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Chair: Mr. Sven Spengemann



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• (1540)

[*Translation*]

**The Chair (Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.)):** Welcome, colleagues, to the ninth meeting of the Standing Committee on Foreign Affairs and International Development .

[*English*]

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

To ensure an orderly meeting, I encourage all participants to mute their microphones when they're not speaking and to direct comments through the chair.

When you have 30 seconds remaining in your testimony or questioning time, I will signal with this yellow sheet of paper. Interpretation services are available through the globe icon at the bottom of your screen.

[*Translation*]

I would now like to welcome our first group of witnesses.

We will be hearing from, as an individual, Ms. Valerie Percival, Assistant Professor of

[*English*]

Norman Paterson School of International Affairs, Carleton University.

[*Translation*]

We will also hear from Mr. François Audet, a professor at the Université du Québec à Montréal and Executive Director of the Canadian Research Institute on Humanitarian Crises and Aid, and from Mr. Thomas Bollyky, Senior Fellow for Global Health, Economics, and Development

[*English*]

Council on Foreign Relations (New York).

Professor Percival, I will start with you and will give you the floor for five minutes of opening remarks.

**Ms. Valerie Percival (Associate Professor, Norman Paterson School of International Affairs, Carleton University, As an Individual):** Mr. Chair and members of the committee, thank you for the opportunity to speak today.

I will discuss the global response to the COVID-19 pandemic in conflict-affected settings and Canada's role in that response. I will

conclude with recommendations for how Canada can better exercise leadership in these challenging contexts.

The committee has heard testimony regarding the social, political and health impacts of COVID-19 in fragile settings. These impacts will reverberate for decades and be exacerbated by climate change, global economic disruption and uncertain development assistance budgets. Unless the trajectory changes, these populations will be trapped in cycles of violence and fragility, with little chance of escape.

How has the world, including Canada, reacted? It is a tale of two responses.

One tale is inspiring. Networks of local and international health and humanitarian actors, researchers and advocacy organizations have identified health needs and marginalized groups, maintained health service delivery and planned for the rollout of testing, treatments and vaccines. The pandemic strained an already stretched humanitarian system. The system is far from perfect. It often fell short, but it has limited human suffering under difficult circumstances.

In contrast, the tale of the second response, global political leadership by states, is a grim and depressing one. As the UN Secretary-General stated in September, "The pandemic is a clear test of international cooperation—a test we have essentially failed."

One response cannot work without the other. Health services and other humanitarian actors cannot fully and effectively respond to the impacts of COVID-19 without political leadership to facilitate and remove constraints to that response.

The impact of this absence of leadership has been acutely felt in conflict-affected settings. For example, states did not mobilize to offer third party security guarantees to enable COVID ceasefires to take root and transform into peace agreements. They failed to persuade governments to protect the rights of migrants and displaced people, and they did not effectively confront opportunistic crack-downs by authoritarian regimes.

In short, global political leaders did not develop and deliver a clear and unifying message for why international co-operation is necessary and a plan for how to carry it out.

Where does Canada fit?

Canada has provided important support to the first response—the work of humanitarian and advocacy networks. The government increased its funding of these organizations to support the health response to COVID-19. It brought critical attention to the pandemic's impact on women and girls.

But Canada's role in the tale of the second response—political leadership—is disappointing. Canada's rhetoric soars, but our words are not followed by concrete action. Canada sits at the table. We observe. We coordinate. We do not lead. This is a missed opportunity.

Mr. Chair, I'm aware that you worked for the UN mission in Iraq. I am sure you saw the enormous potential for “difference-makers”: the power of leadership from experienced diplomats and coordinated action among states and stakeholders and how that leadership can curve the trajectory of conflict towards peace.

At this critical juncture for conflict-affected states and the world, how can Canada contribute to such leadership?

Canada can help the world develop a unifying message, craft a clear plan to address vulnerabilities exacerbated by COVID in conflict-affected settings and mobilize the international system, as well as Canadian institutions, to implement such a plan.

First, for the unifying vision for our engagement in fragile settings and elsewhere, I would suggest a simple one that builds on our feminist approach: Protect human dignity and promote human potential.

Second, to craft a plan to implement this vision, let's learn from what has worked in the COVID response. We can support networks of civil society organizations, researchers and other stakeholders. We can facilitate connections between these networks and like-minded states. We can explore novel mechanisms to prevent conflict, stop violence and sustain peace, and we can use these networks to promote economic opportunities in fragile contexts.

Third, we can help mobilize the international system, as well as Canadians, to implement this vision.

Internationally, we could utilize our membership across diverse institutions to promote this approach. This would complement and support the UN Secretary-General's call for “networked multilateralism”.

Domestically, we could harness the expertise of Canadians both at home and abroad. Canadian experts are leaders in the fields of diplomacy and mediation, humanitarian and development assistance, global health and advancing gender equality, yet too often, our government fails to tap into this expertise.

How is this different from what we are currently doing? This approach extends our feminist policy. It engages with networks to develop and implement this dignity agenda. Most importantly, it would ensure that Canada's rhetoric rests upon a foundation of action.

Thank you very much. I look forward to questions from the committee.

**The Chair:** Thank you very much, Professor Percival.

[*Translation*]

I would now like to give the floor to professor Audet.

You have five minutes for you statement. Please go ahead.

**Mr. François Audet (Professor, Université du Québec à Montréal and Director, Observatoire canadien sur les crises et l'action humanitaire, As an Individual):** I'd like to thank the committee for inviting me. As I don't have a lot of time, I'll get straight to the point.

In response to your request, I've concentrated essentially on an analysis of the marginalization of communities and populations by the current situation. I'll talk about five observations and two recommendations.

The first observation shows that the pandemic appears to have had far fewer direct health consequences in poor countries than in rich countries. By "direct consequences" I mean health- and mortality-related issues directly associated with COVID-19. In fact, apart from some major exceptions, which are Peru, Brazil, Mexico and Ecuador, excess mortality, particularly in Africa and several regions in Latin America and Southeast Asia, is indeed much lower than observed in OECD countries. Where data are less reliable, in particular screening data, we use excess mortality as an indicator, along with cemetery counts and inventories. This provides a degree of rigour in the statistical data we use.

The second observation shows that if direct health consequences are below expectation, then the indirect consequences, as Professor Percival mentioned, are already observable. They will also have significant and lasting impacts on marginalized populations, including those that are victims of conflict. This growing vulnerability has been exacerbated since the early months by the withdrawal of humanitarian supply chains and by a significant drop in direct foreign investment, including a 28% decline in Africa and 25% in Latin America and the Caribbean. This drop is much less significant in Asia, which is a reflection of the economic influence of China in the region.

The third observation is that the indirect impacts that exacerbate these vulnerabilities are very well documented. We were able to see this on numerous occasions in interviews we conducted recently. Among other things, trust in institutions was being seriously eroded, further stoking social tensions and conflicts owing to these growing inequalities. This was the case in Guatemala and Colombia, and in Zimbabwe, Gambia and Togo in Africa.

As for access to health care, the International Committee of the Red Cross noted a few weeks ago that 30% of clinics had been destroyed in Mali by armed groups following the withdrawal of international humanitarian organizations. Another key vulnerability is food insecurity. This situation is well documented. In fact it was reported on in this committee. At the risk of repeating myself, I would like to point out that 55 million people were experiencing food insecurity problems in September. We are now speaking of 220 million people suffering from food insecurity as a direct result of the pandemic. I believe these figures were published yesterday. It's a major increase and truly a real-time analysis.

