentarians must remind leaders to consider increasing funding for maternal health.

France is the second largest donor of aid, and has increased aid for maternal health, providing 300 million euros a year, and 110 million euros for medication, said **Henriette Martines**, deputy of the National Assembly of France. Parliaments in countries in the South must make sure the funds provided for maternal health are used efficiently. There is a need to increase decentralized health and national capacities. Twenty-five percent of health funding should be allocated to maternal health, and access to therapeutic and safe abortion must be improved. Financial assistance from donors is needed. Parliamentarians must vote and control the agendas to ensure that human development is addressed.

**Baroness Jennifer Tonge** of the House of Lords of the United Kingdom announced that the new government in the United Kingdom has indicated that maternal and child health will be its top priority this year. Parliamentarians cannot afford to waste half of the world's humans by just watching [and not acting]. It is their moral duty to deliver on MDG 5 and it is essential to nurture the health of mothers and children.

Parliamentarians in the European Union are committed to eradicating poverty, said **Eleni Theocarous**, MP of Cyprus. They have met in many conferences to address the lack of primary health care, maternal health care, HIV/AIDS, and other issues. To fight poverty, simple achievable measures must be put in place. It is essential to have a system that can provide health care for mothers and children, and inexpensive and necessary drugs for pregnant and HIV-positive mothers. Family planning is at the core of maternal health—the mentality of political leaders on abortion must be changed, and

religious leaders must use their influence for causes such as safe abortion and safe sex education. Institutions that promote democracy and good governance must be established in every country.

Women's issues such as reproductive and sexual health and education are the cornerstone of maternal health, was the message of **Claire Moore** of the Australian Senate. The Pacific region has made the least progress in MDG 5 (Improve maternal health) in the entire world. Australia has made some commitments, but not enough. Pressure must be maintained on the Australian government to increase funding for maternal health. Also, there is a need for global action and international solidarity to ensure maternal health globally. Parliamentarians must stand firm and not compromise; they must take responsibility to act and keep up the pressure on our leaders, ministers and others in our countries.



*Claire Moore and Volda Lawrence (sitting)*

Several comments were made following the panel presentations. Participants called for donor and recipient countries to join together in working on the same targets, for more emphasis on support for community, and for attention in addressing the prevalence of fake medications and the brain drain (especially among midwives) in Africa.

### Day 2 Lunch Address

Lunch during the second day of the Summit was hosted by **Leonard Edwards**, the Prime Minister's Personal Representative for the G-8 and G-20 Summits. He observed that the Parliamentary Summit was a key opportunity to reflect on the progress that has been made in the MDGs and that Canada, as host of back-



Raymonde Folco (sitting) and Leonard Edwards

to-back G-8 and G-20 summits, has the potential and opportunity to take leadership on this issue. Mr. Edwards expressed anticipation in seeing the Parliamentarians' Appeal issuing from the Summit.

In thanking Mr. Edwards, **Raymonde Folco**, who moderated the lunch session, stated that parliamentarians were depending on him as the Prime Minister's Personal Representative to take their message back to the G-8 and G-20 Summits.

The speaker during lunch was **Dr. Meera Shekar**, Lead Health and Nutrition Specialist, Human Development Network, the World Bank. She spoke on "A Framework for Action for Scaling up Nutrition—and its links to population and reproductive health" and emphasized the centrality of MDG 1



Meera Shekar

(Eradicate extreme poverty and hunger) to progress on all the other MDGs. Because malnourishment is not always visible, its prevention often does not take place. Malnourished mothers give birth to malnourished children who are more likely to die, or if they survive, do more poorly at school. As adults, they will earn less. Malnutrition is rampant in developing

countries. One hundred and seventy-one million children under five years of age are malnourished. It is known that poverty leads to malnutrition but it may not be known that the reverse is also true. Malnutrition in the early years is linked to reduced height and delays in starting school.

Action is needed. Of the ten "best buys in development", five are nutrition-related. Very simple low-cost solutions are available, such as the addition of iodine to the salt eaten everyday to combat iodine deficiencies, and the distribution of micronutrients, and community nutrition programmes such as those that have been successful in Senegal, Ethiopia, Peru, Guatemala, Nepal and Bangladesh. Many innovations are available but currently not done at scale. It is important to focus on evidence and on effective strategies. There is a special window of health that begins during pregnancy and continues until age two; after that, action is too little, too late and too expensive. Cost-effectiveness means focusing on the marginal dollar. Because communities and families cannot identify who is malnourished, the issue needs to be made visible, and parliamentarians have a huge role to play in doing so.

There has been progress in getting nutrition "on the table" over the past year. A call to action has been endorsed by partners around the world, including the World Bank and UN agencies. The challenge is in implementation: the focus needs to be at the country level and on evidence-based interventions that have an impact. In order to work on maternal nutrition and mortality, issues such as gender and state fragility also need attention. Organisations such as UNICEF and Save the Children are taking action on nutrition. The UK has just released a strategy for scaling up action on nutrition, and France and Spain are developing new strategies. Nutrition must first be addressed to make any impact on education and gender-related issues.

Discussion followed. A participant observed that stunting is linked to maternal health as it can lead to more obstructed labour and caesarean sections. The participant also observed that both quantity and quality





of food are important, and called for assistance in getting adequate funding for crop development and discouraging the production of biofuels. The issue of arable land was noted: other countries are buying land in Africa to produce food for their own people.

It was observed that MDG 6 (Combat HIV/AIDS, malaria and other diseases) should not be forgotten in the discussion: one in five new HIV/AIDS cases are amongst babies.

Attention was drawn to the nutrition reinforcement programme in Senegal which focuses on pregnant women and children under five. The programme has found that success requires work at the local level and a holistic approach that takes into consideration malaria and all related issues. Dr. Shekar praised this initiative, noting its success is due to its concentration on the right age groups, the presence of a small, focused group, and the Senegalese Prime Minister's ownership of the programme.

Dr. Shekar also referred to problems of over-nourishment and emphasized that it is important to focus on the right age groups with the right interventions.

### Session 6—The Global Village: Best Practices and their Impact on the MDGs

This session was a practical discussion about best practices and their impact on the receiving end. Five panel presentations from speakers from around the world showcased practices that have led to sustainable results. In many cases, these practices have developed, due to exchange of ideas among parliamentarians at previous parliamentary conferences. The session was moderated by **George Tsereteli**, MP of the Republic of Georgia.

