THE HILL TIMES, MONDAY, JULY 5, 2010

ELECTIONS: 71 RIDINGS LIST

THE 71 CLOSEST RACES IN THE COUNTRY TO WATCH IN THE NEXT ELECTION

The Conservatives and Liberals are expected to focus on these 71 ridings where the margin of victory was 10 per cent or less in the last election. These ridings are based on the results from the last general election held on Oct. 14, 2008.

Newfoundland and Labrador		Libs	Tories		NDP	Lead
1. St. John's South-Mount Pea	arl	43.30%	12.6		40.60%	2.70%
Prince Edward Island		Libs		ries	NDP	Lead
2. Egmont		43.63%	43.9		9.00%	0.30%
3. Malpeque		44.18%	39.2		9.70%	4.90%
Nova Scotia		Libs		ries	NDP 31.50%	Lead
4. Dartmouth-Cole Harbour		39.50% 23.85%	22.5 35.9			8.00% 2.30%
6. West Nova	5. South Shore-St. Margaret's		39.9		33.65% 16.90%	3.80%
New Brunswick		36.10% Libs		ries	NDP	Lead
7. Miramichi		36.95%	42.0		17.10%	5.00%
8. Moncton-Riverview-Dieppe	1	39.12%	35.8		16.20%	3.32%
9. Saint John		38.10%	39.5		15.90%	1.40%
Quebec	Libs	Tories	NDP	Bloc	Ind.	Lead
10. Ahuntsic	38.59%	10.36%	8.97%	39.48%	illu.	0.89%
11. Alfred-Pellan	29.27%	16.25%	12.0%	38.83%		9.56%
12. Beauport-Limolou	14.36%	36.76%	12.23%	32.61%		4.15%
13. Brome-Missisquoi	32.79%	18.66%	9.04%	35.20%		2.40%
14. Brossard-La Prairie	32.46%	18.86%	12.71%	32.58%		0.12%
15. Chicoutimi-Le Fjord	13.44%	34.91%	7.83%	41.31%		7.00%
16. Gatineau	25.32%	16.81%	26.12%	29.15%	_	3.00%
17. Jeanne-Le Ber	32.25%	11.18%	15.69%	34.91%	_	2.66%
18. Laval	28.10%	18.00%	12.45%	37.79%	_	9.69%
19. Louis-Hébert	23.59%	28.20%	9.32%	36.23%	_	12.64%
20. Haute-Gaspésie-La						
Mitis-Matane-Matapédia	35.59%	18.07%	4.68%	37.52%	0.54%	1.93%
21. Abitibi-Baie-James-						
Nunavik-Eeyou	18.42%	30.37%	8.20%	39.65%	_	9.20%
22. Outremont	33.07%	10.52%	39.53%	12.54%	_	6.40%
23. Papineau	41.47%	7.63%	7.63%	38.69%	_	2.78%
24. Portneuf-Jacques-Cartier	16.27%		12.68%	32.01%	33.48%	1.47%
25. Roberval-Lac-Saint-Jean	10.09%	43.54%	4.71%	39.65%		3.89%
26. Saint-Lambert	28.50%	15.80%	14.45%	37.62%		9.10%
Ontario		Libs	To	ries	NDP	Lead
27. Ajax-Pickering		44.52%	37.9		9.08%	6.58%
28. Beaches-East York		40.97%	17.0		32.13%	8.84%
29. Bramlea-Gore-Malton		37.12%	45.0		12.02%	7.93%
30. Brampton-Springdale		41.03%	39.3		11.57%	1.71%
31. Brampton West		40.32%	39.8		13.60%	0.43%
32. Brant		33.10%	41.9		17.21%	8.85%
33. Eglinton Lawrence		43.98%	39.2		8.34%	4.73%
34. Haldiman-Norfolk		32.35%	40.8		10.01%	8.47%
35. Kenora		31.62%	40.4		23.22%	8.84%
36. Kingston and the Islands		39.14%	32.5		17.49%	6.61%
37. Kitchener Centre		35.94%	36.6		18.08%	0.750%
38. Kitchener Waterloo		36.06%	36.0		14.72%	0.30%
39. London North Centre		39.12%	32.9		17.47%	6.15%
40. London West		35.41%	39.0		14.57%	3.68%
41. Mississauga-Erindale		42.00%	42.7		8.54%	0.71%
42. Mississauga South		44.22%	39.5	8%	7.34%	4.64%
43. Mississauga-Streetsville			35.8	10%	9.92%	9.96%
44. Oak Ridges-Markham		41.52%	42.2	4%	9.39%	0.72%
45. Ottawa-Orléans		38.81%	44.9	11%	9.93%	6.10%
46. Parkdale-High Park		42.97%	12.4	3%	35.97%	7.00%
47. Sault Ste. Marie		16.75%	37.7		40.42%	2.71%
48. Sudbury		30.20%	25.7		35.14%	4.94%
49. Thornhill		39.43%	49.0		6.62%	9.58%
50. Thunder Bay-Rainy River		32.27%	23.5		40.31%	8.04%
51. Thunder Bay-Superior Nor	th	28.31%	26.8		37.02%	8.71%
52. Trinity-Spadina		35.02%	13.7		40.83%	5.80%
53. Welland		27.93%	32.3		32.90%	0.58%
54. York Centre		43.46%	38.0		12.10%	5.46%
Manitoba		Libs		ries	NDP	Lead
55. Elmwood-Transcona		6.62%	40.7		45.77%	5.04%
56. Winnipeg South Centre		42.26%	36.2		14.11%	6.00%
Saskatchewan		Libs		ries	NDP	Lead
57. Saskatoon-Rosetown-Biggar		4.4%	45.3		44.41%	0.98%
Alberta		Libs		ries	NDP	Lead
58. Edmonton-Strathcona		9.06%	41.6		42.58%	0.98%
British Columbia		7 27%		ries	NDP 45.17%	Lead 7 50%
59. Nanaimo-Cowichan		7.37% 36.42%	37.5			7.59% 5.51%
60. Newton-North Delta		11.29%	30.9 38.8		26.12% 41.83%	3.00%
61. New Westminster-Coquitlam		37.36%	42.2		9.39%	4.89%
62. North Vancouver		37.36%	42.2		5.68%	4.89%
63. Saanich-Gulf Islands 64. Surrey North		15.00%	39.3		36.19%	3.18%
65. Vancouver Centre			25.0		21.31%	9.41%
66. Vancouver Island North		34.50% 4.19%	45.7		41.37%	4.40%
67. Vancouver Kingsway		29.06%	27.4		35.17%	6.11%
68. Vancouver Quadra		45.59%	36.9		8.06%	8.68%
69. Vancouver South			38.4		17.62%	0.05%
Northwest Territories		38.49% Libs		ries	NDP	Lead
70 Western Arctic		13 58%	37.6		41 44%	3.82%

