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• (1535)

[Translation]

The Chair (Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.)): Honourable members, welcome to the sixth meeting of the Standing Committee on Foreign Affairs and International Development.

[English]

Pursuant to the order of reference of October 22, 2020, the committee will proceed to study the vulnerabilities created and exacerbated by COVID-19 in crisis- and conflict-affected areas.

Today's meeting is taking place in a hybrid format, and it is also the second meeting as part of a House of Commons pilot project for webinars. As a reminder, staff will be non-active participants only and can therefore only view the meeting in gallery view. I remind all that photos and screenshots are prohibited.

[Translation]

Thank you to the witnesses for taking part in this pilot project. I hope it's a positive experience for them.

[English]

To ensure an orderly meeting, I would encourage all participants to mute their microphones when they are not speaking and address all comments through the chair. When you have 30 seconds left in your questioning or your speaking time, I will signal you with this yellow sheet of paper.

Interpretation is available through the globe icon at the bottom of your screen.

[Translation]

Now, I would like to welcome our first panel.

From CARE Canada, we have Barbara Grantham, president and chief executive officer, and Maxime Michel, head of humanitarian and resilience programs.

[English]

From Doctors Without Borders, we have Jason Nickerson, humanitarian affairs adviser, and Joe Belliveau, executive director.

[Translation]

From the Canadian Red Cross, we have Conrad Sauvé, president and chief executive officer.

[English]

We also have Kelsey Lemon, senior director, global programs.

Ms. Grantham, I will ask you to open the discussion this afternoon with a five-minute round of prepared remarks. Thank you so much.

Ms. Grantham, the floor is yours for five minutes.

Ms. Barbara Grantham (President and Chief Executive Officer, CARE Canada): Thank you very much.

Good afternoon, everyone.

I think all of us know that COVID-19 outbreaks are devastating in every context, but they will not be anywhere more profound than for the two billion people who are living in fragile and conflict-affected settings around the world.

[Translation]

In the past, CARE has responded to public health emergencies caused by the Zika, Ebola and West Nile viruses. We have also carried out a rapid gender analysis on the impacts of COVID-19 in nearly 40 countries and regions since March.

[English]

Ms. Ruby Sahota (Brampton North, Lib.): I have a point of order.

Ms. Heather McPherson (Edmonton Strathcona, NDP): We can't hear the translation, unfortunately.

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

Let's see if we can fix this quickly or if there's a persistent problem.

The Clerk of the Committee (Ms. Erica Pereira): Ms. Grantham, when you speak in English, would it be possible for you to toggle your interpretation button on the bottom to English as well?

Ms. Barbara Grantham: It is on English. I can turn it off, if you'd like.

The Clerk: Sure, we can give that a try.

The Chair: Go ahead, Ms. Grantham. Let's see if that works.

Ms. Barbara Grantham: Should I start again, or should I carry on?

The Chair: It's at your discretion.

Ms. Barbara Grantham: Will I still have my five minutes?

The Chair: Yes, you will.

Ms. Barbara Grantham: Okay, thank you.

Thanks, everyone. I apologize for the technology glitches at the start.

Thank you for having us today.

COVID-19 outbreaks are devastating in every context at this time, but nowhere will they be more profound than for the two billion people who are living in fragile and conflict-affected settings around the world.

[*Translation*]

In the past, CARE has responded to public health emergencies caused by the Zika, Ebola and West Nile viruses. We have also carried out a rapid gender analysis on the impacts of COVID-19 in nearly 40 countries and regions since March.

[*English*]

These analyses bring three key messages into focus. First, COVID-19 outbreaks have aggravated existing vulnerabilities, particularly for women and girls. Second, the secondary impacts—economic and social—can be even more devastating than the pandemic itself. Third, the after-effects will reverberate for years to come.

I'd like to highlight three key areas in particular need of attention. The first is health care. As health care resources are channelled into COVID-19, other areas are being neglected. Access to sexual and reproductive health services, including clean and safe deliveries, contraceptives, and pre- and post-natal care are among the worst casualties. For example, 73% of women surveyed by CARE in Afghanistan say they now have no access to family planning.

The second is the gender-based violence “shadow pandemic”. Quarantine measures have trapped many women with their abusers. The UN estimates that for every three months that lockdown measures continue, an additional 15 million gender-based cases of violence could occur. An additional 13 million child marriages may take place. Fragile and conflict-affected states are experiencing the worst increases. Venezuela, for example, reported a 65% increase in femicides between April 2019 and April 2020. Zimbabwe's national gender-based violence hotline reported a 70% increase over their pre-lockdown trends. Sadly, Somalia has seen a rapid rise in female genital mutilation.

The third is the hunger pandemic. Hunger hot spots are seeing exponential rises in food crises. Today, four countries are bordering on famine: the DRC, Nigeria, South Sudan and Yemen. Because women and girls play a greater role in the production, procurement and preparation of food, but tend to eat last and least when food is scarce, they face a much greater risk of hunger and malnutrition.

The Chair: Ms. Grantham, I'm sorry. Can I interrupt for one second and just ask you, at the request of the interpretation team, to raise your mike ever so slightly? Just bring it up towards your nose. That may reduce some of the breath pop that we're getting. Let's see if that works.

Thank you very much.

Ms. Barbara Grantham: Canadian NGOs have pivoted to respond to this pandemic. Thanks to flexibility from Global Affairs

Canada and other donors, we are adapting our existing programs to respond. We have replaced cash-for-work programs with unconditional cash transfers through cellphones. We're providing soap vouchers and more handwashing stations, and we're changing how we distribute supplies to ensure safe physical distancing.

Most importantly, we're asking women what they want. The South Sudanese refugees we are working with in Uganda are now making new income by selling us masks. We give these masks to survivors of gender-based violence and to women with high-risk pregnancies, so they can safely access the support they need.

The world needs Canada to show leadership, and Canada's feminist humanitarian action policy provides the framework for action.

We'd like to offer three recommendations today.

The first is to focus on underserved needs. We need to fill gaps in essential, underfunded and diverted services, including gender-based violence and sexual and reproductive health.

The second is to reach the hardest to reach without delay. So far, international donors have directed just 1.5% of their funding to local and national NGOs. Donors have committed to the grand bargain, channelling at least 25% of humanitarian funding to local organizations, and now particularly to women and girls' organizations. This needs to happen quickly, before the crisis gets worse and before these local organizations capable of doing this work disappear.

The third is to help humanitarian organizations do what we do best. This entails adapting funding mechanisms and direction and control provisions to allow for more predictable, transparent and flexible funding through NGOs and local actors. A bill to be tabled soon in the other place by Senator Omidvar would enable more impactful, timely and local-level responses, and free up millions of dollars that are currently tied up in program administration.

Thank you for inviting us today.

● (1540)

[*Translation*]

We would be pleased to answer your questions.

The Chair: Thank you, Ms. Grantham.

I will now turn the floor over to the team from Doctors Without Borders.

[English]

Mr. Nickerson and Mr. Belliveau, you have the floor for five minutes.

Mr. Joe Belliveau (Executive Director, Doctors Without Borders): Thank you, Mr. Chair.

Thank you to the committee for the opportunity to present here today.

Médecins Sans Frontières, or MSF as we are commonly known, is an international medical humanitarian organization that provides impartial medical assistance to people in more than 70 countries. We deliver essential health services in some of the world's most complex environments, and we are no stranger to public health emergencies.

From the beginning of the COVID-19 pandemic, our operational response has been swift and comprehensive. Our operations have prioritized the protection of our staff around the world, focused our COVID-19 activities on the most vulnerable people and ensured the continuity of the medical care that we provide.

There is too often a tendency to focus on the emergency that is immediately in front of us—in this case, COVID-19—to the neglect of other health services. We have worked hard to make sure that all of our field teams are prepared to respond to and prevent COVID-19 cases, but also to respond to the additional needs and gaps that are being created or exacerbated as a result of the pandemic.

In the more than 70 countries where MSF is responding to emergencies, we focused on closing gaps in the COVID response: ensuring staff protection and infection prevention and control practices in hospitals and clinics; providing health promotion; responding to COVID in close settings such as camps and prisons; providing care for moderate, severe and critically ill patients who require more advanced interventions like oxygen therapy or a ventilator; and responding to the collateral health effects that have been created by the pandemic.

I want to focus on these collateral effects, because they often take place outside of the full view of the pandemic. A significant lesson from the West Africa Ebola outbreak of 2014-16 is that the biggest threat to women's and girls' lives was not the Ebola virus, but the shutdown of routine health services and people's fear of going to health facilities where they could get infected. Thousands more lives were lost when safe delivery, neonatal and family planning services became inaccessible due to the outbreak. Right now, we are witnessing the same dynamic on a much larger scale.

In places such as Afghanistan, Bangladesh, Colombia, Central African Republic and elsewhere, women and girls face challenges related not only to COVID-19 but also to closures and cuts to sexual and reproductive health services; movement restrictions including travel bans, lockdowns and curfews; global supply chain disruptions; and many other ripple effects that have been created by the pandemic.

Everyday health needs do not go away in the face of the pandemic. People continue to need access to emergency obstetric care to manage complicated deliveries. People need access to anti-malarials to prevent and treat malaria. Children need routine vaccinations to prevent measles, polio and other diseases. Antiretroviral therapies need to be continued for people living with HIV. The list goes on and on.

Yet these health services are exactly what we are seeing disrupted. Vector control spraying to reduce the mosquito population to control malaria hasn't been done, leading to a rise in malaria cases in some of our projects in South Sudan. The number of infections there was so high that our teams didn't delay treatment while waiting for confirmed tests, since over 80% of our patients tested positive. Elsewhere, routine vaccination campaigns in many countries have been delayed. In Mosul, Iraq, the main government hospital was repurposed as a COVID-19 treatment centre and MSF started seeing much higher numbers of pregnant women coming in for delivery care.

