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CANADA

PART 1 OF A STUDY ON THE AFTERSHOCKS OF THE COVID-19 PANDEMIC—THE HUMANITARIAN BURDEN: ENSURING A GLOBAL RESPONSE AND REACHING THE MOST VULNERABLE

**Report of the Standing Committee on Foreign Affairs
and International Development**

Sven Spengemann, Chair

**FEBRUARY 2021
43rd PARLIAMENT, 2nd SESSION**

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Chair**

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NOTICE TO READER

Reports from committee presented to the House of Commons

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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has the honour to present its

THIRD REPORT

Pursuant to its mandate under Standing Order 108(2), the committee has studied the vulnerabilities created and exacerbated by the Covid-19 pandemic and has agreed to report the following:

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LIST OF RECOMMENDATIONS

As a result of their deliberations committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.

Recommendation 1

That the Government of Canada play a lead role in the global response to COVID-19 with the aim of ensuring a coordinated, timely and needs-based response to the vulnerabilities created and exacerbated by the pandemic in crisis- and conflict-affected areas. 16

Recommendation 2

That, by allocating new funding, the Government of Canada increase its contributions to international humanitarian appeals in line with the growing demands on the humanitarian system, while ensuring that assistance reaches the most vulnerable people based on need, including in relation to food security, child protection, education and health care in emergency settings, psychosocial support, and gender-based violence prevention and response services. 19

Recommendation 3

That Canada lead and coordinate, with like-minded nations, an expansion of a feminist agenda, specifically addressing domestic abuse and gender-based violence during COVID lockdowns; to ensure protection, safe interim housing for those at risk and to improve basic access to healthcare, for women and girls especially with regard to access to sexual and reproductive health and rights, to prenatal, delivery and postpartum care, and that these action plans be informed by a diversity lens with regard to socio-economic status, age, ethnicity, race, disability and LGBTQ2+ status. 19

Recommendation 4

That the Government of Canada reiterate its support for the Grand Bargain agreed to at the World Humanitarian Summit, and steadily increase the amount of humanitarian assistance Canada channels, as directly as possible, to national and local humanitarian responders in affected areas. 26

Recommendation 5

That the Government of Canada explore how existing or new federal funding mechanisms could be used to strengthen the institutional capacity of local humanitarian organizations. 26

Recommendation 6

That the Government of Canada take immediate steps to ensure that a diverse range of Canadian civil society organizations, including small and medium-sized organizations and those that are new and long-established partners, can apply for and receive federal funding to deliver international assistance as part of the global response to COVID-19 and related humanitarian appeals, and that the associated application and approval processes reflect the principles of timeliness, flexibility, partnership, efficiency, cost-effectiveness, innovation, and accountability..... 27

Recommendation 7

That the Government of Canada take immediate steps to fix the serious problems with the current direction and control regime as it pertains to international development, recognizing that this regime impedes important international development work and perpetuates colonial structures of donor control. 27

Recommendation 8

That the Government of Canada indicate whether it intends to increase ODA spending as a percentage of GNI, from their current lows..... 27

Recommendation 9

That the Government of Canada consider building on its contributions to the vaccine pillar—COVAX—of the ACT Accelerator, while also working with partner countries and organizations to ensure that humanitarian organizations have access to COVID-19 vaccines at the lowest possible prices, taking into account the infrastructure required to store them. 31

Recommendation 10

That, at the appropriate time, the Government of Canada redistribute any excess COVID-19 vaccine units for vaccination efforts in developing countries,

with a focus on reaching the most vulnerable populations, and that it report to Parliament on those efforts. 31



PART 1 OF A STUDY ON THE AFTERSHOCKS OF THE COVID-19 PANDEMIC—THE HUMANITARIAN BURDEN: ENSURING A GLOBAL RESPONSE AND REACHING THE MOST VULNERABLE

INTRODUCTION

To date, more than 112 million people around the world have been infected by the COVID-19 virus, and almost 2.5 million people have died.¹ Characterized as a pandemic on 11 March 2020 by the World Health Organization (WHO),² COVID-19 has hit all but a handful of countries, primarily small island states. While the pandemic has had a devastating effect around the world, the consequences have been more severe in conflict situations, humanitarian crises and fragile states. This was the context in which the House of Commons Standing Committee on Foreign Affairs and International Development (the “Committee”) undertook a study on the vulnerabilities created and exacerbated by the COVID-19 pandemic, particularly in fragile, conflict and crisis situations. The study—divided into four sections—seeks to examine the interventions of the Canadian government and the international community in these situations and to identify preventive measures for the future.

This interim report draws from the evidence heard and the documents received during the first phase of the study, which addressed humanitarian needs and humanitarian assistance in the context of the pandemic. It begins by presenting witness perspectives on the global humanitarian burden that has increased as a result of the pandemic through an analysis of the pandemic’s direct and indirect effects in conflict, crisis and fragile situations. It then presents recommendations for the Canadian government with the view to ensuring that the heightened level of humanitarian need and vulnerability does not become entrenched in 2021, and that there is equitable and affordable access to COVID-19 vaccines, including in humanitarian settings.

1 Johns Hopkins University & Medicine, “[Global Map](#),” *Coronavirus Resource Center* (Accessed 25 February 2021).

2 World Health Organization, [Listings of WHO’s response to COVID-19](#), Statement, 9 September 2020.



The Committee intends to continue its study on the vulnerabilities created and exacerbated by the COVID-19 pandemic in the months to come, focusing on three other topics:

- The effects of the pandemic on children who are living in conflict or crisis situations and/or who have been displaced;
- The effects of the pandemic on respect for international human rights in fragile, conflict or crisis situations; and
- Financing for development and debt relief in the pandemic context.

THE HUMANITARIAN BURDEN OF COVID-19

Testimony emphasized that the vulnerabilities and the humanitarian crises present prior to the pandemic have intensified in many fragile contexts, and that the indirect effects of the pandemic—the aftershocks—are likely to have more significant, long-lasting consequences than the pandemic itself. Witnesses indicated that global challenges, including conflict, migration, extreme weather events and climate change, have coincided with the pandemic, and that the combined effect has been devastating for the world’s most vulnerable populations.

David Beasley, Executive Director of the United Nations World Food Programme, painted a grim picture of the humanitarian burden that existed before the pandemic began. In late 2019, he was already warning world leaders that 2020 would see the worst global humanitarian crisis since the Second World War.³ The Honourable Bob Rae, Ambassador and Permanent Representative of Canada to the United Nations (UN) in New York, added that the existing crisis has since been amplified by the pandemic. He said that the health crisis resulting from the pandemic exacerbated a humanitarian emergency and that, in some countries, it may lead to an economic and social crisis as well.⁴

The Committee is concerned about the scope of the vulnerabilities created and exacerbated by the COVID-19 pandemic, particularly for the “two billion people who are living in fragile and conflict-affected settings around the world.”⁵ Peggy Hicks, Director of

3 House of Commons, Standing Committee on Foreign Affairs and International Development (FAAE), *Evidence*, 2nd Session, 43rd Parliament, 19 November 2020.

4 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 19 November 2020.

5 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 19 November 2020 (Barbara Grantham, President and Chief Executive Officer, CARE Canada).