THE 13 UNHELD-TORY TARGETED RIDINGS BASED ON THE HOME RENOVATION TAX CREDIT:

1. Mississauga South, Ont.	Liberal MP Paul Szabo
2. Mississauga-Brampton South, Ont.	Liberal MP Navdeep Bains
3. Kingston and the Islands, Ont.	Liberal MP Peter Milliken
4. Nipissing-Timiskaming, Ont.	Liberal MP Anthony Rota
5. Welland, Ont.	NDP MP Malcolm Allen
6. Markham-Unionville, Ont.	Liberal MP John McCallum
7. Vancouver Quadra, B.C.	Liberal MP Joyce Murray
8. New Westminster-Coquitlam, B.C.	NDP MP Fin Donnelly
9. Nanaimo-Cowichan, B.C.	NDP MP Jean Crowder
10. British Columbia Southern Interior, B.C.	NDP MP Alex Atamanenko
11. Esquimalt-Juan de Fuca, B.C.	Liberal MP Keith Martin
12. Edmonton-Strathcona, Alta.	NDP MP Linda Duncan
13. Western Arctic, N.W.T.	NDP MP Dennis Bevington
	Source: Pundits' Guide

OPINION: G8 AFTERMATH

G8 abandons promise, undermines maternal and child health



Photograph courtesy of the PMO

Foreign policy: PM Stephen Harper, pictured with Ban Ki-moon, secretrary-general of the United Nations, at last week's G20 Summit in Toronto.