It is critical, especially in the midst of this pandemic, that the Canadian government continue to protect humanitarian responses in emergencies around the world by continuing to provide international assistance funding, not only to the response to COVID but to maintain emergency and essential health services generally. Moreover, Canada needs to continue to advocate for humanitarian access in an increasingly complex and highly regulated world where permissions to enter or transit through countries are complicated by entry and exit requirements, fewer international flights and other barriers. To that end, we're grateful for the support that the Canadian government has provided in overcoming some of these access barriers.

The protected status of independent humanitarian assistance needs to continue to be assured, demonstrating day in and day out that our commitment to providing independent, impartial and neutral humanitarian assistance is the only way our teams can access patients and communities in conflicts, across front lines.

The early waves of COVID may not have hit communities where MSF is present as badly as we had feared, but the pandemic is far from over. The ripple effects continue to be felt. Global demand for PPE and other medical products remains high and is distorting price and availability. Significant questions remain about how and when COVID-19 vaccines will reach people in conflict settings, refugee camps and areas where humanitarian access is difficult.

What is clear is that a high level of vigilance is needed to prepare for and respond to COVID cases while also ensuring that routine health needs do not go unmet and we don't lose sight of everyday emergencies.

• (1545)

As just one example, yesterday in the Democratic Republic of the Congo the 11th Ebola outbreak was declared over. For much of this year, the country was responding to two Ebola outbreaks, the largest measles epidemic in the world, and COVID-19, all in a country that has been affected by armed conflict and other protracted humanitarian crises for decades.

We look forward to your questions, and you can contact either Jason Nickerson or me through the committee clerk, if you wish.

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

We will now go to the Canadian Red Cross.

[*Translation*]

Mr. Sauvé and Ms. Lemon, you have five minutes. Please go ahead.

Mr. Conrad Sauvé (President and Chief Executive Officer, Canadian Red Cross): Thank you, Mr. Chair.

[*English*]

It's a pleasure talking to the committee today. I'm not going to repeat what has been already said in terms of the compounded challenges that humanitarian organizations are facing with the impact of COVID globally. Of course, we're dealing with more isolated communities cut off from their traditional support systems. Protective equipment and training are essential, and we're at a time when we have limited access to our global surge tools.

We're particularly concerned, of course, that the pandemic has not stopped natural disasters and conflict, so we're concerned again about the compounded effect of both COVID and ongoing emergencies.

Today I'm going to insist on two aspects: the necessity to support local actors and to grow our global response tools. Both aspects of that response are key.

[*Translation*]

I will say a few words about the Red Cross and its capacity.

The Canadian Red Cross is a member of an international network of 192 national societies of the Red Cross and the Red Crescent, including the International Committee of the Red Cross. That gives us unique access to every location on the planet, even the most remote areas affected by conflict.

• (1550)

[*English*]

Among the most important lessons learned is that COVID-19 has highlighted and accelerated the need for localization. There has been a lot of talk in the past few years about localization and its importance to the grand bargain and so on, but at the end of the day, we need to strengthen the capacity of local organizations where they are trusted, have access and are there to stay in the response.

Thanks to the support of the Canadian government, we have witnessed first-hand the value of these investments in strengthening the capacity of local actors in a number of countries. One of our recommendations here is that as part of the grand bargain commit-

ment to localization, Canada should continue to make investments in strengthening the capacity of local actors.

One of the challenges is that.... We know the value of local capacity. We know the response needs to be local, but the funding mechanisms don't recognize that. It's either an emergency or it's development, but building the capacity of a local Red Cross is not an area that's covered, so it's an essential part.

[*Translation*]

The second concerns the importance of a global response system, once again, thanks to the support of the Canadian government.

Through its response teams and mobile field hospitals, the Canadian Red Cross has provided responses in 55 countries. We responded to the Ebola and cholera epidemics. We are currently providing a response in more than 150 long-term care centres in Canada. We also provided support for Canadian travellers in isolation, and I would like to thank Doctors Without Borders for their help with that. All of that work is possible thanks to the expertise we have gained internationally.

The demand for emergency response and local infrastructure support will continue in the years ahead. We therefore recommend that Canada continue to invest in surge capacity and mobile field hospital capacity so that we can respond in emergencies.

[*English*]

In closing, there are two.... We know that unfortunately the pandemic was predicted in some ways, or predictable. We know we're going into an environment of more challenges related to disruptive climate events as well as epidemics, so the need is to look at the tools we have and the importance, again, of strengthening and investing in our local capacity, which is key. We don't have those tools presently in the tool box; it's not a part that's recognized, and I have a number of examples of how we strengthen that capacity. The second part, of course, is our surge.

On that, I will be there with my colleague to answer questions.

[*Translation*]

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

[*English*]

We will now go to our first round of questions. These are six-minute questions by four members of the committee.

The first of these goes to Mr. Morantz, please.

Mr. Marty Morantz (Charleswood—St. James—Assiniboia—Headingley, CPC): Thank you, Mr. Chair.

I want to thank all of you for being here today under what we recognize as very difficult circumstances. I'm impressed by the consistency in all of your presentations over the essentially collateral vulnerabilities that you're dealing with while the focus is on the pandemic. I think that's a message that really is very important for this committee to consider. Thank you for that.

I want to start with Mr. Belliveau, about vaccines.

Just a week ago, your organization released a press release calling on governments to make the COVID-19 vaccine licensing agreements public, noting that these agreements remain cloaked in secrecy despite unprecedented levels of public funding. To what extent, if at all, is your organization concerned that these licensing agreements with pharmaceutical companies could complicate efforts to deliver COVID-19 vaccines to vulnerable populations in developing countries?

Mr. Joe Belliveau: Thanks a lot for that question. We have the expert on that with us here today, Jason Nickerson. I'm going to have him answer that.

Mr. Marty Morantz: Sure.

Dr. Jason Nickerson (Humanitarian Affairs Advisor, Doctors Without Borders): Yes, since the beginning of the pandemic, we've been pushing for greater transparency in these licensing agreements. There are a number of reasons behind that.

I'll just jump to the point here and say that we are a medical care provider that is concerned about how vaccines are going to be accessed by our teams as well as by the health systems where we work. We know that there is more demand than there is likely to be supply. The way of closing that gap is likely by having more of these licensing agreements to effectively be able to scale up manufacturing by other quality-assured vaccine manufacturers around the world.

Historically, it's very difficult to know where these licensing agreements have been struck, not just for vaccines and not just for COVID products, but I'm speaking more generally about pharmaceuticals. It becomes very difficult to know what the diversity of manufacturers is going to be and what the supply is going to look like down the line, particularly for new products that are coming on to the market.

Really, our concern here is born out of asking the very basic question, "Is there going to be sufficient supply to meet global demand?" I think that available evidence suggests that the answer is likely to be no. Demand is very high, and supply is quite low.

The second piece, of course, is making sure that these vaccines are going to be affordable.

You mentioned public funding. There's a tremendous amount of public funding, including from the Canadian government, that has gone into supporting the development of these vaccines. We think that that creates a responsibility on the part of pharmaceutical companies to price these affordably, to recognize that the public has paid to develop them.

• (1555)

Mr. Marty Morantz: To continue on this point, there's a consortium of organizations—the Bill and Melinda Gates Foundation, the

World Bank, the World Health Organization and the UN Children's Fund—that created the COVAX advance market commitment. I wonder if you could give your perspective on that. Do you think it will be effective in terms of a means of delivering the COVID vaccine to where it's going to be needed?

Dr. Jason Nickerson: Yes, this is the second time that there's been an advance market commitment, an AMC, that's been created for a new vaccine. The first one was for the pneumococcal conjugate vaccine, and that was created about a decade ago.

The basic idea is that we pool funds together, and it demonstrates that there is a viable financial market that would allow manufacturers to scale up production because they know that there's going to be somebody who's going to purchase it on the other end.

The devil is in the details with all of these things. Going back to the pneumonia vaccine AMC, it lacked a clear mechanism for humanitarian organizations to be able to access the vaccine for populations that fall outside of the Gavi distribution and the typical health systems access mechanisms. We spent many years fighting for a humanitarian mechanism to gain access at an affordable price.

I think this is clearly a positive development, where we see the development of COVAX and the AMC coming together. These are positive steps, let's be clear about that, but it's also important that we get the details right to make sure that access is going to be ensured at an affordable price for everyone.

Mr. Marty Morantz: Thank you very much.

Ms. Grantham, I know that your organization welcomed the government's announcement of \$400 million in new funding to address the impacts of COVID in some of the most fragile and vulnerable communities in the world. You also stressed the need to ensure that contributions are implemented as effectively and efficiently as possible.

I just want to get your take or recommendations on how Canada's contributions to the COVID-19 response globally can be made more effective and efficient.

Ms. Barbara Grantham: I'm going to ask my colleague Maxime Michel to answer that. She's our head of humanitarian and resilience programs.

Ms. Maxime Michel (Head of Humanitarian and Resilience Programs, CARE Canada): As Mr. Morantz said, we welcomed that announcement, and we really want to make sure those funds are disbursed this year. We understand that half of that funding will go to humanitarian needs. We're concerned that it might not be available right away. As you've heard today, for all of us, the urgency is to act now, before the situation gets much worse and it becomes a lot more expensive for us to respond. I know there's very limited time.

The Chair: Thank you very much.

Ms. Dabrusin, the floor is yours for six minutes.

Ms. Julie Dabrusin (Toronto—Danforth, Lib.): Thank you, Mr. Chair.