The fourth observation is that displaced populations, meaning those who are often called "migrants", today represent over 80 million people. As you know, some of them have refugee status. Displaced populations, migrants or those with refugee status are also extremely marginalized by this situation. The pandemic has led to the closing of most international borders, and hundreds of thousands of people are gathered at borders just about everywhere on the planet. This situation, which has unfortunately been observed in the Middle East and the Horn of Africa, significantly reduces access to health care and food.

The situation in Venezuela is also extremely serious. In recent months, 100,000 Venezuelans returned to the country. They had to because the border was closed owing to an economy that is literally in ruins, as it is in neighbouring countries like Colombia too. I feel an obligation to make this committee aware of the situation in the Las Claritas region, which is also in Venezuela. It's a vast Amazonian mining region in the State of Bolívar that is controlled by armed groups and traffickers. Las Claritas is also an ecological disaster, and a place where slavery, torture and murders go unpunished, as has been well documented in the context of illegal gold mining operations. The pandemic has made this zone more vulnerable than ever. The absence of local authorities, who are either accomplices or corrupt, and the trafficking in migrant Indigenous and other Venezuelans, have also been well documented.

My final observation was briefly addressed by my colleague. In the overall context I have just described, women remain the most vulnerable population. As we know, sexual violence has increased dramatically.

• (1545)

There are 7 million unwanted pregnancies in the world this year that are linked to the pandemic. These are clearly alarming figures.

I will now move on briefly to my conclusions, because my time is running out.

My first recommendation is related to the fact that it is important for Canada to maintain its leadership role in connection with the *humanitarian localization agenda*, which I took the liberty of translating into French as "l'agenda de la localisation humanitaire".

As you know, this approach to the localization of humanitarian aid, to which Canada has belonged since the "Grand Bargain" agreed upon at the 2016 World Humanitarian Summit held in Istanbul, was to transfer resources to local authorities. It has been clearly demonstrated that decentralization is the key to achieving sustainable humanitarian responses.

My second recommendation is related to the importance of scientific cooperation to provide universal non-protectionist access to vaccines. The current international humanitarian situation undeniably needs a vision of solidarity to ensure access to vaccines for everyone.

To conclude, I'm among those who think that the long-term indirect repercussions of the pandemic will be more serious than the pandemic itself. These repercussions are tied among other things to socio-economic inequalities, conflicts, famines, shrinking democratic space and the erosion of protection for women's rights.

I'd be glad to discuss and answer any questions you may have.

Thank you.

• (1550)

**The Chair:** Thank you very much, Professor Audet.

[English]

The final round of five minutes of prepared remarks goes to Mr. Bollyky.

**Mr. Thomas Bollyky (Senior Fellow for Global Health, Economics, and Development, Council on Foreign Relations, As an Individual):** Mr. Chairman, members of the committee, thank you for inviting me to testify today on the response of the international community, including the Canadian government, to the humanitarian needs that have been created and exacerbated by the pandemic.

Plagues put a mirror to the societies they afflict. The coronavirus pandemic has exposed the failures of governments that do not invest in the health of their own constituents, or address the collective risks that arise when vulnerable groups globally lack adequate health and economic protections.

The Council on Foreign Relations is an independent, non-partisan institution dedicated to advancing understanding of foreign policy choices facing the United States and other countries. We recently released a report of an independent task force on preparing for the next pandemic, "Improving Pandemic Preparedness: Lessons From COVID-19".

**The Chair:** Mr. Bollyky, I'm sorry to interrupt. We have lost the interpretation because of connectivity issues. Let's put this over to our IT team for some quick advice.

I was advised, sir, that maybe you could turn your camera off and we may possibly gain some bandwidth that way.

I believe the issue has been resolved, so please continue.

**Mr. Thomas Bollyky:** I appreciate the indulgence of the committee and I'm sorry for the Internet connectivity issues.

I'll continue on the three interrelated conclusions from the task force report.

First, while confirmed deaths from the coronavirus are approaching 1.5 million globally, the most damaging and long-lasting humanitarian consequences of this pandemic may not be from the virus itself. During the West Africa Ebola epidemic, more people died from the lack of regular medical care, particularly treatment for malaria, than were killed by the Ebola virus itself.

Even in nations that have yet to experience explosive growth in COVID cases and deaths, the pandemic is exacerbating poverty and inequities in health care access and food security. A recent survey of 18 African Union members found about half the respondents were delaying needed medical care or health care visits. A similar percentage reported difficulty in accessing medication in the pandemic. The Famine Early Warning Systems Network has estimated that the pandemic has coincided with a 25% increase in food assistance needs continent-wide.

The World Bank estimates 88 million additional people will be put into extreme poverty as a result of the COVID pandemic. In some regions like South Asia, higher economic growth may overcome some of that poverty it caused, but poverty in slower-growing economies in Africa and in fragile states like Venezuela is likely to persist.

National governments have failed to use multilateral forums effectively to forge a collective response to COVID-19 or its indirect health consequences. A strategic rivalry between China and the United States has undercut potential action at the G7, G20 and the United Nations Security Council.

The lesson here is that multilateral institutions do not spring magically into life during crises. Their success depends on the enlightened leadership of their member states that should be willing to put their differences aside and mobilize these bodies behind a collective effort.

The World Health Organization needs funding for its health emergencies program and should be required to report when governments fail to live up to their commitments. There needs to be a new global surveillance system to identify pandemic threats that is far less reliant on the self-reporting of early affected states.

• (1555)

**The Chair:** Madam Clerk, I think we may have lost Mr. Bollyky completely. Maybe the IT team could circle back. Let's let him know, and I will also reiterate that he's very welcome to send submissions in writing and that members of the committee could address questions to him in writing.

In the interest of time and the already compressed round that we're going into, we will now go into our first round of questions for six minutes.

Mr. Chong, the floor is yours.

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

Professor Percival, thank you for your opening remarks. You mentioned that rhetoric soars with this government but there's little corresponding action. We know that overseas development assistance has been cut by 10% under this government compared to the previous government, from about 0.3% of GNI to about 2.7% of

GNI. Canada has not met its commitment to 0.7% of GNI for foreign aid for many years.

What do you think is an appropriate target for us to achieve in the coming years? Obviously 0.7%, I think, is not realistic immediately. What should we be aiming for?

**Ms. Valerie Percival:** That is a very good question. Thank you very much for that.

Development finance isn't my area of expertise, so I'm hesitant to put a number on it. What I will say is that I think that, obviously, we need to commit to increases in our official development assistance budget. I know that the U.K. has signalled that because of COVID constraints it potentially will be cutting its overseas development assistance budget. We cannot replicate that here.

I would also add that sometimes, while I agree strongly that we need to increase our financial assistance, I think we also need to be more nimble and flexible in our response. That's maybe what I was trying to get at in terms of this idea of mobilizing networks. There is often a lot you can do with small amounts of money: I think empowering local actors, as Professor Audet has mentioned, and I would also say, empowering our high commissions and embassies overseas to be able to respond quickly.

People I know who work in humanitarian organizations talk about Canada's cumbersome budgetary processes for grants and how long it takes them. I have one friend who is in the ninth month of a negotiation for a COVID grant. We really need to roll things out faster. We need to look at the amount, but we also need to look at the efficiency and at how that assistance is supported by diplomatic action and leadership.

