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# Standing Committee on Foreign Affairs and International Development

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Chair: Mr. Sven Spengemann





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• (1640)

[English]

**The Chair (Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.)):** Colleagues, welcome to meeting number 10 of the Standing Committee on Foreign Affairs and International Development.

I'd like to start with a very warm welcome to our newest member, Ya'ara Saks, the member of Parliament for York Centre.

Welcome to the committee. We look forward to working with you.

[Translation]

Colleagues, pursuant to Standing Order 108(2) and the motion passed by the committee on Thursday, October 22, 2020, the committee is resuming its study on the vulnerabilities created and exacerbated by the COVID-19 pandemic.

[English]

Colleagues, thank you for your understanding this afternoon with the change in schedule and timing. Rest assured that we are able to accommodate the original panel one in the schedule of next week.

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

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

[Translation]

I would now like to welcome our witnesses for this afternoon.

[English]

From Save the Children Canada we have Rachel Logel Carmichael, head of humanitarian affairs, and Taryn Russell, head of policy and advocacy.

[Translation]

From UNICEF Canada, we have David Morley, President and Chief Executive Officer, and Annabelle Bodmer-Roy, Director of International Policy and Programs.

[English]

From the Union of Medical Care and Relief Organizations we have Dr. Anas Al-Kassem, physician and board member.

Without further ado, I will pass the floor to Ms. Logel Carmichael from Save the Children for her opening remarks of five minutes.

Go ahead, please. The floor is yours.

**Ms. Rachel Logel Carmichael (Head of Humanitarian Affairs, Save the Children Canada):** Thank you.

Good evening, everyone.

As the chairman said, my name is Rachel Logel Carmichael. I'm the head of humanitarian affairs at Save the Children Canada. I am here with my colleague Taryn Russell, who is our head of policy and advocacy. We are very grateful for the opportunity to speak to you this evening on the impact of COVID-19 on humanitarian situations.

Our comments today will be through the lens of Save the Children's experience working to address children's needs and rights in humanitarian and development settings for more than 100 years. Every year, Save the Children responds to close to 80 humanitarian crises across 120 countries, including Canada, where Save the Children supports indigenous community-led emergency response.

This year we launched our largest-ever response, due to the COVID-19 pandemic.

I'd like to illustrate the impact of the convergence of the pandemic and conflict by first speaking about the situation in Yemen.

Let me tell you about a little girl who has been seeking assistance in a Save the Children-supported health centre in Haboor district, Yemen. Her name is Suha, and she is only two and a half years old. She is suffering from severe malnutrition, which makes her weak and unable to eat her own food.

Her mother Manal has given birth to 14 other children, some of whom have died—two girls and one boy of malnutrition, and two boys from high fever and diarrhea.

The impact of the war and pandemic caused her to struggle to feed her family because of loss of household income combined with the increased price of food, water and basic items related to high transport costs due to border closures. Manal has not been able to breastfeed, as she is undernourished herself, saving what little food she has for her children. Her family usually eats two times a day, but often Manal herself does not eat, so as to give to her children.

Pre-pandemic, 25% of Yemen's population suffered from malnutrition, and there is a real risk of imminent famine.

The issues I've highlighted in Yemen and their impact on the health and safety of children are reflective of what we're seeing in humanitarian situations around the world. The combination of COVID-19, conflict and climate change has drastically increased risks for children, including the risk of an estimated 10 million children never returning to school at all, of a one-third reduction in progress toward ending gender-based violence by 2030, and of an additional 2.5 million girls at risk of child marriage by 2025. The global gains we have made in recent decades are in peril unless we act now.

This past Tuesday, the UN launched the Global Humanitarian Overview, which is a projection of the humanitarian needs of people impacted by conflict, protection violations, acute hunger, and COVID-19. The report estimates that \$35 billion U.S. are needed to reach 160 million people with life-saving support in 2021.

Despite the desperate need, we are seeing worrying signs of donor fatigue in humanitarian response funding. A donor conference for Yemen in June 2020 saw international governments pledge only half of what was raised in 2019. Recent pledging conferences in Afghanistan and Central Sahel also failed to hit their targets. Child protection programming, including gender-based violence prevention, mitigation and response and mental health and psychosocial support, are particularly neglected when it comes to funding.

Funding alone is not enough. Active conflict significantly weakens countries' abilities to battle the COVID-19 pandemic, and ongoing violence is hindering the battle against the outbreak, whilst pushing millions to the brink of conflict-induced famine and significantly increasing risk to children.

A global cessation of hostilities in countries such as Yemen, the DRC, and Syria and full humanitarian access is the only answer.

