

The year 2009 proved to be an eventful one for the Canadian Association of Parliamentarians on Population and Development (CAPPD).

Between October 26<sup>th</sup> and 28<sup>th</sup>, I had an opportunity to officially attend two international conferences held in the capital city of Ethiopia. The first, a one day *High Level Meeting on Maternal Health* organised by the Government of The Netherlands and the United Nations Population Fund (UNFPA) was followed by a two-day meeting of the 4<sup>th</sup> International Parliamentarians' Conference on the Implementation of the 1994 Cairo Programme of Action (ICPD). This was hosted by the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD) and the United Nations Population Fund (UNFPA).

## **Background**

The initial impetus for these ongoing meetings began in Cairo in 1994 where representatives of 179 countries, including Canada, came together to discuss population and development issues, especially as it impacted women and girls in developing countries. A 20-year Programme of Action was adopted and women's reproductive health as a human right became a key element of the population and development agenda. It therefore became the responsibility of each country to include these rights in their national priorities.

At that 1994, meeting developed and developing countries also agreed to allocate an annual sum of \$18.5 billion, \$20.5 billion by 2010 and \$21.7 billion by 2015, for population and reproductive health programmes.

Since then world parliamentarians have met to monitor and review their countries' successes and challenges in achieving these commitments. At the beginning of the new millennium in 2000, World Leaders held a Summit at the United Nations (UN) in New York City. At the close of that Summit, one hundred and eight-nine participating states' members agreed to work with and support the world's poorest countries achieve a better standard of living by 2015.

The following eight goals, now known as the *Millennium Development Goals or MDGs*, were adopted.

1. Eradicate extreme poverty
2. Achieve universal primary education

3. Promote gender equality and the empowerment of women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

What was exciting about the outcome of this Summit was the fact that specific targets for achieving aspects of each goal by 2015 were delineated, for instance, primary education for all girls in developing countries.

As a further result, gender justice became powerfully linked as an integral part of the rights of women to their poverty reduction and maternal health and reproductive choice (MDG 5). These include:

- a. Reducing the maternal deaths ratio by three quarters and
- b. Achieving universal access to reproductive health

In 2002, our Canadian Parliamentary Association (CAPPD), hosted the first follow-up International Parliamentarians Conference (ICPD), in Ottawa and re-committed itself to these ideals. As the 2015 countdown draws near, there is still an enormous gap not only in population funding, but in policies and programmes.

So, these international meetings act as a forum for Parliamentarians to review the actions of individual countries, including Canada's, in an effort to achieve both the first ICPD<sup>1</sup> Agenda and the MDGs<sup>2</sup> by 2015.

### **Maternal Health International Conference**

While international Parliamentarians endorsed the Declaration from the *High Level Meeting on Maternal Health* at the one day meeting on October 26<sup>th</sup> 2009, they also called for urgent action by countries that have either not achieved any of their targets within

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<sup>1</sup> International Conference of Parliamentarians on Population and Development held in Cairo in 1994

<sup>2</sup> Millennium Development Goals

each goal, or may be continuing to have difficulties in doing so, for social, economic or political reasons.

Participants at the Conference felt unequivocally, that maternal death and disability is one of the world's largest health inequities of our time. With five years left to 2015, gender justice still remains a major hurdle for global governments.

#### *4<sup>th</sup> ICPD Meeting*

The Declaration, which followed the 27<sup>th</sup> and 28<sup>th</sup> October, 2009 meeting, also carried a strong message to governments around the world: That, in order to meet our ICPD and MDGs, especially *Goal 5* (to reduce maternal deaths and improve by three-quarters the health of women and girls by 2015) there must be greater accountability and better budget oversight by national governments. Gender budgeting by governments worldwide must be included amongst other actions, if policies and programmes are to be more effective.

According to the World Health Organisation<sup>3</sup>, their 2005 data show that few low<sup>4</sup>-and middle-income<sup>5</sup> countries are not on track to achieve even the first target of the MDG 1<sup>6</sup> which is to eradicate extreme poverty and hunger.

A recent report indicates that 1.02 billion people are today undernourished worldwide. This means that women's ability to meet any type of personal maternal health needs are being undermined, because basic needs are still not being met in many developing parts of the world, such as in Asia and Africa.

#### **The Canadian Reality**

In Canada, while infant mortality rates have decreased since the 1990s, a recent Report Card of Health Indicators released by the Conference Board of Canada on September

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<sup>3</sup> [http://www.who.int/making\\_pregnancy\\_safer/topics/mdg/en/index.html](http://www.who.int/making_pregnancy_safer/topics/mdg/en/index.html)

<sup>4</sup> Defined as countries with less than \$905 of gross national income per capita per year or live on less than \$1 USD per day. For example the country of Benin.

<sup>5</sup> Defined as countries with health information systems and national policies and other industrialized infrastructures. Countries of Latin America and the Caribbean are in this category.

<sup>6</sup> For more indepth analysis see the 2008 Report entitled *Countdown to 2015: Tracking Progress in Maternal, Newborn and Child Survival*. <http://www.who.int/pmnch/Countdownto2015FINALREPORT-apr7.pdf>

28<sup>th</sup> 2009 stated our country now has the highest infant mortality<sup>7</sup> rates in the developed world. Five deaths for every 1,000 live births were recorded in 2006, placing us 15<sup>th</sup> out of 17 peer countries. These peer countries include the U.S, Britain, Japan, Switzerland, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Norway and Sweden.

Within Canadian First Nations and Inuit and Métis populations, these rates are even worse. According to a report on Indigenous Children's Health published in 2009, infant mortality rates for Status First Nations remain approximately twice as high as other Canadian infant mortality rates. Infant mortality amongst the Inuit is four times higher than for the general Canadian population<sup>8</sup>.

According to Health Canada, AIDS is now more pervasive in the Aboriginal population than it is in the general population. Even though they make up only 3.3 percent of the population, Aboriginal people made up 5-8% of prevalent infections (persons living with HIV infection in Canada) and 6-12% of new infections in Canada in 2002. Many of these infections take place at an earlier age, in comparison to non-Aboriginal persons.<sup>9</sup>

## **In Summary**

The Canadian Parliamentary Association will continue to work with Civil Society Organisations in Canada and international partners to achieve these commitments, now that we have officially reconnected with the regional networks of International Parliamentarians' Associations.

On the positive side, estimates show Canada as a key supporter and international contributor to maternal health programmes. Our contribution is estimated at \$54 million Canadian dollars annually, focusing mainly on sexual and reproductive health, and safe motherhood. To reinforce these actions, on June 4, 2009 through an all-party resolution, Parliament unanimously recommitted Canada to reducing maternal and newborn morbidity and mortality at home and abroad.

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<sup>7</sup>Infant mortality is tightly linked with maternal health and protecting family health overall.

<sup>8</sup> Smylie Janet and Adomako Paul (ed.). 2009. *Indigenous Children's Health Report: health assessment in action*. Centre for Research on Inner City Health

<sup>9</sup> [http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/\\_aids-sida/2003-04\\_aids-sida\\_plan/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/_aids-sida/2003-04_aids-sida_plan/index-eng.php)

Whether these goals are achievable by 2015 will depend completely on the political will of governments at home and abroad to make women's equality a reality, thus achieving gender justice.

For a complete understanding of the two declarations which were referred to in this article, please go to the website of the United Nations Development Fund (UNFPA) at <http://www.unfpa.org/public/site/global/lang/en/ipci2009>

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