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Chair

Mr. Dean Allison

Standing Committee on Foreign Affairs and International Development

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• (1100)

[English]

The Chair (Mr. Dean Allison (Niagara West—Glanbrook, CPC)): Pursuant to Standing Order 108(2), we're going to continue with our study of the protection of children and youth in developing countries.

I want to welcome all our witnesses here today. Thank you all for coming.

From Oxfam Canada, we have Caroline Marrs, director of the Centre for Gender Justice. Welcome, Ms. Marrs.

From Micronutrient Initiative, we have Joel Spicer, president, and Mark Fryars, vice-president of program and technical services.

Last but not least, we have Helen Scott, director of the Canadian Network for Maternal, Newborn and Child Health.

I'm under the impression that we're going to have bells ringing at some point. We're hopeful that we can get in the opening testimony at the very least, but we'll see how it goes. If the bells ring, we'll do our thing, and then we'll come back and ask questions.

Let's get started right away.

Ms. Marrs, I'll turn the floor over to you.

Ms. Caroline Marrs (Director, Centre for Gender Justice, Oxfam Canada): Thank you so much.

Honourable members, thank you very much for the opportunity to share some of Oxfam's experience in working with youth and children. At Oxfam we believe the definition of development must include the enjoyment of rights by all people. My remarks today will centre on active citizenship, which Oxfam believes is the foundation for rights-based development. I'm going to focus particularly on young women and girls.

I know that you know a lot of the statistics, but I'll just cite a couple. Youth unemployment is clearly an urgent problem. The figure I saw was estimated in 2010 at 12.6% globally as compared with 4.8% for adults. For young women it is even worse. Their labour force participation is only 40.8%, according to the same source, compared with 56.3% for young men. Literacy rates have really improved over the last two decades, but still today young women account for 61% of total illiterate youth. Also, if you're a young woman between the ages of 15 and 19 living in a rural area today in Zimbabwe, Senegal, or Colombia, there's a one in five chance that you have already had a child.

In Oxfam's view, the challenges young people and children face are rooted in unequal power relations. Youth are under-represented in forums, whether formal or traditional, where decisions that affect them are taken. At the same time, their needs and insights are ignored or unknown by decision-makers in these same spaces. Young women and girls are doubly affected. As we know, women in every country in the world are faced with the myriad effects of gender discrimination that are rooted in unequal gender power relations.

In terms of economic development, Oxfam applauds and supports increased efforts worldwide to promote the economic empowerment of women and young women, but understanding root causes of inequality, in our opinion, is critical. Preliminary research we have conducted, for example, has uncovered evidence of women experiencing increases in domestic violence when their income grows.

Understanding root causes is also critical to meaningfully addressing barriers to participation. Young people and children, particularly young women and girls, may be experiencing violence in the home or in the community, preventing them from benefiting from excellent programs. The care burdens often shouldered by women and their daughters mean they don't have time to present themselves for opportunities that may interest them, but changing the time of day a training class is offered so that a young woman can attend often leads to adding an extra hour of work to her day.

The point is that we need to be aware of these often hidden realities. Indeed, we would argue that a good program would, by definition, include power analysis as a first step to uncover those realities. As well, our programs must provide moral and technical support to women and youth to enable them to take leadership roles to address the barriers and human rights violations, like violence, that affect them. Oxfam knows that youth and women's organizations also invariably take up broader community and social development challenges. Energy and dedication are always unleashed when people are confident their voices are being heard, and are supported to strengthen their skills in designing and implementing solutions.

For example, young women and young men are playing extremely active and transformative roles in Oxfam programs to change attitudes, norms, and behaviours that perpetuate violence against women and girls. They work to raise awareness with their peers in school and on the playing field, and are bravely engaging with power holders in their families, communities, and societies to condemn violence and to question the unequal gender relations that sustain it.

This is essential long-term work. As recently as 2011 a nationwide study conducted in Bangladesh revealed that being taught from an early age to be submissive and self-sacrificing causes women to remain silent about domestic violence they either suffer or observe. In Zambia the constitution allows for the application of customary law, which in some communities sanctions discriminatory and dangerous practices such as early marriage.

To end, we'd like to offer a few ideas for how Canada might orient its approach to promote the rights of youth and children in the developing world. I have three.

The first is to pay it forward. Include and fund women's rights organizations in youth programming. For example, Oxfam's raising her voice program in Pakistan has supported women's organizations in their tireless advocacy for stronger legislation to protect youth and children, such as the Criminal Law 2011 Act, which deals with anti-women customary practices.

● (1105)

It is difficult indeed to imagine how child, early, and forced marriage can be ended in Pakistan or elsewhere without women's organizations, yet these are shamefully underfunded. In 2013, the Association for Women's Rights in Development surveyed 740 organizations and found that their average income was just \$20,000 annually. A Canadian fund for women's organizations would be welcomed with shouts of joy around the world and would be, we believe, part of an effective strategy to protect children and youth.

Second, provide more open-ended funding for young women's leadership, especially women from marginalized groups. Oxfam's AMAL program, which means "hope", recently introduced an innovation fund open to young and marginalized women in places such as Yemen and Tunisia to encourage them to propose new and innovative ways to make transformative change. The funding can also be used for building their confidence and their capacity, as well as to fund learning and knowledge-sharing activities, all essential, in our opinion.

Third, significantly increase funding to and the visibility of your support for programs to end violence against women and girls. Considerably more funding is needed to do more work on transforming attitudes, norms, and behaviours that perpetuate violence, to provide more and better services to survivors, and to ensure that legislation is introduced, strengthened, and effectively implemented. Violence is the most pervasive indicator of the inequality experienced by girls and young women on a daily basis.

At Oxfam we take considerable pride in Canada's long history of being a leader on gender equality and a champion of civil society organizations as essential democratic actors. This is a strong legacy upon which to build an effective and sustainable youth strategy that is so urgently needed, given current demographic trends. These active citizens, youth, and women's organizations tell us they want nothing less than the transformation of their communities and societies. They look forward to Canada's leadership to support the work they are doing and the work they still dream of doing.

Thank you for the opportunity to exchange with you today.

● (1110)

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

We're now going to turn it over to you, Mr. Spicer. Welcome, and the floors is yours.

