

**Opening Statement – Standing Committee on Foreign Affairs and International Development (FAAE)  
Doctors Without Borders/Médecins Sans Frontières (MSF)**

**Mr. Joe Belliveau and Dr. Jason Nickerson**

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**\*\*\*CHECK AGAINST DELIVERY\*\*\***

*To be presented by Mr. Joe Belliveau:*

Thank you, Mr. Chair, and thank you to the Committee for the opportunity to present to you today.

I am the Executive Director of Doctors Without Borders/Médecins Sans Frontières (MSF), and am joined by my colleague, Dr. Jason Nickerson, our Humanitarian Affairs Advisor.

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

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

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

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

I want to focus on these collateral effects, because they often take place outside of the full view of the pandemic. A significant lesson from the West Africa Ebola outbreak of 2014-2016 is that the biggest threat to women's and girls' lives was not the Ebola virus, but the shutdown of routine health services and people's fear of going to health facilities where they could get infected. Thousands more lives were lost when safe delivery, neonatal, and family planning services became inaccessible due to the outbreak. Right now, we are witnessing the same dynamic on a much larger scale.

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

Every-day health needs do not go away in the face of the pandemic. People continue to need access to emergency obstetric care to manage complicated deliveries, people need access to antimalarials to prevent and treat malaria, children need routine vaccinations to prevent measles, polio, and other diseases, antiretroviral therapies need to be continued for people living with HIV, and the list goes on. Yet these health services are exactly what we are seeing disrupted: vector control spraying to reduce the mosquito population to control malaria wasn't done, leading to a rise in malaria cases in some of our projects in South Sudan where the number of infections were so high that our teams didn't delay treatment while waiting for a confirmed test since over 80 per cent of our patients tested positive; elsewhere, routine vaccination campaigns in many countries have been delayed; and in Mosul, Iraq, a main government hospital was repurposed as a COVID-19 treatment centre, and MSF's hospital started seeing much higher numbers of pregnant women coming in for delivery care.

It is critical, especially in the midst of this pandemic, that the Canadian government continue to protect humanitarian responses in emergencies around the world by continuing to provide international assistance funding to not only in response to COVID, but to maintain emergency and essential health services generally. Moreover, Canada needs to continue to advocate for humanitarian access in an increasingly complex and highly-regulated world where permissions to enter or transit through countries is complicated by entry and exit requirements, fewer international flights, and other barriers. To that end, we're grateful for the support that the Canadian government has provided in overcoming some of these access barriers to allow our teams to reach our field projects. The protected status of independent humanitarian assistance needs to continue to be assured – demonstrating day in and day out our commitment to providing independent, impartial, and neutral humanitarian assistance is the only way that our teams are able to access patients and communities in conflicts, across frontlines.

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

What is clear is that a high level of vigilance is needed to prepare for and respond to COVID cases, while also ensuring that routine health needs do not go unmet and we don't lose sight of every-day emergencies. Just as one example, yesterday the Democratic Republic of Congo's eleventh Ebola outbreak was declared over, meaning that for much of this year, the country was responding to two Ebola outbreaks, the largest measles epidemic in the world, and to COVID-19 - all in a country that has been affected by armed conflict and other protracted humanitarian crises for decades.

We look forward to your questions. Contact information for both of us is available from the Committee Clerk. We would welcome any of the Members to follow-up directly with either of us. Thank you.