I would like to thank to all the witnesses and their organizations for the work they're doing on the ground.

We're focusing on vulnerable communities, and getting assistance to vulnerable communities. I was wondering if there have been any particular challenges in reaching members of the LGBTQ2 communities across different needs-based communities. Do you have any suggestions as to how we can best reach these communities?

• (1600)

Mr. Conrad Sauvé: For the Red Cross, I would ask Kelsey Lemon to comment on our programming in this respect.

Ms. Kelsey Lemon (Senior Director, Canadian Red Cross): Certainly, I'm happy to do so.

If we're talking about reaching these communities in situations of protracted crisis, violence and conflict, this is a challenge that we face even outside of the pandemic. It's incredibly difficult. We know that with COVID-19, particularly in the conflict context, those who face stigmatization and marginalization in communities...this increases even more for them, so they're harder to reach.

The best thing we can do is support the local actors in delivering an inclusive and accessible response to meet those needs. As we've seen through the course of the pandemic, international humanitarian actors have had challenges that have changed and adapted. Initially, one of our major challenges was access, which is why the role of local actors came forward so strongly. In terms of reaching those most stigmatized, most vulnerable populations, their role is critical.

Ms. Julie Dabrusin: I'm actually very happy that you brought it to there, because I'm going to go back to it perhaps a bit more.

[*Translation*]

Mr. Sauvé, you said you had examples of how we can better help local organizations. Can you give us some?

Mr. Conrad Sauvé: Yes, absolutely.

Building on the previous question, I would say that access to vaccines is obviously a challenge. Who handles the distribution? It is always local organizations. Local Red Cross and Red Crescent sections exist, but resources are not deployed to build programming or training capacity. The focus is always on the specific initiative.

Currently, we are deploying teams to support Honduras in response to the hurricanes that hit the country. A few years ago, investments were made in the country's emergency preparedness and response system, command centre and volunteer training. Those investments yield benefits.

When we participate in programming, we gain access, and we know who the different communities are and how they administer their programs. It's important to invest in that dimension as well, not just the response. Response after response will be provided, but investment in capacity is needed.

Ms. Julie Dabrusin: If you look at what we are doing as a country, do we have special funding that is distributed through an organization like yours?

Conversely, do we endeavour to reach out to communities directly?

How does it work?

Mr. Conrad Sauvé: It's always done through local organizations. Right now, we rely on specific programs, but there is no recognition for building organizational capacity. It takes time and investment in the systems.

As I said earlier, we struggle with having to provide increasingly complex responses, as Ms. Lemon pointed out. Either we have money for the emergency response, or we have money for long-term development, but we don't have any resources to build local capacity. It always comes back to the capacity of local organizations, their mechanisms, their training and the time it takes to build a lasting organizational culture that takes into account people from different communities and volunteer training.

All of that takes time and falls under local organizational capacity. It does not fit into a program. It requires a long-term effort.

[*English*]

Ms. Julie Dabrusin: Ms. Grantham, I believe you also mentioned the importance of building local community capacity. I was wondering if you had any suggestions about how we can best do that. If you look at our country's programs, for example, what can we do to make sure we strengthen that local capacity building?

The other part of that is whether you think that could have a gendered impact on the ground, as well.

• (1605)

Ms. Barbara Grantham: Who was the question for?

Ms. Julie Dabrusin: It was for you.

Ms. Barbara Grantham: I'm so sorry; I didn't hear the first part of your question.

Maxime, would you answer that, please?

Ms. Maxime Michel: Yes, of course.

Thank you, Julie, for your question. I can echo some of what Mr. Sauvé said.

Really, it's going beyond program delivery funding. Funding exclusively to deliver on programs does not give us the time and the space to be able to build capacity with local partners. We work with women's organizations around the world. It takes a lot of very creative ways for us to be able to build in that capacity building.

To very quickly answer your question, fund local organizations directly, but also fund mechanisms that go beyond program delivery and actually allow that capacity building, like Mr. Sauvé said.

The Chair: Thank you so much.

That's your time, Ms. Dabrusin. Thank you very much.

[*Translation*]

Mr. Bergeron, you may go ahead for six minutes.

Mr. Stéphane Bergeron (Montarville, BQ): Thank you, Mr. Chair.

As a French-speaking member, I don't often get the chance to hear the language—

The Chair: Mr. Bergeron, I think you're on mute.

Mr. Stéphane Bergeron: No, that's impossible, Mr. Chair.

[*English*]

The Chair: Madam Clerk, can we activate his audio?

[*Translation*]

Mr. Bergeron, you may go ahead.

Mr. Stéphane Bergeron: Thank you, Mr. Chair.

As a French-speaking member, I seldom get the chance to hear witnesses speak the language of Molière. I would like to thank Ms. Grantham and Mr. Sauvé for granting me that pleasure. I also appreciate Ms. Dabrusin giving Mr. Sauvé an opportunity to add his remarks. I was very glad to hear that exchange.

My question is for all of the witnesses.

The United Nations Secretary-General called on the international community to abide by a ceasefire during the COVID-19 pandemic. In June, some 170 countries joined the Secretary-General in his appeal to respect the global ceasefire.

You are out there on the ground, working with vulnerable populations. Do you feel as though the appeal was heard and is being respected? If not, are the conflicts that were under way prior to the call for a ceasefire continuing or have new conflicts erupted?

Mr. Conrad Sauvé: That's an important question. Unfortunately, in many cases, conflicts are ongoing. COVID-19 has exacerbated the challenges of responding in some situations. A pandemic adds another layer to a conflict or natural disaster, which can be interconnected. Unfortunately, the needs in that regard still exist. As I mentioned in my opening statement, we live in a world where certain events occur over and over again. Instead of always putting out the fire, we need to build the fire station.

I'll give you an example that left an imprint on us. In 2004, we all heard about the tsunami that hit Indonesia, and the international community responded. A few years ago, another tsunami hit, but this time, the country provided 90% of the response. It had built its own capacity with a focus on its specific needs. The same thing happened in Kenya, which had also engaged in capacity-building.

We need to start paying attention to how countries are restructuring their approaches to see how we can help them differently. That means supporting their efforts to build capacity and local resilience. Instead of always relying on programs to put out fires, we can actually build the fire stations.

• (1610)

Ms. Maxime Michel: Perhaps I can add to that.

I think that's an excellent point and a great observation. Everything having to do with local capacity is so crucial.

We deliver programming in Uganda in support of South Sudanese refugees. I urge you to view the situation from a local perspective. When organizations could not provide services in the same way because of the COVID-19 pandemic, the local communities, themselves, came together to help one another. Women's groups sought to help victims of violence in their communities and resolve those types of conflicts.

When we say local capacity, of course, we mean organizations that can respond or build partnerships with organizations like ours. However, what we really want to see is local groups working to ensure mechanisms are in place ahead of time, so that the community can respond to a crisis like this.

[*English*]

Mr. Joe Belliveau: If I may, just to complement that.... Pardon me for not continuing in the language of Molière.

Certainly, such statements are welcome. In terms of our experience on the ground, we absolutely cannot say that there's any sort of difference, let's say, in the level of conflict that is causing crises around the world.

Maybe I'll use the question as an occasion to speak to one particular aspect, one particular angle of our humanitarian assistance, which is migration and people seeking asylum. We don't see any sort of slowdown in terms of the people on the move who are fleeing violence and conflict-ridden situations. On the contrary, we are seeing many more challenges in people getting across borders in order to seek asylum in countries.

One of the most glaring examples is the closure of the American border to refugees coming north since March. The Canadian government also, at its border, has made it significantly more difficult for asylum seekers to cross in, but we see this pattern around the world, where people are getting stuck in camps and in very difficult situations because they cannot get across borders to seek asylum.

[*Translation*]

Mr. Stéphane Bergeron: Thank you.

Unfortunately, I don't have much time left. Since I can't tack it on to my next turn, I will try to squeeze in a question for Mr. Sauvé.

I, too, wanted to address the issue of local capacity. Your organization is active in areas where natural disasters and COVID-19 converge. Much has been said in the media about the importance of taking advantage of the COVID-19 crisis—if indeed such a thing is possible—to come up with strategies to combat climate change. I would appreciate hearing more about that. I know you won't have enough time, but perhaps you can finish during my next turn or in your response to another member's question.

The Chair: Please provide a very short answer.

Mr. Conrad Sauv : I won't be able to provide a short answer.

It's important to recognize that epidemics and pandemics are part of a cycle. There was Ebola, cholera and so on. It's not just about responding to that specific crisis. It's about rethinking how systems are structured to deliver responses in the future.

As far as encroaching on the animal realm and all the rest goes, is there a connection? I would say that, right now, we are showing that there is. We are in a cycle where we must not only respond to the current crisis, but also prepare for the new reality.

The Chair: Thank you, Mr. Sauv .

Mr. St phane Bergeron: The purpose of the study is precisely to prepare for the next events.

Thank you, Mr. Chair.

The Chair: Thank you.

[English]

Ms. McPherson, you have six minutes, please.

Ms. Heather McPherson: Thank you so much, Mr. Chair.

I want to thank all of the witnesses who are joining us today.

I have to say that listening to all three organizations speak about the way they've been able to pivot, the way they've been able to respond so strongly to the COVID-19 pandemic, makes me extremely proud of our Canadian civil society organizations and also, of course, very worried, because I do hear the concern in all of your voices about the impact of COVID-19 now but also into the future. I do share that concern with you.

The first question I thought I would ask is with regard to CARE Canada, just to follow up on my colleague from the Conservatives, who talked a bit about that additional \$400 million in international development funding that was allocated in 2020, and the worry, the concern, that it would not all get out the door and be disbursed this fiscal year.

First of all, has CARE Canada received any of that funding? I guess that's the very first question. That's an easy one.