**Dr. Songsak Srianujata**, Senator of the Parliament of Thailand presented the case of gender empowerment and the model law in combating violence against women in Thailand. Many Asian countries have taken action on MDG 3 (Promote gender equality and empower women). In Thailand, gender equality is included in the country's latest constitution, which was adopted in 2007. The country has introduced laws, campaigns, education

programmes, and seminars. Many non-governmental organisations and foundations are involved in activities that promote the empowerment of women. However, many women still experience domestic violence because of difficulties in enforcing the law. The model law (found in Section 52 of the new Indonesian Constitution) provides a description of domestic violence and states that it is the duty of an individual who knows of domestic violence to notify a competent official. The law describes types of violence (e.g., body injury, rape, sexual assault) as well as the penalties, and also contains a section that protects the victim. Discussion in Parliament is currently taking place regarding a new law dealing with safe, legal abortion.

All stakeholders and concerned parties must be involved in the movement for the empowerment of women, their protection and the prevention of domestic violence against women and children. In particular



Left to right: Diluvina Cabello, Songsak Srianujata, and Stephanie "Steve" Chadwick (sitting).

parliamentarians play a crucial role and are in a position to draft laws that are effective and appropriate to implement, inspect, monitor and intervene in performance implementation and enforcement of the law; raise their voices in parliament to deliver their message to government and across the country to create awareness; consider and approve budgets to be allocated sufficiently to combat the matter, and ask governments to make more contributions to the Global Fund. Attention was drawn to the statement of commitment issued in Bangkok last year during the Asia-Pacific Parliamentarians' Meeting on Engaging Men in Prevention of Violence against Women. Male parliamentarians from the Asia-Pacific region have committed themselves to playing an active role and stand with women parliamentarians to combat violence against women in their countries.

Copyright All rights reserved by IAPG-GPI



Uganda has done a lot but much remains to be done: government policies regarding the MDGs must be reviewed, and resources mobilized for children and mothers in very poor areas, said **Ruth Kavuma Nvumetta**, MP of Uganda and Regional Representative of the Ugandan Parliamentary Forum on Food Security, Population and Development. Uganda has just moved to a multi-party democracy, a new system for the country. Members of Parliament felt that a few organizations should be created in Parliament to allow them to work together across party lines. Membership in these organisations would be voluntary and could focus on issues such as development, food security and the MDGs. Through mobilization of these organisations, Uganda has been able to work with civil society organisations and donor agencies to study various issues related to the MDGs. Uganda is not doing well on most of the MDGs except in the case of universal primary education. The challenge is making sure pupils complete their education, especially girls who usually drop out in order to take care of sick parents and younger siblings. Uganda recently implemented universal secondary education but it is not working so far. Uganda is part of the Millennium Global Village Project and this project is working well. Communities can do a lot in promoting their own livelihood and services in their own hospitals and clinics. Government needs to help out in these areas.

**Grand Chief David Harper** from Manitoba Northern Chiefs, Canada, shared with participants that it was the second anniversary of the Government of Canada's apology for residential schools for the First Nations, Inuit and Métis. Strong advocacy is needed as First Nations still face sufferings everyday right in their homeland. The Government of Canada's apology was a handshake that indicated a desire to co-exist and live together, but Canada's Indigenous people have been left behind "on the back roads somewhere". These issues will be examined at the Assembly of First Nations in July 2010 in Winnipeg. An invitation was extended to all to attend the assembly.

**Birute Vesaite**, MP of Lithuania spoke about youth and health. Lithuania is shrinking: the country has an aging



*Birute Vesaite (left) and Minna Sirnõ*

population and families are small. A special pack of policies need to be implemented so that families have more babies. More than one and a half billion people in developing countries are between the ages of ten and twenty-five, and many of these people lack access to information and face poor schooling prospects, discrimination, and unemployment. Governments need to invest in families and communities. Parliamentarians need to promote access to health, education, and affordable and appropriate services. They should speak about responsible behaviour and prevent children from having children. Education is the key to improved livelihood and better health care, and to civil and political rights. Parliamentarians should advocate for age-appropriate, gender-sensitive educational materials. Smart and effective use of media can reach most marginalised populations. Parliamentarians should prioritize actions to help vulnerable girls living outside the family with little or no social assets.

**Raquel Smith** of Jamaica (now a resident of Canada) spoke about "Afro-Latinos and Education: Major Issues and Best Practices". She noted that in the Caribbean, the biggest predictor of difference in education is not gender but socio-economic status, and Afro-Latinos are among





the most marginalised. The prospect of attending school must be made more attractive and curriculum should include the history and social contributions of different groups. In Colombia, there is growing awareness of multiculturalism. The country's constitution now reflects the recognition of different groups in that society, and

laws exist to consult groups for development plans. Stories and information about the culture, the food and the dance of Afro-Colombians are being incorporated into curriculum. In 2003 a special office for racial discrimination and equality was created. Such initiatives show "forward thinking" but are not very common in Latin America.



*Daniel Robles*

Discussion followed these presentations. One participant drew attention to the current clandestine transport of women on ships as sexual slaves. Dr. Srianujata acknowledged that there are many forms of violence against women all around the world, and pointed out that violence also occurs against men, child workers and young labourers. A participant noted that Indonesia is a country with a large population and many undeveloped areas; special programmes for Indigenous people and for the less developed areas are needed.

### **Session 7—An Action Plan that works: Summit Appeal for G-8 and G-20 Heads of State Summit**

The draft version of the Parliamentarians' Appeal to the G-8 and G-20 Heads of State Summit was presented during this very animated session, which was moderated by **Dr. Hedy Fry** of the Canadian Parliament and a member of CAPPD. The discussion was frank and open amongst participants with clause by clause review. Suggestions for specific wording were also made. The appeal was revised to incorporate suggested changes and unanimously adopted by participants. The full text of the Appeal is provided in the following pages.

### **Closing Ceremony**

The closing ceremony was moderated by the Chair of CAPPD and summit host, **Raymonde Folco**.

**Danielle Bousquet**, Deputy and Vice-President of the French National Assembly, and Member of the Executive Committee of the European Parliamentary Forum on Population and Development, offered congratulations to all on a fruitful conference and extended an invitation to the 2011 Global Parliamentarians' Summit to be held in France. The summit will focus on the New Partnership for Africa's Development and will provide an opportunity to examine the links between democracy, economic growth and human development. The impact of social relations between women and men in health issues and in reaching the MDGs will be examined. Effective prevention will be another summit theme, as will be the need to take a global approach to target priority populations. The summit will also be an opportunity for Asian countries to report on family planning policies that have led to economic success.