It is vital for political leaders to put their weight behind the call for a humanitarian pause to fighting, facilitate safe and sustained access for aid workers and accelerate COVID-19 response in conflict and humanitarian crisis-affected countries. Save the Children supports the Security Council's resolution for a global ceasefire to allow for unimpeded access to populations.

The COVID-19 pandemic has brought on a children's rights crisis, and we recommend that Canada place the needs of children—particularly those who are most marginalized, including girls, children with disabilities and children affected or displaced by humanitarian crises—at the centre of its global COVID response.

Here are our three recommendations.

First, Canada's humanitarian response should be scaled up, timely, flexible, and targeted to where it's needed most.

Second, Canada should prioritize urgently needed support to neglected response areas of child protection, gender-based violence prevention, mitigation and response and education. This includes mental health and psychosocial support, sexual and reproductive health services, and information for child survivors of violence.

Finally, Canada should support calls for a global ceasefire and renewed assurances that aid workers have unimpeded and safe access to people in need of support.

Thank you for your time today.

● (1645)

**The Chair:** Thank you very much, Ms. Logel Carmichael.

The floor goes now to UNICEF Canada, a team led by David Morley.

The floor is yours for five minutes, sir.

**Mr. David Morley (President and Chief Executive Officer, UNICEF Canada):** Thank you very much, Mr. Chair.

Thank you for having me and my colleague Annie Bodmer-Roy here today.

UNICEF is the world's largest humanitarian organization for children. We work in 190 countries to help children survive and thrive.

Today UNICEF released our humanitarian action for children, a comprehensive overview of children's humanitarian needs and a costed plan to respond to those needs. The findings are alarming, in that 532 million children will need humanitarian assistance in 2021. Some areas of highest need include Syria, where 16 million people require humanitarian assistance; Yemen, as Rachel said, where 80% of the population relies on humanitarian aid; and sub-Saharan Africa, where children face a deadly combination of malnutrition, conflict and displacement, climate shocks and disasters. This includes more 11 million children in the DRC, 7 million children in the central Sahel and many more. Furthermore, close to 20 million people have been hurt by the crisis in Venezuela, and they also require humanitarian aid.

In all of these existing humanitarian crises, COVID-19 has just made things worse. Lockdown measures are hampering our life-saving efforts. Immunization campaigns, screening and treatment of malnutrition, safe water and child protection services have all been affected by the pandemic, so we must respond to the pandemic itself.

Our response covers three strategic priorities. First is reducing coronavirus transmission and mortality. Second is supporting the continuity of life-saving services. Third is supporting the access to COVID-19 tools known as the ACT Accelerator—and the Covax facility.

First of all, to reduce COVID-19 mortality, we scaled up our global humanitarian logistics capacity to equip 1.8 million health workers with PPE and have reached three billion people with life-saving information to reduce the transmission of COVID-19.

To ensure the continuity of life-saving services, we deployed flexible funding and mobilized our teams and partners on the ground, together vaccinating 3.4 million children against measles, treating 1.5 million children for severe malnutrition and providing safe water to more than 14 million people.

To ensure COVID-19 treatment, diagnosis and access to vaccines, we're working through the ACT Accelerator and are proud to be the official procurement agency and coordinator for the Covax facility, the global initiative to ensure that COVID-19 vaccines reach those in greatest need. We welcome Canada's contributions and active engagement in the ACT Accelerator and Covax facility, and they must be scaled up to beat the pandemic in the months ahead.

Canada has played a critical role in supporting UNICEF's response. Canadians from across the country have stepped up to contribute. Support from Canadians is now among the top five private sector contributions to UNICEF's global efforts. While the Canadian government is not yet within the top five donors to our COVID efforts, we are grateful that Canada is one of the top 10 humanitarian donors to UNICEF. With the welcome commitment to provide an additional \$400 million in funding to Canada's international COVID-19 response, there is room for increased contributions.

Funding amounts are not the only important factor. We particularly appreciate the flexibility of funding that allows us to place that funding where it is most needed. As we head into 2021, we urge Canada to maintain this flexibility, increase contributions in line with need and in line with Canadians' own generosity and ensure timeliness of response.

We're proud of the role Canada and Canadians have played this year in mobilizing to support children and their communities, and we know we can count on this support as we face the challenges of 2021.

Thank you. I'm happy to answer any questions.

• (1650)

**The Chair:** Mr. Morley, thank you very much.

Our final round of opening remarks goes to Dr. Al-Kassem.

Please, the floor is yours for five minutes.