• (1615)

Ms. Barbara Grantham: No, we have not.

Ms. Heather McPherson: Could you talk a little bit more about the humanitarian response that you'd be able to do with the funds if you were able to get that funding before the end of the fiscal year?

Ms. Barbara Grantham: I think we would work very quickly. We'd be able to pivot very quickly with some of the concept notes we already have in the pipeline to do some pretty life-saving and

transformative work, even with just some top-up from that \$400 million.

We would be able to do some work in Sudan, for example, around PPE with community health workers. We'd be able to do some work in Afghanistan with women's rights organizations, and provide vocational training for women-headed households to produce PPE and sell it to markets as a way to bring them to livelihood. In Somalia, I think we would be able to do some really compelling work in the whole area of health system surveillance and triaging referrals for COVID-19 patients towards isolation centres. This would keep the overall population infrastructure at a more appropriate social distance to keep people safe and keep down transmission rates.

Those are just three examples in Sudan, Afghanistan and Somalia that give you a sense of what we'd be able to do in fairly short order.

The Chair: Ms. Grantham, can I interject for just 20 seconds? Could you just raise...?

Perfect. You've anticipated my question. Thanks.

Ms. Heather McPherson: Those are very important programs and projects to undertake. I do appreciate the ability of CARE Canada to pivot so quickly.

I do want to ask a quick question of our colleagues from MSF. I did want to mention that I was a volunteer, in university, with MSF. I'm so excited that you're here today.

You spoke a little bit about the vaccines and your concerns about getting those vaccines out to fragile and conflict-affected states. We know that Canada has put \$550-ish million into the COVAX fund, and that's good. We also know, however, that it is vastly underfunded and that if there is not a larger concerted effort, we're looking at increased mortality of around 30%. Conceivably, it could be two to three years before some regions and some conflict-affected countries get the vaccine.

Could you talk about what you would like Canada's contribution to look like? What would a perfect Canadian response be?

Dr. Jason Nickerson: Absolutely. Maybe I'll come back to my earlier comment that with all of these initiatives, the devil is in the details.

I mentioned the example of the pneumococcal conjugate vaccine in the previous AMC. Just to give you a sense of what that looks like, in that instance the vaccine was available. The lowest local price was \$3.10 per dose. You need three doses to confer immunity. Because humanitarians did not have a specific humanitarian mechanism to access it when we wanted to access it to vaccinate 5,000 refugee children in Greece, we were charged a price of \$68.10 per dose. That's your gap.

The funding of COVAX is absolutely essential. This is the international mechanism we're looking at for procuring vaccines for low- and middle-income countries. I think we need to have a conversation around how humanitarian organizations are going to access it. It's a bit difficult to plan down the road because we don't actually know what vaccines we're talking about specifically. That introduces questions of cold chain vaccination strategies and those sorts of things. Again, there's a big conversation to be had once we know more specifically what we're talking about.

I think it's really important that Canada not only be a donor to COVAX, but contribute—and continue to contribute, because there certainly is a lot of energy going into this—to make sure that this is being designed and implemented to be guided by principles of equitable and affordable access.

Again, this comes back to the issues of transparency. Let's be transparent about what the not-for-profit price is that's being put forward. Let's make sure that we're getting a good deal and that doses are being sourced and procured as quickly and as affordably as possible.

Ms. Heather McPherson: Just to be clear, then, I'm assuming that you would like to see an equal contribution to our global vaccine response as to our domestic vaccine response. Does that mean you would like to see more funds from the Canadian government going towards COVAX?

• (1620)

Dr. Jason Nickerson: Yes, I think that's certainly one option. We were talking about funding in 2020. COVAX is talking about funding in 2021, so I think it's absolutely going to be important.

There's a conversation to be had, as well.... Canada has procured a large number of vaccine doses, and I think there's probably an opportunity to really have a conversation, if there is a surplus.

The Chair: Thank you very much, Ms. McPherson and Mr. Nickerson. We'll have it to leave it there.

Colleagues, we're 10 minutes away from our hard stop at 4:30. We do have a second panel that needs to be sound-checked. If we're disciplined and on time, that leaves two five-minute rounds, the first of which goes to Mr. Diotte.

Mr. Kerry Diotte (Edmonton Griesbach, CPC): Thank you very much.

Thanks for all the good work you all do. It's absolutely vital, especially in the kind of times we're having right now.

On that note, I'm just wondering what particular countries are most in need of help from Canada due to COVID? Whoever wants to lead off with an observation on that is free to do so. I'm also wondering if you can give a concrete example of what kind of specific help they would need.

Who wants to go first?

Ms. Barbara Grantham: I'll give you a concrete example. I was on the phone this morning, for a good chunk of time actually, with a woman named Ruth, who works for CARE in Cox's Bazar, Bangladesh. I asked Ruth what the impact of COVID has been in Cox's. She runs the gender-based violence and the gender emergencies programs for CARE in Cox's Bazar and oversees 152 staff.

Ruth talked of how they've had to decrease the staff in the camp by 50% so that they now work on a rotational basis. She talked about the horrific increase in cases of gender-based violence, particularly intimate partner violence, because of the restrictions on movement. She shared with me the increase in child marriages as a coping mechanism for families because of the loss of livelihood; they need the child marriage in order to meet a dowry requirement.

She is fearful, deeply fearful, as a younger woman, about the loss of the gains we have made in sexual and reproductive health and gender-based violence over the last 15 to 20 years. We have to use this opportunity, with aid from countries like Canada, to reverse that trend line we are seeing, which has happened so quickly. We've worked so hard as a global community to make these gains over the last 15 years, and we are at risk of losing them in less than 12 months.

Then I asked her what gave her hope. She said that she wakes up every day knowing that she is making change, no matter how small it is, and that gives her the urge to continue on for a just and more equal world.

I'd like to think there's something Canada could do in a constituency like Cox's Bazar—and there are many Cox's Bazar equivalents around the world—where we could make a difference for the women and girls that Ruth and her team of 150 others are working with every day.

Mr. Kerry Diotte: That's excellent. While we have you here, my riding of Edmonton Griesbach has a really vibrant Somali Canadian community.

I believe, Ms. Grantham, you said that there has been a spike in female genital mutilation. Can you explain why that is? Why is that due to COVID? Is it because they're home more? What is happening there?

Ms. Barbara Grantham: Maxime, do you want to lead off on that?

Ms. Maxime Michel: Certainly there are some links with child marriage as well, which we've seen in other areas where school is closed and where families are having trouble making ends meet. FGM is sometimes a necessity to have a daughter be married off. There are a lot of different elements that factor into that, but those would be some that are affecting the families for sure.

Mr. Kerry Diotte: Right.

Getting back to the other countries—the original question I asked—where there is a real need for Canadian help on COVID, could anybody else chime in and mention a couple of the real problem areas?

• (1625)

Mr. Joe Belliveau: This probably won't be a very satisfying answer to your question, Mr. Diotte, but I do want to bring it back to our experience. In the 70 or so contexts where we're providing emergency humanitarian assistance, COVID itself is very seldom at the top of the list of need, particularly in terms of medical need. What we are seeing are more the impacts in terms of restriction of movement and the diversion of personnel and facilities for the COVID response, which then takes away from the response to other types of emergency interventions.

I know that's not so satisfying for your question, but we need to put the spotlight back on what is being missed because of the attention to the COVID response.

Mr. Kerry Diotte: I have just a very brief question for—

The Chair: Thank you very much, Mr. Diotte. That's your time.

Mr. Kerry Diotte: Okay. Thanks.

The Chair: We have five minutes remaining for Ms. Sahota, and then we will come to a hard stop.

Ms. Ruby Sahota: Actually, Mr. Diotte asked a few of the questions that I wanted to ask, so I think I'm going to continue along that line.

For CARE, I know, Barbara, that your organization and others have called gender-based violence the "shadow pandemic". I found interesting as well the high increase that you were seeing in some issues such as female feticide and FGM. I'm finding it hard to understand why we are seeing those increases.

Can you talk to me about whether there was a decrease that you were seeing prior to the pandemic, or a levelling out of these incidents, and now there's a spike? In the last decade, has your work been able to decrease what we saw in this area?

Ms. Barbara Grantham: When we look at those troubling statistics around femicide, female genital mutilation and access to family planning, to contraceptives and to safe birthing situations, I think that globally we have made remarkable progress over the last 10, 15 or 20 years. Globally, virtually every single indicator—through the social development goals and through UN and other large metrics—was coming down, and I mean that in the sense of moving in the right direction.

What I think COVID has brought about, because of the complexity, particularly in conflict areas... The restrictions have brought...what used to be conversations that could be had in a more public or even quasi-public setting, in a family planning clinic, in a community health setting, where we could be helping and working with women and girls over a period of time to help them learn how to make choices. Also, frankly, we could work with the men and boys in their lives to help them understand why it was a good thing to empower women and girls to be able to make these choices.

Now, because many of those quasi-public, public or community settings where those kinds of conversations are able to take place are no longer available within the confines of the social and movement restriction requirements of COVID, it is pushing people back into more private spaces. Those kinds of more constructive social conversations about giving women and girls choice and about the

broader opportunities that are open for women and girls and for their families are no longer available to us.

From a rather horrific perspective, it has also brought back, sometimes quite literally indoors, some of the violence and the lack of access to basic sanitation such as latrine access. Many of those things where we had been making gains have now been reversed.

Ms. Ruby Sahota: I wanted to get your input. I like the analogy that was used earlier about building fire stations rather than putting out the fires yourself each time. Can you describe a bit more the work you've done or intend to do that is essentially providing them the resources there to deal with some of these types of situations themselves? You're saying now that you're not able to provide the same types of supports or education.