**Hon. Michael Chong:** You mentioned that there have been bad things—*A Tale of Two Cities*—during this pandemic. Opportunistic state actors have taken advantage of this to engage in conflicts. I think of the conflicts in the south Caucasus between Armenia and Azerbaijan. You also mentioned opportunistic crackdowns; I think of the imposition of a draconian national security law in Hong Kong at the height of the pandemic. So, your analysis rings very true.

[Translation]

I have a question for Mr. Audet.

[English]

You mentioned the requirement for universal access for vaccines in your second recommendation. I want you to comment.

The government has claimed that it has signed contracts for more vaccines per capita than any other country on the face of this earth. I'd like you to comment on the government's assertion with respect to your second recommendation.

• (1600)

[Translation]

**Mr. François Audet:** Thank you for your question.

Like my colleague, I'm not an expert in vaccination issues. We've seen that in the global response, different states apply somewhat more protectionism and nationalism, while others tend towards multilateralism and universalism; these are the two extremes. Canada, at least for the time being, is straddling these two camps. There was a huge commitment to purchase vaccines. I do not want to comment on the brands or the effectiveness of these vaccines, because I'm not knowledgeable about this area. However, in terms of absolute numbers, Canada was one of the countries that took a position. It made a commitment to buy a very large number of vaccine units. Although this may be wishful thinking, let's hope that collective immunity and saturation will occur in Canada fairly soon and that any surplus not yet shipped to Canada but already purchased from companies, could perhaps be redistributed to those regions of the world that have not had access to them.

If you will allow me to make one further comment, I'd like to add, in connection with this recommendation, that in view of the ecosystem for a pandemic like this one—and this was observed with Ebola—Canada remains vulnerable for as long as the threat of protectionism in the management of safety remains. Ensuring universality contributes to Canada's national protection. Universality and solidarity with regard to vaccines will serve national security interests too. This is not a paradox because all these factors are closely related.

To return very briefly to your first question, if you will permit, we have studied the financial commitments of countries for a long time. I agree with Ms. Percival that amounts should be in keeping with donors' ability to pay. However, the most important issue is trust in donor promises. I believe that we can criticize...

[English]

**The Chair:** I'm sorry. We have to leave it there in the interest of time. We have to make sure everybody gets their round. Thank you.

The next six-minute round goes to Dr. Fry.

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Thank you very much.

Is Mr. Bollyky coming back on at all? Gosh, do I have lots of questions for him.

**The Chair:** I don't see him at the moment, Dr. Fry. We can direct questions to him in writing—

**Mr. Thomas Bollyky:** I'm on.

**The Chair:** He's back. Okay.

**Hon. Hedy Fry:** Great. All right.

My first question is for you, Professor Percival.

You talked a lot about how the Government of Canada does not have a global foreign affairs policy, nor does it have global foreign affairs experts. If the government should begin to talk about doing that in a way that would mean that we actually have a multilateral response with other countries, what are the parameters of developing such a group? How would it be done? What would it cost? How could Canada set about doing it?

**Ms. Valerie Percival:** I'm sorry; you cut out a little bit. When you're talking about a group, do you mean domestically or do you mean internationally?

**Hon. Hedy Fry:** No. You said that Canada does not have a global foreign affairs policy nor bureaucrats who are able to complete a global foreign affairs policy.

How do we go about setting that up? What parameters do we need to have to make it work?

**Ms. Valerie Percival:** I believe you're referring to comments I made in writing about our lack of a global health strategy.

**Hon. Hedy Fry:** Yes.

**Ms. Valerie Percival:** Just to be transparent, I did work at Foreign Affairs and International Trade Canada as a senior global health adviser. I just want to make sure the committee knows that.

I think one of the things I have experienced in my dealings with Global Affairs Canada in more recent years is that the number of health experts is declining within that department. The other thing I have noticed in my interactions with the Government of Canada is that there is a lack of coordination between the Public Health Agency of Canada and Global Affairs Canada in terms of its global health response.

In previous writings—they predated the COVID pandemic—I suggested a global health secretariat at the Privy Council Office, led by a global health ambassador to act as a coordinator and establish a global health strategy and develop priorities across the Government of Canada with relevant departments. I think that kind of secretariat would have proved very useful during the COVID pandemic.

• (1605)

**Hon. Hedy Fry:** Thank you very much. I only have a few minutes and I want to go to Mr. Bollyky.

Mr. Bollyky, you talked about the inherent vulnerability of an international system of pandemic detection that relies heavily on the transparency, judgment and discretion of individual national governments. Obviously, they vie with each other, Mr. Bollyky, for getting vaccines, for doing everything, and don't actually work in the best interests.

You also talked about setting up an autonomous group that would be a watchdog and would find indicators and ways of measuring how governments are responding in ways that are in the best interests of an international global health strategy. It follows up on what Professor Percival was saying.

**Mr. Thomas Bollyky:** Again, I apologize for the connectivity issues. My written testimony was provided in advance, so people should refer to that.

We make two recommendations.

In terms of the system, we suggest setting up a hospital-based sentinel surveillance system. The reason for doing so is that in outbreak after outbreak, the affected member states have been slow to report their findings. That's not specific to the coronavirus pandemic; it happened around SARS. It happened around Ebola in recent epidemics. It's happened over and over again. We need other sources of information to identify risks as they emerge.

It's also particularly important, because WHO member states are likely to be more reluctant to report, given how many countries have imposed travel restrictions on nations once they have reported. The economic consequences are likely to make them less likely to report.

There is a gap in the health system.

Did you have a question?

**Hon. Hedy Fry:** If you set up an autonomous watchdog system for hospitals to look at health policies set-up in individual nations, who is the group going to report to? Who is the group going to be responsible to for its own transparency and accountability?

**Mr. Thomas Bollyky:** This is a hospital-based sentinel system. It wouldn't actually evaluate policies. It would collect information on an ongoing basis about unusual hospitalizations.

We actually have a similar system around famines. There is an internationally funded system that reports indicators on famines into a database that allows for an independent assessment of risks. This goes straight to member states. It would still provide information to WHO and member states, and would be an additional source of information, other than the self-reporting nations.

**Hon. Hedy Fry:** There would be no ability for it to have teeth at all.

**Mr. Thomas Bollyky:** It's not around enforcement. It's around a new indicator of information other than nations simply self-reporting when they have an outbreak, which is what we largely rely on now.

**The Chair:** Thank you very much.

[Translation]

Mr. Bergeron, you have six minutes.

**Mr. Stéphane Bergeron (Montarville, BQ):** Thank you very much.

I would like to thank our witnesses for being here with us today. I'll begin with Mr. Bollyky.

During the pandemic, we saw that the solidarity systems put in place by the international community completely fell apart. It became a free-for-all among states around the world, in terms of getting access to medical equipment.

In the September-October issue of the magazine *Foreign Affairs*, you and Chad P. Bown from the Peterson Institute for International Economics warned us about "vaccine nationalism".

In light of what happened in the early months of the pandemic, do you believe that we are succeeding in avoiding the "every man for himself" approach we have seen so far?

At the last G20, world leaders agreed to guarantee affordable worldwide access to vaccines, but there were no clear measures set out to accompany this commitment. But instead, an astounding percentage of the vaccines have been cornered by western countries. I don't have the figures with me, but I've seen them.