[*Translation*]

Mr. Joel Spicer (President, Micronutrient Initiative): Thank you very much. It's an honour to be here today.

[*English*]

I have three main points I'd like to make in this opening statement. The first is that nutrition is a key component of child protection. The second is that Canada is recognized around the world as a leader on nutrition. The third is that there is much more we can do to harness that leadership to influence others around the world in a way that would have a transformative impact on children.

Some may wonder why the president of a nutrition organization is here today talking to you about child protection and youth. I'd like to say a few things about the connection between malnutrition and vulnerability, particularly for children. Let's consider the following facts.

Every night, 300 million children go to bed hungry. Every year, almost three million children under the age of five die due to poor nutrition. They lack the resilience that is needed to fight off opportunistic infections and disease. That is nearly half of all child deaths in the world, 8,000 children every day, one every 10 seconds. Over 160 million children are stunted, small for their age, and they don't have enough of the basic nutrients they need to function, to grow, and to develop to their full potential.

The bottom line is malnourished children are vulnerable children. They are children in need of protection.

I have three children, ages six, five, and two. When I am in the field visiting Micronutrient Initiative projects, I can't help but be drawn to the children as well, partly because I am missing my own, and partly because children are the main indicator of the health and future potential of any community.

Last year, I had the chance to visit Micronutrient Initiative projects in sub-Saharan Africa and south Asia. In one village in particular, a remote village, we were walking and we saw many children playing, which is entirely normal. You would expect to see that. It's only when you learn how old the children are that you realize something is seriously wrong. The child who you thought was maybe two or three years old is actually six. A child over there who is the same size as your kid back home isn't six; he is nine or ten. When you pick them up.... You see, I know the densities of my children. I pick them up all the time. They are heavy. When you pick up a chronically malnourished child, it feels different, as if you were picking up cloth.

Now, the density is different, and the muscle mass is different, but the smiles, the light, and the vast potential of a child are the same. That is the heartbreaking thing, because chronically malnourished children will have an uphill battle for the rest of their lives in order to achieve their full potential. We can protect these children.

What is particularly hard is that this cycle has continued generation after generation. A girl who looks like she is 10 or 11 is actually 16 and about to be married. Her chances of dying during childbirth, and her baby's chances of dying or being damaged for life due to malnutrition, are that much higher, and the cycle repeats itself. Malnourished adolescent girls have low birth weight babies, who become stunted children, who grow to be stunted adolescents, and the cycle goes on.

Simply put, the fight against poverty and the damage it causes can never be won while entire generations are malnourished, stunted, and with their development potential impaired because they don't have access to good nutrition. Again, the bottom line is that malnourished children are vulnerable children. They are children in need of protection.

On a positive note, Canada has been at the forefront when it comes to protecting children from malnutrition and is recognized as a world leader. I want to give you a couple of examples of this type of leadership, drawing from our own organization.

The Micronutrient Initiative is a made-in-Canada global nutrition organization that reaches 500 million people in more than 70 countries around the world every year. We focus on scaling up low-cost, high-impact nutrition interventions that are recognized as some of the best buys in global health.

These are vitamin A capsules. A child needs just two of these every year to give their immune system a hyper-boost that protects them against disease and illness. Every year, MI reaches 150 million children with two of these. That protects them against disease and illness, and reduces child deaths by up to 24%. In total, so far, we have saved four million lives. Each capsule costs two cents to make, and most of them were made right here in Canada.

Here is one more example. Decades ago people realized that adding iodine to salt could prevent mental impairments and other health issues, and boost IQ levels by as much as 15 points. Over the last five years, with Canadian support, we have protected 30 million newborns from permanent mental impairment at a cost of a few pennies per person per year.

• (1115)

That's not all we do at MI. We are constantly seeking new ways to change the status quo for women and children, and those are just two examples where Canada punches above its weight and gets results.

Canadians care about the world we're in and the world around us. Part of this global leadership on nutrition I mentioned comes from a long-term commitment to children. This commitment by officials, by politicians of every party, by NGOs, by academics, and by the Canadian people from coast to coast has resulted in a track record that has earned Canada a global reputation and a voice on nutrition.

Now the key question is, what could we do with that voice? One of my main messages to this committee is that Canada could build

on this leadership and achieve even more for children by increasing our influence with other donors, other countries, and geopolitical blocs.

What does it say about the priorities of the world if, for the price of a latte at the corner café, children can't access the lowest cost, highest impact interventions that are essential for their resilience in the face of disease, for their strength, and for their mental development? If protecting children was truly a priority around the world, we wouldn't be seeing the numbers and the vulnerability that we're seeing. Canada can use its voice to make it more of a priority by using our significant development, trade, and diplomatic capabilities together in order to serve as force multipliers.

How do we do that? We did this recently at la Francophonie summit in Senegal where our ambassador and sherpa, Philippe Beaulne, convened donors, the private sector, and government leaders in a side event on nutrition, and where DFATD officials led negotiations to ensure that the final resolutions included commitments by developing countries themselves to increase their own budgets for nutrition and maternal, newborn, and child health.

This global resolution was signed by 57 heads of state, among them countries with the highest rates of malnutrition in the world. That's an example of influence. Building on this, if we look at the next six months, I'm sure there will be many opportunities to create alignments of purpose at the highest levels. For example, in two weeks the new prime minister of India will come to Canada. Apart from the clear importance of expanding trade with what will become the most populous nation in the world, India at present also has a significant burden of malnutrition. India is no longer an aid recipient but an emerging power with an increasing regional and global footprint.

We're both members of the Commonwealth, a group of countries that is home to less than 40% of the world's children under five, but accounts for more than half of the world's child deaths. What if both Canada and India worked together to advance the cause of children and nutrition at the upcoming Commonwealth Heads of Government meeting in November? This could be leader to leader, parliamentarian to parliamentarian, ambassador to ambassador, and official to official using our diplomatic, trade, and development gears together. That is just one example. I'm sure if we had more time, we could come up with many more, because the need for leadership is enormous, but so is the opportunity.

In closing, I want to say that the world is finally figuring out that we can't move forward while so many are being left behind. Having Canadian parliamentarians study the reasons people are being left behind and the importance of issues like child protection is further evidence to me at least that the status quo for children is unacceptable at the highest levels, and that Canada will continue to use the full spectrum of our capabilities as a champion for children around the world.

