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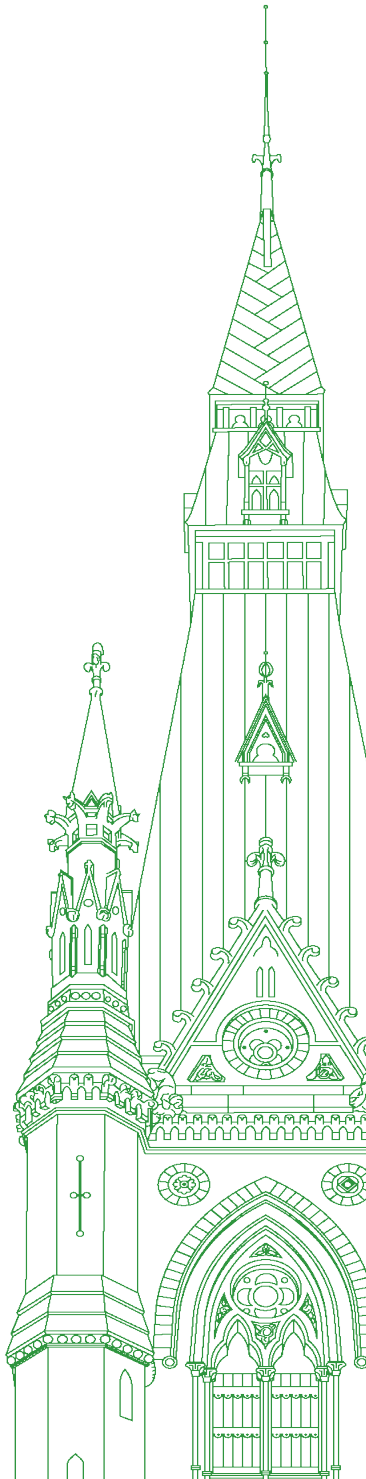

Chair: Mr. Sven Spengemann

Standing Committee on Foreign Affairs and International Development

Tuesday, February 23, 2021

● (1650)

[*English*]

The Chair (Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.)): Okay.

[*Translation*]

Thank you, colleagues.

I would like to advise our panel that to ensure an orderly meeting, all participants are asked to turn off their microphones when not speaking and to direct their comments to the chair. When there are 30 seconds remaining in their speaking time, I will signal them with this paper.

Interpretation is available by clicking on the globe icon at the bottom of your screen.

I would now like to welcome our witnesses.

We have with us Dr. Natalia Kanem, executive director and under-secretary-general of the United Nations, United Nations Population Fund, and Mr. Joel Spicer, president and CEO of Nutrition International.

[*English*]

Welcome to the committee.

Under-Secretary-General Kanem, we will begin with you for five minutes of opening remarks, please.

Dr. Natalia Kanem (Executive Director, and Under-Secretary-General of the United Nations , United Nations Population Fund): Mr. Chairman, vice-chairs and committee members, thank you for inviting UNFPA, the United Nations sexual and reproductive health agency, to address the committee today. Moreover, thank you very much for Canada's continued generous support to UNFPA, especially for humanitarian assistance and notably for our COVID response last year.

Imagine a girl. She's 12 years old. Due to fighting in her region, she has just fled with her family the only home she has ever known. This 12-year-old girl loves school. She dreams of finishing her studies, finding decent work and starting a family when she's ready. Now her hope is fading. Her family of six is confined to a tent in a makeshift refugee camp, and she's wondering when she will return to school. Many nights she goes to bed hungry. She lives in fear of violence and of COVID in the crowded encampment. Little does she know that she might never go back to school. She doesn't know that, in a few months, she's going to be married off to lessen the family's economic burden. With no contraception and no say, early childbirth is predictably going to be her fate, and soon she and her children may be trapped in merciless poverty that will ripple across generations.

The COVID pandemic has put into sharp focus existing inequalities and the disproportionate impact of crisis on women and on girls. I see gender-based violence skyrocketing. Sexual and reproductive health services are being disrupted, and there's an increased need for mental health services, the psychosocial support women and girls need. Yes, child marriage, female genital mutilation and adolescent pregnancy are all on the rise, and we know that adolescent trafficking and coercion soar in these contexts.

Being in a humanitarian crisis can be devastating on its own. Now imagine being a pregnant 15-year-old girl displaced by conflict and having to give birth in a war zone, or having a miscarriage while coping with the trauma of displacement or disaster. Imagine this happens every day: getting your menstrual period for the first time and having no sanitary supplies.