How do you see things playing out in connection with the pandemic?

• (1610)

[English]

**Mr. Thomas Bollyky:** I think it's unclear currently. There are two [Technical difficulty—Editor]

The first is that the multilateral initiative, Covax, to further fair and equitable distribution of the vaccine, is underfunded. It is particularly underfunded in the resources it needs to build up the infrastructure, and it has been underfunded for distribution in countries. It is also underfunded with regard to the resources it needs to purchase advance doses. That's the first sign of concern.

The second is that many nations, my own and Canada included, have entered into large [Technical difficulty—Editor] purchase agreements for vaccines, which are inherently rivalrous with the multilateral initiative. They compete with it in the sense that they use up resources that otherwise might go to the multilateral initiative. They also reserve scarce vaccine manufacturing capacity.

There is a possibility that nations that have secured a significant amount of doses will be able to share them once they've addressed their own needs. It is unclear in terms of the time frame in which that will happen, and that may also depend on which vaccines succeed. The mRNA vaccines that are the most likely to be approved require a cold chain that we have not funded in nations to establish, so those are not going to address global needs. The question is, will other vaccines also generate the information they need to achieve regulatory approval? We don't know the answer to that yet.

[Translation]

**Mr. Stéphane Bergeron:** Thank you very much.

I understand that things may somewhat unclear, particularly about how the western countries will share their remaining doses once they have met their own requirements. And we still don't know what the schedule will be and how the vaccination process will be carried out in Canada. I found the following figures: according to Oxfam International, 13% of the world's population has already cornered approximately 50% of the planned doses.

My next question is for Professor Audet. I find it very interesting that developing countries have been less affected than OECD countries by the direct impacts of the disease on health.

Is there an explanation for this state of affairs?

**Mr. François Audet:** Yes, definitely, but these remain speculative. As you know, we are talking about real-time research. The data, to which many people have access just about everywhere, report low mortality and hospitalization rates. The data on mortality are particularly interesting.



The explanations vary, however. Some suggest environmental issues that may be climate-related. A similar phenomenon was observed here in Canada. Things were different in summer than they were in winter, for example. Other factors may be tied to natural immunity and certain populations, though this remains to be determined. Such immunity may also be related to vaccines or treatments previously received for other diseases. Many countries of the south have experienced other pandemics. There was widespread vaccination of these populations and they may have developed a resistance to this type of coronavirus.

Some issues are essentially related to community or culture. There are far fewer contacts between people in rural areas than in urban communities. This is also true of Canada. I don't want to make broad generalizations, but much of Africa is rural. In the big cities, the epidemic may be somewhat more pronounced. But the fact remains that mortality is lower. Age category is another important factor. As we know, older populations are more seriously affected by this disease. The age curves in the south show that generally speaking, their populations are much younger than in Western countries.

Those are the explanatory factors that remain to be identified and confirmed as time goes by, once the science has got there.

• (1615)

**The Chair:** Thank you very much, Mr. Bergeron and Professor Audet.

[*English*]

The final round for this panel will go to Ms. McPherson for six minutes.

**Ms. Heather McPherson (Edmonton Strathcona, NDP):** Thank you so much, Mr. Chair.

Thank you to all of our presenters today. This has been fascinating and very interesting for me.

I did have a number of questions, and I know I won't be able to get through all of them in the time I'm allotted.

I want to follow up on something that my colleague Mr. Chong brought forward. He talked about how unrealistic it is to get to that point of 7% and about the historic low spot we find ourselves in at the moment with our overseas development or official development assistance. Right now the international development sector is asking for 1% of COVID spending that is happening in Canada to be committed to our overseas efforts.

I'm wondering if Dr. Percival could talk about the importance of ensuring that we have a substantive contribution and commitment and that our contribution is not just words, that it's not just this verbal ambition, but that it's an actual reality. I'd like her to speak to that and also maybe what the consequences for Canada and for the world would be if we're not able to have an ambition that is higher than where we currently are.

**Ms. Valerie Percival:** I think it's clear for anybody who is looking at the COVID pandemic and particularly its impact in the most fragile and most vulnerable places around the world that this is a really critical moment. As Professor Audet mentioned, the immediate health impacts are not what was feared in many of these con-

texts. He also mentioned in his testimony that the indirect impact of not acting robustly now has the potential to be devastating for a lot of these countries.

We know there will be economic disruption. We know there's already social disruption. We know there's been interruption to school programs. All of these combined effects may fuel conflict. I listened to previous testimony from other witnesses, like Mr. Beasley, who emphasized that point. I think it is really critical that we engage robustly and sufficiently nimbly to show leadership.

**Ms. Heather McPherson:** I think one of the things you mentioned is the burden of getting through some of the bureaucracy to get some of the funding is massive problem and something that one would think we could deal with quite quickly.

I would ask Mr. Audet about that. One thing you spoke about is the impacts if we are not able to share the vaccine across the world in an equitable way. I've read articles that say we are looking at an increase of 30% morbidity if we don't do it fairly. For me, that's heartbreaking. As Dr. Percival said, that is an incredible failure of the international community and an indictment of all of us.

For those who would not be moved by this incredible loss of life, could you talk about what the economic impact on the global economy would be if we have to wait two, three or four years for certain regions of the world to be vaccinated?

[*Translation*]

**Mr. François Audet:** It's a huge macroeconomics issue. I don't think very many researchers have the recipe for it today. Just look at Canada's economic statement announced yesterday.

We're still operating on hypotheses and have very few reliable data about what the planet will look like in six months. So very humbly, it's very difficult for me to tell you where we'll be in five years.

One thing is certain, and that is that the context is globalization, in which economies are closely bound together. All of Canada's provinces, north, south, east and west, are linked in value, supply and export chains. These days, we know full well that if one region of the world is suffering, the rest of the world will have problems. I believe that's the big lesson we've learned from globalization. On the other hand, when all is going well, it's going well everywhere.

If we fail to take rapid and strong action right now, the long-term impacts of the pandemic will pull us all into a serious maelstrom. I believe that it's going to be very difficult to envisage, whether in terms of mortality, violence against women, major economic issues, possible wars or displaced populations.

Remember that only nine months ago, the most urgent matter was climate. It's still there. We mustn't forget that our planetary challenges will overlap.

The crisis created by the pandemic needs to be resolved quickly. The short-term vision of a balanced economy can't be allowed to reduce international aid. At the very least, it's essential for humanitarian and development aid to be maintained. That's a given.

Unfortunately, I would not feel comfortable about speculating. There's not enough information available at the moment.

• (1620)

[English]

**Ms. Heather McPherson:** That was a very smart answer. It was very similar to what I was looking for.

Certainly I also understand the need for us to have a response that is both immediate and ambitious, as well as that long-term response. I really appreciate what you said about that and how important it is that we look at the long tail that we know this COVID vaccine will have.

**The Chair:** Ms. McPherson, I'll have to stop you there in the interest of time.

Thank you very much for that last round of questions.

On our collective behalf, I'd like to thank our three expert witnesses this afternoon.

[Translation]

Thank you very much for your evidence and your expertise.

[English]

We know we have limited time, but we're grateful.

We will let you disconnect now and we'll perform a sound check for our second panel and then resume very shortly with that discussion.

[Translation]

Thank you very much.

• (1620)

(Pause)

• (1625)

[English]

**The Chair:** Welcome back, colleagues.

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

When you have 30 seconds left in your questioning or speaking time, I will signal with this yellow piece of paper.