Thank you for your time.

The Chair: Thank you, Mr. Spicer.

We are now going to turn to Ms. Scott.

Ms. Helen Scott (Executive Director, Canadian Network for Maternal, Newborn and Child Health): Thank you, both of you. Those were excellent. It's tough shoes to follow such eloquent speakers, but I want to start just by saying thank you to all of you. I know of your work and of your leadership and your roles. I'm very grateful, as a Canadian mom, for your focus and your energy. I've had a chance to travel and work with some of you more closely and I'm very, very grateful for how hard you work.

I'm privileged to have the opportunity right now in my career to coordinate the efforts of the Canadian Network for Maternal, Newborn and Child Health. This is a partnership of over 80 Canadian organizations focused on maternal, newborn, and child health. My colleagues here at the table sit within the network, so we speak from a common voice in many ways. Our organizations work in over 1,000 regions around the world to improve the lives of women, their newborns, and their children. We were officially created in 2012, shortly after the launch of the Muskoka initiative.

We have three key objectives.

The first is we know that we need to do a better job of being accountable in measuring results. We focus on working with our partners to make sure that we're doing the best possible job of measuring our impact and our outcomes and really tracking where the investment dollars are going, so that we know whether we're doing the best possible job we can with the limited resources that we have.

Our second key objective is to exchange knowledge. We're focusing on measuring results. We're looking to see what the best way to address these causes is, and we're taking that information and making sure that we share it with each other. There's no one in the network who doesn't know that they need to have vitamin A capsules in their implementation programs. I'm not sure five to ten years ago if that was the case.

Our third component is to engage stakeholders. We know that we can't do this alone. We know that through the network, the increased collaboration across sectors has shown itself to be very effective and efficient, so we look to engage more Canadians to join us in this effort. In addition, our experts look for opportunities to advise and inform the Canadian government in their investments.

On that note, I just want to say Canada got it right in 2010 when maternal, newborn, and child health was prioritized. Given the tremendous progress today and what work remains, we know that it's imperative to women and children around the world that this effort

continue. We know that improving maternal, newborn, and child health—and Joel has articulated this so well—is foundational to economic growth, to political stability and human security, and it's a critical component of child protection.

I know that you've heard from many of our partners in the past meetings here at the standing committee. I think one of the key messages that they've shared with you is there's no silver bullet on child protection. It's going to require a multi-sectoral and multi-faceted approach. Even though I'm going to speak about one element of that approach, focusing on health, I recognize that this is just one component, albeit a critical one, of the many necessary systems and structures that afford children the opportunity to survive and thrive. I think you had Peter Singer here a few weeks ago. Peter has coined a term that I love, and which I think needs to go in the dictionary, "thrival". It's not good enough that children survive birth and survive their first five years, they need to thrive. I think that's what we're all focusing on. We're starting to see progress. The mortality rates are dropping around the world. We're starting to see this progress and now is the time that we really need to focus on making sure that these children thrive.

The efforts to improve global health rank among the greatest development achievements. Canada has played such an important role in shaping and supporting global initiatives that have made a significant impact, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Global Alliance for Vaccines and Immunisation, which vaccinates millions of children year, the Micronutrient Initiative which is another great example, and of course the Muskoka initiative. Launched at the G8 summit in 2010, the Muskoka initiative has contributed to substantial progress in improving the health of women, newborns, and children, including—and I think this builds nicely on what Joel just said—through galvanizing international support and commitments.

For example, Canada was a key leader in galvanizing support for the United Nations Secretary-General's global strategy for women's and children's health, which we call the global strategy. A recently published report on the global strategy highlighted it as the fastest-growing public health partnership in history, with 2.4 million women's and children's lives saved since 2010.

I want to stop for a minute. I'm a statistician by training and we throw around these big numbers and they don't mean very much to us. So just think of a child in your life who you love, and then think of 2.4 million children who are loved and whose lives have been saved since 2010. I mean this is phenomenal. This is something that we should be celebrating. It points to the fact that we know what to do, but we just need to dig in and get this work done.

● (1120)

Here we are in 2015. The world is at a critical juncture to achieving lasting progress in maternal, newborn and child health. To do so, political and financial commitments must be mobilized following Canada's leadership and our footsteps with the announcement of \$3.5 billion in May 2014, just a few months ago.

The newly formed Department of Foreign Affairs, Trade and Development provides Canada with the unique opportunity to harness our foreign policy and trade tools to better achieve our development agenda. The multi-sectoral reach of the Canadian network positions us to make unparalleled progress on the ground. We're working with the academics, Canadian universities, Canadian NGOs, Canadian health professional associations, and with doctors, midwives, nurses, and surgeons who are working on the ground.

Together the Government of Canada and the 80 partner organizations of this network will bring a new level of rigour and commitment to seeing our shared aspirations achieved for mothers and children around the world.

Through increased global leadership, the international community can empower women and support increased resilience by strengthening health care systems, fighting infectious diseases, improving sexual reproductive, maternal, newborn, and child health, and ensuring that the unfinished business of the health-related millennium development goals are not lost in the transition to the sustainable development goals that we launch later this year.

We're proposing that Canada make the following commitments, and I should say Canada is so committed. This is a reiteration of some of the work that's already happening. We need to renew commitments and encourage the rest of the world to renew their commitments made under Muskoka and the global strategy for women's and children's health, such as through A Promise Renewed, the every newborn action plan, and Family Planning 2020, and make sure these commitments are met.

We need to welcome and support the renewed global strategy for women's and children's health to be launched in September 2015. We're calling it global strategy 2.0. We need to support the ambitious but achievable goal of ending preventable deaths by 2030 in the post-2015 negotiations and agree to tackle inequality by focusing on those groups that are furthest left behind. I think Caroline spoke so nicely to that.

We need to provide financial and non-financial resources to deliver the post-2015 framework and support countries to raise and spend greater domestic resources on universal public services, including the newly established global financing facility in support of every woman, every child program that will be launched at the financing for development conference in Addis Ababa in July 2015.

We need to deliver an ambitious commitment on aid expenditure in support of increased domestic resource mobilization and align the ODA for the health and rights of women and children, including through the global finance facility.