Thematic Engagement, Special Procedures and Right to Development Division, Office of the United Nations High Commissioner for Human Rights, explained that these 2 billion people often do not have access to the most basic means of preventing the spread of COVID-19, such as access to housing where physical distancing can be maintained, and access to soap and water for handwashing.⁶ She also pointed out that some minority groups may have difficulty accessing services or information about the pandemic, particularly if they do not have access to the Internet.⁷ Ms. Hicks specified that about half of the world's population has no access to the Internet, and that the digital gap is even wider in conflict, crisis and fragile situations, particularly for women, seniors and people with disabilities.⁸

Direct Effects: Excess Mortality Associated with COVID-19 in Humanitarian Situations

At the time the Committee received its testimony, the first wave of COVID-19 did not appear to have affected countries in conflict, crisis or fragile situations as extensively as was initially predicted; however, that situation could always change, particularly with new variants of the virus emerging. Thomas Bollyky, Senior Fellow for Global Health, Economics, and Development at the Council on Foreign Relations, explained to the Committee that it is preferable to use reported deaths, a more reliable indicator than the number of reported cases, to compare the extent of COVID-19 infections between countries. The comparison must also take into account differences in the size and age structure of a population, as well as when the pandemic hit.⁹ According to François Audet, Professor, Université du Québec à Montréal, and Director, Observatoire canadien sur les crises et l'action humanitaire, "apart from some major exceptions, which are Peru, Brazil, Mexico and Ecuador," excess mortality in many regions of Africa, Latin America and Southeast Asia was lower than in countries belonging to the Organisation for Economic Co-operation and Development.¹⁰ Mr. Audet added that a number of factors could help explain why COVID-19 has affected countries differently, including:

- warmer climates in some parts of the world;

6 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

7 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

8 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

9 Thomas Bollyky, Written response to questions, received on 18 January 2021.

10 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.



- natural or acquired immunity to COVID-19 among populations that have experienced other epidemics, received treatments for other diseases, or received widespread vaccination;
- the lower average age of the population in some countries; and
- a higher percentage of the population living in rural areas, particularly in Africa.¹¹

Despite the relatively low number of reported COVID-19 cases and deaths attributable to COVID-19 in fragile and conflict-affected countries, the pandemic has still had significant consequences. Dr. Anas Al-Kassem, physician, Union of Medical Care and Relief Organizations-Canada (UOSSM Canada), explained to the Committee that in northern Syria—currently home to 4 million people, of whom 2.7 million are refugees—the pandemic has been prioritized by various humanitarian organizations. They have done so in order to minimize the need for hospital admissions, since there was an existing lack of medical resources and infrastructure, as many facilities were destroyed in the war. Humanitarian organizations are also continuing to distribute food, personal protective equipment and sanitation products to slow the spread of COVID-19 in the region.¹²

In contrast, Joe Belliveau, Executive Director, Doctors Without Borders, told the Committee that in the 70 countries where the organization is providing emergency humanitarian assistance, COVID-19 is rarely at the top of the list in terms of medical need. However, Mr. Belliveau added that, the diversion of medical personnel and facilities, as well as difficulties associated with the restriction of movement and supplies, is preventing them from proceeding with other types of emergency interventions.¹³

The Aftershocks of COVID-19 for Vulnerable Populations

While the direct effects of the COVID-19 health crisis, in terms of the number of deaths, have not been as severe as predicted in many countries in situations of conflict, crisis or fragility, the same cannot be said of the pandemic's indirect effects on vulnerable populations. Citing a report published by the Bill and Melinda Gates Foundation, Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, United Nations Office for the Coordination of Humanitarian Affairs, told the

11 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.

12 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 3 December 2020.

13 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

Committee that the pandemic threatened to unravel 25 years of development progress around the world.¹⁴ He summarized the aftershocks of the pandemic as follows:

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.¹⁵

Witnesses identified several indirect effects of the pandemic, including increased poverty, food insecurity and limited access to health care.

Poverty Resulting from the Global Economic Shock

The global recession caused by the measures implemented to address successive waves of the pandemic has disproportionately affected countries already receiving humanitarian aid.¹⁶ Thomas Bollyky of the Council on Foreign Relations said that the World Bank estimates that 88 million people were driven into extreme poverty in 2020 due to the economic shock resulting from the pandemic. While the higher economic growth rate in some regions, such as South Asia, “may reverse some of that poverty caused by the temporary economic shock of this pandemic,” Mr. Bollyky also noted that “the poverty in slower-growing economies in Africa and in fragile states, like Venezuela, will last much longer.”¹⁷

Food Insecurity

According to David Beasley, of the World Food Programme, while the measures implemented in 2020 meant that famines were averted, the indirect effects of the pandemic have contributed to doubling the number of people on the brink of starvation, from 135 million to 270 million people.¹⁸ According to the World Food Programme, hunger is more likely to spike in the coming months in countries where the pandemic coincides with the key factors responsible for hunger: conflict and extreme weather events. The Committee learned that at least 20 countries, including Burkina Faso in the

14 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

15 Ibid.

16 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020 (Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, United Nations Office for the Coordination of Humanitarian Affairs).

17 Thomas Bollyky, [written brief](#), published 4 December 2020.

18 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.



Sahel region, northeastern Nigeria, South Sudan and Yemen, are likely to face “high acute food insecurity” in the months ahead due to a combination of factors, such as expanded conflict, weather extremes caused by La Niña and desert locusts.¹⁹

Paul Hagerman, Director, Public Policy, Canadian Foodgrains Bank, explained to the Committee that the pandemic is adding “another layer of stress” for communities that were already facing multiple stresses, including conflict. He spoke about how food security was negatively affected in the first months of the pandemic in some African countries where the Canadian Foodgrains Bank operates. Restricted movement and supply chain disruptions meant that perishable food went to waste and African farmers lost income. At the same time, food prices rose and many households struggled to feed themselves. Mr. Hagerman added that, at the beginning of the pandemic, food assistance programs run by the Canadian Foodgrains Bank’s partner organizations were disrupted, but that some of these initial problems have been resolved and that food assistance distribution has been adjusted to comply with new health protocols.²⁰

Access to Health Care

In many countries, health care resources were diverted to the COVID-19 response to the detriment of other care. Thomas Bollyky informed the Committee that a similar situation occurred during the Ebola epidemic in West Africa in 2014–2016. He pointed out that, during that epidemic, more people died from a lack of regular medical care than were killed by the Ebola virus.²¹ The Committee is concerned that a similar scenario could play out on a larger scale during the COVID-19 pandemic.

Mr. Bollyky observed that a recent survey in 18 member nations of the African Union found that about half of the respondents had postponed or skipped a necessary health care visit; similarly, half of the respondents reported difficulty accessing the medication they needed.²²

Some witnesses noted that access to sexual and reproductive health services has been neglected in some countries due to the pandemic. As Joe Belliveau of Doctors without Borders explained, the biggest threat to women during the Ebola epidemic in West Africa was not the virus; it was the limited access to routine health care services,

19 World Food Programme, [written brief](#), published 16 December 2020.

20 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

21 Thomas Bollyky, [written brief](#), published 4 December 2020.

22 Ibid.

including maternal health care. Mr. Belliveau added that the same pattern is repeating today, but on a much larger scale.²³ Barbara Grantham, President and Chief Executive Officer, CARE Canada, shared that, in Afghanistan, 73% of women surveyed by CARE said that they did not have access to family planning services.²⁴ Mr. Belliveau gave the example of Mosul, Iraq, where the main public hospital was repurposed as a COVID-19 treatment centre. As a result, many more women began arriving at Doctors Without Borders' facilities seeking maternal health care.²⁵

Other routine health care services have been disrupted or affected by the pandemic, particularly vaccination campaigns, antiretroviral treatment for people living with HIV, and malaria control measures. Mr. Belliveau informed the Committee that vector-control spraying to reduce mosquito populations and control malaria had not been completed in South Sudan, and that 80% of their patients in the region tested positive for malaria.²⁶ Thomas Bollyky cited articles from *The Lancet* and *Nature* showing that the lack of malaria prevention activities means that malaria deaths could double between 2019 and 2020 and then increase significantly in subsequent years. Furthermore, the disruption of health care services could have significant effects on mortality associated with other infectious diseases in Africa. Mr. Bollyky drew the Committee's attention to a study carried out by the London School of Tropical Hygiene and Medicine showing that deaths associated with other infectious diseases could surpass COVID-19 deaths in Africa.²⁷

VULNERABILITIES CREATED AND EXACERBATED FOR SOME POPULATION GROUPS

As indicated previously, many witnesses spoke about how the pandemic and the measures implemented to respond to it have added another layer of vulnerability for some population groups in countries in situations of conflict, crisis or fragility. In some cases, marginalized groups are triply affected by the pandemic. Peggy Hicks, of the Office of the United Nations High Commissioner for Human Rights, explained to the Committee that, first, these groups face greater exposure to the virus due to their jobs and living conditions; second, they face more severe outcomes when they are infected with the