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

[Translation]

I would now like to welcome our second group of witnesses.

We have Mr. Idee Inyangudor, the vice-president of Wellington Advocacy, testifying as an individual.

[English]

We also have Dr. Ruby Dagher, adjunct professor, School of International Development and Global Studies, University of Ottawa.

Mr. Inyangudor, I will give you the floor for five minutes for your opening remarks.

**Mr. Idee Inyangudor (Vice-President, Global Partnerships, Wellington Advocacy, As an Individual):** Thank you, Mr. Chair and committee, for inviting me to appear before you today. Greetings.

I am coming in from Lagos, Nigeria. It is about 10:27 p.m. here. It's an honour to get to talk to you folks about what's happening on the ground in a developing country, as well as to field your questions in my area of expertise. I'm glad to do so.

Before I go any further, since this is the first time I'm getting to speak to her since her election and to see her now in a new role, I want to extend congratulations to an MP who I worked with very closely in the past.

MP McPherson for Edmonton Strathcona, congratulations again on your election. It's good to see someone from an international development background now making policy as well, so thank you for that.

I think the reason for my being invited here is more on the private sector side of things than on the practitioner or impact of development co-operation side. I did have the honour of serving as the director of policy to three different international development ministers in the previous government, and I have had the opportunity of seeing how Canadian aid and Canadian foreign policy impact developing countries around the world.

I'll focus my comments on three main areas: food security, gender-based violence, specifically women, peace and security, and the last part of my talk will be on Canada-Africa relations.

Suffice it to say, I sat in on the last panel, and I think you also heard a lot from other experts. There's no doubt we are facing an unprecedented global crisis. It's affecting everybody. It's affecting people here, although not as severely as one never would have expected or would have thought initially. Definitely, its impacts on global development and on the global economy are obviously unprecedented, as well as its impact on the private sector, especially the private sector economy of smallholder farmers and small and medium scale entrepreneurs in developing countries. The impact is going to be great, and we can't overlook that.

With regard to food security, the UN Secretary-General recently warned that COVID would disrupt the functioning of food systems, resulting in health and nutrition consequences and a severely underfunded and under-seen impact on mothers and babies, especially in developing countries. The pandemic has exposed an already vulnerable system in the sense of food security, and this is going to continue. The UN 2020 global nutrition targets have been slowing already. At this point, there is absolutely no way we're going to meet them without having a lot more boldness, a lot more ambition and accelerated progress towards meeting those goals.

There is also gender-based violence. Much like in the Ebola outbreak, which some people have spoken about today, instances of violence against women increase during emergencies. This is no different. In fact, this is being called the hidden pandemic.

I'll move very quickly to the third point, which is Canada-Africa relations.

The pandemic and the response to this has to.... It's a good time to reset our relationship with Africa to provide the kinds of infrastructure and framework that allow for better co-operation between businesses, and to enhance the markets here. When the pandemic is over, the bigger issues will always be how will people survive here and how will the market strive....

• (1630)

Thank you.

**The Chair:** Thank you, Mr. Inyangudor.

I will now give the floor to Dr. Dagher.

You have five minutes for your opening remarks.

**Dr. Ruby Dagher (Adjunct Professor, School of International Development and Global Studies, University of Ottawa, As an Individual):** Mr. Chair, thank you for the invitation to talk to you about this very important subject we are looking at today.

From what I understand, you have already heard from many experts and representatives of UN organizations, as well as international and Canadian civil society organizations about the human impact of COVID-19 in fragile and conflict-affected countries. The human toll of this pandemic is significant and heart-wrenching, and as you have heard over the last few sessions some groups have paid a heavier price than others.

Today I would like to talk to you about a subject related to the COVID-19 pandemic that has not received much attention.

COVID-19 has tested the capacity of every country and every government in the world, including Canada. Studies have shown that the quicker a government reacts in implementing appropriate measures, the lesser the impact of COVID-19 is on the country or the areas that are controlled by the government. What most of these studies assume is the capacity of the state to do so. More crucially, though, what they take for granted is that the government and the state institutions themselves have the legitimacy in the eyes of their population to do what is necessary to control the pandemic.

Based on significant research that I and others have done related to legitimacy in fragile and conflict-affected countries, we now know that while people value democratic norms, systems and struc-

tures, the ones who are finding it hard to survive and who are facing a bleak future tend to care more about their survival and their immediate needs, at least in the short-term. The entity that tends to respond to their plight and that people perceive to have a visible impact on their daily lives earns legitimacy, or what we call performance legitimacy.

As a person who was born in—

**The Chair:** Dr. Dagher, I'm sorry to interrupt. Interpretation services are asking you to slow your speech down a bit. They're having a hard time catching up. You'll have an opportunity to elaborate as we go into rounds of questions.

Thanks so much.

**Dr. Ruby Dagher:** Thank you.

As I was saying, as a person who was born in and lived through a civil war, worked in international development for the Canadian government on conflict-affected countries and has done significant research on these countries, I can tell you first-hand that this type of legitimacy is very important. It is often confused with clientelism, and the crisis that it causes is often misunderstood to be one of corruption. However, it is real and it has significant impact on the goals of building a legitimate and stable state, especially as it relates to the work that Canada is doing in these countries.

Turning back to COVID-19, without legitimacy, the best public health care systems and policy responses are likely to bear minimal fruit. What we now see in many fragile and conflict-affected countries is this double-edged sword at play. State institutions lack the capacity to respond throughout the country, if they wish to do so. They often lack the legitimacy, in the eyes of at least a segment of the population, to impose the rules. This possibly leads to the following five main outcomes:

First, the government has to use violence to pacify the population and force them to follow the rules, if they care.

Second, the various leaders, even those working in the government or the state institutions, use this pandemic to fuel conspiracy theories, or join the battle by providing their own support and services, earning legitimacy themselves.

Third, local organizations step into this vacuum and give guidance, and help to support the population and keep it safe.

Fourth, large international organizations step into the fray to either support local organizations or act as a replacement of the government and local organizations.

Fifth, citizens themselves self-organize, support each other and help the fight.

I'll quickly mention Lebanon. When COVID first hit, the state was very slow to react. People reacted and the rest followed. People believed the government. When the state started to get involved, people then thought it was a conspiracy theory, because the state wanted to end the revolution. People stopped believing in the existence of COVID-19. Then the leaders started taking over. These leaders are in the government. They started providing the services, which then, again, made the state look more impotent, and made them look strong. That played into the whole legitimacy dynamic of the country regarding the support and power for these leaders.

The other interesting part of this situation is that any actors, including international NGOs, are also involved in contributing to the transfer of legitimacy between groups. Their replacement of the state and local organizations, and their direct or indirect influence over the plight of these local organizations transfers this legitimacy away from local organizations and local actors, which tends to also exacerbate the legitimacy crisis inside the country. This is something we should not take lightly. This is something that Canada has to focus on, especially in situations that are fragile, and in conflict-affected countries that don't have the capacity.

It's a balancing act. We have to take action on all fronts. We cannot ignore the role of local organizations and the issue of legitimacy. If we withdraw legitimacy from these groups, we will cause more harm in the long term than in the short term.

● (1635)

[Translation]

Thank you for inviting me and giving me an opportunity to speak about this very important subject and to share my expertise.