I want to mention accountability. We need to continue Canada's leadership role in accountability. We need to broaden and strengthen our established global leadership by championing simplified, harmonized maternal, newborn and child health accountability frameworks. Enhanced community basic accountability mechanisms and increased efforts to produce reliable disaggregated vital statistics are critical to strengthening health services delivery.

Vital statistics in civil registration is so boring. It's hard to make it sound interesting. It's critical because when you know a child is born, and when they're registered, that child counts. That child is

counted. We can track services, we can track delivery, and we can track the children. That's critical in child protection. It encompasses all of the work that we try to do.

The last point I want to make is that—and I say this a bit humbly because I'm so fortunate to have this opportunity—I see how effective we can be when we work together and when we stop creating silos, have our universities working over here, our NGOs working over here, and we come together. I would stress that we bring together organizations across sectors with different expertise to facilitate their collaboration, especially in country, where, just using Canada as an example, different organizations are working in country and they really need to be collaborating. This is imperative for increased success.

We need to enhance and capitalize on partnerships between governments, civil society, local communities, health care professionals, academic and research institutions, multilateral organizations, global funds that exist, and the foundations. The media is critical as is the private sector in coming along on this journey.

Addressing the rights and needs of women and children is key to creating sustainable change and development. The last five years of the global strategy for women and children's health and the Muskoka initiative launched in Canada, with the hard work of many of you, has shown that well-planned coordinated interventions can achieve results and save lives. Now we need to focus on making sure those children thrive and those women thrive.

• (1125)

The year 2015 is the time to build on this achievement, to renew commitments and support strong strategies that will end preventable maternal, newborn, and child deaths, ensure that those women and children and survive, and improve overall health.

Thank you.

The Chair: Thank you, Ms. Scott.

Colleagues, you'll notice that the bells are going. I think we have about 22 minutes to get to the vote.

We'll suspend the meeting. After the vote, we'll start our first round of questioning with Madam Laverdière.

Thank you.

• (1125)

_____ (Pause) _____

• (1210)

The Chair: Okay, all the members are pretty much back here. Thank you for your patience.

Why don't we just get right into questions. I'm going to start our first round, which will be seven minutes of questions and answers.

I'm going to turn it over to my colleague Madam Laverdière for the first round.

[*Translation*]

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Thank you very much, Mr. Chair.

Thank you to all of the witnesses for your very interesting speeches.

[*English*]

I did not doubt for a moment that it would be an exceptionally interesting session today.

[*Translation*]

My first question is for Ms. Marrs.

In your speech you mentioned education. Could you tell us a bit more about the connection between education and the health of young girls?

Ms. Caroline Marrs: Thank you very much.

As you know, the education of girls is extremely important. As I mentioned in my speech, some progress has clearly been made on this issue. The Government of Canada and other countries have made commitments to promote primary and secondary education for girls in developing countries.

As for health, I would say that there are both opportunities and challenges. I'll give an example of a challenge. It's all well and good to encourage young girls or young women to go to school, but there can be oversights if gender equality isn't taken into account when a program is launched.

I read something this week that young girls can miss classes as a result of menstruation, which is something perfectly natural. We must absolutely educate people and do even more to ensure that there is equality between girls and boys in the sustainable development goals, but we must also do a little more. We must look at relations between the genders to understand how we can ensure that girls and young women are fully involved and that they can thrive.

Thank you.

• (1215)

Ms. Hélène Laverdière: Thank you very much.

You were also quite eloquent in your speech when you spoke about gender equality programs. Aside from specific actions, is there a way to further integrate the notion of gender equality into our development programs?

Ms. Caroline Marrs: Wow. You're asking me how?

I know that integrating gender equality is a priority for the Government of Canada—formerly CIDA and now the Department of Foreign Affairs, Trade and Development. This issue is a priority in programs, whether it has to do with humanitarian assistance, food safety or economic development. The Government of Canada considers this to be a priority, which is very welcome.

Oxfam Canada shares this priority, as do many other organizations. All of the ones here and that have already worked on this issue

know that it's very difficult. It's a long-term undertaking. Even at Oxfam Canada, where our priority is women's rights and gender equality, we are learning every day. Power relationships cannot be changed overnight. It takes reflection on a personal, organization and institutional level.

We have developed a wonderful partnership with the department through the Engendering Change program. With organizations, with NGOs, we have thought hard about how we can promote gender equality. We have learned a lot. Through this wonderful program we have created documents, a conceptual framework and tools, which have helped our partners and the public. I hope we can continue in this direction.

Oxfam Canada and I, as the director of the Centre for Gender Justice, believe that programs targeting women and young women in particular are also very important. When there is a wide range of resources, the choice is often between two good things. I know that your work is very difficult, but at Oxfam Canada, we believe that, whenever possible, there should be two approaches: integrating gender equality issues and implementing programs truly focused on the needs of women and young women.

Thank you.

Ms. Hélène Laverdière: Thank you very much.

Power relationships and gender equality are relevant in all societies and all communities, including our own.

Thank you.

[*English*]

I have a quick question for Madam Scott, if I still have time. You mentioned you are a statistician. You talked in your presentation about accountability. I wondered if you could give us an update on efforts to improve monitoring and evaluation of MNCH programming since last May's MNCH conference.

• (1220)

Ms. Helen Scott: That's a timely question, because I just came from a meeting with my colleagues at DFATD, where we had a real brainstorming session on what the next phase will look like. Essentially we've learned a lot of lessons over the past few years about what works and what doesn't work. I'm going to share two examples with you that I think are coming to fruition right now and they will take us into the future.

The first example is that our network undertook the development of a metrics portal. This portal is an online, open access data system that allows our partners to enter data on common indicators. We selected the 11 indicators that were published in a document by the Commission on Information and Accountability for Women's and Children's Health.

Here I am going to step back. When the every woman every child global strategy was launched in 2010, Canada and Tanzania took the lead on creating the Commission on Information and Accountability. In that commission there were 11 defined indicators that all countries, all partners, were encouraged to measure and report on. We came to be a few years after that, but we created this portal so our partners could enter that data online. It was a pilot project. We had 22 partners enter data from 49 countries. We learned a lot about some of the challenges of data collection, data reporting, and data disseminating. But it was a really good template that will take us into the next phase of our efforts.