How do you instill this in a community or society for the organizations and people on the ground to be able to do that work when you're not there?

The Chair: Just a brief answer, please.

Mr. Conrad Sauv : Is this for the Red Cross?

Ms. Ruby Sahota: Well, it's for anyone, really, but I was asking CARE because I liked the analogy and I wanted to see what kind of response I could get from Barbara.

• (1630)

Ms. Barbara Grantham: Sure. I think I'm going to really mirror what my colleagues from the Red Cross have said.

Quite frankly, our job over time, in any country and in any context, is to work ourselves out of a job there. Our job is to build local infrastructure, local capacity and local leadership capabilities, so that over time we leave, and we leave a social infrastructure and a community infrastructure of leadership that can carry on long after we've been there.

We can call that a fire station. We can call that whatever we want. There's no question that, from the perspective of CARE, communities are better—the world is better—when women lead too. Our particular focus is on the notion of lifting up and building women's capacity for leadership, so that when we do leave, we've left a community, and we've helped to build a community that is resilient and that has gender equality and gives women and girls and the men and boys in their lives the opportunity to thrive in the longer term.

The Chair: Thank you very much, Ms. Grantham. Thank you for ending on such a positive and forward-looking note.

On behalf of the committee, I'd like to thank all our witnesses this afternoon for their testimony, and more importantly, for their service in so many difficult areas around the world. Thank you for your expertise, and for being with us today.

We will let you disembark the ship.

We will suspend to empanel our second panel, and we will resume shortly.

• (1630) _____ (Pause) _____

• (1635)

The Chair: Welcome back, colleagues.

For the benefit of our witnesses in the second panel, I would encourage all participants to mute their microphones when they're not speaking, and please address comments through the chair.

When you have 30 seconds left in your questioning or speaking time, I will signal you with this famous yellow piece of paper. Interpretation, if required, is available at the bottom of your screen through the globe icon.

I would now like to welcome our second panel of distinguished witnesses to the committee.

[*Translation*]

We now welcome the Honourable Bob Rae, ambassador and permanent representative of Canada to the United Nations in New York.

[*English*]

We welcome Sir Mark Lowcock, under-secretary-general for humanitarian affairs and emergency relief coordinator, United Nations Office for the Coordination of Humanitarian Affairs; and David Beasley, executive director of the World Food Programme.

Before we begin, on behalf of the committee, I would like to congratulate Mr. Beasley and the entire WFP team on being awarded the 2020 Nobel Peace Prize. This prize was awarded to WFP “for its efforts to combat hunger, for its contribution to bettering conditions for peace in conflict-affected areas and for acting as a driving force in efforts to prevent the use of hunger as a weapon of war and conflict.” Congratulations, sir, to you and your team.

Ambassador Rae, we will start with you. I will turn the floor over to you for five minutes of prepared remarks.

Welcome.

[*Translation*]

Hon. Bob Rae (Ambassador and Permanent Representative of Canada to the United Nations (UN) in New York, Department of Foreign Affairs, Trade and Development): Thank you, Mr. Chair.

I would like to thank the committee members for the opportunity to speak to Canada's humanitarian response to COVID-19.

I had the chance to hear the discussion with the previous panel, and I would like to thank them for their work and dedication.

[*English*]

We're very fortunate to have Mr. Beasley and Mr. Lowcock with us. I've had the pleasure of meeting them both virtually and talking with them. Their insights on the magnitude and severity of the impacts of COVID-19 are unparalleled.

I extend warm congratulations to David and the WFP for being awarded the Nobel Peace Prize. You gave great cheer and comfort to a great many people, Mr. Beasley, not only with winning it, but with the way in which you won it and how you received the award. I know the official ceremony is coming, but I wanted to throw that in.

[*Translation*]

Since February 11, the Prime Minister, Minister Gould and other government officials have announced more than \$1.1 billion in aid to help developing countries cope with the effects of the pandemic, and support their recovery and resilience as the pandemic continues to wreak havoc.

[*English*]

Through this assistance, Canada has placed a particular focus on reaching the most marginalized and most vulnerable who have been disproportionately affected, such as women and children. All of this comes, of course, on top of significant annual investments in international and humanitarian assistance, much of which has been redirected in a flexible manner to respond to the most immediate needs stemming from the pandemic.

Where possible, we've also expedited scheduled payments to allow partners to respond more quickly, as we did with the UN agencies, such as UNICEF. As the United Nations Secretary-General reminds us, and I think it is a good sentence, “solidarity is self-interest”.

As long as individuals are vulnerable to COVID-19 anywhere, there is a risk to populations everywhere. Equitable, timely and affordable access to testing, treatment and vaccines is critical for controlling and ending this pandemic. The Prime Minister demonstrated Canada's commitment to such access by announcing, on September 25, \$440 million to the COVAX facility, an advance market commitment, with half of these funds supporting the procurement of vaccine doses in developing countries.

Of course, the need is only increasing. In my recent report to the Prime Minister, I recommended that Canada allocate additional resources to the global COVID-19 response. I have not changed my opinion on that.

This has happened throughout the pandemic as information on needs and gaps has emerged. We saw it again on September 29, 2020, when an additional \$400 million in funding to support the response was announced. Of this, \$200 million will be dedicated to supporting ongoing humanitarian efforts. As I expect Mr. Lowcock and Mr. Beasley will underscore, this funding is very much needed, and more will be needed in the time ahead.

As you will undoubtedly hear over the course of your study, this health crisis has exacerbated a humanitarian emergency, which has the potential in some countries to become a famine. It is leading as well to an economic and social crisis, and in some cases already has led to a liquidity and solvency crisis, which we widely expect to become more severe. Public debt levels in emerging markets will rise by as much as 65% of GDP and 50% of GDP in low-income countries. These are levels at which aggressive action by creditors could lead to a cascade of defaults, which would then threaten the global financial system.

Through Canada's funding and policy leadership, we've been active in the UN, working to limit these additional impacts of the pandemic. In the financing for development initiative, which has been co-chaired by Canada and Jamaica, the UN Secretariat has worked to develop over 200 policy recommendations on how to overcome and build back better from the social and economic impacts of COVID-19. This will include investments to deal with climate change, both from a mitigation and adaptation perspective, as well as significant partnerships with the private sector.

Just as it is with vaccines, solidarity with low-income and small island states is in Canada's economic self-interest. The world is simply too connected for us to allow anyone to fall too far behind. We cannot allow the impact of COVID-19 to prevent the world from reaching sustainable development goals.

I'm going to describe three numbers to you, please write them down: 23, 6 and 2. Twenty-three percent of GDP is what advanced economies have spent on ourselves; 6% is what is being spent in developing countries; 2% is what's being spent in the least developed countries. This is the inequity, and this is the key financial gap that we must close.

Just as the world's advanced economies have been forced to do more than we would have ever thought conceivable last year at this time, we now have a duty not to let the world economy slide into depression and hundreds of millions of people fall back into deep poverty.

My short time at the UN—although the time has gone pretty quickly since I got here—has only served to reinforce to me that Canada cannot fix this alone. As Canadians, we have to do it in partnership with a number of other countries, but neither can we shrink from our responsibilities, which I can assure you will only grow—responsibilities to Canadians, of course, but also to the international community.

We are all bound up in this together. I am happy to answer your questions in the time available.

Thank you.

• (1640)

The Chair: Ambassador Rae, thank you so much for your remarks.

Our next speaker is Mark Lowcock.

Sir, the floor is yours for five minutes.

[*Translation*]

Mr. Mark Lowcock (Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, United Nations Office for the Coordination of Humanitarian Affairs): Good afternoon.

[*English*]

Thank you, Mr. Chairman. I'm pleased to have the opportunity to talk to you all today. A lot of what I want to do is amplify what Ambassador Rae has just said so compellingly. I hope it's not inappropriate for me to congratulate you on being so well represented by your team led by the ambassador here at the United Nations in New York, where I'm speaking from.

It has been a year full of unpleasant surprises. The virus itself caught us by surprise, but I think a lot of people are being surprised by the severity of the global recession it has caused. I don't think it's surprising that this recession has hit hardest in the 50 or so countries where a hundred million people already only survive because of the help they get from organizations like David's and mine, but some people have been surprised by the speed with which the damage is being done.

What we're going to see this year, for the first time since the 1990s, is that extreme poverty is going to increase, life expectancy will fall, the annual death toll from HIV, tuberculosis and malaria is going to double, and the number of people facing starvation may also double. David will talk more about that. This carnage, which is what it is, is really concentrated in the most vulnerable countries.

Last month, Bill and Melinda Gates, through their foundation, published a report that put it very well. The last 25 weeks basically threaten to unravel 25 years of development progress around the world. It's worth remembering what many poor countries were actually like 25 years ago. I was then working in a country which at that time saw a quarter of its children never reach their fifth birthday. Most of those children never went to school, and one woman in 18 died at childbirth. I don't think any of us really want to see all of that back.

Ambassador Rae has made an excellent point about the difference between the 2% and the 23%. What the better-off countries have done is exactly the right thing to have done. They've essentially thrown out the rule book to pump liquidity and fiscal support into their own economies to protect their own citizens. The poorest countries don't have the resources to do that. That's why they have only been able to do 2% compared to the 23%, and that is surprising in a number of ways. First, it would have been possible for many of the necessary actions of those very poor countries to have been taken with the help of the international financial institutions, not least because those institutions did exactly the same thing for the vulnerable countries just as recently as 2008-09.