**Dr. Anas Al-Kassem (Physician, UOSSM Canada):** Mr. Spengemann and members of the committee, thank you very much for the opportunity.

My name is Anas Al-Kassem. I'm a trauma and general surgeon who has been to northern Syria on at least 13 missions since the beginning of the war.

The Union of Medical Care and Relief Organizations has been focusing on Syria but recently started activities as well in Yemen. I'm going to focus, though, on the situation in northern Syria and the impact of COVID there.

There are over four million people living in northern Syria, with about 2.7 million refugees or internally displaced persons. All these people are in dire need of daily humanitarian aid. The sharp decline in the value of Syrian currency in the last two years has added more

challenges to the daily lives of the displaced people, which has escalated the need for more humanitarian aid than ever.

Additionally, the spread of COVID-19 in northern Syria has been given priority by different parties of the humanitarian sector, as it impacted the vulnerable communities in northern Syria, particularly the elderly population who have pre-existing co-morbidities such as diabetes, COPD and hypertension.

Due to the widespread damage in northern Syria caused by the Assad government, there has been a lack of a government health system, as well as significant destruction of the infrastructure, including roads, houses, schools and hospitals, which have been systematically destroyed because of air strikes.

From July when the first case of COVID-19 appeared in northern Syria to the end of November, there have been 16,000 confirmed COVID cases, split between the major provinces of Idlib and northern Aleppo. More than half of these cases are active and there have been over 240 documented deaths.

The priorities of the humanitarian sectors in coordination with OCHA are as follows: containing the pandemic of COVID-19 by minimizing the need for hospital admissions, because of the significant lack of clinics and hospitals and equipment in northern Syria; improving the quality of life of the vulnerable communities by providing them with proper food, appropriate PPE and sanitizers; and supporting the hosting communities for these millions of displaced people by providing them with appropriate medical personnel and appropriate equipment before we need to transfer these patients to the hospital.

There is a lack of significant supplies and equipment, pre-existing COVID, including ICU beds, ventilators, monitors and oxygen generators, in addition to PCR machines with appropriate kits.

The plan has been focused on increasing the capacity of the pre-existing clinics and hospitals by adding disease prevention units and ensuring that appropriate drugs, PPE and oxygen are available in the houses before we need to transfer the patients to the hospital; two, creating a patient transfer system so we can smoothly transfer the patients when they need to be taken care of in the hospitals, particularly if they need ICU beds; and three, establishment of quarantine spots within the camps, particularly in the hot spots such as Dana, al-Bab and Azaz city.

Again, thank you very much for giving me this opportunity, and certainly I concur with my colleagues from Save the Children and UNICEF in their recommendations to Canada.

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

Colleagues, we have a hard stop at 5:30 tonight. In light of the compressed time frame, I would propose that we do what we did last time, which is to go with a single but expanded first round. Doing some quick math here, that would amount to eight and a half minutes per party.

With that in mind, I would ask Mr. Diotte to lead off, bearing in mind that members are free to share those eight and a half minutes among themselves as they see fit.

Mr. Diotte, the floor is yours.

**Mr. Kerry Diotte (Edmonton Griesbach, CPC):** My colleagues and I have eight minutes, correct?

**The Chair:** Yes, Mr. Diotte, it's eight and a half minutes in total.

Please go ahead.

**Mr. Kerry Diotte:** All right.

Let me just ask a question of all of you. We all know right now that money is very tight worldwide for a lot of things just because of the whole situation with the pandemic and people being out of work and people on support. How can we get the best possible value for money with international development by minimizing spending on overhead and maximizing the impact on the front lines?

I know it's a fairly broad question, but could I just get a bit from each one of you on that topic?

• (1655)

**Mr. David Morley:** We're jumping in.

If we're talking about development, it's engaging local governments and local communities. That makes a profound difference.

A few years ago the Government of India stopped relying on foreign aid to buy vaccines, for example, and right there is one-seventh of the world's population. We didn't have to be buying the vaccines for them anymore. It's supporting those efforts of local governments and local communities as they focus in on their needs.

**Ms. Taryn Russell (Head of Policy and Advocacy, Save the Children Canada):** Maybe I can build on David's comments. I think when it comes to humanitarian funding, in particular, what's really important and having the biggest impact is its timeliness and flexibility, so that the quicker the money flows out, the more lives can be saved. I think we can be better at putting mechanisms in place to ensure that this can happen so it doesn't get caught up in bureaucratic constraints. We can have a quicker impact, which will be more efficient over the long run and really have greater benefits.