Another project I want to tell you about is a project with four of Canada's largest NGOs. I'm not going to get all four names right, so I'm not going to name them, but these NGOs worked with an academic institution, Sick Kids' global child health program, to collect all of the data from their partner projects and collate that data and then address some research questions, so they could better explore what worked and what didn't work. Again, that was a really challenging initiative. Some of the challenges came because that consortium—they call it a consortium—started after the projects had already rolled out, so they really had to retrofit, which is not the best way to do evaluation work. But in a short timeframe they've been able to kind of coalesce the work they're doing and create really neat outputs that will let us evaluate those programs more effectively than we had in the past. It's a really good example of university and NGO collaboration.

The Chair: Thank you very much.

We're going to go to Mr. Hawn for seven minutes.

Hon. Laurie Hawn (Edmonton Centre, CPC): Thank you all for being here.

I want to start with the Micronutrient Initiative folks, Mr. Spicer and Mr. Fryars.

I spent a little bit of time in Tanzania a year ago with Results Canada looking at some of the nutrition programs and HIV/AIDS and TB and so on. It was very impressive. We saw Canada everywhere. Most interesting to me was the—I forget the name of it; it's sort of like a chocolate bar. I may get this wrong, but it was like 2,000 or 3,000 calories in this one bar. It was kind of a gooey substance that they fed the little guys who are malnourished. It was amazing to me that, in a country with a relative abundance of food, they have about 60,000 severely malnourished children in otherwise healthy families. It appeared that a lot of it was cultural, involving education of the people about how to spread the food and how to spread the nutrients among all the kids. They're doing a lot of work on that.

My question is this. Do we have to educate officials too, government officials, bureaucrats, and so on? While you're concentrating on getting nutrients to the people who need them, are you also working on the area of educating officialdom in those countries as to how to better take control of that situation?

Mr. Mark Fryars (Vice-President, Programs and Technical Services, Micronutrient Initiative): Thank you very much, Laurie. It's a very pertinent question.

The little bars you spoke about are these ready-to-use therapeutic food bars. They are very useful for severe acute-malnutrition treatment. They're actually very, very effective.

Yes, education is a key here. It was good to hear it mentioned earlier in answer to Hélène Laverdière's question. One of the problems we face is the recognition of nutrition as an issue. It's not only education; it's also awareness in the first instance that nutrition is crucially important for growth, for survival, for cognitive development, and for all these other very important life skills. Part of the educating of officials, which I think everybody in government will recognize, is that you need to move outside your box. You need to get across the divides.

Tanzania has been relatively successful at the district government level. Some of the integration of services, which we would like to see more of—we were talking about gender mainstreaming just now, and we would even talk about nutrition mainstreaming as well—really needs to take place and become embedded. I can speak to you about a movement called Scaling Up Nutrition. This particular movement has brought to a lot of people's consciousness, as I think more than 60 countries have signed up now, the fact that they have to take action not just by giving out vitamin A supplements, which are perhaps a little more easy to see, but also within the education system, within local government decision-making processes, to look at the outcomes for nutrition as well as for gender and other issues.

In terms of helping officials, I think it's educating them, yes, but it's also providing them with the tools for multi-sectoral planning, which is actually very, very crucial in this. The SUN movement, as we call the Scaling Up Nutrition movement, has invested in starting to build country capacity in this very area. If somebody takes a decision in the agriculture sector, we're hoping they will look at the effect it will have on the nutrition of the population they're serving.

I do agree with your point. I do agree that it's a very important piece, but I think it goes from awareness, through education, to also the tools for development. Perhaps Canada is well placed to provide technical assistance to good government, competent government, in that sense.

● (1225)

Hon. Laurie Hawn: Thank you.

Ms. Marrs, following along from that, Oxfam has been around for a while. It's in many, many countries around the world. If we look at the kind of learning that takes place in Tanzania, for example, does Oxfam spend time trying to spread that knowledge from one level of officials in one country to another country, passing on lessons learned from Tanzania or wherever? How much time do you spend at that?

Ms. Caroline Marrs: I'm glad you asked about that. Unfortunately, I wouldn't say we are so up on the nutrition learning. We'd leave that to the Micronutrient Initiative.

Hon. Laurie Hawn: I just meant best practices in the whole area.

Ms. Caroline Marrs: Yes. As you know, Oxfam works in about 90 countries. There was just a meeting of the executive directors of the Oxfam affiliates, of which there are 17 now, in Australia. They came out strongly in favour of resourcing for knowledge. Knowledge sharing and knowledge creation in Oxfam are really important roles because we have a privileged position. In any one country, like Tanzania, Oxfam is there working on lots of different kinds of projects but with all kinds of partners. There are lots of different definitions for the word “partner”, but definitely we work with civil society organizations of all kinds. We are working closely with government ministries, with the private sector, with academics. In any one country, there's always a great network.

I'll just give a quick example of how we even reach out across countries. I have the pleasure to lead what we'll call a knowledge hub on violence against women. We're leading it right here from Ottawa, in collaboration with Oxfam-Québec, of course, in Montreal. It turns out that over 40 countries in which Oxfam works have very well-regarded programs on violence against women. We serve as a hub joining up the knowledge and information that our colleagues are gathering on the issue in terms of the programs they're doing.

I'll end there, because I know there are a lot of different questions out there.

But having worked in the field myself, and in quite a number of countries, I know that the people who are working on the ground, i. e., my colleagues there, and the partners and so on, are very smart people, very dedicated people. They're *dans le feu de l'action*, in the fire of the action. They're thinking and adapting every day, really, in terms of the objectives they're trying to achieve. They don't have a lot of time to write things down, to do the webinar, to explain, to capture that learning. Part of our job is to help draw that out, share it, translate it. We have a huge duty, we feel, to translate things into English, French, Spanish. We're looking at other languages as well so that we can unlock the learning that's going on in those different places.

The Chair: Thank you very much.

We're going to finish off the first round with Mr. Garneau for seven minutes.

Mr. Marc Garneau (Westmount—Ville-Marie, Lib.): Thank you, Mr. Chair.

[Translation]

My first question is for Ms. Marrs.