We know from past epidemics in humanitarian and fragile settings that when health care services deemed unrelated to the epidemic response directly, such as sexual and reproductive health services, are discontinued, this can result in more deaths than the epidemic itself. In fact, the lack of access to quality sexual and reproductive health services among women of childbearing age is a leading cause of death and disability.

Countries affected by fragility in crisis account for more than 50% of deaths during childbirth worldwide. Sexual and reproductive health services and supplies are not a luxury. They are essential. They are lifesaving, and they must be part of the COVID response. The situation is especially devastating for adolescents, even before COVID-19, who face greater social and logistical hurdles to access health care and limited access to social protection programs.

As the pandemic heightens these challenges, adolescents need confidential sexual and reproductive health care. They are asking for high-quality, accurate information about sex, and this is critical. Last year, UNFPA, again, thanks to Canada, was able to distribute more than seven million dignity kits, which contain essential hygiene items. We helped nearly 50 million women and young people access sexual and reproductive health and gender-based violence prevention and response services. We provided PPE, personal protective equipment, to health workers in more than 100 countries. As you know, they are predominantly female.

Our COVID response has reaffirmed our strategic focus on ending unmet need for contraception, ending needless deaths in pregnancy and childbirth, and ending gender-based violence and harmful practices.

Throughout the pandemic, we have been at the forefront of efforts to galvanize action for women, and now is the time for that healing and for that empowerment.

● (1655)

Thank you again to the government and the people of Canada for their generous contributions in making a difference.

The Chair: Thank you very much, Under-Secretary-General Kanem, for your opening remarks.

We'll now turn the floor over to Mr. Spicer for five minutes.

Go ahead, sir.

Mr. Joel Spicer (President and Chief Executive Officer, Nutrition International): Thank you.

[*Translation*]

I would like to thank the members of the committee for inviting me to speak today to discuss the vulnerabilities created and exacerbated by the COVID-19 pandemic.

[*English*]

My name is Joel Spicer. I'm the president and CEO of Nutrition International, which is a global nutrition organization with its headquarters right here in Canada.

At Nutrition International we've been working with governments as an expert ally to help them bring low-cost, high-impact nutrition and health interventions to scale for almost 30 years.

Normally you expect to find a global organization headquartered in London, Geneva or New York. We're proud to have our roots in Canada, but our branches are global. We reach over 500 million people around the world every year in more than 60 countries. Our partnership with Canada has so far saved five million children's lives and prevented millions of cases of anemia, stunting and permanent mental impairment.

Over this part year, we have witnessed the devastating impact of COVID-19 across the countries in Africa and Asia where we work. To understand how this pandemic has amplified and intensified vulnerabilities due to malnutrition, it is important to highlight the role nutrition plays in overall health and immunity. Simply put, good nutrition is the foundation for human development. It is the critical ingredient every one of us needs to survive and to thrive. Without it, the brain cannot develop properly, the body cannot grow and the immune system cannot function effectively, leaving people vulnerable to infection and disease. It's about accessing the right nutrients at the right time to prevent irreversible, lifelong harm.

With that in mind, let's consider the impacts of the pandemic.

Millions of women, adolescent girls, children and newborns have not been able to access the preventive care and life-saving vitamins and minerals they need. Even low-case estimates project that by 2022 we're going to see 2.1 million additional cases of maternal anemia, 170,000 additional child deaths and over $30 billion in additional productivity losses due to COVID-related increases in malnutrition. It's clear to us that the knock-on effects of COVID-19 in creating a malnutrition crisis are going to be a major obstacle in a global recovery from the pandemic.

As we know, these impacts fall most heavily on women, girls and children. Malnutrition in the form of anemia is one of the most devastating manifestations of COVID-19 disruptions that we're seeing. Over one billion women and girls suffered from anemia before the pandemic, but those rates are now rising due to COVID-19. Anemia increases the chance of a woman dying during pregnancy and delivery. It stunts infant growth and damages the cognitive development of children as well as weakens their immune systems, making them more susceptible to infection and disease. If that weren't enough, it compromises their ability to learn in school and succeed there.