23 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

24 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

25 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

26 Ibid.

27 Thomas Bollyky, written response to questions, received on 18 January 2021.



virus; and third, the measures taken to limit the pandemic affect their livelihoods in a significant way.²⁸

Women and Girls

Many witnesses pointed to the harmful indirect effects of the pandemic for women and girls in various countries, but particularly in conflict, crisis and fragile situations. A number of factors, including lockdown measures and physical distancing, have contributed to a disturbing increase in violence against women and girls, commonly referred to as the “shadow pandemic.” According to Barbara Grantham of CARE Canada, for every three months that lockdown measures are in place, an additional 15 million cases of violence against women and girls could occur. Ms. Grantham pointed out that fragile states, such as Venezuela, are experiencing the highest increases in cases of violence.²⁹ Alexis Gaipman, Executive Director, Humanity and Inclusion Canada, told the Committee that women with disabilities are 10 times more likely than women without disabilities to experience sexual violence.³⁰

With regard to the vulnerabilities of young women and girls, some witnesses told the Committee that they had collected data showing an increase in early marriage and female genital mutilation since the beginning of the pandemic in several countries, including Yemen.³¹ CARE Canada indicated that an additional 13 million child marriages may take place for every three months of lockdown measures.³²

Children

According to a number of witnesses, girls and boys are also experiencing negative secondary effects from the pandemic. Michael Messenger, President and Chief Executive Officer, World Vision Canada, told the Committee about the results of a consultation carried out by World Vision in 50 countries, which showed that children had faced increased violence within their homes, in their communities, and online over the last year.³³ Dr. Tanjina Mirza, Chief Program Officer, Plan International Canada Inc., added

28 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

29 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

30 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 8 December 2020.

31 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 8 December 2020 (Zaid Al-Rawni, Chief Executive Officer, Islamic Relief Canada).

32 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

33 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

that, for the 13 million children who are refugees and the 17 million internally displaced children living in camps, the pandemic has exacerbated existing vulnerabilities, such as access to sanitation infrastructure and education, and that the situation is worse for girls.³⁴ The Committee will address the impact of COVID-19 on children in greater detail in the next segment of this study.

Refugees, Asylum Seekers and Displaced Persons

Gillian Triggs, Assistant High Commissioner for Protection, Office of the United Nations High Commissioner for Refugees, described how the pandemic has made an existing refugee protection crisis worse.³⁵ According to Ms. Triggs, there are more than 80 million asylum seekers, refugees and internally displaced persons under the mandate of the Office of the United Nations High Commissioner for Refugees, and these numbers are “unprecedented and rising fast.”³⁶ She added that people who leave their homes are usually fleeing violence and persecution from international and intercommunal conflict, poverty, gender discrimination, environmental degradation and climate change.³⁷

Ms. Triggs explained that refugees and displaced people, 80% of whom are hosted by poor and developing countries, are vulnerable to the indirect effects of the pandemic. Since they rely on the informal economy and have no legal status, they are the first to lose their jobs, be evicted and become homeless. Since the pandemic began, there have been reports of sharp increases in violence against women, human trafficking, sexual exploitation, child marriages, xenophobia and stigmatization of displaced people and refugees.³⁸ Furthermore, many people found themselves stuck in camps or unable to cross borders³⁹ when, at the height of the pandemic, 90 countries closed their borders without making any exceptions for asylum seekers, which increased the risk that these people would find themselves in dangerous situations.⁴⁰

34 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

35 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

36 Ibid.

37 Ibid.

38 Ibid.

39 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020 (Joe Belliveau, Executive Director, Doctors Without Borders).

40 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020 (Gillian Triggs, Assistant High Commissioner for Protection, Office of the United Nations High Commissioner for Refugees).



People with Disabilities

The indirect effects of the pandemic are likely to amplify the challenges people with disabilities – who represent 15% of the world’s population – already face in humanitarian crisis situations. According to Alexis Gaipman of Humanity and Inclusion Canada, people with visual, hearing and intellectual disabilities have more difficulty accessing prevention messaging about steps to take to prevent COVID-19. She added that restrictions due to COVID-19 could lead to increased protection risks for people with disabilities, such as being separated from their families and their caregivers or experiencing violence, sexual exploitation and abuse. They are often already living in poverty and experiencing economic exclusion, and therefore are more likely to be hard hit by the effects of the economic crisis.⁴¹

RESPONDING NOW AND FOR THE FUTURE

Understanding the Need for Global Support

Testimony provided to the Committee highlighted the need for sustained global solidarity in response to both the humanitarian vulnerabilities and the broader development setbacks resulting from the COVID-19 pandemic and its aftershocks. Witnesses explained why the response to COVID-19 should be conceived of not only in domestic terms but also from a global perspective, noting the layers of interconnectedness—mutual reliance and vulnerability—that have been exposed.

The risks of inaction were put in stark terms by the UN’s Emergency Relief Coordinator, Mark Lowcock, who said:

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.⁴²

David Beasley of the World Food Programme echoed that same gravity and urgency, saying: “If we don’t act now with a major response, we will have famine, destabilization

41 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 8 December 2020.

42 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

and mass migration around the world.”⁴³ Mr. Beasley suggested that responding to these negative scenarios after they have unfolded would be much more costly for the international community than acting now, on a preventative basis.⁴⁴ Peggy Hicks of the Office of the UN High Commissioner for Human Rights similarly observed that, while the scale of the economic downturn in the world’s advanced economies makes the commitment to support countries in crisis or conflict situations more challenging, failure to do so “will certainly be the more costly choice, both in lives and in resources.”⁴⁵

In explaining the importance of international engagement, even while governments are grappling with significant domestic policy challenges, Ambassador Rae reminded the Committee of a statement made by the UN Secretary-General: “solidarity is self-interest.”⁴⁶ There is a need to consider that message in the context of vaccine access and economic recovery. Nevertheless, Ambassador Rae emphasized to the Committee that the financial resources allocated by the world’s advanced economies to meet their domestic needs during the COVID-19 era have dwarfed the resources being spent in the world’s least developed countries. He described that “inequity” as “the key financial gap that we must close.”⁴⁷

In evaluating the Canadian and global responses to COVID-19, Valerie Percival, Associate Professor, Norman Paterson School of International Affairs, Carleton University, described “a tale of two responses.” In her estimation, the performance of networks of actors from the health, humanitarian, research and advocacy sectors who have identified and responded to needs, and planned for the rollout of new tests, treatments and vaccines, has been “inspiring.” While acknowledging that the already strained humanitarian system “often fell short,” she indicated that it had “limited human suffering under difficult circumstances.” By contrast, in Professor Percival’s view, the tale of the global political response on the part of states has been “a grim and depressing one.” The absence of political leadership, she said, “has been acutely felt in conflict-affected settings.” It has manifested, for example, in the international community’s failure “to persuade governments to protect the rights of migrants and

43 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

44 Ibid.

45 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

46 See United Nations, [Solidarity Is Self-Interest, Secretary-General Tells ‘Accelerating End of COVID-19 Pandemic’ Event, Urging Concerted Efforts for COVID-19 Tests, Vaccines](#), Press release, 30 September 2020.

47 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.



displaced people” and in its inability to “effectively confront opportunistic crackdowns by authoritarian regimes.”⁴⁸

Historically, during global crises, established multilateral institutions have played a key role in forging a collective response. Yet, the effectiveness of those institutions depends on the larger geopolitical context in which they operate. For example, Mr. Bollyky—from the Council on Foreign Relations—noted the U.S.–China strategic rivalry, which he said: “has undercut potential action at the G7, G20 and the United Nations Security Council.” From Mr. Bollyky’s perspective, the lesson is that “multilateral institutions do not spring magically into life during crises.” Rather, the effectiveness of these institutions depends on the political will of their member states.⁴⁹

Given the vulnerabilities that have been created and exacerbated by COVID-19 in crisis and conflict settings, the Committee believes that Canada must play an important leadership role in generating and sustaining the international political will necessary to ensure a more coordinated, timely and generous response among states in response to the pandemic’s aftershocks in fragile contexts.