*Danielle Bousquet*

M<sup>me</sup> Folco followed M<sup>me</sup> Bousquet's remarks by observing that maternal and child health, HIV-AIDs, infectious diseases and poverty are as vital to the conversation on globalization as technology, trade, business and migration: all of these have a detrimental impact on collective search for sustainable peace and prosperity in 21<sup>st</sup> century and beyond. She noted that the time has come to meet all MDGs, and while the situation is critical, it is not too late to turn it around. She thanked everyone for their commitment to and engagement in the discussion and for sharing their creative solutions to current problems.

**Elder Bertha Commanda**, Kitigan Zibi Anishinabeg (the Algonquin Nation) in Canada, officially closed the Summit by delivering a prayer.



# PARLIAMENTARY APPEAL TO G-8 HEADS OF STATE AND GOVERNMENT

Ottawa, 11 June 2010

We, parliamentarians from countries in Africa, Asia-Pacific, Europe, and the Americas, including G8/20 countries, gathered in Ottawa, Canada from June 10<sup>th</sup>-11<sup>th</sup> for the **6<sup>th</sup> Annual G8 Parliamentarians' Summit on "Balancing the Scales of Women's Lives in the Countdown to 2015."**

We believe that 2010 represents a decisive turning point in international efforts to improve the health and wellbeing of women and girls around the world, in keeping with the objectives established in the United Nations Millennium Development Goals (MDGs).

We note with particular concern that MDG 5 — on maternal health — is the goal towards which the least progress has been made so far.<sup>2</sup> Sustained effort is required to close this gap and meet all the MDG objectives by 2015, particularly MDG 5-b, which deals with family planning. These actions must be placed in the context of the advancement of international human rights, with the understanding that women's rights are human rights.

Healthy women and mothers are an integral part of vibrant communities. As such, the wellbeing of women and girls is central to international development.

Advancements in women's health also have a positive effect on economic prosperity. The impact of maternal and newborn mortality on the global economy has been estimated to be US\$15 billion in annual lost productivity.<sup>3</sup> Therefore, advances in women's health must be viewed as an investment and not an expenditure.

2010 is the decisive year for our collective will and action. Our objective is to work so that by 2015, the target date of the MDGs, the ability for women to give birth safely will be a right enjoyed by all. *No woman should lose her life in the act of bringing a new life into the world.*

## CALL TO ACTION FOR GOVERNMENTS

**First**, we believe that resources including \$12 billion in additional funding should be pooled under an international funding mechanism specifically for MDG 5, which will provide targeted assistance for sexual and reproductive health and rights and family planning and access to safe abortion when and where it is legal, and therapeutic abortion.

**Second**, donor countries should provide support for the provision of a basket of health care, clinical services and evidence-based interventions. This basket should be constructed to provide quality services at each stage of the continuum of maternal and child health care needs.

**Third**, the strategy should be designed to align with developing countries' priorities. In keeping with the *Paris Declaration on Aid Effectiveness and the Accra Agenda for Action*, developing countries must be the architects of their own national development.

**Fourth**, the strategy must be comprehensive and tackle underlying issues, including poverty, illiteracy, gender-based violence, malnutrition, infectious diseases (such as TB and malaria), and women's human rights violations. Moreover, HIV/AIDS is becoming an increasingly feminized pandemic, and needs to be addressed as such. Progress in all of these areas is essential to the realization of the reproductive health needs and rights of women, including maternal health.

**Fifth**, the most vulnerable groups including poor women, refugee women, IDPs, women in conflict areas, migrant women, adolescent girls, ethnic minorities, and women in rural zones require specific attention.

**Sixth**, Indigenous women experience the highest level of marginalization, with limited access to health care and require special attention.

2 United Nations, The Millennium Development Goals Report 2009, United Nations, New York, 2009, p. iv.3 Women Deliver, Focus on 5: Women's Health and the MDGs, [www.womendeliver.org](http://www.womendeliver.org).

3 Women Deliver, Focus on 5: Women's Health and the MDGs, [www.womendeliver.org](http://www.womendeliver.org).





Therefore, **donor countries** should:

- Focus on building effective, integrated and accessible healthcare systems;
- Provide support for the training and retention of a significant number of new skilled health care professionals and birth attendants in developing countries;
- Meet the international target of having development assistance equal 0.7% of gross national product;
- Devote a significant portion of this funding to maternal and reproductive health, including family planning;
- Build mechanisms to monitor, evaluate and report publicly on international health spending — providing a feedback loop to inform future programming decisions; and
- Consult closely with developing countries to identify priority areas for funding and programming

**Development partner governments** should structure their maternal health care strategies to reflect the following principles:

*A Comprehensive Approach*

- Establish a country action plan for achieving the MDGs, and in particular MDG 5;
- Combat obstacles to women’s advancement and equal participation in society and political decision-making;
- Ensure equity of access to quality health care services and the comprehensive availability of family planning;
- Treat education, nutrition, reproductive health and measures to counteract HIV infection as central issues linked to maternal health;

- Target funding and interventions to reach the most vulnerable groups, especially Indigenous women, poor women, refugee women, IDPs, women in conflict areas, migrant women, adolescent girls, ethnic minorities, and women in rural zones;

*Scale-up Efforts to Build Effective and Accountable Health Systems*

- Strengthen health systems and direct resources to increase the number and reach of skilled health professionals, including physicians, nurses, midwives, and community health care providers;
- Use maternal and infant mortality indicators to evaluate health system performance;
- Ensure transparency and accountability in the use of development assistance and national financing directed towards health care systems.

*Improving Access to Education and Nutrition*

- Work towards girls’ full and equal access to primary and secondary education and retention in school;
- Promote proper nutrition and target nutritional supplements and breast-feeding at pregnant women and newborns.



## CONCLUSION

Initial feedback from participants indicates that the Summit was successful in providing a forum for parliamentarians to exchange ideas and discuss their role in achieving the MDGs. In particular, participants expressed appreciation of the diversity of participants at the Summit, which included parliamentarians from every corner of the globe, from both developing and developed countries, as well as representatives of civil society, the scientific community, Aboriginal peoples, and representatives of such organisations as the Bill & Melinda Gates Foundation and World Bank/International Monetary Fund and the International Development Research Centre, which fund development worldwide. Such diversity allowed for a fruitful and productive exchange of ideas.

Delegates also repeatedly expressed their satisfaction with the fact that input from the South — the recipient countries — was much in evidence throughout the Summit and formed an integral part of the discussion in all working sessions. Those who were not among the scheduled speakers felt that they were able to express themselves in plenary discussions and in working group sessions, and had the time to talk about various projects developed in their countries, with input from the international community.

A broad consensus emerged from the two days of debate on the major role of parliamentarians in progress to achieve the MDGs, specifically 1, 5 and 6, as is evident in the summary of the Summit proceedings. This emergence of consensus coincided with the Canadian launch during the Summit of the 2010 edition of the handbook *Parliamentary Engagement with the Millennium Development Goals—A Manual for Use in Parliaments, 2010*.

