

AN OPEN LETTER TO PRIME MINISTER STEPHEN HARPER

Dear Mr. Harper:

Your announcement that at the upcoming G8 meeting, Canada would "champion a major initiative to improve the health of women and children in the world's poorest regions" was good news. This focus on Maternal and Child Health is laudable especially as there has been virtually no progress on the fifth Millennium Development Goal (MDG5), which targets reducing the maternal mortality rate by ¾ and achieving universal access to reproductive health by 2015.

You specifically mentioned clean water, inoculations, better nutrition, and trained health workers to care for women and deliver babies. Women and children will benefit from expanding primary health measures such as clean water and immunization, and pregnant women and newborns need skilled attendants at childbirth. But is 'maternal health' in the fullest sense going to receive adequate attention and resources?

MDG5 goes beyond seeing the health needs of women mainly when they become pregnant. It also aims to increase contraceptive access and use, and to reduce births to adolescents. These elements recognize that a woman has varying health needs throughout her lifetime. Given that a woman in a developing country often has few resources to get to a clinic, it is all the more important that she should be able to have her reproductive health needs met while receiving other care. This is especially true in central Africa, where high rates of HIV/AIDS and of rape in war and refugee situations make an integrated approach even more urgent.

Why? Because:

- the "unmet need" for family planning is huge: about 200 million women in developing countries lack access to contraceptives, including 24% of women in Sub-Saharan Africa who want them
- pregnancy complications are the leading cause of death for girls aged 15-19 in developing countries
- of an estimated 76 million unintended pregnancies per year in developing countries, 19 million result in 'unsafe' abortions
- the poorest and least educated women have the highest risk of pregnancy-related death
- only about 1 in 6 of the poorest countries have health clinics that provide family planning
- about 70,000 women per year die from 'unsafe' abortions, most of which occur in developing countries with restrictive abortion laws
- almost 1/3 of maternal deaths could be prevented if contraceptive needs were met.

Clearly, one aspect of maternal health is the cost of NOT providing family planning services -- the burden on women themselves, on their families, and on health care systems. There is a strong correlation between maternal mortality rates and women's overall status in their society.

In considering the government's new maternal and child health care initiative, we would welcome clear answers to these important questions:

1. Will support for the full range of reproductive health services be included? Will there be any restrictions, related for example to contraception and abortion? What will be covered in the training and equipping of 'health workers'?

2. Will there be additional new funding for this initiative?

3. As maternal mortality is most serious in Sub-Saharan Africa and South Asia, especially in low-income countries there, how will the government's change of geographic focus to the Americas and certain middle-income countries there affect this initiative?

The Canadian government is a signatory to the Beijing Platform for Action (1995). This international declaration affirms the "basic right of all couples and individuals to decide freely the number, spacing and timing of their children". It also states, "The ability of women to control their own fertility forms an important basis for the enjoyment of other rights....Sexual and reproductive health care...includes family planning information and services...."

The United Nations' meetings to assess progress on the Beijing Platform are fast approaching. Development professionals will expect the Canadian government to re-dedicate its support for and leadership on the commitments to gender equality and women's rights made in this declaration and elsewhere. This should include:

- * reproductive rights as the basis for maternal health programs
- * a gender equality approach that also addresses the needs and responsibilities of boys and men for sexual and reproductive health.

Regarding the new maternal/child health initiative more specifically, development effectiveness demands:

- * continuation of support to sexual and reproductive health information and service provision as part of comprehensive, integrated health care systems
- * renewal of traditional Canadian government support for the quality programs of respected organizations which address sexual and reproductive health, such as the United Nations Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF), and experienced Canadian non-governmental organizations.

Thank you for your support to maternal health as an issue for G8 action. We look forward to a response to the concerns and questions that we have brought to your attention.

- Wendy Lawrence, formerly of CIDA (25 years)

- Elizabeth McAllister, formerly in senior positions at CIDA and the World Bank (25 years)

- Wendy Miller, formerly of CIDA (25 years)

- Ian Smillie, Development Manager, Consultant, Author (43 years)