**Mr. Kerry Diotte:** Doctor?

**Dr. Anas Al-Kassem:** I do agree with Mr. Morley, certainly, that we should try our best to rely on local communities. The local communities know where the disease is, where the issues are. If we identify local charities and try to support them directly, we probably won't need lots of money because they are doing the activities. They are providing the patients with the care, but they're probably missing a little bit of expertise, training or equipment. They can get that with not much money, particularly when it comes to the COVID prevention screening and management before the cases need sophisticated care in the hospitals.

**Mr. Kerry Diotte:** Excellent.

Actually, I'm going to split my time. When I get to four minutes, I'll just turn it over to my colleague Marty Morantz, if that's okay, Mr. Chair?

**The Chair:** Yes, absolutely, Mr. Diotte.

**Mr. Kerry Diotte:** Okay.

Mr. Morley, you had mentioned that lockdown measures are hampering relief efforts. That's interesting. Can you elaborate a little bit on that?

**Mr. David Morley:** The global lockdown, for instance, when we were trying to get PPE into different countries—and we were able to get almost two million...to support health workers—stopped a lot of movement among countries and had a terrible effect. The biggest effect and the biggest suffering, I, and we at UNICEF feel is that children have suffered due to the lockdown and the shutting of the schools. That has had a terrible impact on children's mental health and on their protection and safety, as well as on their education, of course. All that we have to do is social distancing.

Here in Canada we have more resources to be able to deal with it. It's been hard enough for us. If you're working in Burkina Faso, if you're in Kenya, Tanzania, it's much harder.

**Mr. Kerry Diotte:** That's interesting.

**Ms. Rachel Logel Carmichael:** If I could just add as well...?

**Mr. Kerry Diotte:** Go ahead. Absolutely.

**Ms. Rachel Logel Carmichael:** I think the various types of impacts from lockdowns, the containment measures, the arbitrary restrictions on movement, also mean that there's a lack of available information so that not everyone is accessing the life-saving services in an equal way. This is really having an impact not just on organizations that are reaching people, but also on people who have humanitarian needs, who are reaching out for information to understand where there are services available and what the newest required information is to understand COVID-19. We see, in particular, vulnerable families. When there is this lack of information, that creates these additional risks to that existing vulnerability.

On the issue of lockdown, all the various facets are very complex in the ways that we're seeing them it impacting how people are accessing aid and how aid actors are gaining access to people.

• (1700)

**Mr. Kerry Diotte:** Excellent.

I'll turn that over to Marty Morantz now.

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

Ms. Logel Carmichael, during your recommendations, you said that Canada's response should be scaled up. I think those were the words you used. I just wonder if you can elaborate on that.

**Ms. Rachel Logel Carmichael:** In terms of the humanitarian funding and the funding that's been provided to date, I think Canada has been generous in its support. Where we see that additional funds could be provided relates to particular humanitarian response plans that are integrating COVID needs as well. My colleague Taryn can speak a little bit about particular response plans for Yemen or other areas. We have specific numbers with regard to their underfunding.

We would like to see not just scaled-up funding, but timely funding as well, because lives are saved right now. When we see that needs are emerging, especially in second waves, the timeliness of that response is quite critical.

**Mr. Marty Morantz:** You also used the word “flexible”. Is there a lack of flexibility in the funding that's being provided by the Government of Canada?

**Ms. Rachel Logel Carmichael:** I think that for NGOs like Save the Children, where we have not seen funding for civil society to date, having flexible, available and timely funding is quite important.

As I mentioned off the top, Save the Children has a response plan across the entire globe. We've reached over eight million children since the end of September in that response. As for our being able to access Government of Canada funding to support it, that's not been available to date. We'd like to see flexible and timely funding that would allow all of the different members of the humanitarian ecosystem—the UN, local organizations, as have already been spoken about, INGOs, pooled funds, and all of the different areas of that ecosystem—to have access to funds that might support these life-saving needs.

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

Mr. Morley, I wanted to talk to you about Covax—

**Ms. Annabelle Bodmer-Roy (Director, International Policy and Programs, UNICEF Canada):** Could I actually just jump in?

**The Chair:** Just very briefly, because the time is almost up. Please, Ms. Bodmer-Roy.

**Mr. Marty Morantz:** Maybe while she's coming, I could ask my next question.

**The Chair:** You're basically out of time, Mr. Morantz.

**Mr. Marty Morantz:** Oh, am I?

**The Chair:** Unless it's a very quick comment or a reply from one of the witnesses, we'll have to go over to the next round.

**Mr. Marty Morantz:** No problem.

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

The next eight and a half minutes go to Ms. Sahota. Please go ahead.