At the same time, speakers deplored the absence of members of the Canadian government from the deliberations at the Parliamentarians' Summit: Leonard Edwards, the Personal Representative of the Prime Minister of Canada for the G-8 and G-20 summits, was alone in accepting an invitation to attend the Summit. The limited attendance by parliamentarians from the government side raised questions about political will on the part of Canada's leaders in relation to the issue of maternal health.





# SUMMIT AGENDA



## 6<sup>th</sup> Annual Global Parliamentarians Summit (updated June 8, 2010) Government Conference Centre, Confederation Square 2 Rideau Street, Ottawa, Ontario

Thursday 10 June, 2010 and Friday 11 June 2010

### WEDNESDAY JUNE, 09 - 2010

Registration 7 p.m. - 10 p.m. Westin Hotel Lobby, Ottawa

### DAY 1: THURSDAY JUNE 10 - 2010

- 8 a.m. - 12:00 noon      Registration continued: Government Conference Centre, 2 Rideau Street
- Opening Ceremony**  
**Moderator:** *Albina Guarnieri, MP, Parliament of Canada*
- 9:00 a.m. - 9:45 a.m.      **Opening Prayer - The Algonquin Nation**  
*Elder Bertha Commanda, Kitigan Zibi Anishinabeg*
- Official Welcome**  
*Chief Gilbert W. Whiteduck, Kitigan Zibi Anishinabeg  
Algonquin Ancestral Lands*
- Opening Remarks:** *The Honourable Don Boudria, Former MP and Minister for International Cooperation, Parliament of Canada*
- 9:45 a.m. - 9:55 a.m.      **Setting the Agenda for a Successful Parliamentary Summit - 2010**
- A Preview of the Progress of Parliamentary Involvement in the G8/G20 Process & the Complexities that might exist for Canada's Heads of State Summits in 2010 for Meeting the Millennium Development Goals**  
*Marie Rose Nguni Effa, MP Cameroon, Chairperson, Committee of HIV/AIDS, Malaria and Tuberculosis. Chairperson of Health Labour and Social Affairs, Pan-African Parliament, South Africa*
- Remarks by:** *Raymonde Folco, MP, Chair,  
Canadian Association of Parliamentarians on Population and Development (CAPPD),  
and Chair, Summit Steering Committee*



10:00 a.m. – 10:15 noon

Health Break

10:20 a.m. – 11:30 a.m.

### **SESSION 1**

#### **The Millennium Development Goals: Successes and Challenges in Placing Women & Girls at the Centre of the Development Agenda**

**Keynote Remarks:** The Significance of the Women Deliver Conference in the Countdown to 2015

*Keith Martin, MP, Parliament of Canada*

**Topic:** Regional Perspectives

**Moderator:** *Senator Céline Hervieux-Payette, Parliament of Canada*

**Afghanistan:** Recent Successes and challenges in Maternal Health

*Dr. Massouda Jalal, Former Minister of Women's Affairs, Parliament of Afghanistan, twice presidential candidate*

**Latin America:** New challenges in improving women's health, women's involvement in the workforce and national economic performance

*Maria Cristina Perceval, Sub Secretary for the Promotion of Human Rights of the Secretariat for Human Rights, Government of Argentina*

**The Caribbean:** Family Planning and the causes for the prevalence of underweight children – Maternal and Newborn Health

*Dr. Jacqueline Sharpe, President, Family Planning Association of Trinidad and Tobago and Chairperson of the Board Western Hemisphere Region; President/Chairperson, Governing Council, International Planned Parenthood Federation*

**Canada:** Women and Girls: The Successes and Challenges for Indigenous Peoples' Health

*Dr. Kim Barker, Medical Advisor, Assembly of First Nations*

#### **Questions and Answers**

11:30 a.m. – 12:00 noon

Press Briefing

12:00 noon – 12:15 p.m.

Group Photo

12:30 p.m. – 2:00 p.m.

Lunch

**Hosted by:** *Brunei Darussalam High Commission*

**Speaker:** The Feminisation of Aids and its Impact on Maternal Health

*Dr. Margalit Lorber, Rambam Medical Centre, Haifa, Israel*

**Moderator:** *Tony Martin, MP, Parliament of Canada*

2:15 p.m. – 4:00 p.m.

### **SESSION 2**

#### **The Global South: A Dialogue with Parliamentarians and Civil Society**

**Moderator:** *Svend Robinson, Former MP, Parliament of Canada, and Consultant, Parliamentary Relations, The Global Fund, Switzerland*

**Opening Remarks:** *Jacqueline Mahon, Senior Policy Advisor, Global Health, UNFPA*





**Topic:** Making the MDGs Relevant to the G8/G20 Heads of State

**Africa:** *El Hadji Malick Diop, MP, Parliament of Senegal*

**Canada:** *Niki Ashton, MP, Parliament of Canada*

**Latin America:** *Maria Antonieta Saa, MP, Parliament of Chile*

**The Caribbean:** *Hazel Brown, Coordinator, Network of NGOs for the Advancement of Women in Trinidad and Tobago*

4:00 p.m. – 4:15 p.m.

**Health Break**

4:30 p.m. – 5:30 p.m.

**Concurrent Working Group Discussions**

**(a) MDG 1:** Reduce extreme hunger & poverty

**Facilitator:** *Joyce Murray, MP, Parliament of Canada*

**Discussant:** *Sharon Camp, President & CEO, Guttmacher Institute*

**Rapporteur:** *Dennis Howlett, Coordinator, Make Poverty History Campaign, Canada*

**MDG 5:** Improve Maternal Health

**Facilitator:** *Dr. Carolyn Bennett, MP, Parliament of Canada*

**Discussant:** *Jose "Oying" Rimon, Gates Project Manager, Family Planning, The Bill & Melinda Gates Foundation*

**Rapporteur:** *Dr. André Lalonde, Society of Obstetrics and Gynaecology of Canada*

**MDG 6:** Combat HIV/AIDS, malaria and other diseases

**Facilitator:** *Johanne Deschamps, MP, Parliament of Canada*

**Discussant:** *Adrienne Germain, President, International Women's Health*

**Rapporteur:** *Nicci Stein, Executive Director, Inter-Agency Coalition on Aids and Development*

**(b) Indigenous Peoples' Working Group Discussion**

**MDG 1 Discussant:** *Joyce Ford, Pauktuutit Inuit Women of Canada*

**MDG 4 Discussant:** *Jessica DelRio, directeur exécutif, Secrétariat du Conseil du Trésor du Canada*

**MDG 5 Discussant:** *Pauktuutit Inuit Women of Canada (tbc)*

**MDG 6 Discussant:** *Dr. Kim Barker, Assembly of First Nations*

7:00 p.m. – 9:00 p.m.