When the public thinks about Oxfam, I suppose it thinks about Oxfam in a country experiencing a humanitarian crisis. We imagine your organization providing assistance, whether it is in the form of food or housing. We think about displaced persons, who are in need, but we don't necessarily think about gender equality. That is what you work on.

I'd like more details. How do you communicate on the ground? You spoke about laws, but on the ground, when we're talking about cultural and other kinds of differences, how do you manage to communicate with people to emphasize the importance of gender equality?

●(1230)

Ms. Caroline Marrs: Thank you very much. Your comments were very interesting in many respects.

Oxfam is certainly known around the world for its actions and its expertise during humanitarian crises. As you may know, Oxfam Canada celebrated its 50th anniversary last year. From the beginning, we have worked on humanitarian issues, but we have also worked on long-term development. Oxfam Canada, like the Oxfam family, focuses on working with civil society organizations and other partners in the countries in which Oxfam operates.

With respect to gender equality, let us look at Nicaragua, South Africa or Pakistan, where Oxfam is working. We build connections with all kinds of civil society organizations: core community organizations; NGOs working on issues such as gender equality, humanitarian issues or food safety. We believe our role is not only to support them financially and help enhance their capacity, but also to serve as a facilitator.

To get back to Mr. Hawn's earlier question, we know that we act as a little hub. We work with a lot of different partners and we know that we can all benefit from these conversations. We need to talk to each other.

The issue of gender equality is a very sensitive one. Even here in Canada we haven't quite sorted out the issue. We need to respect that in the countries we're working in. The questions and the problems will be different. Things may be similar, but the problem will be different from country to country. We rely on our partners. We're not talking about a single partner, of course, but a group of partners with whom we work to analyze and better understand how this issue presents itself in the country or in the communities.

It's a conversation, an exchange. It's not up to us to dictate what must be done to address gender equality. We believe it's important and we talk to our partners to learn about how they see the problem, and together we decide.

Mr. Marc Garneau: Thank you.

[English]

My second question would be for the Micronutrient Initiative.

I have to admit I'm not very familiar with it. You mentioned vitamin A and iodine and the special bars for people who are malnourished. Is this an initiative that focuses on strictly supplements or vitamins or special bars, or is it broader than that? I'm not very familiar with it, I'm sorry.

Mr. Joel Spicer: I'll have a kick at it and then pass it to corporate memory, because Mark has been with us for a very long time.

It is beyond that. Those may be some of the things we're known for, but if you look at supplementation, then you also need to look at fortification of foods. Whereas in Canada I think we've taken for granted the fact that most of our food has been fortified for the last 50-plus years, in many countries, with the way their systems are set up, this is not the case. The Micronutrient Initiative also works very closely with private sector actors at the country level to ensure that fortification is taking place, that we are providing technical support to government, and other inputs like that to make sure that we're scaling up. That's an area in which some of the greatest gains are waiting to be unlocked as well.

It's important to remember that the Micronutrient Initiative was created in 1992 out of the World Summit for Children. That was a long time ago. So while vitamin A and salt iodization have been kind of the watchwords, things have expanded since then significantly.

Mark, maybe you have some other details to add in terms of what we do.

• (1235)

Mr. Mark Fryars: Thank you, Joel.

I would add that we do focus upstream as well. As we were speaking just now about the Tanzanian case, integration of health and nutrition in other sectors in planning is very important. We have a catchphrase within the Micronutrient Initiative, “no missed opportunities”, because what we see happening is that sometimes health services may be provided, but we need to educate the planners to say that they could actually include nutrition. We do a fair amount of work in countries right at the apex, right at the decision-making part of the tree, advising what could be done, what effect it could have, and what the return on the investment is. There's a sort of no-missed-opportunities piece.

In addition to the points that Joel made on supplementation and fortification, we recognize that there are many people in the developing world who are essentially beyond the ready reach of health systems or the ready reach of commercial markets. We're looking at ways in which we can also help them. It's not in Tanzania, but in Ethiopia where we're working on looking at what people are growing, what people have access to, and whether we can put this together in different ways to enhance the nutritional value of the foods that are given to children. At the same time, we can help people understand that children do need their own dish and they need their own food, just as if you had a grandchild or a child, you'd be feeding them their own food. There's an education piece and a dietary diversity piece as well, in addition to the supplements and the fortified foods that Joel has mentioned.

Mr. Joel Spicer: Just to close, Mark, one of the unique aspects of the Micronutrient Initiative is that it works on evidence generation, on the support for guidelines for countries to use when new evidence comes into play, and then on scale as well, not just on one piece. It's that connection.

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

That's all the time for the first round. We're going to start our second round, at five minutes.

Mr. Schellenberger, please lead us off.

Mr. Gary Schellenberger (Perth—Wellington, CPC): Thank you very much for your presentation this morning. It's been encouraging.

In your presentation, Mr. Spicer, you stated that Canada has been a long-time leader on nutrition. Can you elaborate further on how Canada might harness this recognized global leadership on nutrition to influence others in a way that can have transformative impact for children?

Mr. Joel Spicer: Yes, I'd like to echo something that my colleague Helen Scott mentioned earlier about the need to bring unusual partners together, academics and program people, as well. That would be one of them.

Basically I would say there are three ways that Canada can have a greater impact in terms of using its influence. That is, bilaterally, multilaterally, and with geopolitical blocs, engaging with them in different ways.

By bilaterally, what do I mean? I mean, let's do an inventory of these countries where children are most vulnerable to issues like malnutrition and beyond. Let's cross-reference that list with the countries with which we have the best bilateral relationships, as a starter. Let's work with our counterparts. Let's activate our diplomatic trade and development capabilities and encourage countries to go the extra mile and invest more of their own resources. Number one, that's the easiest one.

Let's boost Canadian NGO and international partner expertise that's already on the ground and make sure they're working with local partners to identify appropriate solutions at the country level. If more support is needed, let's influence our allies to provide some matching funding as well, because other donors and foundations and partners certainly aren't shy when it comes to calling Canada for support for issues they're working on. That works both ways.

Multilaterally, consider all the investments that Canada has in terms of board positions and financial investments in the World Bank, the Global Fund, and the UN system. If we use this influence to ensure greater coordination—because as my colleague Mark was saying, there's still too much of a siloed approach, and we're missing opportunities for children—and focus on better delivery for adolescent girls, pregnant women, newborns, and children in particular, which is where the real damage is being caused, that's another way we can make a difference.