**Ms. Ruby Sahota (Brampton North, Lib.):** Thank you, Mr. Chair.

Actually, just going off that and talking about flexible funding and why it's so important, I'm sorry to hear what Ms. Carmichael is saying.

I'll ask Mr. Morley something along those lines as well. You've highlighted that Canada's contributions to UNICEF's COVID-19 humanitarian response has been welcome, both in terms of the funding amount and the flexibility of how that funding is used. Could you provide more detail on how Canada has contributed and why this flexibility of funding is so important? What are the reasons we need that?

**Mr. David Morley:** Having flexibility of funding is really important because it allows the people in the field and closest to those humanitarian needs to make the decisions, so that it's not made far away, in capitals or wherever. I know that my colleague, Annie, can add more details to this than I can.

• (1705)

**Ms. Annabelle Bodmer-Roy:** Yes, the funding that Canada has provided to UNICEF's humanitarian response to COVID has actually been particularly flexible compared with that of other donors. Unfortunately, what we're seeing is that many humanitarian donors are increasingly tightly earmarking their funds; thus restricting where that funding goes within humanitarian response. Canada is actually one government that has demonstrated a very strong commitment to good donor humanitarian principles in that regard.

I will give you a couple of illustrations of where Canadian funding has made a difference and Canadian flexibility in funding has made a difference. I was looking, for example, to our team in Côte d'Ivoire, who were very proud to tell me that due to Canadian funding and the flexibility that was provided, the team in Côte d'Ivoire—when schools closed down because of a lockdown in that country—was able to reorient our education program and design and launch, in two weeks, the country's first-ever national education program delivered through radio. That's just one example.

In the Middle East, there was a top-up of funding for the Syrian refugee response, and that was also flexible. In fact, across the Middle East the flexibility of the funding allowed us, for example, in Jordan to respond to larger COVID outbreaks in equipping the Ministry of Health with 40 ventilators for both pediatric and adult use. And in Lebanon it helped with establishing a risk communications network across all Lebanese municipalities. That would be working directly with front-line workers, non-health service providers, health educators, and representatives of the private sector across the country, as well as youth groups to train them on how to prevent COVID and support their communities in how to mitigate risks. Those are just two examples.

This flexibility from Canada really allowed us to determine, at the global level, which countries were most in need of support when there were gaps geographically, but also where there were gaps thematically. For example, there are often life-saving areas that are considered more eligible for humanitarian assistance—often things like health and nutrition and water and sanitation. At times, areas like protection, as mentioned by Save the Children, and in particular gender-based violence, tend to be underfunded in humanitarian responses. Having flexibility of funding from a country like Canada allows us to target those areas that tend to be underfunded.

**Ms. Ruby Sahota:** Thank you.

To UNICEF as well—and either of you can answer—we also heard from some witnesses during the last meeting that humanitarians were having difficulty accessing those who need their assistance during the pandemic.

Could you please speak to your experience and let us know whether Canadian officials have offered any type of assistance with advocating for your teams to have this access to people in need?

**Mr. David Morley:** I know that right now with the refugees who have been fleeing Tigray, across into Sudan, we've been able to get access, but it's very hard because it's very remote. It takes a few days to be able to reach where some of our colleagues have been reaching. Then the measures we have to take once we're there, with social distancing and masks and all of that, make it harder.

I am not aware of what some of our officials close by have been doing to help or not to help, but I do know, as Annie mentioned, in general the responsiveness of the Canadian government is very much appreciated. We carry weight, as a country, that I think sometimes we don't realize because we always just look south of the border.

**Ms. Ruby Sahota:** Right.

Yes, go ahead.

**Ms. Annabelle Bodmer-Roy:** Just to add to that, I know that our country offices are constantly in communication with the Canadian missions in the different countries. One of the areas that has been particularly appreciated is top-up funding.

When needs have increased in different areas, we've been able to access top-up funding through the missions. We're also using that flexibility to adapt our programming to be able to access people, whether by adapting the way we program or continuing to program in certain thematic areas or certain geographies.

I know, for example, that in Latin America, with support from Canada, we've been able to continue our vaccination campaign on polio, which has been able to ensure that children still have access to this form of protection from deadly disease. That flexibility and top-up funding, which has been the result of regular communication with and availability of the Canadian missions, has been deeply appreciated.

• (1710)

**Ms. Ruby Sahota:** Thank you for that.

I have a little less than three minutes left. I will pass them on to my colleague Mr. Fonseca.

**Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.):** Thank you, Ruby, Mr. Chair, and our witnesses.

Mr. Morley, UNICEF talks about a six-point plan for coordination and prevention. Can you quickly run us through those six points and what they would do in avoiding this COVID-19 crisis?