**Reception**

Government Conference Centre – Main Lounge

**Moderator:** *Raymonde Folco, MP, Chair, CAPPD*

**Host:** *UN Millennium Campaign*

Canadian launch of the 2010 Manual for Parliamentarians entitled: *Parliamentary Engagement with the Millennium Development Goals*

*Sering Falu Njie, Deputy Director of Policy*

*UN Millennium Campaign*

**Special address:** *Dr. Tumwesigye Elioda, Member of Parliament*

*Chair of the Ugandan Sub-Committee of Parliamentarian for HIV/ AIDS, Population and Development*



## DAY 2 - Friday June 11 - 2010

9:00 a.m. - 10:30 a.m.

### SESSION 3

#### **The way forward in the Countdown To 2015**

*Moderator: Senator Royal Galipeau, Parliament of Canada*

Welcome and Review of Day One

Working Group Reports of Day One

**Today's Agenda:** Expectations Leading up to the Drafting of the Parliamentarians' Summit Appeal to the Right Honourable Stephen Harper, Prime Minister of Canada and Chair of the Canadian G-8 and G20 Heads of State Summits

**Presenter:** *Dr. Fen O. Hampson, Chancellor's Professor & Director, The Norman Paterson School of International Affairs (NPSIA), Carleton University & Summit Steering Committee Member*

10:30 a.m. - 11:00 a.m.

Health Break

11:00 a.m. - 11:50 a.m.

### SESSION 4

#### **A dialogue with donor countries**

#### **How Reproductive Health and Family Planning can help meet all the MDGs, in particular 1, 5 & 6**

*Moderator: Senator Dennis Patterson, Parliament of Canada*

#### Remarks

The Successes in Post Conflict Rwanda towards gender equity and Understanding the social forces which lead to poor health among women and girls in Africa  
*Senator Agnes Kayijire, Parliament of the Republic of Rwanda*

Innovations to accelerate progress towards MDG 4,5 and 6 as part of the UN Secretary General's initiative.

*Dr. Tore Godal, Special Advisor the Prime Minister of Norway,  
The Right Honourable Jens Stoltenberg*

Research for Development

*Dr. Michael Clarke, Research on Health Equity, International Development Research Centre,  
Ottawa, Canada*

11:50 a.m. - 12:30 p.m.

### SESSION 5

#### **Shared interests in making the MDGs a reality for Women and Girls in the Countdown to 2015: donor countries perspectives**

*Moderator: Senator Dennis Patterson, Parliament of Canada*

Overview of G8/G20 Performance and living up to commitments and funding for Maternal Health (MDG 5)

**Speaker:** *Neil Datta, Secretary European Parliamentary Forum on Population and Development*





#### Panel Presentations

**France:** *Henriette Martinez, MP, National Assembly of France*

**The United Kingdom:** *Baroness Jennifer Tonge, House of Lords*

**European Parliament:** *Eleni Theocharous, MP, Parliament of Cyprus*

**Australia:** *Senator Claire Moore, Australian Parliament*

12:30 p.m. – 1:00 p.m.

#### Discussion

1:15 p.m. – 2:30 p.m.

#### Lunch

**Moderator:** *Raymonde Folco, MP, Parliament of Canada, Chair CAPPD*

**Host:** *Leonard Edwards, Prime Minister's Personal Representative for the G8 and G20 Summits*

**Speaker:** A Framework for action for scaling up nutrition – and its links to population and reproductive health

*Dr. Meera Shekar, Lead Health & Nutrition Specialist, Human Development Network, The World Bank, Washington, DC*

2:35 p.m. – 4:00 p.m.

### SESSION 6

#### **The Global Village: Best Practices and their Impact on the MDGs**

**Moderator:** *George Tsereteli, MP, Parliament of the Republic of Georgia*

#### Showcasing what works in the journey to sustainable results and lessons learnt

**Asia:** The Case of Gender Empowerment & the Model Law in Combating Violence Against Women

*Sumarjati Arjosso, MP Indonesia*

**Africa:** Democratic Development & the Legislative Role

*Ruth Kavuma Nvumetta, MP, Regional Representative, Ugandan Parliamentary Forum on Food Security, Population and Development*

**Canada:** Indigenous Peoples & Community Economic Development

*Wenda Watteyne, Executive Director, Metis National Council*

**Europe:** Meeting the Health needs of Youth

*Birute Vesaitė, MP, Parliament of Lithuania*

**Latin America:** Indigenous Communities & the specific needs and approaches for women's health

*Maria Eugenia Otarola, Programme officer, Match International*

4:00 p.m. – 4:30 p.m.

#### Health Break



## **SESSION 7**

### **An action plan that works**

#### **Summit APPEAL for G8 & G20 Heads of State Summit**

4:30 p.m. – 5:30 p.m.

**Plenary Discussion: Presentation of the Draft Appeal**

Adoption of Parliamentarians' Appeal

**Moderator:** *Hedy Fry, MP, Parliament of Canada*

5:30 p.m. – 6:30 p.m.

**Closing Ceremony**

**Moderator:** *Hedy Fry, MP, Parliament of Canada*

**Looking Forward to 2011/Outlook to Parliamentarians' Summit**

*Danielle Bousquet, MP, Vice-President, French National Assembly and Member of the Executive Committee of EPF*

**Closing Statement**

*Raymonde Folco, MP, Chair, Canadian Association of Parliamentarians on Population and Development and Chair, Summit Steering Committee*

**Official closing Ceremony**

*Elder Bertha Commanda, Kitigan Zibi Anishinabeg*





GLOBAL PARLIAMENTARIANS' SUMMIT  
SOMMET MONDIAL DES PARLEMENTAIRES

ACPPD  
ACPPD

Parliamentary Centre  
Le Centre parlementaire

June 15, 2010

The Right Honourable Stephen Harper  
Prime Minister of Canada  
Office of the Prime Minister  
313-S, Centre Block  
House of Commons, Ottawa

Dear Prime Minister:

Further to our letter to you dated June 7, 2010 regarding the 6<sup>th</sup> Annual Global Parliamentarians' Summit, over 100 Parliamentarians from five (5) continents attended and participated in an excellent dialogue in Ottawa on issues of poverty and hunger, combating HIV/Aids and other diseases and specifically, improving Maternal Health and child mortality for women and girls.