It's surprising it hasn't happened, because, as Ambassador Rae has said, solidarity is indeed self-interest. Failing to take action now on behalf of the poorest countries unfortunately isn't just a failure of generosity or empathy. Like the virus, the problems that will be spawned by the huge economic retraction we're seeing now are going to come back to bite everybody. All the poverty, hunger, sickness and suffering are going to fuel grievances and despair all around the world. In that way, there will be a risk of more conflict, instability and migration and refugee flows. All of these things are going to give succour to extremist groups and terrorists, and the consequences of all that will reach far and last long.

Canada is in a really important position to use the months ahead to move the world to a different path. The meeting that Ambassador Rae referred to and that Prime Minister Trudeau chaired on financing for development set out a very powerful forward agenda. There are two things in particular that it would be great if Canada were to champion.

The first is dealing with this 2% versus 23% problem. It can be largely dealt with in a way that does not require significant additional fiscal effort by better-off countries. If the IMF were asked to make a general allocation of the currency—it could issue the so-called special drawing rights—but also to devote those resources mostly to the most fragile countries; if the World Bank were asked to run a program to extend the suspension of debt services being agreed to so far to move toward some rescheduling of debt, but also some debt stock reduction; and if the powerful countries who are the shareholders of the IMF and the World Bank could put influence to bear, so that the private sector comes to the parties as well, that set of measures would get the 2% much closer to the 23%. We would avoid all of the serious adverse consequences, not just for the countries themselves but for the wider world that will also be faced with this problem.

• (1645)

The other thing that I think would be super helpful for Canada to lead the rich countries on would be emulating one or two others in the G7 in moving faster toward the 0.7% target, a target indeed designed and instigated by a very distinguished Canadian public policy expert. You will all remember his work, which is official development assistance. That 0.7% target has contributed over the last 25 years to a lot of the progress that's now at stake, and if Canada were able to increase the overall level of assistance but also get closer to that 0.7% target, it would be easier to persuade others to follow.

The use of those resources is not difficult to find. They are exactly the same things that have been done, including by Canada, over the last several months, and Ambassador Rae ran through a lot of them just now: more humanitarian assistance, support for vaccines, and so on. That is good use of money, not just out of generosity and empathy but also out of self-interest in building a world that is fairer, safer and more prosperous for all of us.

Thank you very much.

• (1650)

The Chair: Thank you, Mr. Lowcock, for your remarks.

Our final speaker for prepared remarks is Mr. Beasley, again for five minutes.

Sir, the floor is yours.

Mr. David Beasley (Executive Director, World Food Programme): Thank you very much.

A very special thank you for.... The Nobel Peace Prize was quite a surprise. I was in the middle of Niger when this happened, and I had literally al Qaeda above us and ISIS below us, and we were working on access issues. As you can imagine, it was a very tense environment. I was meeting with the leaders when I got this phone call. My team comes running in, busting through the door saying "Nobel Peace Prize", and I said, "Yeah, okay, who won it?", and then they said we did. It was such a surprise.

I talked at length to the Nobel Peace Prize committee the other day. They said thank you, of course, but they were sending two messages to the world. The first was to thank WFP for what we've been doing, bringing peace and stability, and the women and men who put their lives on the line every single day.

The second message I think was to the world, and it's that the hardest work is yet to come, because 2021 is going to be a very difficult year, as Mark and Ambassador Rae have already alluded to. Ambassador Rae, thank you. I've had such a great pleasure in getting to know you virtually. Of course, Mark and I talk almost every day, as we're seeing an unravelling around the world in countries that were making great progress but are now going backwards.

I had been telling leaders around the world that late 2019 to 2020 would be the worst humanitarian crisis year since World War II, and I would lay out the reason and the rationale—and then the desert locusts came on top of that, and then on top of that came COVID.

Tony Blair, whom you all know, gave me a call back in March, after I had just spoken to the subcommittee. It came and went with a flare it seems. Tony asked me, "David, you're travelling all over the world. What are you seeing?" I said, "Tony, what I'm concerned about is that everyone is making decisions about COVID in a vacuum, and we cannot address the health pandemic in a vacuum. If we do, we'll have a hunger pandemic and the cure will be worse than the disease. We must work on both at the same time, because as COVID impacts, economic deterioration takes place."

As I began laying out to Tony what would happen over the next six, 12, 18 months in five or six countries, Tony was like, "Oh my God, you have to tell this to the United Nations Security Council", and I did. Mark and I were both giving leaked reports that if we did not respond, we would have unprecedented famines all around the world and destabilization and migration.

Fortunately, the world leaders responded and acted.

Now, 2020 financial numbers were based more on the 2019 economic outlook, which was very positive, and then countries stepped up with these economic stimulus packages, worth \$11 trillion to \$17 trillion. Mark talked about debt relief, because a lot of these poor countries, low-income countries particularly, have eight trillion dollars' worth of debt. Fortunately, with financial institutions bilateral decisions were made to alleviate that debt until January 2021 and a little bit later. Unfortunately, that date is now coming upon us. Those monies were used for safety net programs and health programs inside these poor countries. Countries stepped up with us, and we were able to avert famine for 2020.

The good news is that, when you look at the fact that 200 years ago 95% of the people on earth were in extreme poverty, a few years ago fewer than 10% of people were in extreme poverty. Between Canada, the United States and countries all over the world, we have built systems to share more wealth than we've ever done, yet try telling that to the 10% who aren't experiencing the system.

How do we improve the system? Unfortunately, in the last few years we've been going backwards because of man-made conflicts. I really believe that we can end hunger but, man, these conflicts are just devastating to us. Now with COVID, the number of people on the brink of starvation—and I'm not talking about people going to bed hungry—will spike from 135 million to 270 million.

• (1655)

If we don't act now with a major response, we will have famine, destabilization and mass migration around the world. That will be a thousand times more expensive than otherwise. Mark alluded to that in Syria. It costs us a lot more to help a Syrian in Syria than if that Syrian ended up in Berlin or Brussels.

I know I'm running out of time, but one of the things that I would ask this committee to do is to prioritize investing in food security, because if we invest in food security, with the limited funds that we will have for this coming year, I do believe we can avert famine, destabilization and mass migration.

We're in a unique situation, but working together, I believe we can truly address this amazing situation on planet earth, and I believe all of us together can get it done.

Thank you for allowing us to speak to you.

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

I'd like to thank all of our speakers for their powerful and thought-provoking introductory remarks. We wish we had a couple of hours with you. We have slightly more than half an hour.

We're now going to go to carefully timed rounds of questions by members of the committee, the first of which is six minutes in length, and it goes to Mr. Chong.

Hon. Michael Chong (Wellington—Halton Hills, CPC): Thank you, Mr. Chair.

Thank you, Mr. Beasley and Mr. Lowcock, for your opening remarks.

Mr. Chair, I'd like to direct my questions and comments to Ambassador Rae.

It's good to see you, Ambassador Rae. Congratulations on your new appointment as Canada's ambassador to the United Nations. I hope you and Arlene are both doing well. Carrie and I pass along our regards to both of you.

Hon. Bob Rae: Thank you very much.

Hon. Michael Chong: The status of statehood is an important element in the global response to COVID-19. We've seen this recently at the World Health Organization regarding the status of Taiwan's participation in the World Health Organization. We know that the Palestinians are not full members of the WHO, and we've also seen recently Canada oppose a resolution at the WHO that singled out Israel for different treatment. It's in that context that I would like to ask you about today's vote at the United Nations and your subsequent speech.

You mentioned in your speech that you do not agree with some of the elements of the preamble to the resolution that was voted on. What particular elements do you not support?

Hon. Bob Rae: Michael, thank you for the question. I want to stress that any comments I made today at the United Nations were made in a statement that is a statement of the Government of Canada, so your questions would be equally well placed to your counterpart in Parliament as to me.

My point was that many of the references in the preamble to previous decisions of the International Court of Justice or to other issues are not necessarily helpful in getting us to the table and getting us to a resolution of it. I think the view of the government in the end was, this year as it was last year, that it was important for Canada to join with....

I think this year there were 162 other member states of the United Nations indicating that we supported the right of self-determination of the Palestinian people, which is a right that is contained in the charter. Self-determination of peoples has been an important right expressed in the charter. Also, we all need to work hard to establish the security of and the status of having a Palestinian state side by side, living in peace and security with Israel. It's the view of most people, I would say, that it's very difficult to imagine how we're going to get to a greater degree of stability and security in the Middle East unless we have a resolution or steps toward a resolution of the conflict between the Palestinians and the Government of Israel.

I have to say that I noticed your tweet yesterday, which I thought was very positive. I think that the efforts that have been made by the Palestinians to re-engage with the Israelis will make a big difference in terms of providing greater stability to people living in the Palestinian Authority, and I think that's the right direction for us to go.

• (1700)

Hon. Michael Chong: Ambassador Rae, I have a more specific question about the element of the motion that Canada voted for today. The resolution stresses the need to respect and preserve “the territorial unity, contiguity and integrity” of all of the occupied territories. Now, as you know, all of—

Ms. Julie Dabrusin: I have a point of order, Mr. Chair.

We are on a specific study at the moment about vulnerable people and the impact of COVID. I let this begin, thinking that it might be going in a direction about the impact of COVID, but it certainly does not seem to be. I would, perhaps, see if we can direct our colleague to go back to the study area.

Hon. Michael Chong: Mr. Chair, with respect, the status of statehood is an important element in the global fight against COVID-19. In fact, the issue of statehood has been a significant topic of discussion with respect to a number of communities around the world that do not have that recognition and that are therefore not able to fully participate in multilateral organizations, such as the United Nations or the World Health Organization. I do think these questions are extremely relevant.

The Chair: Mr. Chong, thank you very much.

Ms. Dabrusin, thank you also for your point of order.