**Mr. David Morley:** We're working on coordination because it's such an important thing for us to do in all of our work. All of our work, as UNICEF, is done together with partners, be they government or civil society.

We're working to coordinate through ministries of health to protect health workers and also to expand the testing that will have to happen to make it possible. We have to coordinate with ministries of health to safeguard the non-COVID-19 essential health services. Annie mentioned, for example, the polio vaccine campaigns. Those are some of the areas of coordination done together with ministries of health and with partners, be they global NGOs like Save the Children or the work that Dr. Al-Kassem and NGOs on the ground do. If we don't coordinate, we end up with chaos. Coordinating through health is a way to make sure the best supplies get to where they're needed first.

**Mr. Peter Fonseca:** Thank you.

You've brought up schools and education, and my question on that will be for Ms. Logel Carmichael and Ms. Russell, because this was mentioned as being an educational crisis for children.

Can either of you—

**The Chair:** Mr. Fonseca, I apologize. We'll have to leave it there. If you can quickly finish your question, maybe we can get an answer in writing from our witnesses.

**Mr. Peter Fonseca:** Perhaps they could explain the educational crisis that COVID-19 is bringing to these regions.

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

[Translation]

The floor now goes to Mr. Bergeron for eight and a half minutes.

The floor is yours, sir.

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

My thanks to our witnesses. I am sorry for the confusion caused by our parliamentary work.

I am going to start with a question that comes out of left field. One of the issues that has concerned the members of this committee involves the Canadian children trapped in camps in Syria. Some of you have talked about the tragic situation in Syria because of the conflict. I like to think that, if we managed to get the Canadian children out, it would mean slightly fewer children in such dreadful conditions.

The Canadian government claims that the lack of a mission and representation in that location is preventing us from becoming involved. However, other Western states have managed to get their children out of Syria while facing exactly the same constraints.

The Government of Canada has managed to get one child out of Syria. It could certainly do the same for others. We have introduced the idea that Canada could use nongovernmental organizations located there.

In your opinion, is that feasible?

[English]

**Ms. Rachel Logel Carmichael:** Would you like me to start with that question?

**Mr. Stéphane Bergeron:** It's up to you.

**Ms. Rachel Logel Carmichael:** Dr. Al-Kassem, you've spoken about Syria. Perhaps you'd like to take the opportunity to start. I'm happy to speak to repatriation.

**Dr. Anas Al-Kassem:** Yes. Thank you, Ms. Logel Carmichael.

I certainly agree and want to re-emphasize that we can rely on the local communities and local humanitarian organizations, particularly when there are no government activities. I gave the example of northern Syria. Not only does the government not exist; the government led the destruction of northern Syria's infrastructure, including the education, the schools and hospitals. The Canadian government has to find partners that it trusts in the local communities and the local humanitarian groups in order to deliver the care and supplies to the areas of need.

• (1715)

**Ms. Rachel Logel Carmichael:** I'm happy to speak to this issue of repatriation as well.



As Dr. Al-Kassem had said, there's a very concerning situation of COVID-19 cases within Syria. In particular, in northeast Syria we're seeing really concerning numbers on how the war and these cases are impacting Syrian children, as well as the 25 children who are residing in northeast Syria as well.

With this large group of children who are there, we were very happy to see the Canadian government take steps to bring back the Canadian child trapped in northeast Syria. We're proud as Save the Children to have cared for that child in the camp for approximately 10 months and to support the Canadian government to bring that child home.

However, this is a role of governments. Governments need to ensure the care of their citizens and ensure that they are able to facilitate the process. NGOs and local organizations cannot move children across borders, or they veer into the space of trafficking. It's very important that the many stakeholders that can be involved with this, including organizations that are taking care of these children, are involved. It's important that the Canadian government develop steps and processes, as they have for the child that was repatriated last month, to ensure that it is bringing its citizens home.

These children have lived through horrific incidents. The war and now COVID are very much impacting them. It's important that they be brought home to Canada.

**Ms. Annabelle Bodmer-Roy:** I might add quickly that 90% of the foreign children who are in that situation are under the age of 12. Approximately 50% are under the age of 5.

As Ms. Carmichael said, these children are incredibly vulnerable from they have had to live through and because many of them have been separated from family members.

In the context of Canada, as with the child who was already repatriated, there are Canadian family members who are willing and able to take care of these children. It's really the duty of Canada as a signatory to the Convention on the Rights of the Child to both repatriate the children who are citizens and take steps to prevent these children from becoming stateless.