As Chair of the Canadian Association of Parliamentarians on Population and Development and of the Summit Steering Committee, it is my honour to present to you as Chair of the G8 and G20 Heads of State Summits, the out document agreed to by the parliamentarians.

We request that the recommendations listed in the enclosed Parliamentarians' Appeal be incorporated into your upcoming agenda on 25 and 26 June, 2010 in Huntsville, Ontario and Toronto on 26 and 27, June 2010.

Yours Sincerely,

Raymonde Folco, MP  
Laval-Les Îles  
Chair, Canadian Association of Parliamentarians on Population and Development

Copy to:  
Mr. Leonard Edwards  
Prime Minister's Personal Representative for the G8 and G20 Summits



Office of the  
Prime Minister



Cabinet du  
Premier ministre

Ottawa, Canada K1A 0A2

July 22, 2010

Raymonde Folco, M.P.  
Laval-Les Îles  
Chair, Canadian Association of Parliamentarians  
on Population and Development  
Room 809, Justice Building  
Ottawa, ON K1A 0A6

Dear Ms. Folco:

On behalf of the Prime Minister, thank you for the letter of June 15 regarding the 6<sup>th</sup> Annual Global Parliamentarians' Summit held in Ottawa from June 10 to 11. Our office appreciated having the opportunity to review your recommendations in advance of the G8 and G20 Summits. Our Government is deeply aware of the importance of promoting maternal and child health, and we will continue to lead the way in ensuring that women and children in the world's most vulnerable regions are provided with the care they so urgently require.

We have taken the liberty of forwarding your correspondence to the Minister for International Cooperation, the Honourable Bev Oda. As this matter falls under her responsibility, the Minister will certainly appreciate being made aware of your recommendations.

Thank you for taking the time to write.

Sincerely,

Salpie Stepanian  
Assistant to the Prime Minister

cc The Hon. Bev Oda, P.C., M.P., Minister for International Cooperation

/jtd

Canada





# MEMBERS OF PARLIAMENT AND SENATORS

ANTIGUA AND BARBUDA	Parker, Malaka	Senator	PARAGUAY	Fonseca, Blanca	Senator
ARGENTINA	Filmus, Daniel	Senator	PERU	Filizzola, Carlos	Senator
BOLIVIA	Flores, Segundina	Senator	PHILIPPINES	Robles, Daniel	MP
	Montaño, Gabriela	Senator	RWANDA	Marcoleta, Rodante	Senator
CAMEROON	Baoro, Théophile	MP	SENEGAL	Ezechias, Rwabuhihi	MP
CANADA	Davis, Don	MP		Cisse, Ndèye Gaye	MP
	Foote, Judy	MP		Diop, Malick (El Hadji)	MP
	Frum, Linda	Senator	SPAIN	Thiam, Iba Der	MP
	Nancy, Ruth	Senator		Valasco, Elvira	MP
	Patterson, Dennis Glen	Senator	TUNISIA	Reines, Juan Carlos Grau	MP
	Pearson, Glen	MP	TURKEY	Ben Fadhel, Khira Lagha	MP
	Zarac, Lise	MP		Calik, Oznur	MP
COLUMBIA	Ramirez, Gloria Ines	Senator	URUGUAY	Zeydan, Rusten	MP
COSTA RICA	Chacon, Ana Elena	Senator		Sanseverino, Bertha	Senator
DOMINICAN REPUBLIC				Tourne, Daysi	Senator
	Colon, Domingo	Senator	VENEZUELA	Cabello, Diluvina	MP
	Terrero, Victor	Senator		Perez, Marelis	Senator
ECUADOR	Godoy, Gina	Senator	ZAMBIA	Mwale, Vincent	MP
EL SALVADOR	Quijada, Zoila	Senator			
FINLAND	Sirno, Minna	MP			
FRANCE	Martinez, Henriette	MP			
GHANA	Agyeman, Elizabeth	MP			
GUYANA	Lawrence, Volda	Senator			
INDIA	Thakur, Viplove	MP			
IRELAND	O'Malley, Fiona	Senator			
KOREA (REPUBLIC OF)					
	Cho, Yoon-Sun	MP			
NEW ZEALAND	Blue, Jackie	MP			
	Chadwick, Stephanie				
	"Steve"	MP			
NICARAGUA	Alemán,				
	Maria Dolores	Senator			
	Callajes, Luis Roberto				
	Jarquín, Agustín	Senator			
	Rivera, Alan	Senator			
	Bonilla, Jamileth	Senator			
PANAMA	Blandón, Jose	Senator			

## Speakers, Moderators and Facilitators

ARJOSO, Sumarjati, Parliament of Indonesia  
 ASHTON, Niki, Parliament of Canada  
 BARKER, Kim, Assembly of First Nations, Canada  
 BENNETT, Carolyn, Parliament of Canada  
 BROWN, Hazel, Network of NGOs for the Advancement of Women, Trinidad and Tobago  
 CAMP, Sharon, Guttmacher Institute USA  
 DATTA, Neil, European Forum of Parliamentarians on Population and Development (EPF), Belgium  
 DESCHAMPS, Johanne, Parliament of Canada  
 DIOP, Malick "El Hadji", Parliament of Senegal  
 FOLCO, Raymonde, Parliament of Canada  
 FORD, Joyce, Pauktuutit Inuit Women's Association of Canada  
 FRY, Hedy, Parliament of Canada  
 GALIPEAU, Royale, Parliament of Canada  
 GERMAIN, Adrienne, International Women's Health Coalition, USA



GUARNIERI, Albina, Parliament of Canada  
 HAMPSON, Fen Osler, Carleton University, Canada  
 HARPER, David, Canada  
 HOWLETT, Dennis, Make Poverty History, Canada  
 JALAL, Massouda, Afghanistan  
 KAYIJIRE, Agnes, Parliament of Rwanda  
 LALONDE, André, The Society of Obstetricians and Gynaecologists of Canada (SOGC)  
 MARTIN, Keith, Parliament of Canada  
 MARTIN, Tony, Parliament of Canada  
 MOORE, Claire, Parliament of Australia  
 MURRAY, Joyce, Parliament of Canada  
 NVUMETTA, Ruth Kavuma, Parliament of Uganda  
 PATTERSON, Dennis, Senate of Canada  
 PERCIVAL, Cristina, Secretariat for Human Rights, Argentina  
 RIMON, Jose "Oying", The Bill & Melinda Gates Foundation, USA  
 RIO, Jessica Del, Canada  
 ROBINSON, Svend, The Global Fund, Switzerland  
 SAA, Maria Antonieta, Parliament of Chile  
 SHARPE, Jacqueline, International Planned Parenthood Federation (IPPF), Trinidad and Tobago  
 SMITH, Raquel, Jamaica  
 SRIANUJATA, Songsak, Parliament of Thailand  
 STEIN, Nicci, Canada, Inter-Agency Coalition on AIDS and Development, Canada  
 THEOCAROUS, Eleni, Parliament of Cyprus  
 TONGE, Jennifer, The House of Lords, U.K  
 TSERETELI, George, Parliament of Georgia  
 VESAITE, Birute, Parliament of Lithuania