Finally is the geopolitical impact. We've talked about the Francophonie and the Commonwealth where Canada has a standing in both, but there are other geopolitical blocs where we have strong diplomatic relations, strong trade relations. We may not be a member, but they nevertheless may have significant resources and influence.

One example of that is the Gulf Cooperation Council. If you consider United Arab Emirates, Qatar, for example, and Kuwait, these are countries with a great deal of resources and they're proving that time and time again. Their scale is up, but the opportunity to engage with them, to do something for children, hasn't yet been fully harnessed. I think Canada is ideally placed to be a catalyst for that.

One note on that piece is that the Gulf Cooperation Council countries are the main drivers, the leaders of the Organisation of Islamic Cooperation, 57 countries that have among them the highest child protection issues in the world and high malnutrition rates. There is a way to build more momentum in favour of children, and I think Canada can do a lot more to lead that charge.

Let me stop there.

Thank you for your question.

• (1240)

Mr. Gary Schellenberger: Thank you.

What are the sources of funding for Micronutrient Initiative?

Mr. Joel Spicer: Our primary source of funding is the Government of Canada, but we have 14 donors, and we have had 14 donors over the past five years, including foundations like the Gates foundation and the Children's Investment Fund Foundation, CIFF, the Izumi Foundation, and the World Food Programme. We work with UNICEF very closely as well. But, as I said, our primary source of funding is the Canadian government at this moment.

Mr. Gary Schellenberger: While you currently operate in 15 countries, what strategies are you undertaking to increase the reach of your organization to other locations?

Mr. Joel Spicer: At the moment we have operations that are in 70 countries, but we have basically 12 country offices, a major hub in Senegal for Africa, and another hub in Delhi for Asia. There are really two things that we are doing to expand our influence.

One is with a new president, it's normal you come in and ask a lot of questions that annoy your staff, and I think I've ticked that box so far in the first year. There are nods to my left. One of the questions I asked is, why are we where we are? Is there a reason that we shouldn't be in these places where we are not? Is it just organic evolution? One of the things we've been doing is a deep dive on the updated facts. What is the damage being caused by malnutrition in these countries?

Tanzania is one of them. We don't have a country office there, but in our geographic scoping exercise that is an area where we're looking at as well. There are a number of countries where we're thinking of expanding our operations.

More to the point, we feel we can have a lot more impact as well by looking at those other delivery platforms, whether they are multilateral, whether they are other NGOs, and saying to them that they are doing a great job reaching some extraordinarily vulnerable people with nothing to do with nutrition, and they need it, so what could we do to work with them to leverage their delivery platforms at marginal cost and get a much bigger bump? What you're going to see from the MI over the next months and years is a lot more strategic engagement to influence and to leverage some of the bigger players. I think we're well positioned to do that, particularly in nutrition.

The Chair: Thank you.

I also know that you have been able to partner with some business people as well, some corporations, to help leverage some of your products, which has been nice to see.

Thank you very much, Mr. Schellenberger.

Madam Laverdière, it's over to you for five minutes.

[*Translation*]

Ms. Hélène Laverdière: Thank you very much, Mr. Chair.

[*English*]

I have just a quick note to start with. I thought that your comments on the bilateral, multilateral, NGO political approach were very pertinent, so note well taken. If you're wondering why you are where you are and if you are in the right place, having lived in Senegal for three years, I think it's a great place to be.

Anyway, that being said, I have a quick question again for Madam Scott.

Can you tell us if all the funds announced last May by the Prime Minister at the conference in Toronto have been allocated this year?

Ms. Helen Scott: I will attempt to answer that question.

All of the funds, the \$3.5 billion, have not, to my knowledge, all been allocated. I know there have been a number of announcements, but \$3.5 billion worth of funds has not been allocated.

Ms. Hélène Laverdière: Okay. Do you have any idea what kind of percentage has been allocated?

Ms. Helen Scott: I couldn't. I could do a rough back-of-the-napkin calculation but....

Ms. Hélène Laverdière: Or maybe if you have this information later on you could submit it to the committee.

Ms. Helen Scott: Sure, that's actually not difficult to do—not off the top of my head, though.

Ms. Lois Brown (Newmarket—Aurora, CPC): I have a point of clarification, Chair.

The money that was put forward, \$2.5 billion, was for 2010 to 2015. All of our money is allocated, and we are 80% spent out of the 2010 to 2015 amount. The rest of the money will be spent by the end of 2015. This new tranche of money is for the next five years.

• (1245)

Ms. Hélène Laverdière: Anyway, any information you could provide to the committee later on on actual provisions and money allocated, from your point of view—I'm sure we'll get numbers also from the government—would be much appreciated.

Thank you.

Ms. Helen Scott: Sure.

Ms. Hélène Laverdière: I have a question for all of you.

I want to know if you think that the needs of youth and women are sufficiently addressed in the post-2015 agenda and the SDGs, sustainable development goals, and if there are specific topics that Canada should pursue and promote in the upcoming negotiations for what is left of it?

Ms. Helen Scott: We'll go from the opposite direction.

The challenge is that we've created this sustainable development goal system that's just this massive number of goals, and there are 173 targets. Children and youth are within those targets, but there aren't specific goals relating to women, newborns, and children in the way there were with the millennium development goals.

The worry is that it will get missed. We're talking about mainstreaming gender here, mainstreaming the importance of investing in our children. The worry is that if there aren't specific targets focusing on maternal and newborn and child health, and on survival and thrival as Peter would say, then we'll miss it.

Mr. Joel Spicer: I would echo those points, and also say that there is a consistency in terms of where Canada has led.

For example, the World Health Assembly targets on nutrition—obviously, I would talk about nutrition—are well established. Canada was a driver. All countries have signed up to them already. To not have something that is so directly impactful on women's and children's lives in the sustainable development goals would be a colossal missed opportunity.

If you want to think about development, women are the engine of development—this is well known—and until we remove the brakes from this engine.... I believe that one of the major brakes and greatest causes of injustice in the world is the rate of malnutrition among women in particular. There are 500 million women who are anemic. Some 40 million pregnant women have severe anemia. It is impossible to unleash the engine of development while it is constantly struggling to reach its own potential and have its own energy.