I'll give you an example of this at the country level, and it's a good example that intersects with Dr. Kanem's testimony. Anemia is threatening women and girls' survival and health in our country programs in Tanzania. In a country where teenage pregnancy is on the rise—and more so since COVID-19—one out of every four adolescent girls between the age of 15 and 19 old years gets pregnant, some more than once. Fifty per cent of these girls, including these young mothers, suffer from anemia. When you combine these factors—rising early pregnancy rates and rising anemia—that puts them and their babies at incredible risk. The maternal mortality rate is 70 times that of Canada and rising. Anemia is the culprit in more than one out of every five preventable deaths, even though it can be prevented at low cost.

The lives and potential of a generation of Tanzanian women, and the next generation too, is being undermined by anemia. The good news is that we know what to do to combat it and how to to do it at scale. It's one of the most cost-effective development interventions there is. It gets results. The fight against anemia has up until now lacked a global champion with a track record and credibility to rally the world. Canada is well positioned to be that champion.

As you study the vulnerabilities created and amplified by COVID-19, we know that the global needs are massive and global resources are finite. Canada can't lead everywhere, but we can make a real difference if we increase our investments in a set of strategic, high-impact areas that build from existing leadership, credibility and expertise. Nutrition is one of those areas and it's essential for a global COVID recovery.

The year 2021 is an essential year for nutrition. In Japan, the Nutrition for Growth summit in December will be the culmination of it. We're positioned as a long-standing donor with a strong track record to rally the world around this issue and to mobilize that energy toward solving a major global problem. Being a catalyst for a global initiative to address anemia will strengthen Canada's broader investments to reinforce immune systems around the world while ensuring that the most vulnerable of this generation and the next have the opportunity to survive and thrive. That will be something that all Canadians can be proud of in our country's response to COVID-19.

Thank you.

● (1700)

The Chair: Thank you very much, Mr. Spicer, for your opening remarks.

Colleagues, in light of the hard landing we have at 5:30, we have time for only one round, but I am able to add a bit more time for each questioner. That takes us probably up to about seven minutes per questioner. Feel free to share time with colleagues as you see fit.

The first round of questions goes to Mr. Chong, for up to seven minutes, please.

Hon. Michael Chong (Wellington—Halton Hills, CPC): Thank you, Mr. Chair, and thank you, Dr. Kanem and Mr. Spicer, for your opening remarks.

Mr. Spicer, could you elaborate on the challenge of anemia and specifically what things could be done to address this issue?

Mr. Joel Spicer: Briefly, I will say that things like fortification of staple foods and things like multiple micronutrient supplements, which are low cost, that are given before delivery can help to reduce anemia. It's important to note that a lot of vulnerability exists before birth and before getting pregnant, so if you can shrink that pool, you shrink the pool of risk as well.

When blood volume in a pregnant woman doubles during pregnancy and she is anemic already, that puts her at extreme risk of hemorrhage during pregnancy. The face of this pandemic and this crisis in malnutrition is a teenage girl bleeding out in the operating room theatre because she hasn't had low-cost, high-impact interventions such as that.

Hon. Michael Chong: In a brief that you submitted, you also mentioned that access to vitamin A supplementation is a challenge. Your view is that, as a result of the pandemic, as many as 100 million children under five will miss their first two annual rounds of vitamin A supplementation due to the lockdowns and reallocation of resources, and 60 million children are at risk of missing their second supplementation.

Could you tell us a bit about what is going on there and what could be done in order to address that fallout from the pandemic?

Mr. Joel Spicer: The issue is very serious, because it's not just a lack of coverage of vitamin A.

As a quick recap for the committee, vitamin A has been shown to reduce child mortality by up to 24% if you can get two capsules into a child in the space of a year. It reduces deaths from pneumonia, particularly from measles and diarrhea.

Canada has been a leader in this issue. The world supply is produced in Ontario. It costs two cents per capsule, and it has to be the best example of a return on investment that there is.

As you rightly said, 100 million children have missed their round and more are scheduled to miss rounds as well.

Our modus operandi at Nutrition International is to work alongside governments and strengthen their ability, but in these cases, governments are overwhelmed. Working with partners like UNICEF to scale up child health days and working to strengthen government systems so that they can be on top of it the next time is critical.

What we're worried about is that if you interrupt regular vaccines such as for measles at the same time, you leave the population remarkably vulnerable to dying from things that we thought we had already put behind us for the most part. We're seeing a resurgence of these kinds of deaths.

Vitamin A cuts measles prevalence, for example, by 50%.

● (1705)

Hon. Michael Chong: I have a question before I go to Dr. Kanem.