[English]

**The Chair:** Thank you so much, Professor Dagher.

We have time for a full first round of six minutes, and then probably a truncated second round of some very quick back-and-forth exchanges.

The first six-minute intervention goes to Mr. Morantz.

The floor is yours.

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

I want to thank the witnesses today. Your testimony is very compelling, and alarming, frankly.

I want to start with you, Mr. Inyangudor.

We've heard the point made a number of times that Canada's development assistance budget has actually dropped by roughly 10% from the level it was under in previous governments, from about 0.3% of GNI to about 0.27% of GNI. I want to tie this in to your comments about the economic relationship between Canada and Africa, and particularly around how you would evaluate the effectiveness of Canada's record at targeting our development assistance to projects that are the most economically productive.

**Mr. Idee Inyangudor:** If I understand your question correctly, you are asking if Canadian aid is focused on where it gets the most results and impact. From a policy perspective, I think, yes, there's

pretty much very little difference between successive Canadian governments in terms of how international development is done. That's mostly because there's a lot of international agreement and global agreements by experts, by practitioners and by people in the private sector on aid and the best use of aid.

I think the major issue isn't whether the aid is getting results. It is. The question is whether the results can be scaled up even more. What vehicles do you have to do that? I would argue that the landscape of development finance is changing quickly. Canada's foreign policy and Canada's international development assistance programs don't have the complete set of tools to pay for the kinds of markets we are targeting. The results are there, but there is a lot more. With the right vehicles, you could definitely scale these results four or five times, especially when it comes to the issue of making blended finance available for markets like Africa or this place where I am right now.

● (1640)

**Mr. Marty Morantz:** Could you elaborate on the issue of blended finance? In the area of development finance, what importance is played by development finance institutes in attracting, for example, more private sector capital to deal with these issues?

**Mr. Idee Inyangudor:** Blended finance is an emerging area of doing finance. I would argue it is more enduring for the next level of folks when they graduate out of that poverty strata at the bottom of the pyramid level. It's a tool that allows them to stay above that and also to leverage a lot of private sector capital by de-risking various projects and deals, making liquid cash or investment capital available to them.

**Mr. Marty Morantz:** Thank you.

Dr. Dagher, you mentioned Lebanon. There was, of course, the tragic event of the port explosions. You wrote in a blog post about this, I think on September 15, that Canada's aid contribution for this incident was "too little, too slow and misplaced".

I'm wondering if you could elaborate on that comment and what you meant by it.

**Dr. Ruby Dagher:** Sure, thank you.

Full disclosure, I am Lebanese. I have dual citizenship. I am Lebanese and Canadian. I came here after the civil war ended.

I believed...when the explosion happened and we saw the results, all my contacts in Lebanon—because I do have contacts who work in local organizations—realized that there was a commitment that was made, but the actual transfer of the money took very long to get to Lebanon and to get to the institutions that were helping people. That was number one. That's why I said it was too late, because it took very long for it to get there.

Number two, along the way there were chunks that were removed for administrative costs between international organizations and local organizations, meaning that not all of it got to Lebanon.

Number three, we did not work with local organizations as much as we should have.

Having worked at CIDA, I do know that PCO does a really good job in trying to understand the local actors on the ground and who is there and who is not there. I know that our embassy in Lebanon—because I also worked on the Lebanon program—also has a very good handle regarding what local organizations exist and which ones don't exist and who is aligned and who is not aligned politically.

We had the capacity and we had the knowledge to work with local organizations, but unfortunately, we ended up working with large ones and diverting some of the money into the administrative financing of these initiatives rather than truly helping people.

**The Chair:** Mr. Morantz and Dr. Dagher, could I stop you just momentarily?

There has been a helpful suggestion by a colleague that we extend each of these rounds in the first panel by about a minute and a half. That would take up the entire time rather than having a second round of maybe a minute per member.

That would now give you an extra minute and 30 seconds, Mr. Morantz, that you are free to take advantage of, or you could share with a colleague within your party.

If that's okay with the committee, I'll let the clock run. That way everybody in this first round gets an additional minute and 30 seconds.

Go ahead, sir.

**Mr. Marty Morantz:** Thank you, Chair.

You have commented on this whole issue of the utilization of local agencies in a way that's independent of political or state influence. I wonder if you could comment on what you mean by that.

Also, in the time we have left, what type of mechanisms could we bring to bear that could make sure our aid is being used as efficiently as possible and getting to the people who it needs to get to as quickly as possible?

• (1645)

**Dr. Ruby Dagher:** My comment is not only based on Lebanon but on my experience doing research in conflict-affected states and fragile states. I can attest to the fact that a lot of the leaders involved in the conflict or not involved in the conflict, in the government or outside the government tend to use local civil society organizations to improve their legitimacy and to improve their power. A lot of these organizations are connected to these people, but there are also many that are not connected.

The problem we have is that if we were to work with organizations that were connected with these people, we would then contribute to this whole fight of power and legitimacy, and we would end up undermining either democratic development or good governance, whatever initiatives we or our partners are doing with our programs there. However, again, there are local organizations that are not affiliated with any of these, and we can definitely work with them.

As for your question as to what we can do, I refer to what I said earlier. Canada has the mechanisms to figure out who is on the ground and who is not on the ground.

When I was working for the government, we used to use our partners to also figure out who is affiliated and who is not affiliated. It's not that we don't have the capacity; it's just I'm not sure that we have the willingness to take the risk to start doing it that way.

I think what ends up happening is we end up being too comfortable with large organizations and just fall back on them for security purposes and not—

**The Chair:** Ms. Dagher, we'll have to leave it there, unfortunately.

Thank you, Mr. Morantz and Professor Dagher.

The next round goes to Ms. Dabrusin for up to eight minutes, please.

**Ms. Julie Dabrusin (Toronto—Danforth, Lib.):** I will be sharing the last two minutes of my time with Ms. Sahota.

I want to begin with you, Mr. Inyangudor, if I may, because I am particularly interested in issues of food security. You mentioned that, first of all, the UN nutrition targets for this year will not be met and that they're slowing. You referred to supply chains as well and the challenges that COVID created for supply chains.

What have we learned through this COVID pandemic that we could use to strengthen food supply chains to areas that are more vulnerable?

**Mr. Idee Inyangudor:** I'll say that first we need to increase access to finance. For local producers, there's a big disconnect between the local producers and the resources they have to get their goods to market. Like I said, I'm in Nigeria today and I go to Azerbaijan tomorrow, and in both countries, it's not food shortages. It's a lack of mechanisms to get the food to where it's needed the most or to get it distributed across the country.

I think that making financing available concessionally, with acquisitional rates or market rates that are a little more affordable for this market, would be one way to do so, but just getting food to market is not going to be enough. There is an issue as well of the operating environment. I think the other witness, my colleague, mentioned this as well.

You need to strengthen this market for the rule of law and to strengthen democracy, justice and human rights. All of that needs to be strengthened. Working together, these things make a difference in these markets. I would say that one is access to financing and the other is strengthening democratic governance.

**Ms. Julie Dabrusin:** I'm hoping that I have a couple of seconds for Professor Dagher, too, but following up on that, one of the things I've been most interested in when listening to witnesses is, how do we have money lent to decentralize? I think that was the word used by a previous witness in our last panel as well. If we're looking at trying to decentralize aid in a way to support civil society as well, how do we do that to support food security? It's a concept. How do we make it land?