### Special Guests

THE HONOURABLE DON BOUDRIA  
 Former Member of Parliament - Canada  
 Former Minister for International Cooperation  
 DANIELLE BOUSQUET  
 Vice-President, French National Assembly

Member of the Executive Committee  
 European Forum of Parliamentarians on Population and Development (EPF)  
 DR. MICHAEL CLARKE  
 Director, Research on Health Equity  
 International Development Research Centre, Canada  
 ELDER BERTHA COMMANDA  
 Kitigan Zibi Anishinabeg, Canada  
 LEONARD EDWARDS  
 The Right Honourable Stephen Harper's Special Representative to the G-8 G-20 Heads of State Summits  
 THE HONOURABLE MARIE ROSE NGUNI EFFA  
 Member of Parliament, Cameroon  
 Chairperson, Committee on HIV/AIDS, Malaria and Tuberculosis. Chairperson, Health Labour and Social Affairs, Pan-African Parliament, South Africa  
 THE HONOURABLE DR. TUMWESIGYE ELIODA  
 Chairperson, Ugandan Sub-Committee of Parliament for HIV/AIDS, Population and Development and Vice Chair, Network of African Parliamentarians on the Millennium Development Goals  
 DR. TORE GODAL  
 Special Advisor the Prime Minister of Norway, the Right Honourable Jens Stoltenberg  
 DR. MARGALIT ZIPORA LORBER  
 HIV/AIDS Consultant  
 Golda Meir Mount Carmel International Training Center Haifa, Israël  
 JACQUELINE MAHON  
 Senior Policy Advisor, Global Health  
 United Nations Fund for Population and Development  
 SERING FALU NJIE  
 Deputy Director of Policy  
 United Nations Millennium Campaign  
 DR. MEERA SHEKAR  
 Lead Health and Nutrition Specialist, Human Development Network The World Bank, Washington, DC

### Observers

AASBRENN, Magnus	Norway
ARNOTT, Sheri	World Vision, Canada



BAHR, Renate	German Foundation for World Population (DSW)	DORREGO, Luis Fernando Del Solar	Embassy of Argentina in Canada
BAILEY, Geri	Pauktuutit Inuit Women's Association of Canada	EIKELAND, Else Beut	Norway
BATIDAM, Daniel	African Parliamentarians' Network Against Corruption (APNAC)	EPALE, Dina	Action Canada for Population and Development (ACPD)
BELENTEPE, Cigdem Duatepe	Embassy of Turkey in Canada	ESSO, Ellie Pello	Sweden
BJELICA, Biljana Gutic	Ambassador to Canada for Bosnia and Herzegovina	EVANS, Patricia	National Advocacy, Grandmothers to Grandmothers Campaign
CATTERALL, Marlene	Former Member of Parliament, Canada	GARCIA DE PAREDES, Norma	Inter-American Parliamentary Group on Population & Development(IAPG)
CHATTERJEE, Lilian	Canadian International Development Agency(CIDA)	GERMAIN, Mélanie	Canada
CHIDEYA, Florence Zano	Ambassador to Canada for Zimbabwe	FERRANTE, Jennifer	Society of Obstetricians and Gynaecologists of Canada (SOGC)
COLOMA, Fidel	Embassy of Chile in Canada	FOUMAKOYE, Nana Aicha	Ambassador to Canada for Niger
COLOMBO, Daniela	Italian Association for Women in Development (AIDOS)	GILLIS, Crystal	Canada
COTRO, Alejandro Rodriguez	Embassy of Uruguay in Canada	GISSEL-MENOS, Marie Nathalie	Chargée d'Affaires to Canada for Haiti
CUBELO, Evelyn	Make Poverty History, Canada	GUINDON, Evelyne	The Society of Obstetricians and Gynaecologists of Canada (SOGC)
DE LA SIERRA, Jose Antonio Rodriguez	Embassy of Venezuela in Canada	HAILE, Sahlu	The David and Lucile Packard Foundation
DEL RIO, Jessica	Government of Canada, Treasury Board Secretariat	HANSPERS, Sanna	Sweden
DEME, Fatimata	Forum of African and Arab Parliamentarians on Population and Development	HUGHES, Elliot	Resource Development and Partnerships, Micronutrient Initiative
DIAKITÉ, Kaba Hawa	Embassy of Guinea in Ottawa	KONCI, Besnik	Ambassador to Canada for Albania
		KORAC, Vesela Mrden	Ambassador to Canada for Croatia





KOTIA, Francis Danti	High Commission for Ghana in Canada	RIVERA-AVNI, Carla	Inter-American Parliamentary Group for Population and Development(IAPG)
LAKSMANA, Andy	Embassy of Indonesia in Canada	RUTSINDINTWARANE, Eric	Embassy of Rwanda in Canada
LAMIT, Rakiah	Ambassador to Canada for Brunei Darussalam	SAID, Ragaa	United Nations Population Fund (UNFPA)
MAR'ATI, Fithonatul	Embassy of Indonesia in Canada	SAPPAPAN, Pariyaporn	Asian Forum of Parliamentarians on Population and Development(AFPPD)
MCCULLOUGH, Brendan	Assembly of First Nations(AFN)	SCHULZ, Sara	World Vision Canada
MCDONALD, Katherine	Action Canada for Population and Development(ACPD)	SEALY-MONTEITH, Sheila Ivoline	High Commissioner to Canada for Jamaica
MHATRE, Sharmila	International Development Research Centre (IDRC)	SILVA, Sophia	Embassy of Angola in Canada
MONTPETIT, Caroline	The Society of Obstetricians and Gynaecologists of Canada (SOGC)	SIMONDS, Katherine	Library of Parliament Georgia
OSTASH, Ihor	Ambassador to Canada for Uganda	TSERETELI, Nugzari	
MUKABAGWIZA, Edda	High Commissioner to Canada for Rwanda	TURKSON, Richard Benjamin	High Commissioner to Canada for Ghana
NKUUHE, Johnson	Uganda's Advisor for the Millennium Development Goals	VALBERG, Jenny Linge	Norway
PAKNINRAT, Sirisaranya	Asian Forum of Parliamentarians on Population and Development( AFPPD)	WATTEYNE, Wenda	Metis National Council
PEPALL, Jennifer	International Development Research Centre(IDRC)	WOODSIDE, Jennifer	International Planned Parenthood Federation Canada
LA RAMEE, Pierre	International Planned Parenthood Federation (IPPF)	WOLFE, Gillian	World Vision Korea
RABIER, Serge	European Forum of Parliamentarians on Population and Development (EPF)	YUN, Kim Kyung	Inter-American Parliamentary Group on Population and Development(IAPG)
		ZAMBRANO, Alexandra	High Commissioner to Canada for Pakistan
		ZEB, Akbar	European Affairs Committee, Slovenia
		ZIHERL, Milenko	



# ACKNOWLEDGEMENTS

The 2010 Ottawa Global Parliamentarians' Summit would not have been possible without the help of the many dedicated and talented volunteers who gave selflessly of their energy and time.