Recommendation 1

That the Government of Canada play a lead role in the global response to COVID-19 with the aim of ensuring a coordinated, timely and needs-based response to the vulnerabilities created and exacerbated by the pandemic in crisis- and conflict-affected areas.

Sustaining Humanitarian Relief and Reaching the Most Vulnerable

As outlined earlier, testimony indicated that the secondary impacts of the COVID-19 pandemic are making already vulnerable situations even more precarious and leaving already vulnerable populations worse off. There are concerns about the continuity of health services that existed prior to the pandemic—the need for which is unabated—and the amount of funding that is reaching certain sectors and high-risk populations.

Joe Belliveau of Doctors Without Borders emphasized that routine health needs, such as emergency obstetric care, immunization campaigns for preventable and devastating childhood diseases like measles and polio, and measures to prevent and treat malaria, do not lessen during a pandemic. Nevertheless, he said, “these health services are

48 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.

49 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.

exactly what we are seeing disrupted.” For that reason, according to Mr. Belliveau, it is all the more important during the pandemic that Canada “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.”⁵⁰

Moreover, and notwithstanding the UN’s call for a global ceasefire, one of the primary sources of humanitarian need year after year—insecurity—has not gone away. The Sahel region of West Africa provides one cause for concern. The International Committee of the Red Cross indicated that the region “is experiencing the concurrent impact of security and humanitarian crises, climate change and COVID-19.”⁵¹ More than 1 million people have been displaced amid the armed violence, food shortages, economic crisis and withdrawal of basic services.⁵²

Regarding the issue of under-resourced sectors, Rachel Logel Carmichael—Head of Humanitarian Affairs, Save the Children Canada—identified child protection, gender-based violence and education as “neglected response areas.” Those areas encompass needs related to “mental health and psychosocial support, sexual and reproductive health services, and information for child survivors of violence.”⁵³ The written brief submitted by Save the Children Canada cites estimates that an average of 0.53% of global humanitarian aid went to child protection and 0.06% to gender-based violence between 2010–2018.⁵⁴ CARE Canada noted that, while needs and services associated with sexual and gender-based violence and sexual and reproductive health are “under-represented” in global humanitarian response plans, “they are centrepieces of Canada’s humanitarian policy.”⁵⁵

Since February 2020, the Government of Canada has pledged almost \$1.6 billion for the global response to COVID-19.⁵⁶ Of the \$400 million portion announced in

50 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

51 International Committee of the Red Cross, [written brief](#), published 16 December 2020.

52 Ibid.

53 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 3 December 2020.

54 Save the Children Canada, [written brief](#), published 4 December 2020.

55 CARE Canada, [written brief](#), published 8 December 2020.

56 Global Affairs Canada, [Canada’s investments to support equitable access to COVID-19 tests, treatments and vaccines](#), Backgrounder, 14 December 2020.



September 2020,⁵⁷ Ambassador Rae indicated that some \$200 million “will be dedicated to supporting ongoing humanitarian efforts.”⁵⁸ Canada had also announced funding to support humanitarian appeals in April 2020, focused on UN agencies and the International Red Cross and Red Crescent Movement.⁵⁹ According to Ambassador Rae, those announcements come “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.”⁶⁰

Nevertheless, after outlining the funding shortfalls for the UN’s COVID-19 Global Humanitarian Response Plan,⁶¹ CARE Canada stressed that it “is already clear that this is not only insufficient to resource the immediate response to COVID in existing complex emergencies, but a lot more will be needed to recover from the long-term socioeconomic shocks of COVID-19 globally.”⁶² After noting that the UN is seeking US\$35 billion for 2021 to reach some 160 million people affected by conflict, protection violations, acute hunger and COVID-19, Ms. Logel Carmichael pointed to “worrying signs of donor fatigue in humanitarian response funding.”⁶³ Taryn Russell, Head of Policy and Advocacy, Save the Children Canada, noted that some civil society organizations are calling on Canada to spend the equivalent of at least 1% of its domestic COVID-19 response on global efforts.⁶⁴

The Committee believes that Canada should make significant contributions toward international humanitarian appeals that seek to alleviate suffering and save lives in the face of armed conflicts and disasters, while also supporting the global humanitarian response to the COVID-19 pandemic, without one effort detracting from the other. The

57 Justin Trudeau, Prime Minister of Canada, *Prime Minister co-chairs high-level meeting to address economic devastation caused by COVID-19 and announces new funding to fight the pandemic*, News release, 29 September 2020.

58 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 19 November 2020. In an update provided by Global Affairs Canada, the department indicated that \$365 million of the announced \$1.6 billion is dedicated to humanitarian assistance. See written response from Global Affairs Canada, January 2021.

59 Global Affairs Canada, *Backgrounder—Canada provides funding to address COVID-19 pandemic*, Backgrounder, 5 April 2020.

60 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 19 November 2020.

61 Canada had *reported* more than \$82 million in funding to the Financial Tracking Service of the United Nations Office of Humanitarian Affairs as of 17 December 2020 for the overall humanitarian response to COVID-19, *including* \$60 million for the UN’s COVID-19 Global Humanitarian Response Plan. As of that date, the *response plan* was funded to 40.3% of its requirements and Canada had provided 1.6% of the funding.

62 CARE Canada, *written brief*, published 8 December 2020.

63 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 3 December 2020.

64 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 3 December 2020.

Committee is mindful of the words of caution outlined above, namely that action is required now to avert famine, destabilization and the loss of years of progress. It is also aware of the gaps that persist between the needs identified by the humanitarian system and the funding provided by donors for most appeals, including the UN's COVID-19 Global Humanitarian Response Plan. Furthermore, the Committee agrees with witnesses who are calling on Canada to ensure that its support reaches the most vulnerable people and the most under-served sectors, guided by the principles of humanitarian action.

Recommendation 2

That, by allocating new funding, the Government of Canada increase its contributions to international humanitarian appeals in line with the growing demands on the humanitarian system, while ensuring that assistance reaches the most vulnerable people based on need, including in relation to food security, child protection, education and health care in emergency settings, psychosocial support, and gender-based violence prevention and response services.

Recommendation 3

That Canada lead and coordinate, with like-minded nations, an expansion of a feminist agenda, specifically addressing domestic abuse and gender-based violence during COVID lockdowns; to ensure protection, safe interim housing for those at risk and to improve basic access to healthcare, for women and girls especially with regard to access to sexual and reproductive health and rights, to prenatal, delivery and postpartum care, and that these action plans be informed by a diversity lens with regard to socio-economic status, age, ethnicity, race, disability and LGBTQ2+ status.

Harnessing the Capabilities of All Actors

The overall size of Canada's official development assistance budget was an estimated 0.27% of gross national income in 2019, which fell far short of the international target of 0.7%, was below the average level achieved by Canada's peers and is below the level that Canada has been able to achieve in the past (see figures 1, 2 and 3).⁶⁵ Witnesses called for funding mechanisms that are timely, flexible and