The G8 has failed to deliver its 2005 pledge of universal access to care, treatment and prevention of HIV/AIDS by 2010.

By JULIO MONTANER

ANCOUVER, B.C.—The G8 has failed to deliver its 2005 pledge of universal access to care, treatment and prevention of HIV/ AIDS by 2010. And, during their recent Muskoka summit, leaders of the world's richest countries watered down their commitment to this life-saving medications program while only 40 per cent of the way toward achieving this important objective. Without universal access to HIV medication, millions more will needlessly suffer and die, disease transmission will increase, and the deadly pandemic will be prolonged.

Meanwhile, the G8's new commitment for maternal and child health already suffers an immense credibility gap. We need to be perfectly clear: There can be no substantial gain in maternal and child health if we fail to deliver universal access to care, treatment and prevention of HIV/AIDS. This is particularly the case in many African countries where HIV prevalence is in the range of 30 per cent among women of reproductive age.

Despite progress in scaling up access to treatment and care, HIV remains the leading global killer of women of reproductive age and one of the leading overall causes of adult and child deaths in low- and middle-income countries. According to UNAIDS, women comprise about half of all people living with HIV worldwide and three quarters of people ages 15-24 living with HIV in sub-Saharan Africa.

The proven benefits of HIV treatment with Highly Active Antiretroviral Therapy (HAART) are real, substantial and growing. HAART has been shown to dramatically reduce progression of the disease and death, in the North and the South of the world. Specifically, HAART decreases mortality in adults by 95 per cent. Moreover, HAART decreased the number of orphans by 93 per cent and decreased mortality among uninfected children by 81 per cent in a recent study in Uganda.

The latter relates to the fact that in this setting "motherless children" are 10 times more likely to die within two years of their mother's death. Additionally, antiretroviral treatment of HIV-infected mothers during pregnancy eliminates HIV transmission to the babies and continued use of HAART after delivery allows for safe breastfeeding, which simultaneously prevents HIV infection in the newborn

and diarrhea—a common cause of death in resource-limited settings.

Also, HIV treatment preserves the integrity of the health-care system, as it preserves the health of its workforce. Of note, HIV infection has been estimated to have already claimed 20 per cent of the nursing force in South Africa. The same applies to teachers, social workers and a variety of other professionals that play a key role in supporting the health of mothers and children.

Furthermore, HIV treatment has been shown to dramatically decrease HIV transmission from all routes. A recent study in seven African countries showed greater than 90 per cent reduction of sexual transmission of HIV when the HIV infected member of a heterosexual couple received HIV treatment. Similarly, BC has reduced HIV new infections by greater than 50 per cent among injection drug users in the last three years, as a result of a targeted HAART coverage expansion.

Broad access to HIV treatment has lowered morbidity and mortality among women, reduced vertical transmission and improved the health of infants and children. Yet the estimated four million people receiving HIV treatment in low- and middle-income countries represents less than half of the number of people who urgently need life-saving HIV treatment today.

In Muskoka, G8 leaders "reaffirmed" a commitment to universal access—but severely weakened the pledge by removing the key 2010 time frame. With their resolve in question, G8 countries must provide detailed updates on how they will meet the goal of universal access, prove they are willing to make the necessary political and financial commitments, and commit to a target date.

Failing to deliver on the universal access pledge is morally and ethically wrong. Moreover, the newly demonstrated secondary preventive value of HAART truly represents a game changer, as it transforms what was originally a humanitarian initiative into a highly cost effective investment. Once the preventive value of HAART is considered, its cost effectiveness grows exponentially. Further, today, universal access represents the key to curbing the growth of the pandemic. We must demand better from our political leaders.

Dr. Julio Montaner, the director of the B.C. Centre for Excellence in HIV/AIDS and president of the International AIDS Society, is the leading international expert on HIV/AIDS issues related to maternal and child health.

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