The committee very clearly agreed for this particular segment of a study, which includes four different segments, to focus on life-saving humanitarian assistance in countries that are the target of UN humanitarian work or appeals. In your introductory phrasing of the question, you were careful to link it to this particular study. If you could continue to do that to keep it relevant to our work, I will allow the questioning to continue.

Hon. Michael Chong: Thank you, Mr. Chair.

Ambassador Rae, the motion today, which Canada supported, talks about the contiguity of all Palestinian territories. As you know, Canada recognizes four occupied territories, those being the West Bank, the Gaza Strip, the Golan Heights and East Jerusalem. Is it the government's position that these territories should be contiguous to each other?

The Chair: Again, Mr. Chong, I would like you to relate that to the topic at hand. Mr. Rae is free to answer that, but I would want us to be very concise with respect to this particular theme of the committee's study.

Hon. Bob Rae: I'm not avoiding the question, but I do think, Michael, that this is an impossible subject to discuss in two or three minutes.

You happen to have here at the committee two individuals who have an extraordinary knowledge of a world crisis that is taking place at the moment. I'm not afraid to answer any questions, but I think it would be far more appropriate for you to be focusing questions to those two individuals, who have a lot to contribute to the committee's understanding of the current international situation.

Hon. Michael Chong: Thank you, Mr. Chair. If Ambassador Rae isn't going to answer the question, I accept that.

The Chair: You have a minute left, Mr. Chong.

Hon. Michael Chong: I have nothing further to add until a subsequent round. Thank you.

The Chair: Thank you very much.

We will go to the next round of six minutes, which goes to Mr. Fonseca.

Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.): Thank you very much, Mr. Chair.

Welcome to our distinguished guests. Congratulations, Mr. Beasley, on your award with the WFP. Mr. Rae, as our newly minted ambassador at the UN, congratulations. Welcome, Mr. Lowcock.

I want to refocus our questions on what we're here for, which is to talk about COVID-19, the humanitarian crisis around the world and the impacts of COVID-19.

Ambassador Rae, you've previously spoken at a subcommittee of this committee when you came as our special envoy on humanitarian issues and refugees. At that committee, you talked about the abysmal conditions facing refugees in camps, like those in Bangladesh and Myanmar.

I'd like to know how COVID-19 is being addressed in similar camps around the world today, if you have some insight.

• (1705)

Hon. Bob Rae: That question would be very well placed to Mr. Beasley and Sir Mark.

I would just say that the evidence is pretty overwhelming that the camps are being affected seriously by COVID. Some of it is, frankly, underestimated because we can't necessarily collect the kind of data that we should be able to collect. The conditions that one would expect to see in a lockdown, where kids can't go to school...there are serious impacts on women. As some of your previous witnesses talked about, the impact on women and children is very serious. It's having an effect not only on people's health care, but also on people's education and ability to make a living.

These are all the circumstances that are...very hard hit, which is what we mean when we say that the people who are vulnerable are being affected more seriously than anybody else.

Mr. Peter Fonseca: Mr. Lowcock or Mr. Beasley, would you like to add to what Ambassador Rae has just said?

Mr. Mark Lowcock: I would just give a few examples of what Ambassador Rae has just said. I was speaking this morning to a group of people in Burkina Faso who had been forced to flee their homes at gunpoint, basically, by terrorist organizations and are now living in a camp for displaced people that is very congested, with very little water and sanitation, and not much food. These are circumstances that the virus loves. The virus wants to circulate in circumstances like that.

I was speaking to my colleagues who are working in the Cox's Bazar refugee camp, which David and I visited together in late 2017. I spoke to them again just a few days ago. This is what the virus likes, these kinds of conditions. We don't really know the death toll from COVID-19 in these places, because there's such a low level of testing and because there are many other things that vulnerable people are losing their lives to.

One thing that is striking is that in the midst of all of their other problems, people, when you talk to them in these settings, do talk about what an additional impact COVID has made, both in terms of the virus but also the consequences of the virus, which David and I were both talking about in our introductory remarks.

I'm sure David has things to add.

Mr. Peter Fonseca: Go ahead, David.

Mr. David Beasley: Yes, this is the kind of thing that you could talk about for an hour, case by case by case. When I talk about 135 million people on the brink of starvation going to 270 million, literally we can break that down on a per country basis and why and the impact it's having, not just in refugee camps but also on internally displaced people.

Also, on what Mark was saying about Burkina Faso, just a year ago we had over 77,000 internally displaced people. Now there are 1.6 million. When you take an already bad situation with the climate extremes, and then you have terrorist groups, and then in comes COVID, where you have lockdowns, you have distribution dynamics taking place because you can't move supplies. You have a quarantine in the city or a lockdown, or a port or a distribution point gets shut down, and let me tell you, the women and the children take the brunt of all of this. It is impacting everybody, but it impacts them more.

I could really get down to the weeds on this, but that's probably enough for right now.

Mr. Peter Fonseca: That was great. Thank you very much.

David, I know why you got the award. The WFP distributes more than 15 billion rations a year around the world. I know you do it at about 0.61 of a U.S. dollar per ration. I want to ask you about that: increasing the number of rations and the distribution. How is that all going throughout this pandemic? Has the cost increased because of the pandemic?

Mr. David Beasley: Well, it depends on where you're talking about. For example, if we are delivering to the Syrian war zone, it's more costly to enter and deliver in a war zone.

Because of COVID, for example, the airline industry pretty much shut down in so many of the places we deliver to, so you can imagine.... For a little while, I was told, we were the world's largest operating airline as we were delivering COVID supplies to all the low- and middle-income countries around the world. We actually delivered to 172 countries, I think. These costs were extremely high, as you can imagine, and the cost of delivering food became more expensive. Also, we had distribution issues in a lot of different countries, so the price went up.

We are the world's largest provider, so we like to buy at scale. We like our donors to give us money in advance so that we can

watch the market to pre-advance and pre-position food and buy it a lot cheaper. We can actually save several hundred million dollars a year if we get the flexibility of advance funding to watch the market—

• (1710)

Mr. Peter Fonseca: I'm sorry. I want to jump in because I only have a few seconds.

The Chair: Very quickly, Mr. Fonseca.

Mr. Peter Fonseca: Have your distribution logistics been disrupted by all of this?

Mr. David Beasley: Yes, but we've worked through it. We've had a lot of difficult scenarios in a lot of different countries.

A lot of times, a health minister will make a decision not realizing the impact. We come in quickly and explain it, and usually we get it worked out, but it's rippling around the globe as we speak, and it's not done yet. The worst is yet to come in these low- and middle-income countries, especially in Africa.

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

[*Translation*]

It is now Mr. Bergeron's turn to ask questions.

Mr. Bergeron, you have six minutes.

Mr. Stéphane Bergeron: Thank you, Mr. Chair.

Thank you to the witnesses, the Honourable Bob Rae, Mr. Beasley and Mr. Lowcock, for being with us today.

It is safe to say you are a very prestigious panel. We maybe should have given ourselves more time with you so we could take a deeper dive into certain issues.

First, I would like to take this opportunity to challenge a statement the Conservative members made ad nauseam today in the House of Commons—that Canada's vote in favour of the self-determination of the Palestinian people is a vote against Israel. I profoundly disagree with that statement. On the contrary, I think peace for both Israel and Palestine depends on the recognition of a Palestinian state living in peace alongside Israel. I do not believe Canada's vote is a vote against Israel.

Speaking of Palestine, I would like to ask the witnesses, beginning with Mr. Rae, about the United Nations Relief and Works Agency for Palestine Refugees in the Near East. The agency fears that it will not be able to afford to keep essential services going as the health crisis worsens. Its commissioner-general announced that he had informed all 28,000 staff members that the agency did not have the funds to pay their salaries for the month, jeopardizing the services it provides.

Does Canada plan to increase its contribution to the agency? What can be done to avert a humanitarian disaster among Palestinian refugees, who have faced significant hardship for years?

Hon. Bob Rae: All I can tell you, Mr. Bergeron, is that I know the Canadian government is carefully considering the humanitarian situation in Palestinian camps in the Middle East, as well as other humanitarian situations.

I think you should instead be asking Ms. Gould that question. I do know that all the governments that have supported and continue to support the work being done in refugee camps around the world are in talks right now to figure out what can be done to provide a humane response to a humanitarian situation. Clearly, the situation is dire right now.

Mr. Stéphane Bergeron: Would the other two witnesses care to add anything on the circumstances in which the United Nations Relief and Works Agency for Palestine Refugees in the Near East finds itself in?

[English]

Hon. Bob Rae: Mr. Lowcock, would you get that?

Mr. Mark Lowcock: Sure. I'm happy to add a couple of points to what Ambassador Rae has just said.

Obviously, we're not happy to be in a position where we can't pay our own staff, the teachers, the health workers and others who provide these services to Palestinians. We would be very grateful for any additional support that enables us to keep providing those services to Palestinian citizens.

COVID has hit hard in Gaza and the West Bank. We've been able to get some assistance to help with that, but the underlying issues still faced in those places are acute. Millions of Palestinians are reliant on services that our Palestinian agency provides. We're broken-hearted, really, that this is now under threat.

• (1715)

[Translation]

Mr. Stéphane Bergeron: Thank you.

I would simply add, for Mr. Rae's benefit, that the committee met with Minister Gould a few days ago. We did ask her questions, and I must say that some of the answers weren't entirely satisfactory. We do hope announcements are forthcoming in terms of Canada increasing its humanitarian aid, precisely to address the statistics you mentioned.

I will now turn to Mr. Beasley. The COVID-19 crisis rages on, as do certain conflicts, and the race towards vaccines has intensified the competition, so to speak, for scarce international development resources.

Your organization provides food assistance to populations in need. Have you felt the impact of the COVID-19 crisis and the so-called race for resources? Both local resources and international development aid are scarce.