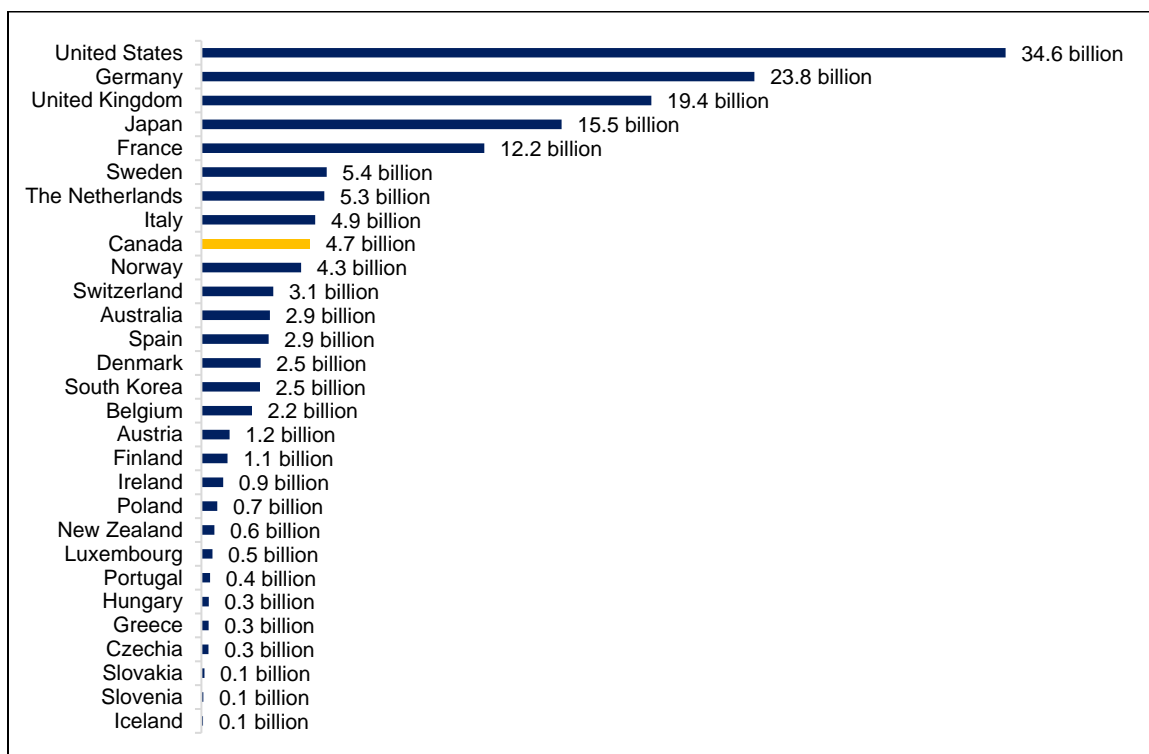
65 In 2019, official development assistance (ODA) spending was 0.30% of the combined gross national income (GNI) of all members of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD). That year, the average country effort was 0.38%. Canadian spending on ODA as a share of GNI reached a high of 0.54% in 1975. See OECD, [Aid by DAC members increases in 2019 with more aid to the poorest countries](#), 16 April 2020, p. 6; and OECD, DAC Statistics, "[Compare your Country: Official Development Assistance 2019 – Preliminary Data](#)," Database, accessed 1 February 2021.



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accessible to organizations large and small, as well as those that are internationally, nationally and locally based. Three areas for improvement were highlighted. The first relates to the relatively small amount of humanitarian assistance that is being channelled by donors directly to organizations in crisis-affected areas. The second reflects the importance of institutional capacity at the local level in the face of recurring crises and shocks. The third reflects the challenges that Canadian non-governmental organizations (NGOs) report they are encountering in accessing the funding announced by the Government of Canada.

Figure 1—Total Official Development Assistance by OECD–Development Assistance Committee Member (US\$ Grant-equivalent Basis), 2019



Notes: Data provided for 2019 are preliminary and rounded. Data include information for country donors; European Union institutions are not included.

According to the Organisation for Economic Co-operation and Development (OECD), the Official Development Assistance (ODA) “grant equivalent” is a measure of donor effort. Grants, loans and other flows that are used when calculating this measure are referred to as “ODA flows.” “ODA flows” are flows to countries and territories that are on the OECD–Development Assistance Committee’s list of ODA recipients, as well as to multilateral development institutions, which are:

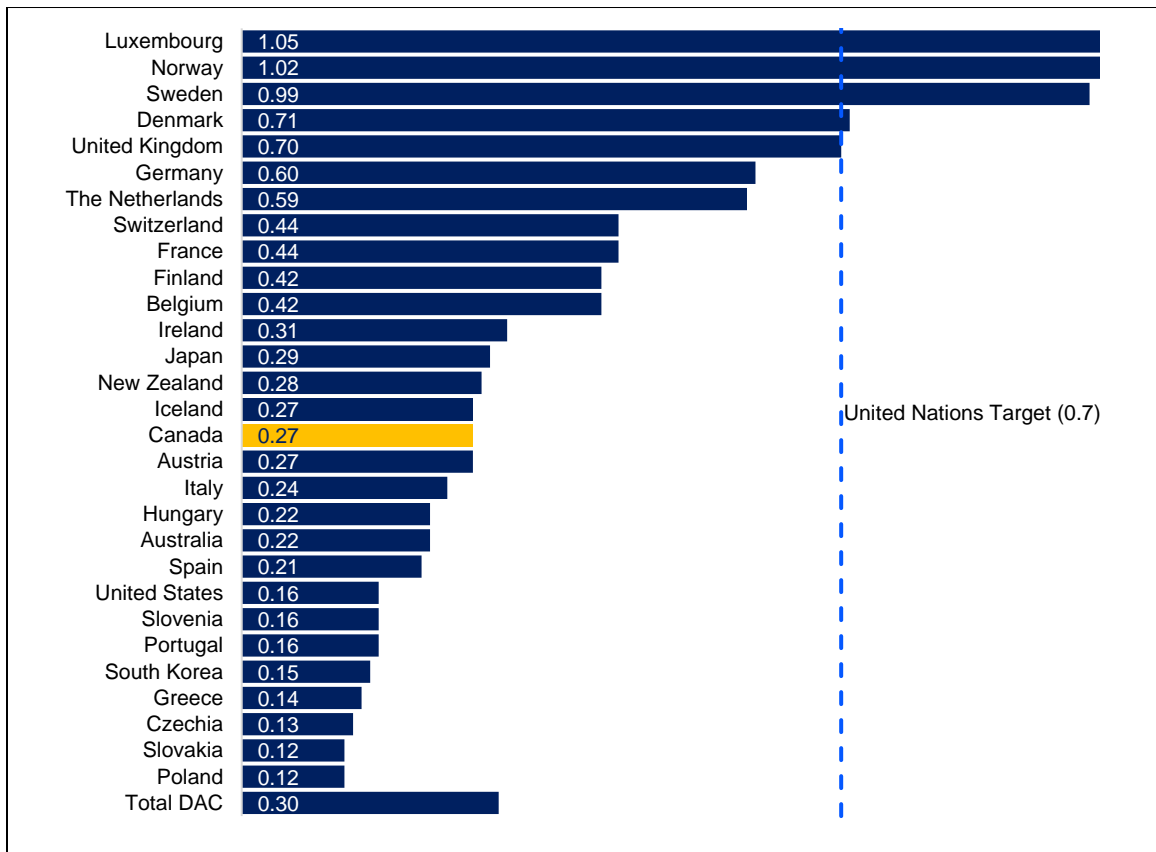
- provided by official agencies, including state and local governments, or by their executive agencies; and
- each transaction of the above that:
 - is administered with the main objective of promoting the economic development and welfare of developing countries; and
 - is concessional in character.

For more information about this definition, see OECD, [Official development assistance – definition and coverage](#).

Source: Figure prepared by the Library of Parliament based on data obtained from OECD, “Table 1: DAC Members’ Official Development Assistance in 2019 on a Grant Equivalent Basis,” [Aid by DAC members increases in 2019 with more aid to the poorest countries](#), 16 April 2020.