• (1650)

**Mr. Idee Inyangudor:** Is that for me or for Professor Dagher?

**Ms. Julie Dabrusin:** I will go with you and then I'm going to ask Professor Dagher to jump in.

**Mr. Idee Inyangudor:** Right now, a lot or a big majority, say, maybe close to 60% or 70%, of DFI banks don't have the kinds of capitalization and liquidity they need to support their markets. It's good to develop financial solutions, but there should definitely be a mandate or some kind of policy whereby those DFIs are working directly with the local financial institutions to get capital into them so that they can then lend or make that financing available to their own communities and markets. That's how you can do it.

**Ms. Julie Dabrusin:** Professor Dagher, could I ask you to jump in on this? It touches right to the heart of what you're talking about, which is, how do we make sure that it lands appropriately? I don't know if you have any comments on what Mr. Inyangudor said or anything to add to that.

**Dr. Ruby Dagher:** For me, here's what is really important. Again, having worked with the government in what used to be CI-DA at that time, I know, for example, that we had locally engaged staff. I know that we tried to draw on local expertise. I also know that we gathered quite a bit of information.

Again, I think that whole idea of decentralization is being willing to give these locally engaged staff a bit more voice and more power and having them be able to give us more information. Part of what I've been trying to say all along is that we need to try to understand what they want. We need to try to understand their point of view. We need to try to understand their issues and then work backwards from there and figure out what we can do to help, rather than going in with a preconceived notion of what supports it and what doesn't.

Mr. Inyangudor was talking about access to markets and prices. I think a lot of it has to do with really and truly understanding the situation. I think that if we were able to do that and comprehend the systems and structures, the risk of decentralization would not be that high.

**Ms. Julie Dabrusin:** I have a very quick question to follow up on that.

When we look at the most vulnerable within the vulnerable, for example, I'm thinking about LGBTQ2 communities around the world, when we devolve to decentralize, how do we make sure that we're also protecting them in that process?

**Dr. Ruby Dagher:** I think the biggest thing we should do when we devolve and decentralize is that we need to also have an objective to hear from a wide variety of people and organizations.

Devolving and decentralizing does not mean saying "here you go" and being blind to it and moving along. It means making sure that we are doing the participatory approaches that we need to do and that we are talking to a wide gamut of people and trying to understand their situation. If we do this correctly and we give our locally engaged staff the directive to go and speak to various people and to identify the vulnerable populations, I don't think there's much of a risk of us completely ignoring them.

**Ms. Julie Dabrusin:** I'll pass it to Ms. Sahota now.

**Ms. Ruby Sahota (Brampton North, Lib.):** How much time do I have, Chair?

**The Chair:** You have a good minute, Ms. Sahota.

**Ms. Ruby Sahota:** Maybe I'll just build on that. This is for Ms. Dagher.

About the organizations, I can completely understand why going directly to local organizations would be beneficial. You spoke about wanting to make sure that these organizations are independent of government, political leadership, opposition and militias. How can that really be ensured? It's so difficult. I think that is why often-times governments that are removed fall back on these larger organizations. We hear of accusations that money ends up in hands or into organizations that may have involvements with some of these groups.

Do groups exist that have no attachment to any of these actors?

**The Chair:** Give a brief answer, please.

**Dr. Ruby Dagher:** In any conflict country, you cannot have zero contact. It's impossible because you need to be able to manoeuvre the terrain. Yes, we do have organizations that are independent. I know for a fact. I helped develop a list of these organizations. Canada knows for a fact that we have these organizations. It will take a rethinking and it would take us using different resources, but I think we can get there. I don't think it's impossible.

• (1655)

**The Chair:** Thank you so much.

[*Translation*]

Mr. Bergeron, you have the floor.

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

With the previous group of witnesses, we had a very interesting discussion. COVID-19 was affecting developing countries less seriously, not only in terms of the severity of medical cases but also the number of deaths. Apart from a few exceptions, the impact was generally much lower in these countries. We also discussed the potential race for vaccines, which would place developing countries at a disadvantage.

My question is very straightforward: can we expect the pandemic to spread to the third world?

Just as the west might begin to extricate itself from the pandemic, could it continue for a while in the developing countries?

**Dr. Ruby Dagher:** Is that question for me?

**Mr. Stéphane Bergeron:** It's for either of our witnesses.

**Dr. Ruby Dagher:** I can take it, then.

I can tell you frankly that the developing countries are completely overwhelmed, much more so than here. Essentially, that's because in many of these countries, a lot of people live together, particularly in unstable countries affected by conflicts, where many refugees end up living together. This inevitably means more COVID-19 cases.

Also related to what I said is the fact that people don't trust the government, don't believe in the system and don't follow instructions. When people don't listen, they don't want to hear about it and think it's all made up to make them afraid or for some other reason, meaning that they won't take the proper precautions needed to survive and stop the virus from spreading.

As for access to technology or drugs, as we have seen already, there were many problems surrounding HIV/AIDS drugs, until the Bill and Melinda Gates foundation intervened and helped develop an effective treatment. Apart from that, it's extremely difficult. It's very expensive, and these countries do not have the power to do anything. International restrictions make it very hard to copy and distribute these products in unstable countries affected by conflicts, particularly when the government, the police and the army are not in place.

**Mr. Stéphane Bergeron:** Would our other witness like to add anything?

[English]

**Mr. Idee Inyangudor:** There is enormous international co-operation, I think, for the vaccines to get to developing countries. I'm not so concerned about that, and people here don't seem that much concerned that the vaccines wouldn't get to them. They are concerned about what comes after. What are we going to do together? This thing has set back the economies here multiple decades. They're going to need not just access to vaccines but access to a lot of capital from wealthy economies to shore up and then for development programs.

That's what everybody is talking about here, what comes afterwards, because immediately they're going to get vaccines, I think, and people are not that concerned about vaccines.

The other concern, which is also a very big thing, is people not believing in the efficacy or the veracity of the vaccines. That may be something we should all begin to work on too, because if we can't vaccinate everybody, if people lose faith in vaccines, the pandemic may be prolonged by more than we thought.

• (1700)

[Translation]

**Mr. Stéphane Bergeron:** Thank you.

I'm pleased to hear that you're optimistic about the distribution of the vaccines. Our previous witnesses were perhaps somewhat less optimistic. As Mr. Bollyky told us, things remain imprecise.

I would like to return, with Ms. Dagher, to the idea of a loss of trust. That, for me, is an important factor. We have seen it, for example, with the conspiracy theorists, who attempt to undermine the credibility of the WHO, its recommendations and its responses. As we have seen, here and in other industrialized countries, there is a

movement of people who protest against the imposition of rules, mask wearing and so forth.

I understood from your response that this is something that is happening in developing countries; is that right?

**Dr. Ruby Dagher:** Absolutely. I can confirm it. I've been getting text messages from people in Lebanon, for example, telling me that it's a hoax, something invented, and that you just need to add a little lemon juice to your water. When I tried to analyze where this all came from, I found that it began either in the United States or somewhere in Europe. It's not people in the developing countries who started it

Unfortunately, ideas are being exported to these countries. Moreover, people there who do not believe in their current system may have reasons for believing it. Unfortunately, there are also leaders who use situations like this to weaken confidence in the system and in what is happening, to improve their position. In doing so, they deny the existence of COVID-19 and the need to follow measures that are absolutely essential.