If it's so inexpensive to provide the supplementation, what is the barrier from actually addressing this problem? It's clearly not money.

Mr. Joel Spicer: In some cases, I think it's fair that countries can step up and fund more of their own supplies, but it's more than just the product. Again, Canada providing the product guarantees the supply, but it's about the underlying health system and how we actually get those health systems to deliver it as well.

Part of it is helping governments realize and plan for and budget for this, but we want to get to a world where most people are getting what they need from their food. Unfortunately, in many countries that's going to take a long time.

We're very happy that Canada has stepped up to provide funding for an emergency catch-up campaign for vitamin A only recently.

Hon. Michael Chong: Thank you.

Dr. Kanem, in your introduction to your 2020 report regarding practices that harm women and girls and undermine equality, you say:

> Clearly, pledges and resolutions have not been sufficient to end harmful practices once and for all. What we need now are real change and real results.

Beyond the pledges and resolutions, what actions are needed to end harmful practices such as genital mutilation and child marriage? More specifically, what types of programs, diplomatic initiatives and funding mechanisms would be likely to be more effective than others?

Dr. Natalia Kanem: Thank you very much indeed for this question. It gets to the heart of the matter of the fundamental human dignity that every woman and girl deserves no matter where she dwells.

It's an honour for me to provide this testimony in the presence of Dr. Hedy Fry, who has stood up for the understanding that the mindset that women's rights are something “nice to have” is not the correct one. This is actually equality for half the people on the planet. This is the type of dialogue that UNFPA—along with UN Women, along with UNICEF—is right now promoting vis-à-vis the inherent violence that not only female genital mutilation but also child marriage represent. Both are too prevalent.

With the COVID situation and the so-called lockdowns, with girls not being in school, with all of the disruption in the health system that Mr. Joel Spicer alluded to, the logistical nightmare of a child, a girl, being home and accessible to a potential predatory environment, like in the vignette I gave, being married off.... The fact is that we were making progress on child marriage and on ending female genital mutilation apace before last year.

Again, credit must be given where due. Canada, as a core supporter of UNFPA, contributed to our ability to have community dialogues with parents, including male fathers who for the first time were told what actually happens in that initiation ceremony and why many women can be affected, even in pregnancy, when you damage the birth canal. We try to be very practical.

Most fundamentally, we're promoting the idea that the girl's body is her own. She has the right to say no. She should be coached not to acquiesce to what she's asked to do but to think for herself and to have aspirations of being treated equally under the law and within the family.

● (1710)

The Chair: Thank you very much.

Mr. Chong, I'm afraid that's your time. Thank you for that exchange.

We'll now go to Ms. Sahota for seven minutes, please.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Chair, first, may I just thank Natalia for her kind words? Thank you.

Ms. Ruby Sahota (Brampton North, Lib.): Yes, that was very kind.

I'd like to thank both witnesses for being here. Your testimony is incredible, as is your experience and knowledge in this area. We are in awe of the work you do.

Dr. Kanem, I'd like to ask you about the very interesting works you've written. I think a lot of Canadians can get behind why female genital mutilation, child marriages and female abuse are wrong. Unfortunately, those are issues that exist even in Canada. The fact that they're rising around the world is very concerning to Canada. Of course, the commitment that Canada has announced for SRHR I would say is a little bit more controversial at times, although the government is an adamant supporter of making sure that we respect this as a right.

First of all, can you explain the terminology to me? Then perhaps you could get into why it is so essential...or what you think, actually. I don't even want to lead you in this question. Can you tell me about the impact the funding in that area is having and why it's necessary?

Dr. Natalia Kanem: Thank you very much.

Briefly, I think this is part of the reason why, in my opinion, Canada has been unique in terms of how you've addressed your foreign policy, and the effect of solidarity around the world, which cannot be minimized. UNFPA is on the front lines when women and girls need attention in places like South Sudan, right now in Tigray, Ethiopia, and all around the world where we are called on not only to bear witness to some very sad situations, but also to act and to do things.

The import of your question is what can be done. From our perspective, when you ask women what they would want, the terminology of sexual and reproductive health is how we summarize respect for her body and respect for the power that she should have to make decisions. How sad it is that when we polled women last year, it turns out that less than 60% of women—57%—said that they had agency to decide, “Today I'm going to the clinic,” or “Today I'm leaving home,” or “Today I will decide on sexual relations” with the male member of the family.

