

ment departments and private institutions alike should regard this cross-nurturing as a priority.

Within the government itself, more sustained high-level interdepartmental dialogue about basic issues and trends is needed between DFAIT, CIC and CIDA, in addition to the regular lower level liaison arrangements, which seem to function adequately. As pointed out in the next section, migration questions should equally be covered. Of course, senior dialogue should also regularly encompass organisations important to aspects of population like Status of Women Canada and Health Canada.

.....

Notes to Section A

1. Additional points of importance in this 1994 statement include mention of : "family planning based on free and informed choice, enabling individuals to exercise, in a safe and responsible manner, their reproductive rights"; "family planning programmes that build toward full reproductive health care..."; non-promotion of abortion as a family planning method, but recognition "that women require complete access to the full range of safe reproductive health care services"; promotion of "respect for human rights in the provision and development of contraceptive drugs and devices..."; and "continued support to population-related programming conducive to sustainable development, particularly the education of girls and women and other measures enabling women to exercise wider choices and have greater control over their lives."
2. Cynics might ask why Canada should have a population policy document about other countries when it has none of its own. The author declines to wade into the domestic political swamp of this issue.
3. The sector, entitled "Strategies and Policies for Healthy Societies", comprises only research in "measures to prevent disease at the household level, e.g., improved drinking water and impregnated bednets"; "the process of public policy making"; and "social reconstruction after civil war and social upheaval"—worthy topics all, of course, but still . . .