**Mr. Stéphane Bergeron:** One of the problems we have to deal with is the collapse of what I call the "mechanisms for international solidarity," which ended up creating a "free-for-all". And yet the WHO is telling us that it won't be long before the world will be confronted with other pandemics.

We certainly were, however, truly ineffective in managing the current pandemic. The goal is not only to try to get out of this one, but to become better prepared for the next. This loss of trust in institutions like the WHO is critical to what comes next.

How do you, personally, think things will play out with respect to this issue?

**The Chair:** Please keep your response very brief.

**Dr. Ruby Dagher:** Okay.

I think that international solidarity still exists. Unfortunately, although our solidarity is effective and helpful, there's another one trying to undo everything we're trying to do.

As for legitimacy, whether in terms of the pandemic or anything else, the Canadian government's work plan for international development has not really paid close attention to it. I think that's going to hurt us as human beings, as people who live on this planet, for many years to come.

**Mr. Stéphane Bergeron:** Thank you very much.

[English]

**The Chair:** Thank you, professor.

[Translation]

Thank you, Mr. Bergeron.

[English]

The final round of questions goes to Ms. McPherson.

The floor is yours.

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

Thank you very much to both our witnesses today. It's been fascinating. I wish I could have you over for coffee and we could talk about this for a very long time.

Of course, it is fantastic to see you Idee. It's nice to be able to chat, albeit distantly and quickly. The first questions actually will be for you, if you don't mind.

You did speak a little about the impacts on women and girls. I know that you were with Minister Paradis when he worked very hard on the Muskoka initiative that was a precursor to the feminist international assistance policy. We are very proud of the work that was done during that time and what it has led to as well.

Could you talk a little bit more about what you see as the gendered impacts of COVID-19 and what you would think would be an appropriate response from Canada?

**Mr. Idee Inyangudor:** There is no doubt that in times of crisis, gender-based violence increases. We are currently in the 16 days of recognizing that effect right now and trying to work toward eliminating it. It is happening.

The one area that is overlooked or not being looked at enough is women, peace and security. Basically, conflict to conflict enforces violence against women in conflict settings. I think this pandemic is increasing it. You can see it here. Just two days ago in northeast Nigeria the same thing happened again. The media is not covering it. It's not really in the news as much as the pandemic itself and so it is forgotten.

One way to deal with this is to maybe partner with women political leaders here on the continent, especially on the continent of Africa, to advance this issue of women, peace and security. The African First Ladies Peace Mission, which is a very credible organization of first ladies in Africa, is one such organization that leverages real political power to make changes. You need sustained, constant political leverage in order to make that change on gender-based violence here.

Don't get me wrong. The advocacy is great and it should continue. The programs on maternal health should likely continue as well, but what we need is sustained political engagement.

• (1705)

**Ms. Heather McPherson:** One thing that touches on both of the things you brought up in terms of women's security and in terms of food security is one of the asks that the sector has in Canada right now, which is that there be an investment of \$400 million per year to food security. This could actually be of significant help in empowering women and making communities resilient to shocks such as climate change and things like COVID-19.

Do you believe that sort of investment in food security would also be a vital part of Canada's response?

**Mr. Idee Inyangudor:** I'm not opposed to new investments. You won't be shocked to hear me say this. It's not so much in whether we are increasing or decreasing the level of investment. It's in how we are doing it. What is the mechanism we are using to do it?

Again, I don't want to continue banging on this, but I think outcome-based funding, outcome-based vehicles, results-based vehicles and blended finance will allow for the leveraging and increasing the finance that is available. You can do it now.

One thing that development actors have to be aware of is that you also work in a political context locally here as well, or locally in the sense of Canada, in this case. You need to buy political support, so I don't know if there is going to be a big ground shake and swell for increase at this particular time. It's good to wait until the time is right to do that, but you have a vehicle now that you could use to make that kind of impact in investment that you would make.

**Ms. Heather McPherson:** I can tell you that we have done lots of polling. We've seen lots of things. World Vision just did a poll recently that talked about how 88% of Canadians are supportive of an international response, so it does feel to me very much like the political response is lagging behind the Canadian response. That is something we could look at.

I'm going to ask a few questions of Ms. Dagher. That was very interesting testimony. Thank you so much for your comments.

You talked about the need for us to invest in or to partner with local organizations. You spoke about how we have the capacity and the knowledge, but we're not doing it.

We are, of course, a signatory to the Grand Bargain, which is an important piece of this. Why aren't we doing it? Could you talk about why we've said we'll do it, that we know it's the best thing to do, and yet we're not?

**Dr. Ruby Dagher:** I think there are two main reasons, from my experience and my understanding.

One reason is we're never prepared for these emergencies. That boggles my mind a little because we've been going through them so many times. When they happen we need to get the money out. We need to get the money quickly and we need to get it to somebody who can actually do the work and implement it quickly. When we have this emergency and we don't have this list and we don't know who's doing what in the country, locally speaking, who's independent and who's not, we tend to fall back to these large organizations.



I think the second one is just risk averseness. We're not ready to take on this risk and it's a huge project to be done. Again, it's so fruitful if we can do it, it's just that we don't want to take on this responsibility and often we move from one emergency to the other, from one country to the other, from one issue to the other, so that we don't really spend time. We don't invest. It's that issue of investing in better understanding and in being less reactionary and more calm and collected in knowing that there's an emergency and we can do this, like we do in Canada. We know what the organizations are and then we work with them but, unfortunately, we don't prepare for that.

• (1710)

**Ms. Heather McPherson:** Is that partly because we have seen such deep cuts over the subsequent governments to our overseas departments, our diplomatic corps? Would you think that would be part of that?

**Dr. Ruby Dagher:** Absolutely.

The other part, too, is that we can rely on our international partners to get us information, but at the same time, we also have to take it with a grain of salt. We can't just take their information as a given, so we tend to not want to completely and blindly rely on them too, but we don't have the capacity to do it on the ground either, so it's a double-edged sword from that perspective.

**Ms. Heather McPherson:** I have one last question, if I can fit it in.

Something that's very close to my heart that I certainly hope we are able to get passed as legislation in this Parliament is around direction and control, Canadian organizations trying to work with partners overseas are really hamstrung by our archaic laws in Canada on direction and control.

Could you speak to that a little, please?

**The Chair:** Give a brief answer, please.

**Dr. Ruby Dagher:** Sure. We have a lot of rules here about contracts and about how you spend money, and about results-based management and about structures and systems and reporting it, all these things, the transparency and the documents that they need to fill in, and the legality of certain things and the contracts they have to sign. That hampers the ability of a lot of the small organizations to do the work with the Canadian government.

I understand the need for us to protect our taxpayers' money and to protect the legality of issues, but we've moved forward and we've all realized from studying international development that this hampers real effort and real development. We have to bridge the gap, yet we're not comfortable. Because we're so risk averse, we're not willing to go there, but there's so much benefit from doing that.

**The Chair:** Thank you so much.

Thank you, Ms. McPherson.

That brings us to the end of our scheduled time with our second panel. On our collective behalf, I'd like to thank Dr. Dagher for her expertise and testimony this afternoon. We give special thanks to Mr. Inyangudor as well for connecting with us at this late hour from Lagos. We really enjoyed our conversation with you and we'll take your points on board carefully.

I would now invite colleagues, along with our witnesses, to disconnect. Colleagues, we will resurface for a brief discussion about committee business in camera.

Thank you so much and see you momentarily.

*[Proceedings continue in camera]*

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