In the context of COVID, there really is a renewed sense of urgency for governments to safely repatriate foreign children before it's too late, so they can receive the care they need and be safe from even further violence, abuse and the threat of disease.

[*Translation*]

**Mr. Stéphane Bergeron:** Mr. Morley, do you want to add anything? No? Fine.

I just recall that the Minister of International Development stated before this committee that a sum of \$1 billion had been allocated for additional international assistance to deal with the consequences of the COVID-19 pandemic.

Just so we can understand, let us remember that Canada's international assistance comes to about \$5 billion, including the contributions to the United Nations. Let's also remember, still just so that we can understand, that—as we saw in the economic update—the government has indicated a deficit of \$400 million, which represents expenditures that are three times greater than the federal government usually incurs.

So we can consider that a good part of the current assistance is being diverted towards COVID-19 needs. But reports are telling us that the crisis is causing greater vulnerability in populations susceptible to exploitation, especially children. We have seen the repercussions in terms of vaccination for other contagious diseases.

How can we deal with this dilution of the resources available on the ground? As we have seen, UNICEF has just launched the biggest fundraising campaign in its history. So that means that these are dark hours, and a lot must be done with few resources.

• (1720)

[*English*]

**Ms. Taryn Russell:** I can jump in.

As many of you know, the needs are just huge. The COVID-19 pandemic is a global crisis. It demands a global emergency response. We aren't going to get Canada's economy on track if the global economy is still off track. That means we need to be supporting the efforts that are going on around the world.

Civil society in Canada, including Save the Children, has been pushing for Canada to spend at least 1% of what it's spending on its COVID-19 response in global efforts. That would include efforts to direct funds to direct COVID response. That would be things like diagnostics, therapeutics and treatments and the ACT-Accelerator, and also dealing with the real secondary impacts, including humanitarian and development financing.

We did see the \$400 million commitment that was made in September, which is great. We aren't clear yet on where that funding is flowing and what issues it's going to, but even here we've made some great recommendations on that. We're also continuing to engage the public on this to ensure that the public is educated and aware of what's going on and that they are feeling empowered to take action and support these global efforts.

**The Chair:** We'll have to leave it there. Thank you very much, Ms. Russell.

[*Translation*]

Thank you, Mr. Bergeron.

[*English*]

The final round of the evening once again goes to Ms. McPherson for eight and a half minutes. The floor is yours.

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

I want to start by thanking all of our witnesses. The work you do on the ground and working with children in these humanitarian crises is extremely difficult. I salute you. I've worked in this sector for most of my career. I know what you sacrifice to do this work. I want to just take a moment to say thank you very much for your efforts.

I have a few questions, and will start with the Save the Children team of Ms. Logel Carmichael and Ms. Russell.

Ms. Russell, you just talked about that 1% and how important that is and how we are, of course, very grateful for all the contributions the Canadian government has made to date. Of course, we are not near where we need to be at the 1%.

We have heard from others—and I would love to get your perspective—that even the commitments that have been made have been very slow to roll out. They have been very slow to hit the ground at a moment in time when there is such desperate urgency. Could you speak to that, please?

**Ms. Taryn Russell:** I can start.

Like I said, I think the commitments that Canada made have been really important. We're seeing the impacts of those. There are indications that Canada intends to make more commitments to international development funding. The \$400 million was announced, as I said, in September, but we haven't seen indications of where that money is flowing yet.

I'm kind of going back to my earlier comments. In particular, when we're talking about the humanitarian response and the intersections of COVID-19 and the conflicts and climate change crisis that are already happening, that urgency is really needed. That's why it was one of our big recommendations.

It's not all about the quantity of money, but it's about the quality, how quickly the money is getting out the door and that we're providing thoughtful recommendations on where that money could actually be spent. For example, when we were talking about the neglected areas, including child protection, gender-based violence as well as mental health and psychosocial support for these children, I think that's where Canada can also play a real leadership role. It's not just with funding, but also by elevating these issues and ensuring that they're prioritized, which they've been doing in many cases, particularly around gender-based violence. We've seen really great leadership there.

**Ms. Heather McPherson:** Maybe I'll follow up on the gender-based violence piece.

Many in our sector are very proud of the feminist international assistance policy and what's been put forward and built upon the Muskoka initiative that came before. When you talk about the impacts of the lockdown and of COVID-19 on children—and I'd like to maybe hear from Mr. Morley on this, as well—could you speak particularly to what those impacts have been on girls and the additional challenges girls are facing?

**Ms. Taryn Russell:** I can start, and then I'll let UNICEF jump in as well.

That's been one of the most concerning things we've seen. There's a real threat of rolling back some really good progress that we've made globally on gender equality. The combination of increasing rates of poverty and the closures of schools has put girls in a really vulnerable position.