Ultimately, whether married or not, I think women are in a precarious situation. By talking about sexuality, sometimes UNFPA is open to questions of taboo. We know from facts and evidence that comprehensive sexuality education, such as is championed in Canada, is protective. It makes a difference.

The last point that I'll make, given the time, is that Canada has also provided a lot of flexibility in terms of how UNFPA can program our funding in a humanitarian circumstance but also under peacetime. During COVID we were able to get out ahead of the curve because core funding was available. I could make decisions about redeploying at a time when logistics, crossing borders and all of the barriers went up to transport PPE, deliver personal protective equipment. That reprogramming of funds really allowed us to get on our feet, readapt and be able to meet the moment.

I would also like to acknowledge that we have tried to interpret for the taxpayer perspective in Canada the value of what a Canadian dollar does when you can stretch that further. This also overlaps with what Joel Spicer was saying vis-à-vis it's not just the commodity. How are we going to get it to that rural area where that disabled person or that woman who doesn't necessarily know that she has rights can avail herself of something like contraception?

Ultimately, your political weight as well as your financial weight have made a world of difference.

● (1715)

Ms. Ruby Sahota: How does UNFPA work to address the taboo in particular? How do you get into these communities where you're saying such a huge percentage of women and girls don't even know that they have these rights? How do you get to them? How do you communicate to them? How do you remove that taboo from the communities at large or the countries themselves?

Dr. Natalia Kanem: This is a great question.

It's a two-pronged approach. As you know, the UNFPA, the UN, works through governments.

Part of my task as the head of UNFPA is to work with responsible officials. Not only the minister of health but the minister of finance and the minister of education understand that the taboo and the stigma are what drives something like HIV, where the highest prevalence of new infections is the African adolescent girl.

In fact, the statistics and the evidence are there, but they have to be interpreted country by country. We have the advantage of having a local presence in over 150 locations over the world, where we've been there before, we're there for COVID, and we will be there after.

The second piece which is as important is to interpret statistics and epidemiology through the eye of the end user. For me, it's that 12-year-old girl who I described. She may be really smart but she doesn't know, and ignorance should not kill her. In a place like Niger we have *écoles des maris* for the husbands to be taught by midwives. They come in droves. The men sit around under the tree, or whatever it is, and the midwife explains to them what happens during childbirth. This is why, if his wife has children every single year, her body can be depleted, and he can do something about that. This is what a condom is, and this is what other options are for birth control.

We also work very closely in tandem with NGOs. Nutrition International happens to be one where we actually overlap. You've heard Joel say that anemia can be one of the causes of death during childbirth. That's preventable. Let's do something to help explain to a woman what she should be eating, what she should do if she is short of breath, and who to call.

My last thing is—and here again the help of Canada—I just have to tell you very sincerely how honoured I feel to give this testimony today.

Gender-based violence is a taboo and it's prevalent. It's a crime that affects one in three women and girls over the course of a lifetime. The shame and the stigma apply to her, and it's so unfair. What we're trying to do, especially this year, is to give a voice against sexual and gender-based violence, against the terrible situation where you actually have sexual exploitation, sometimes by humanitarian workers. We're determined to end this and to have zero tolerance working as a united UN, under the directorship of our secretary-general, who's called for peace in the home.

This is a call that Canada responded to. That ceasefire also needs to take place in our own backyard, and we need to involve ourselves in the protection of the rights of women and girls.

Thank you very much.

The Chair: Dr. Kanem, thank you. We'll have to leave it there.

Thank you, Ms. Sahota.

[*Translation*]

Mr. Bergeron, you have the floor for the next seven minutes, maybe a little more.

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

I want to thank our witnesses for their insightful contributions to the work of this committee, which we greatly appreciate.

At first glance, when I looked at the themes that our committee was going to discuss today, sexual health on the one hand and nutrition on the other, you would think they were two completely different worlds. Your statements have helped us to understand that these two worlds are very closely related to each other, and that it was very appropriate to have you both here together at this committee meeting.

Dr. Kanem, I would like to thank you for your most enlightening testimony. Some of us may have understood that sexual health rights are not limited to abortion, that there is a whole range of rights that relate to sexual health, and that it is indeed important to call a spade a spade and tell it like it is and how it should be. Thank you very much.

You talk about Canada's contribution, for which you seem to be very grateful. My question is quite simple. Your organization is not funded out of the general fund of the United Nations, but by specific contributions from states. Have you seen or felt a decline in the contribution of a number of states in the context of COVID-19?