[English]

Mr. David Beasley: Quite frankly, there is 400 trillion dollars' worth of wealth in the world today, on earth, and it's heartbreaking that any child would go to bed hungry. There are plenty of re-

sources. We have enough food to feed the world, but man-made conflict is our biggest problem right now.

We have a crisis this coming year, and hopefully it's a one-year crisis. I don't find—and Mark would probably agree with this—that I'm necessarily competing against UNICEF or WHO. We're all working together, and we have our different roles to play. Donors are stepping up, though we are going to be short of funding.

This is why I'm asking this committee to prioritize next year's.... It's like we have a fire in the house and my little girl wants to talk to me about buying a new chair, and I say, "I would like to talk about buying a new chair right now, but we have a fire in the house." Next year, we'll have a fire. We have to really prioritize what's important. As I'm talking to other leaders, I think we all agree. Let's address these concerns. Let's work together.

My goal is to put the World Food Programme out of business. That is my goal. Unfortunately, I'm doing a lousy job of it right now, because of all this man-made conflict, but other donors have to step up. Canada has stepped up; Canada has been there. However, some of the donors, the Gulf states and other places, really need to step up. The private sector also has to step up, especially these billionaires who have made billions during this crisis. They have to—

The Chair: Mr. Beasley, we'll have to leave it there, but maybe we can circle back to this in subsequent questions.

The next round goes to Ms. McPherson, for six minutes.

Ms. Heather McPherson: Thank you, Mr. Chair.

Thank you to the panellists who have joined us today. It's a real honour to speak to all of you.

I have to congratulate Mr. Beasley. I did a very unparliamentary "Whoop" when I got the news that you had won the Nobel Peace Prize. Congratulations.

My first set of questions will go to Mr. Rae. I've enjoyed listening to your interventions at the United Nations. I want to congratulate you on your bravery and taking such an important stance, but the reality remains that Canada is at a historically low level of ODA. We are historically not doing our part in the world.

I see we have contributed some dollars during COVID-19, but we have not contributed the 1% we probably should, at a bare minimum. Are you worried about that, considering our ODA was so low going into this, and considering we haven't heard anything from the minister or the government to make us feel confident that it's actually going to go up by any meaningful amount? What can we do to make sure that, as we go into 2021 with our house on fire, Canada doesn't continue to underperform?

Hon. Bob Rae: I've been very impressed by those countries that have reached a kind of national consensus on the fact that development assistance is beyond partisanship and should be seen as a foundational principle for their countries. I think it would be great if Canada could maintain the same level of consensus and understanding about why it's important for us to get our levels of development assistance up. I don't mean this as a comment or anything about Parliament, but there are very few questions in Parliament about the amount of development assistance. There are starting to be more now, which is great. I was as clear as I could possibly be while still being a special envoy of one particular government and saying, "Look, we simply have to do more."

With COVID, I think we can make a very strong case as to why it's not just morally the right thing to do, but it's actually economically and socially the right thing for us to do. Otherwise, as Mark and David have said, we're going to have more conflict; we're going to have more migration; we're going to have more refugees. We're just going to go into a downward spiral, which is in nobody's interest. It's not in Canada's self-interest to do this.

I think there has to be a real effort, and frankly, I hope your committee can do this. There can be a consensus in the committee that there are some targets we should be trying to reach. We're not going to help reach the sustainable development goals by 2030 unless we integrate those goals into our own budgeting and what we do as a country. That's, ideally, where we should be.

That's about as much as I can say, except to assure you that I say this privately to my employer as much as I say it publicly. I really believe that we have to get our act together as a country and commit ourselves to taking these steps forward. I make this case all the time, and I would encourage the whole committee to make this case.

• (1720)

Ms. Heather McPherson: Thank you.

Sir, you have the NDP on your side in the House of Commons at all times, of course.

Hon. Bob Rae: Well, that's a refreshing change, because sometimes when I was in the House I wasn't sure whether I did or not. That's a longer story and a longer conversation.

I think it's really important to try to create greater consensus politically. This should not be an issue that divides Canadians. This should be an issue that unites us.

Ms. Heather McPherson: This brings me up to a question. One of my dear friends, Doug Roche, whom of course you would know, has commented that 10% of what we spend on the military in the world would give us \$190 billion to spend on the sustainable development goals, which is useful.

The question I'm going to ask is actually for Mr. Lowcock.

You talked about Canada playing a leadership role. You talked about Canada being a champion for making sure that we're fixing the inequality that Mr. Rae spoke of. How legitimate do you think it is for us to ask Canada to play that role when Canada is not playing a large enough role within our own aid levels? Do we have the le-

gitimate ability to play that role anymore? Could you comment on that?

Mr. Mark Lowcock: I think that in the world out there, there's no getting away from the fact that if you want your ideas to carry influence and weight... There are fantastic ideas coming out of Canada on these issues.

Ms. Heather McPherson: Fantastic words perhaps, yes.

Mr. Mark Lowcock: The last time I was in Ottawa, I had a very good day trying to have a debate and generate ideas on how to improve the position of women and girls in these countries. As David said, those are the most vulnerable people. Always, where you go, you're particularly struck by the vulnerability of women and girls.

If you want other people to take your ideas seriously, it doesn't half help to put your pocketbook behind them. I think some of the things that Canada has done over recent months have helped a lot with that.

Getting to that 0.7% and making progress on it would really amplify your influence. That's what others have found.

Ms. Heather McPherson: That is still the measure that we use. It is still that 0.7% of GNI. The minister should be able to tell us at any given time what our percentage of GNI is. That's still the measurement that the world stage uses. Is that correct?

Mr. Mark Lowcock: That is correct. Fifty years ago, Lester B. Pearson had a terrific insight. It would be great if more countries acted on it.

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

Thank you, Mr. Lowcock.

The next round is a five-minute round. It goes to Mr. Chong.

Hon. Michael Chong: Thank you, Mr. Chair.

I'd like to direct my questions and comments to Ambassador Rae again. I'd like to focus on foreign aid. I hope that's in order and that I won't be interrupted by Liberal members on the committee.

Ambassador Rae, I read your report, which the Government of Canada posted on its website. Your report, as special envoy of the Prime Minister, I thought was a very erudite and frank assessment. In fact, I've been quoting it in the House of Commons to raise awareness about the issue. I think you raised a very good point in that report by highlighting that declining or stagnant national income is no way to meet our foreign aid targets.

On a serious note, it's clear that no Canadian government over the last number of decades has met our foreign aid target, which is 0.7% of GNI. In fact, foreign aid has declined by some 10% compared to the previous government.

I have a political question for you, a serious political question. In light of the fact that no Canadian government, whether it was Conservative or Liberal, has met that target, practically speaking, what do you think the long-term target should be for the Government of Canada? Should it be to maintain levels at 0.27%? Should it be 0.3%? Should it be 0.5%?

Most people I talk to think that 0.7% isn't realistic, so I'd be interested to see what you think is a long-term target, let's say a 2030 target, that we should be aiming for. Second, how do we get there politically?

• (1725)

Hon. Bob Rae: Let me just start by saying that I think Mark Lowcock said it correctly when asked if 0.7% is still the gold standard. The answer is yes, it is. The question then becomes, well, where are we in all this? The argument I made in the report is that we should be doing more. The other part of the report was saying that we should be doing more because it's the right thing to do morally, but also because it makes the most sense for the world, and it makes the most sense for Canada.

I don't have a number in the back of my head. What I do believe very strongly is that it would be in all of our interests for the government to try to talk to all the parties in the House of Commons about having a strategy such that, regardless of what the overall economic circumstances are, we would strive to deal with increases that would be steady and that would carry us through. I'm not going to get into a political debate here, but if some parties say we should be cutting foreign assistance by 25%, it becomes a little more difficult to do that.

More seriously, I think the big challenge we have is with Canadians: that is, to say to Canadians, "Look, this is an investment in our collective future as global citizens. In the service of the planet, in the service of humanity, this is what we're going to need to do. These are the steps we're going to have to take over time." We're going to have to show people that it is going to make a difference, that it's actually going to assist in reducing poverty and that it's going to help achieve the sustainable development goals, which, frankly, also have to be explained to Canadians, why these goals are important and what it takes.

If other parties don't agree with the government, I would still encourage the government to ask, "What is our target? How do we increase this over time and how do we do it in a way that's affordable?"

I would also say that other countries are going through this discussion. There are reports that in the U.K. the debate is going the other way, which I think is really too bad. I think that's wrong. You know, the Brits have reached the 0.7% target. The Brits did agree, all parties—Conservative, Labour and Liberals—that they would stick to the 0.7% as a matter of national solidarity. That seems to be wavering a bit. I'm sorry if that's the case. I think it's really important that we all work together.

Frankly, the Brits are doing far more than we are. It's not that I'm criticizing the U.K. at the moment. I just think we have to decide that we have to do more on a systematic basis. In particular, we have to do it now. In particular, we have to respond to this crisis as we find it. That's exactly what we have to do.

Hon. Michael Chong: Thank you, Ambassador Rae.

The Chair: Thank you very much, Mr. Chong and Ambassador Rae.

Colleagues, this brings us to the end of our scheduled time with these witnesses. It's pretty much exactly 5:30.

On behalf of the committee, I would like to thank our three extraordinary civil servants and witnesses this afternoon for spending time with us. We had a very compelling and thought-provoking hour. We wish you had more time, obviously, but you have given us a lot to think about. To each of you, thank you for being with us. Thank you for your service and all the good you are doing around the world. We will continue to watch your social media feeds and your teams very closely. We look forward to interacting with you again in the future.

With the concurrence of the committee, we now stand adjourned until our next meeting.

We wish everybody a good evening. Thank you so much.

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