The Parliamentary Centre after acting as CAPPD's Administrative Secretariat, assisted with the identification and follow-up of funding sources and managed our revenues and expenditures with professionalism. Canadian and international parliamentarians and senators who were on the Steering Committee balanced precarious schedules to lend their expertise and advice in developing the agenda, together with their parliamentary staff and the staff of their individual secretariats.

We greatly appreciate the level of participation from Canadian civil society organisations who were part of the Steering Committee, and others who shared their international development expertise to ensure the programme's goals were met.

We graciously commend the work of The Norman Paterson School of International Affairs, (NIPSIA) at Carleton University with a special thank you, to Dr. Fen Osler Hampson, its Chancellor's Professor and Director, for his always thoughtful insight and advice both as a Steering Committee Member, Co-Chair and academic advisor. The school's active volunteer involvement is a testament to the department's commitment to reducing the inequities that continue to exist in less developed countries.

## Sponsors:

European Parliamentary Forum on Population and Development (EPF)

International Development Research Centre (IRDC)

G-8 Summit Policy Division

Foreign Affairs and International Trade Canada

Government of Canada

Public Works and Government Services Canada

The David and Lucile Packard Foundation

The United Nations Millennium Campaign

High Commission for Brunei Darussalam in Ottawa

Embassy of the Republic of Tunisia

Heads, Diplomatic Missions of Members of La Francophonie, Ottawa

Carleton University

Norman Paterson School of International Affairs, (NIPSIA)

## Summit Steering Committee:

### Canadian Representatives

Raymonde Folco, MP  
Chair, Steering Committee  
Liberal Party of Canada, Parliament of Canada

Fen Osler Hampson  
Chancellor's Professor and Director  
The Norman Paterson School of International Affairs (NPSIA)  
Board Member, Parliamentary Centre and Co-Chair Summit Steering Committee

Niki Ashton, MP  
New Democratic Party, Parliament of Canada

Johanne Deschamps, MP  
Bloc Québécois Party  
Parliament of Canada

Senator Dennis Patterson  
Conservative Party of Canada  
The Senate of Canada

### Canadian NGO Representatives

Dennis Howlett, National Coordinator  
Make Poverty History Campaign, Canada

Christine Butt  
Society of Gynaecologists and Obstetricians of Canada (SOGC)



Bonnie Leask  
Advisor, Assembly of First Nations

Tracey O'Hearn  
Executive Director  
Pauktuutit Inuit Women of Canada

### **International Representatives**

Danielle Bousquet, MP  
National Assembly of France

Volda Lawrence, MP  
Republic of Guyana

Neil Datta  
Secretary, European Parliamentary Forum

Carla Rivera-Avni  
Executive Director  
Inter-American Parliamentary Group on Population  
and Development

### **Steering Committee Staff**

Anne Clarke  
Executive Coordinator, CAPPD  
Summit Project Coordinator

Charity Wakaba  
Parliamentary Centre  
Financial Management Secretariat for CAPPD

### **Canadian Organising Team**

Anne Clarke, Executive Coordinator, CAPPD & Summit  
Project Coordinator

Genevieve Brassard, Brochure Design and Management

Sylvie Bégin, Onsite Registration and Coordination

Jesse Cressman-Dickinson, Administration, Registration  
and International Liaison

Laura Del Bosco, On-site Country Coordinator

Adriana Dudas, Communications, Strategic Planning and  
Francophone Liaison

Louise Laliberté, Website Document Manager

Jacqueline Lawrence, Speech Writer

Charity Wakaba, Accounts Management and Fundraising

Ruth Stephen, Assistant, Fundraising

Marlee Wasser, Assistant, Media and Writing

Aldo Zarza, CAPPD and Summit Website Designer

### **European Parliamentary Forum Coordinating Team (EPF) for Africa, Asia and Europe**

Marina Davidashvili, Network and Knowledge  
Sharing Facilitator

Neil Datta, Secretary

Saskia Pfeijffer, Programme Associate

### **Summit Volunteers**

Laki Ali

Nicole Alie

Hoda Ahmed

Adrian Clarke

Conrad Clarke

Ronald Clarke

Jesse Cressman-Dickinson

Gamal Hassan

Leetia Nowdluk

Kayla Pries

Diego Silva





## USEFUL WEBSITES

Asian Forum of Parliamentarians on Population and Development  
<http://www.afppd.org/default.htm>

Canadian Association of Parliamentarians on Population and Development (CAPPD)  
<http://www.cappd.ca>

Canadian Society for International Health  
<http://www.csih.org/en/index.asp>

European Parliamentary Forum on Population and Development (EPF)  
<http://www.epfweb.net>

Forum of African and Arab Parliamentarians on Population and Development  
<http://faappdsn.org>

Inter-American Parliamentary Group on Population and Development  
<http://www.gparlamentario.org>

International Planned Parenthood Federation  
<http://www.ippf.org/en/>

Parliamentary Centre  
[http://www.parlcent.ca/index\\_e.php](http://www.parlcent.ca/index_e.php)

Planned Parenthood Federation of Canada  
<http://www.plannedparenthood.org/about-us/newsroom/politics-policy-issues/ppfa-margaret-sanger->

United Nations Development Programme  
<http://www.undp.org>

The World Bank  
<http://www.worldbank.org>

Millennium Development Goals Campaign  
<http://www.un.org/millenniumgoals/>

The Partnership for Maternal, Newborn and Child Health  
<http://www.who.int/pmnch/en/>

United Nations Population Fund (UNFPA)  
<http://www.unfpa.org/public/>



# IDRC CRDI

The publication of this work has been funded by Canada's International Development Research Centre ([www.idrc.ca](http://www.idrc.ca)).



The complete bilingual report is available on CAPPD's website: [www.cappd.ca](http://www.cappd.ca).