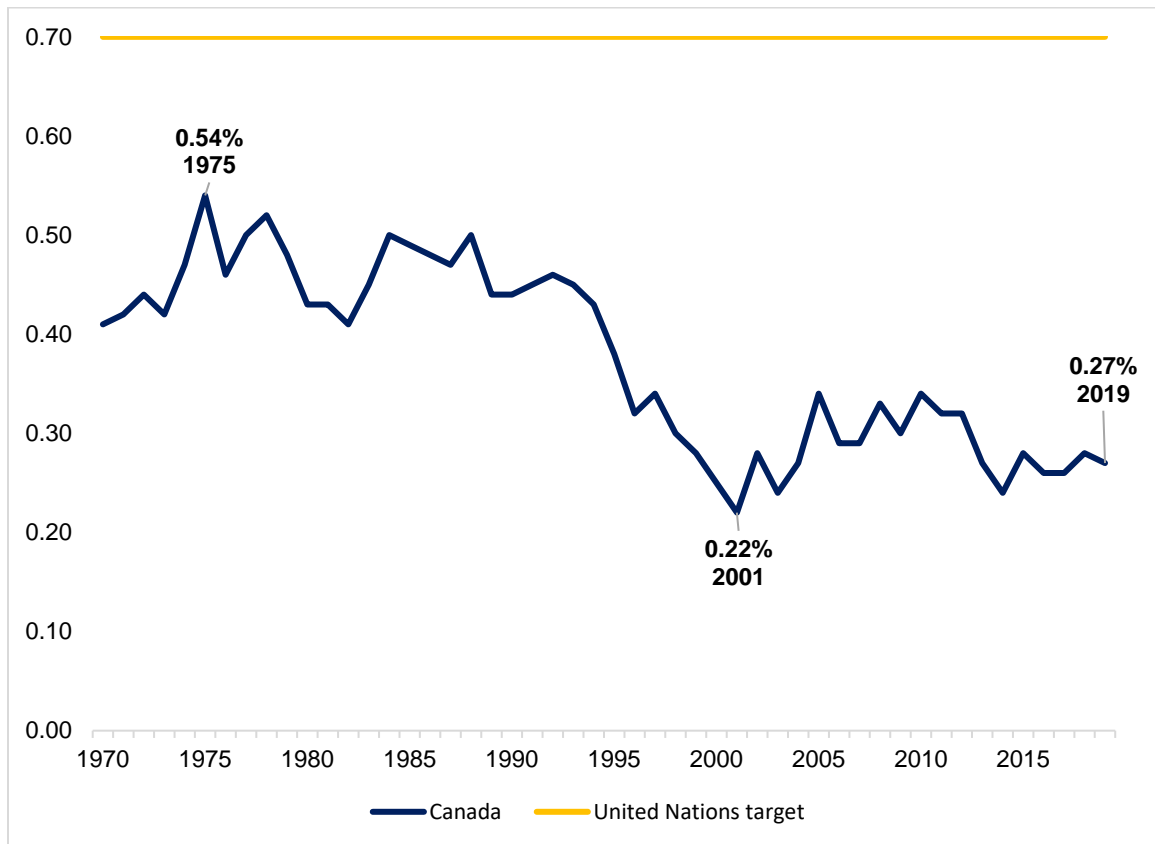
Figure 2—Official Development Assistance by OECD–Development Assistance Committee Member as a Share of Gross National Income (%), 2019



Notes: “DAC” is a reference to the OECD’s Development Assistance Committee. “Gross national income” is gross domestic product plus net receipts from abroad of compensation of employees, property income and net taxes less subsidies on production. See OECD, [Gross national income](#).

Source: Figure prepared by the Library of Parliament based on data obtained from OECD, “Table 1: DAC Members’ Official Development Assistance in 2019 on a Grant Equivalent Basis,” [Aid by DAC members increases in 2019 with more aid to the poorest countries](#), 16 April 2020.

Figure 3—Canada’s Official Development Assistance Spending as a Share of Gross National Income (%), 1970–2019



Source: Figure prepared by the Library of Parliament based on data obtained from OECD, DAC Statistics, [Compare your Country: Official Development Assistance 2019 – Preliminary Data](#), Database, accessed 3 February 2021.

On the first issue, testimony referenced what is known as the “localization agenda.” That agenda aims to empower local humanitarian actors and to get assistance as quickly, directly and closely as possible to the front lines of the response. Professor Audet reminded the Committee that Canada is part of the localization agenda courtesy of the Grand Bargain agreed to at the 2016 World Humanitarian Summit. He said it “has been clearly demonstrated that decentralization is the key to achieving sustainable humanitarian responses.”⁶⁶ Nevertheless, even though one of the Grand Bargain’s commitments is to channel at least 25% of humanitarian funding—as directly as

66 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.



possible—to local responders,⁶⁷ Barbara Grantham of CARE Canada noted that only 1.5% of the funding provided by donors for the global humanitarian response to COVID-19 has been directed to local and national NGOs. This trend needs to change quickly, Ms. Grantham urged, “before the crisis gets worse and before these local organizations capable of doing this work disappear.”⁶⁸

Ruby Dagher, Adjunct Professor, School of International Development and Global Studies, University of Ottawa, suggested that the tendency to rely on large multilateral agencies to distribute the bulk of the Government of Canada’s international assistance is a function of two factors: reactive responses and risk aversion. Speaking about the response to the August 2020 Beirut port explosion, Professor Dagher described a slow process regarding the actual transfer of Canadian funding, and one in which “chunks” were removed along the way “for administrative costs between international organizations and local organizations, meaning that not all of it got to Lebanon.”⁶⁹ Regarding COVID-19 humanitarian funding more specifically, Professor Percival made reference to someone she knew who was in the “ninth month of a negotiation for a COVID grant,” and stressed the need to “roll things out faster.”⁷⁰

While acknowledging the challenges of operating in complex political environments where there can be competing sources of power and legitimacy, Professor Dagher indicated that capacity does exist within the Canadian government’s machinery to determine which locally based organizations can be trusted partners, but that such work requires investment to build knowledge and monitor the situation on the ground. In the absence of such a list of local organizations, when disaster strikes and money needs to get out the door quickly, she said, “we tend to fall back to these large organizations.”⁷¹

Complementary to the localization agenda is the concept of resilience. COVID-19 is far from the first and will not be the last crisis—or even pandemic—to strain the global humanitarian system. Conrad Sauvé, President and Chief Executive Officer, Canadian Red Cross, emphasized the need “to strengthen the capacity of local organizations where

67 See Inter-Agency Standing Committee, [*More support and funding tools for local and national responders*](#).

68 FAAE, [*Evidence*](#), 2nd Session, 43rd Parliament, 19 November 2020. According to information provided by Global Affairs Canada, some 78% of Canada’s crisis pool money is allocated to multilateral agencies, 9.6% to Canada-based NGOs and 9.4% to national or local NGOs. The specific breakdown for contributions to the UN’s COVID-19 Global Humanitarian Response Plan was not provided. See written response from Global Affairs Canada, January 2021.

69 FAAE, [*Evidence*](#), 2nd Session, 43rd Parliament, 1 December 2020.

70 FAAE, [*Evidence*](#), 2nd Session, 43rd Parliament, 1 December 2020.

71 FAAE, [*Evidence*](#), 2nd Session, 43rd Parliament, 1 December 2020.

they are trusted, have access and are there to stay in the response.”⁷² He believes the emphasis should shift from “always putting out the fire” to building “the fire station.”⁷³ It appears, however, that there are impediments to overcome. Mr. Sauv  suggested that the desire to help another humanitarian organization—such as a local Red Cross—strengthen its institutional capacity can fall through the cracks between funding mechanisms that focus either on the provision of emergency relief or the delivery of development programs.⁷⁴

Zaid Al-Rawni, Chief Executive Officer, Islamic Relief Canada, recalled that the Canadian charitable sector must comply with Canada’s rules requiring them to demonstrate “direction and control” of the use of resources,⁷⁵ which can affect how Canada-based NGOs engage in capacity-building work with a partner organization in another country.⁷⁶ Barbara Grantham argued that funding mechanisms and direction and control provisions should be adapted “to allow for more predictable, transparent and flexible funding through NGOs and local actors.” Taking such steps, she suggested, could “free up millions of dollars that are currently tied up in program administration.”⁷⁷

The representatives of UN agencies who appeared before the Committee generally welcomed the Government of Canada’s support and funding for humanitarian action. However, witnesses from some NGOs told the Committee they had yet to receive any of the new funding announced for the global COVID-19 response. It was not clear how all the funding announced by Canada to date is being rolled out and what the possible application processes will be.⁷⁸

Ms. Logel Carmichael of Save the Children Canada proposed a funding approach “that would allow all of the different members of the humanitarian ecosystem [...] to have

72 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

73 Ibid.

74 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

75 See Government of Canada, [Canadian registered charities carrying on activities outside Canada](#), Guidance, reference number CG-002, revised 27 November 2020.