That's just one piece. I would dovetail back to what Helen said, that it's broader than nutrition, but there needs to be a definitive focus on maternal, newborn, and child health, at a minimum, in my view.

Ms. Caroline Marrs: I can't help but echo what my colleagues are saying.

As we discussed briefly earlier, I'm a big fan of gender mainstreaming. A lot of people, a lot of feminists, work on gender mainstreaming, and we know it's absolutely critical. The danger always is that when you mainstream gender then you start to lose a bit of focus on some of the issues that are specifically faced by women, young women, and girls.

With regard to the SDGs, seeing a goal on gender equality obviously is something we're very interested in. We're lobbying hard for mainstreaming of gender in the other goals as well, so that's really important.

At the risk of adding specific targets—because I think maternal health, yes, and nutrition for women, young girls, and young women, yes—we would advocate and we have advocated a special target on violence as well. In terms of causes of injustice, I don't think we need to have a competition about that. There are many, many different challenges and human rights violations that young women and girls suffer.

I would definitely lobby with my colleague for a target on nutrition, for sure. From our perspective and the work we're doing—

the knowledge hub—we're gathering a lot of evidence. We're working with a lot of partners. In talking about a brake on development, violence against women is a huge brake.

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

We're going to finish off today with Ms. Brown.

You have the last draw for five minutes.

Ms. Lois Brown: Thank you very much, Chair.

Thank you so much for being here. It's good to see our partners here working with us.

It was our government that put these initiatives on the table in 2010, and I'm glad we are seeing such incredible success in moving forward the issues that relate to maternal, newborn, and child health.

Perhaps Micronutrient Initiative could answer a question for me.

I encounter company after company or organization after organization that want to get nutrition particularly into Africa. One of the products that we see over and over again is peanuts. I keep asking myself why we have to send peanuts to Africa. I'm glad to hear that you're working with governments as well to increase knowledge on nutrition.

There are products in Africa that could be used in Africa for nutrition. How acceptable is the knowledge of the need for good nutrition within their country, and how responsive have they been?

• (1250)

Mr. Mark Fryars: There are a couple of things in your question, and I'll take the last one first.

I think just as in Canada, people are confused by the multitude of signals they get about nutrition, so there is sometimes difficulty in sorting the wheat from the chaff. But if we go right down to those poor villager levels, they don't have the same choices you do when you go to the grocery store here in Canada and have a cornucopia of things to choose from. There's just those grains and that's it, so how do you make good nutrition when you don't have all the ingredients?

I think a holistic and intersectoral effort is needed to look at diversity in agriculture, to look at educating people about how you put good products together, even at the community levels, certainly at the small business level. Those micro-enterprises often serve people in rural areas and poor people in urban areas as well, in developing countries. I think that's the first thing; quite a lot of effort is needed to make the markets work for the poor, because that doesn't work terribly well right now.

The second point is on peanuts, and why we would send peanuts back to Africa. Peanuts are highly nutritious, but they also have a tendency to attract aflatoxins. Those of you who are scientifically minded will know these are poisonous chemicals. What's very important there is that the processing capacity, if you are going to use peanuts, is very well developed with proper quality controls and safety controls, if possible. That does limit what can be made at the very local level. So you have to get up a level to the small to medium enterprise.

I think there's great promise there for using local ingredients to manufacture more things, but again the market has to be there in terms of cash availability for people to buy such products. I think there's a lot of promise, and we started to make a lot of significant progress, I would say, along that ladder, but it's still quite a ladder to climb.

Ms. Lois Brown: You'll be interested to know that last Thursday we had a visit from the Egg Farmers of Canada, who are starting some projects in Africa to ensure that, first of all, healthy pullets are being raised, and second, that eggs, one of nature's miracles as far as nutrition is concerned, are made available, first of all for school feeding programs, and also to get to some of the most vulnerable. We're seeing the growth of business there that the Egg Farmers of Canada have become involved with. I think that's really exciting.

Helen, I would like to direct a question to you, and perhaps Oxfam, if we have time, you could respond.

Lots of wonderful projects have been going on in MNCH, and we're seeing great success with them. Are there projects there that we can scale up that are going to be most effective in child protection?

Ms. Helen Scott: Absolutely, and I think that's why we exist. Back when the network was a dream, we looked at our partners and thought, we have this organization doing this exceptional work. It's been rigorously evaluated so we know it could be taken out of this context and put into that context, and we're going to see similar value.

An example would be something that DFATD invests in, which is community case management. We know that community case management is an excellent arsenal in the tools to improve women and children's health.

Similarly, women's groups are not high tech, not something you have to invest a lot of scientific knowledge in, but women gathering to be empowered has shown to have unbelievable impact on breastfeeding rates, which then translates to healthier children, or using appropriate treatment methodologies if an umbilical cord gets infected. What's the best way to make that happen? Have women empowered to gather so they share their own knowledge.

There are a lot of opportunities to look at: what are the most effective programs and how do we scale them up? There are many models in Canada we're looking to scale up and where that happens. I think a good example would be one of our partners, Grand Challenges Canada, so a rigorous evaluation of pilot projects and then they look to scale up the ones they invest in that are shown to be effective.

We know what works. We have the science. We have the technology. Now we need to get out on the ground and get the job done.

• (1255)

The Chair: Thank you.

That's all the time we have.

Do you have a quick response, Ms. Marrs?

Ms. Caroline Marrs: I'm just going to echo Helen's comment about funding for women's organizations. I'd also like to come back to the issue at hand today, youth, with the demographics that we know are there. I was just talking with my colleague behind me about a visit he made to Benin where I worked a long time ago.

All the new organizations of young people have tremendous energy and want to do more. They want to help. Couple that with women's rights organizations that have been doing it for years and I think it's very easy. They're not funded very much now so a little will go a long way. I do think there's huge potential for scaling up in that regard.

The Chair: Thank you very much.

To our witnesses, thank you very much for your time here today. I know we're familiar with most of you. To the people from Micronutrient Initiative, it's nice to have you here to explain some of the things that you do, because I think you pack a powerful punch, and not all Canadians really understand what you do. All the work that you guys are doing on this file is very important.

Thank you very much.

With that, the meeting is adjourned.

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