We've seen rates of gender-based violence or domestic violence increasing. We've seen girls at increased risk of early and child marriage in many contexts. For example, in Cox's Bazar, we've had reports coming in that child marriage rates are increasing. That also leads to early pregnancy. It's all connected. We know that when

girls are too young to get pregnant, they are at really high risk of death as well as health complications.

This is one area where we're really stressing that we need to be scaling up our efforts to ensure that we don't roll back on the progress made. That means getting girls back into school and it means our health programming and stand-alone gender equality programs not falling off because of COVID measures.

• (1725)

**Ms. Heather McPherson:** The rollback is a big concern and is certainly a huge worry for all of us.

Mr. Morley, would you be willing to comment on that as well?

**Mr. David Morley:** Bill Gates said in his annual report that in 25 weeks in 2020, we lost 25 years of social progress. It's terrible what's happening, but it hasn't only been the number of children who are out of school. There are still 250 million children in sub-Saharan Africa who were in school at the beginning of the year but are not in school now. For the first time in 60 years, the number of children under the age of five who will die from preventable causes is going to go up. We have had 60 years of progress, and this is changing that.

We've had an incredible loss of social progress. As my colleague from Save the Children Canada was saying, what's happening to girls through all of this, and women, is horrendous.

The way to stop it is to first stop the pandemic. That's why things like the Covax facility are so important. We need the effort to get out. At UNICEF we're responsible for syringes. Next year we'll have to get two billion syringes. We've already pre-ordered 500 million syringes to be in place by the end of the year, but then there are the disposal boxes for the syringes.

Think of all of that. We're talking about how difficult it is in Canada. Think about what it's going to be like to reach the poorest places in the world. We know that if we don't stop it everywhere, we won't be able to stop it for us.

**Ms. Heather McPherson:** I think most Canadians understand that. I think most people understand this is a global pandemic. It is great to see the dollars that have flowed from Canada so far, but it is not enough. We don't have enough money in that Covax amount.

What would you like Canada's contribution to be?

**Mr. David Morley:** I know that all of you have to respond to the concerns of your constituents. We've had philanthropists from across the country, from B.C. to Quebec, the Manitoba Council for International Cooperation, businesses across Canada and 55,000 Canadians give us donations for this. We need more money for us to be able to buy the syringes and the vaccines. To what Dr. Al-Kassem said, Canadians are saying, through their donations to us, "Canada, do this." We haven't seen a closing down at all at UNICEF; we're seeing Canadians opening up.

**Ms. Heather McPherson:** I'm running out of time, so I'm going to ask one last question. Maybe, David, I'll put it to you, and if we have time I'll go to Save the Children and the other groups.

Why do you think the Canadian government is not doing as much as it could do? We know Canadians see the need for it. We see this. We see Canadians supporting it. Why is the Canadian government still at historic lows, and what can I do about it?

**Mr. David Morley:** Well, I think you can pass the word that Canadians, in every single one of our ridings, are making donations to UNICEF, Save the Children, Dr. Al-Kassem and many other organizations. It is popular, and Canadians recognize it. Then you can make the change so that we can meet Lester Pearson's goal of 0.7%.

**Ms. Heather McPherson:** Wouldn't that be wonderful?

**Mr. David Morley:** Yes.

**Ms. Heather McPherson:** I have 30 seconds, so I will pass the question off to the other guests if they'd like to contribute. How can we get Canada to that 0.7%?

• (1730)

**Ms. Taryn Russell:** I can jump in.

As David said, we have seen an outpouring of interest and support from Canadians, which is fantastic—from individual families to philanthropists. I think it's a case of political will. It's something we can come together on to ensure that, if not now, when?

This is the time we need to be stepping up, especially if we want to get Canada back on track. We've learned in the past year that if

the local is global and what we're doing in Canada and what we're not doing are affecting the world, we have an opportunity to make a real impact and better the lives of both Canadians and those abroad by making these investments now.

**The Chair:** Thank you very much, Ms. Russell and Ms. McPherson.

That brings us to the end of our scheduled time with today's witnesses. I would like to thank all of you on behalf of our committee.

[*Translation*]

Thank you very much for coming, for your expertise and for your testimony today.

[*English*]

I think we have one “orphaned” question that came from Mr. Fonseca, which we'll ask to be answered in writing. We'll get that to you. For those who are inclined to provide us with an answer, it would be helpful.

Thank you very much.

That brings us to the close of our meeting tonight. We will stand adjourned until our next meeting.





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