76 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 8 December 2020.

77 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

78 For example, regarding the \$400 million in funding announced by the Government of Canada in September 2020, Taryn Russell, Head of Policy and Advocacy, Save the Children Canada, indicated that “we haven’t seen indications of where that money is flowing yet.” See FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 3 December 2020. Regarding the overall \$1 billion in announced funding, Zaid Al-Rawni, Chief Executive Officer, Islamic Relief Canada, said: “We haven’t received any funds, because we haven’t applied yet for any funds from this specific pot. The mechanism is still—to us, at least—unclear as to how this money will be rolled out.” See FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 8 December 2020.



access to funds that might support [...] life-saving needs.”⁷⁹ Paul Hagerman of the Canadian Foodgrains Bank described the value of investing in Canadian NGOs, including the benefits derived from their long-term partnerships on the ground and their strong support base within Canada, which can help advance knowledge of and support for international development among Canadians. While acknowledging the work that can be done effectively through UN agencies and government-to-government assistance, his view is that “there has to be a balance” with respect to delivery channels.⁸⁰ Rahul Singh, Executive Director, GlobalMedic, urged greater consideration for the role that can be played by smaller organizations. Given the administrative costs involved in channelling funding through UN agencies to implementing partners, Mr. Singh suggested that “Canada can cut out the middleman and do more with less.”⁸¹

The Committee agrees with the importance of the localization agenda and of building resilience within the humanitarian system. Given the comparative advantages that different actors within that system bring to bear, the Committee urges an approach on the Government of Canada’s part that would harness the full range of capabilities that exist.

Recommendation 4

That the Government of Canada reiterate its support for the Grand Bargain agreed to at the World Humanitarian Summit, and steadily increase the amount of humanitarian assistance Canada channels, as directly as possible, to national and local humanitarian responders in affected areas.

Recommendation 5

That the Government of Canada explore how existing or new federal funding mechanisms could be used to strengthen the institutional capacity of local humanitarian organizations.

79 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 3 December 2020.

80 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 26 November 2020.

81 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 8 December 2020.

Recommendation 6

That the Government of Canada take immediate steps to ensure that a diverse range of Canadian civil society organizations, including small and medium-sized organizations and those that are new and long-established partners, can apply for and receive federal funding to deliver international assistance as part of the global response to COVID-19 and related humanitarian appeals, and that the associated application and approval processes reflect the principles of timeliness, flexibility, partnership, efficiency, cost-effectiveness, innovation, and accountability.

Recommendation 7

That the Government of Canada take immediate steps to fix the serious problems with the current direction and control regime as it pertains to international development, recognizing that this regime impedes important international development work and perpetuates colonial structures of donor control.

Recommendation 8

That the Government of Canada indicate whether it intends to increase ODA spending as a percentage of GNI, from their current lows.

Ensuring Vaccine Accessibility and Affordability

On 9 November 2020, the multinational pharmaceutical company Pfizer and its German partner, BioNTech, announced that their COVID-19 vaccine candidate had an “efficacy rate above 90%, at 7 days after the second dose.”⁸² A week later, on 16 November 2020, Moderna announced that its vaccine had an efficacy rate of 94.5%.⁸³ On 8 December 2020, a 90-year-old woman from Northern Ireland became the first person in the world to receive the Pfizer-BioNTech vaccine outside of a trial.⁸⁴

Despite the progress that is being made, some witnesses expressed concern that COVID-19 vaccines will not reach the world’s vulnerable populations. On a positive note, Ambassador Rae highlighted the Government of Canada’s commitment to equitable

82 Pfizer and BioNTech, *Pfizer and BioNTech Announce Vaccine Candidate Against COVID-19 Achieved Success in First Interim Analysis from Phase 3 Study*, News release, 9 November 2020.

83 Moderna, *Moderna’s COVID-19 Vaccine Candidate Meets its Primary Efficacy Endpoint in the First Interim Analysis of the Phase 3 COVE Study*, News release, 16 November 2020.

84 Kate Holton, *“Go for it,’ says grandmother who got world’s first Pfizer COVID vaccine in Britain,” Reuters*, 8 December 2020.



vaccine access, including through a September 2020 commitment to provide \$220 million through the Advance Market Commitment (AMC) component of COVAX—which is coordinated by the WHO, the Coalition for Epidemic Preparedness Innovations and Gavi, the Vaccine Alliance—for the procurement of donor-funded vaccine doses in developing countries.⁸⁵ COVAX continues to negotiate agreements with manufacturers of several vaccine candidates with the goal of delivering at least 2 billion doses in participating countries by the end of 2021, including at least 1.3 billion doses for the 92 low- and middle-income countries that are part of the COVAX AMC.⁸⁶

David Morley, President and Chief Executive Officer, UNICEF Canada, also complimented Canada’s “contributions and active engagement” in the Access to COVID-19 Tools (ACT) Accelerator, which includes the COVAX Facility, and which aims to ensure equitable access to tests and treatments along with vaccines. He added that Canada’s contributions will need to be “scaled up to beat the pandemic in the months ahead.”⁸⁷

Nevertheless, Joe Belliveau of Doctors Without Borders indicated that, “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.”⁸⁸ The consequences of any delay were summarized by Thomas Bollyky in a written submission:

A safe effective vaccine can meaningfully alter the trajectory of this pandemic and lessen its humanitarian consequences, but success depends on getting it to

85 FAAE, *Evidence*, 19 November 2020 (Hon. Bob Rae, Ambassador and Permanent Representative of Canada to the United Nations in New York). Also see Justin Trudeau, Prime Minister of Canada, *New agreements to secure additional vaccine candidates for COVID-19*, News release, 25 September 2020. The COVAX Facility is the global procurement mechanism of COVAX, which also includes a research and development component. The COVAX Facility was designed to pool the buying power of participating countries and provide volume guarantees to manufacturers of a portfolio of vaccine candidates with the aim of ensuring fair and equitable access to vaccines for participating countries according to an allocation framework established by the World Health Organization. The COVAX Advance Market Commitment (AMC) is a separate financing mechanism designed to support access to donor-funded doses of safe and effective vaccines for 92 low- and middle-income countries. The COVAX initiatives together comprise the vaccine pillar of the Access to COVID-19 Tools ACT-Accelerator, which also aims to foster global collaboration in relation to tests and treatments. For further information, see Gavi, *COVAX*; and Gavi, *COVAX AMC*. For the list of 92 countries, see COVAX, “*AMC-Eligible economies*,” *Speed, Scale, Access*, 15 December 2020.

86 Gavi, *COVAX announces new agreement, plans for first deliveries*, News release, 22 January 2021; and Gavi, *COVAX announces additional deals to access promising COVID-19 vaccine candidates; plans global rollout starting Q1 2021*, News release, 18 December 2020.

87 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 3 December 2020. The Government of Canada has committed more than \$865 million for the various initiatives under the ACT Accelerator. See Global Affairs Canada, *Canada’s investment to support equitable access to COVID-19 tests, treatments and vaccines*, Background, 14 December 2020.

88 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 19 November 2020.

the vulnerable populations who can benefit from it most. The alternative—a “my country first” approach to vaccine allocation—would have profound and far-reaching consequences in this pandemic and for future geopolitical cooperation.⁸⁹

As with all aspects of humanitarian and development work, the most significant challenges in the global vaccine effort will be reaching the most vulnerable. The International Committee of the Red Cross estimates “that 66 million individuals are currently living in areas controlled by non-state armed groups, outside of adequate governance structures that could effectively deliver vaccines.”⁹⁰ Regarding affordability in humanitarian settings for populations that find themselves outside of traditional health systems, Jason Nickerson—Humanitarian Affairs Advisor, Doctors Without Borders—cited the only previous example of an Advanced Market Commitment, for the pneumococcal conjugate vaccine, as a concerning precedent. He explained that humanitarian organizations did not have a specific mechanism to access it, requiring them—in some cases—to pay exorbitant amounts for doses. Dr. Nickerson cited Greece as an example:

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.⁹¹

While characterizing COVAX as “absolutely essential,” Dr. Nickerson suggested a conversation will be needed “around how humanitarian organizations are going to access it.”⁹²

What is more, Mr. Bollyky pointed out that the COVAX initiative is currently underfunded. That is particularly the case with regard to resources needed for infrastructure and distribution. Furthermore, he indicated that the initiative “is also underfunded with regard to the resources it needs to purchase advance doses.”⁹³

Professor Audet noted that the Canadian government has committed “to buy a very large number of vaccine units.” He expressed hope that “collective immunity and saturation will occur in Canada fairly soon and that any surplus not yet shipped to

89 Thomas Bollyky, [written brief](#), published 4 December 2020.

90 International Committee of the Red Cross, [written brief](#), published 16 December 2020.

91 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 19 November 2020.