● (1720)

[*English*]

Dr. Natalia Kanem: I'd like to respond.

Thank you very much for the question and also for amplifying the understanding that when we talk about sexual and reproductive health and rights, it's much broader than any one issue.

For the Canadian support, which has been steadfast, we're ever grateful. It also tends to come early enough in the year for us to make a difference and to plan properly. When COVID struck, I absolutely charged my team with not allowing COVID to become an excuse for not making progress toward 2030. I'm proud to say that last year—and it wasn't easy—even despite, as you know, a loss of U.S.A. funding over the past four years, we did not notice a drop. However, the impact of COVID on economies we know will be much different in 2021.

Here, I do have a great deal of anxiety and sleepless nights knowing that acts of international solidarity can sometimes be seen in competition with what's going on at home. Here, I also believe that the devastating impact of the world economic crisis has a gendered dimension as well, as women are caretakers of the elderly and of children, as women are 70% of the health workforce. All of this worries me very much.

I would hasten to add that, in the humanitarian circumstances, the need has increased. Our appeal for $800 million U.S. to help during the COVID humanitarian crisis.... I have to say that it's a desperate situation, and I don't think that it will be fulfilled.

[*Translation*]

Mr. Stéphane Bergeron: Thank you for your response. It is reassuring to note that, despite the crisis, the overall funding of the organization has not been unduly affected. However, I hear your appeal that the needs will be even greater and that the international community will have to be more generous.

You and Mr. Spicer emphasized the impact of COVID-19 on sexual health and nutrition issues, which are often interrelated. Dr. Kanem, you explained that this was largely due to the fact that children, for example, were confined to their homes rather than going to school, had less access to the health care system, and so on.

I'd like you to explain this to me, if only to help the people listening to us understand the situation: once confined to their home, what happens that did not happen when girls went to school, for example? It's the same family environment, the same family members. What is changing in the dynamics so that we see an increase in malnutrition, forced marriages and genital mutilation? What is happening?

● (1725)

[*English*]

Dr. Natalia Kanem: To put it simply, school is very protective in a number of ways. Of course, it's where education occurs, and this is going to be, in the long term, the girls' chance out of poverty.

However, in a place like Kenya, which we've studied, the girl being home rather than going to school every day means that, first of all, she's accessible for coercion, for something like female genital mutilation, which normally occurs at a particular time of the year. When the girl is home, now there are a number of social issues that lead to her being taken away to have a traditional procedure. Where the president of the country, President Kenyatta, has said that they want to put an end to FGM, the accessibility in a rural area, the message doesn't penetrate.

It's similar for the issue of child marriage. When the girl is home rather than going to school, the monitoring that normally takes place, the social interaction, someone to report to, is no longer readily available.

Last, with disruptions in the health system, the child is not getting the normal points of contact that you would expect regularly.

The Chair: Thank you very much.

[*Translation*]

Thank you very much, Mr. Bergeron.

[*English*]

The final round of questions this afternoon will go to Ms. McPherson. Again, it's for seven minutes.

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

Thank you to both of our witnesses for being here today. This is fascinating.

I'm delighted to see your SDG pins. I have to show you that I write all of my notes for this committee in my SDG 5 notebook, because I need to remember how important it is that we fight for women and girls all the time.

Dr. Kanem, I share your deep concerns about the international community failing to recognize the vital importance for this investment.

For me, it's more the immediate concern I have, of course, with impacts on women and girls around the world, but also the long tail of COVID-19 and how we know it could take years or even decades to recover from COVID-19, and that while we might be able to convince governments to do what needs to be done in the short term, that long-term austerity and nationalization is a huge concern for me.

I want to make it very clear and get it on the record for our analysts: What do we stand to lose if the global community does not recognize how vital this investment is right now?

Dr. Natalia Kanem: Very briefly, and we'd be happy to expand even after the meeting, Canada, for example, is a key supporter to UNFPA supplies. We're the largest provider of contraception, voluntary contraception, that women want to be able to plan their lives. This also has led to unintended pregnancies being prevented, almost four million in a year due to Canadian funding, for example.

I also mentioned marginalized girls, the support that we have that allows marginalized girls to be reached by life skills programs approaching 400,000 a year. This wouldn't happen otherwise.