92 Ibid.

93 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.



Canada but already purchased from companies, could perhaps [be] redistributed to those regions of the world that have not had access to them.”⁹⁴ While Prime Minister Trudeau subsequently committed in a December 2020 interview to share excess vaccines with the world,⁹⁵ Mr. Bollyky had told the Committee that the possible timeline for nations to share doses once domestic needs have been met is “unclear” and might “also depend on which vaccines succeed.”⁹⁶

Finally, Idee Inyangudor—Vice-President, Global Partnerships, Wellington Advocacy—raised another concern: trust. He observed that, “if we can’t vaccinate everybody, if people lose faith in vaccines, the pandemic may be prolonged by more than we thought.”⁹⁷ The International Committee of the Red Cross made a similar point in relation to conflict settings. In a brief submitted to the Committee, the organization wrote: “Misinformation and exclusionary responses can also fuel unrest and instability,” and added that “the inequitable distribution of a COVID-19 vaccine could destabilize communities and trigger violent flare-ups.”⁹⁸

The Committee recognizes the Government of Canada’s important contributions to the ACT Accelerator and its vaccine pillar (COVAX),⁹⁹ while also noting concerns that those initiatives are underfunded overall in comparison to the global demand that exists and the distribution challenges that will need to be overcome. The Committee also notes concerns about ensuring access to COVID-19 vaccines for humanitarian organizations at an affordable price. Finally, the Committee is aware that many countries are depending on COVAX for access to vaccines and recognizes that the pandemic and its economic aftershocks will not end until vaccination is achieved globally. The Committee emphasizes the overarching principle of equitable vaccine access established by COVAX and calls on Canada and its partners to work toward the realization of that goal, including by supporting fully the COVAX AMC.

94 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.

95 Rachel Aiello, “[If Canada has excess COVID-19 vaccines, they ‘absolutely’ will be shared: PM](#),” CTV, 17 December 2020.

96 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.

97 FAAE, [Evidence](#), 2nd Session, 43rd Parliament, 1 December 2020.

98 International Committee of the Red Cross, [written brief](#), published on 16 December 2020.

99 The ACT Accelerator has four pillars: diagnostics, therapeutics, vaccines and health systems. See World Health Organization, [The Act-Accelerator frequently asked questions](#).

Recommendation 9

That the Government of Canada consider building on its contributions to the vaccine pillar—COVAX—of the ACT Accelerator, while also working with partner countries and organizations to ensure that humanitarian organizations have access to COVID-19 vaccines at the lowest possible prices, taking into account the infrastructure required to store them.

Recommendation 10

That, at the appropriate time, the Government of Canada redistribute any excess COVID-19 vaccine units for vaccination efforts in developing countries, with a focus on reaching the most vulnerable populations, and that it report to Parliament on those efforts.

CONCLUSION

As an emergency response measure, humanitarian assistance—the subject of this interim report’s recommendations—is provided to be lifesaving and life-sustaining. It is anchored in assessments of basic needs. Nevertheless, when taking a step back, and considering the disruptions to human security, development and prosperity in the COVID-19 era, it becomes clear that humanitarian assistance is but one piece of a much larger puzzle. For Idee Inyangudor, who remarked on the situation in Sub-Saharan Africa where the crisis has—he believes—set back economies by decades, the question is “what comes after.”¹⁰⁰ He implied that the answer will go beyond access to vaccines and could necessitate significant financial resources. With the path toward achievement of the international community’s 2030 Agenda for Sustainable Development now potentially thrown off course, it is to those broader issues of human dignity and development that the Committee’s focus will now turn.

100 FAAE, *Evidence*, 2nd Session, 43rd Parliament, 1 December 2020.

APPENDIX A LIST OF WITNESSES

The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee’s [webpage for this study](#).

Organizations and Individuals	Date	Meeting
Canadian Red Cross Kelsey Lemon, Senior Director Conrad Sauvé, President and Chief Executive Officer	2020/11/19	6
CARE Canada Barbara Grantham, President and Chief Executive Officer Maxime Michel, Head of Humanitarian and Resilience Programs	2020/11/19	6
Department of Foreign Affairs, Trade and Development Bob Rae, Ambassador and Permanent Representative of Canada to the United Nations (UN) in New York	2020/11/19	6
Doctors Without Borders Joe Belliveau, Executive Director Jason Nickerson, Humanitarian Affairs Advisor	2020/11/19	6
United Nations Office for the Coordination of Humanitarian Affairs Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator	2020/11/19	6
World Food Programme David Beasley, Executive Director	2020/11/19	6
Canadian Foodgrains Bank Stefan Epp-Koop, Program Development Officer Paul Hagerman, Director, Public Policy	2020/11/26	8

Organizations and Individuals	Date	Meeting
<p>Office of the United Nations High Commissioner for Human Rights</p> <p>Peggy Hicks, Director of Thematic Engagement, Special Procedures and Right to Development Division</p>	2020/11/26	8
<p>Office of the United Nations High Commissioner for Refugees</p> <p>Gillian Triggs, Assistant High Commissioner for Protection</p>	2020/11/26	8
<p>World Vision Canada</p> <p>Lindsay Gladding, Director for Fragile and Humanitarian Programs</p> <p>Michael Messenger, President and Chief Executive Officer</p>	2020/11/26	8
<p>As individuals</p> <p>François Audet, Professor, Université du Québec à Montréal and Director, Observatoire canadien sur les crises et l'action humanitaire</p> <p>Thomas Bollyky, Senior Fellow for Global Health, Economics, and Development Council on Foreign Relations</p> <p>Ruby Dagher, Adjunct Professor School of International Development and Global Studies, University of Ottawa</p> <p>Idee Inyangudor, Vice-President Wellington Advocacy</p> <p>Valerie Percival, Associate Professor Norman Paterson School of International Affairs, Carleton University</p>	2020/12/01	9
<p>Save the Children Canada</p> <p>Rachel Logel Carmichael, Head of Humanitarian Affairs</p> <p>Taryn Russell, Head of Policy and Advocacy</p>	2020/12/03	10
<p>UNICEF Canada</p> <p>David Morley, President and Chief Executive Officer</p> <p>Annabelle Bodmer-Roy, Director, International Policy and Programs</p>	2020/12/03	10
<p>UOSSM Canada</p> <p>Anas Al-Kassem, Physician</p>	2020/12/03	10

Organizations and Individuals	Date	Meeting
GlobalMedic Rahul Singh, Executive Director	2020/12/08	11
Humanity & Inclusion Canada Ryan Duly, Regional Programme Director Alexis Gaipman, Executive Director	2020/12/03	10
Islamic Relief Canada Zaid Al-Rawni, Chief Executive Officer	2020/12/03	10

APPENDIX B LIST OF BRIEFS

The following is an alphabetical list of organizations and individuals who submitted briefs to the committee related to this report. For more information, please consult the committee's [webpage for this study](#).

Bollyky, Thomas

Handfield, Stéphane

Paiement, Mathieu

CARE Canada

Human Rights Watch

International Committee of the Red Cross

Nutrition International

Save the Children

The White Helmets

United Nations University - Institute for Water, Environment and Health

United Nations World Food Programme

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 6, 8-11, and 13 to 20](#)) is tabled.

Respectfully submitted,

Sven Spengemann
Chair