The most important thing that I can really say, though, is that in a world of COVID, we've seen how interconnected we all are and we've also seen how devastating discrimination, racism and the taboos against women being the owners of their own bodies can be. In line with Beijing+25, UNFPA is co-leading on bodily autonomy on sexual and reproductive health and rights, again to make it clear that when growing up, girls have to have an image and it has to become real that they are fully equal in every sense of SDG 5.

Ms. Heather McPherson: Very quickly, and then we'll go to Mr. Spicer, how do we ensure that women and girls are at the table in that decision-making process?

One of the big pieces of SDG 5 is that women and girls are part of the decision-making process. They are part of the development of the programs that impact them. How do we make sure that's happening?

● (1730)

Dr. Natalia Kanem: Here within the UN and also turning to the civil society, it's the idea that women can lead at every aspect of the spectrum, within her village, within her school, and certainly she can be a minister and member of Parliament, but the invitation to speak is something that we cannot take for granted. I gave a survey that we did on who decides whether you can even access the clinic. Ultimately, I think the understanding set in policy that gender equality means equality in every sphere and that the power dynamic of saying to a rural farmer, "You are a woman and you too should get that voucher or that investment," is something we inculcate. We call it leadership training. In many areas, it's the nurse and the midwife who embodies that understanding, but we want girls to aspire to be fully equal in every way.

Ms. Heather McPherson: Thank you.

Mr. Spicer, I would like to go to you now.

Perhaps you could comment as well on how you see the shortfalls that we worry about, that we all have deep concerns about, affecting populations. Perhaps you could touch upon the health aspects of some of the things we've seen in terms of fallback or fall down in terms of measles, in terms of malaria, in terms of other vaccinations, what we've lost during COVID and what we stand to lose if we are not bold and ambitious with our goals for the coming years and decade.

Mr. Joel Spicer: Thanks for the question.

I would say we are looking at some catastrophic outcomes. The possibility of losing 20 years of progress is very real in the nutrition world. We're looking at setbacks in equality even more. We're looking at the issue of governments moving a lot of their existing budgets, which are under significant pressure because of COVID, to responding to COVID and away from investments in the social sector.

My fear is that the economic disruption we're going to see—and I like your expression, "the long tail of COVID", because that's where I think the sting will be, in the tail.... That's where some of the impacts are going to be even more significant than those we've seen elsewhere.

I think we're going to see governments spending more and more of their money on the treatment side and less on the prevention side. As countries move into crisis, as children move into crisis and are farther down the curve of severe, acute malnutrition, you're going to see the need to spend more money on more expensive treatments instead of investing in those community-level structures that are a critical part of the health system to help prevent some of those burdens. That's why it's key to lean in right now.

As I've said before and as Dr. Kanem has said, those impacts are falling most heavily on women and girls, and we have to understand that it's not just a single word score of damage; it's a double and a triple word score of damage. When a mother is malnourished, the child goes on to be low birth weight, with a higher chance of stunting. When that child who is stunted grows up and goes to school, their learning outcomes are known to be subpar, and the income they earn later in life is also much less.

We're talking about the need for a smart focus that can break intergenerational transfers of poverty. While we talk about the greatest transfer of wealth, from baby boomers to gen X, the greatest transfer of poverty we have ever seen is about to take place right now, and this is the time to lean in completely.

To address a point raised earlier about missed opportunities, the world is structured and financed, and so is the COVID response, to create missed opportunities. I hope what this committee takes away is the fact that while it's perhaps a happy accident that Dr. Kanem and I are on the same panel, the point that Canada and other donors need to take a "no missed opportunities" lens to what we're doing is essential.

There is no world in which investing in education without looking at nutrition or sexual and reproductive health makes sense. It's just a recipe for missed opportunities. There is a lot we can do by being focused and intentional, and there's a lot we can do as a country by picking our niches wherever we find areas in which Canada can lead.

Thank you.

Ms. Heather McPherson: That's fascinating. Thank you so much.

The Chair: Ms. McPherson, thank you very much for that exchange.

Colleagues, this takes us to the end of our scheduled time with our witnesses today.

I think all of us feel that we would have welcomed much more time with you to explore these very important issues. On our collective behalf, thank you for your time, for your expertise and most importantly for your leadership and service in making our world a better place. We're grateful.

There's always the possibility of colleagues asking in writing, or you sending us in writing, supplementary points that you wanted to make and haven't had a chance to make. We're grateful to have had time with you this afternoon.

Colleagues, thank you.

We stand adjourned until our next meeting.