

**COVID-19 PANDEMIC AND THE
U.S. INTERNATIONAL RESPONSE**

HEARING

BEFORE THE

**COMMITTEE ON FOREIGN RELATIONS
UNITED STATES SENATE**

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

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MAY 12, 2021
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COVID-19 PANDEMIC AND THE U.S. INTERNATIONAL RESPONSE

WEDNESDAY, MAY 12, 2021

U.S. SENATE,
COMMITTEE ON FOREIGN RELATIONS,
Washington, DC.

The committee met, pursuant to notice, at 10:02 a.m. in room SD-419, Dirksen Senate Office Building, Hon. Robert Menendez, chairman of the committee, presiding.

Present: Senators Menendez [presiding], Cardin, Shaheen, Coons, Murphy, Kaine, Markey, Merkley, Van Hollen, Risch, Romney, Barrasso, Rounds, and Hagerty.

OPENING STATEMENT OF HON. ROBERT MENENDEZ, U.S. SENATOR FROM NEW JERSEY

The CHAIRMAN. This hearing of the Senate Foreign Relations Committee will come to order.

Ms. Smith, Mr. Konyndyk, thank you for joining us today to discuss the Biden administration's efforts to address the international spread of COVID-19.

Gayle Smith is the coordinator for Global COVID Response and Health Security at the U.S. Department of State. She is currently on leave from the One Campaign where she has served as the President and CEO since March of 2017.

Prior to the One Campaign, she served in the Obama administration as Special Assistant to the President and Senior Director for Development and Democracy at the National Security Council, and as Administrator of the U.S. Agency for International Development.

Jeremy Konyndyk is the Executive Director of the USAID COVID-19 Task Force. He served 4 years in the Obama administration as the Director of USAID's Office of U.S. Foreign Disaster Assistance where he led the U.S. Government's response to international disasters, including the Ebola outbreak in West Africa.

Before rejoining the Federal Government, Mr. Konyndyk was a senior policy fellow at the Center for Global Development.

So thank you both for your willingness to serve, once again, our nation. We appreciate it very much.

The last time this committee held a COVID hearing, June of 2020, there were nearly 8 million cases of COVID-19 around the globe. More than 2 million of those cases were in the United States, and at that time, the disease had claimed more than 115,000 lives in this country alone.

Nearly a year later, this deadly disease has killed more than 3 million people. Nearly 600,000 of them are fellow Americans. In ad-

dition to the devastating personal toll, the pandemic has had a catastrophic economic impact.

According to the International Monetary Fund, the global economy contracted by negative 3.5 percent in 2020 alone, a severe shock acutely and adversely affecting youth, the poor, and those working in the informal economy.

The U.S. economy shrank an almost equal amount, negative 3.4 percent, in 2020. I am pleased that the Biden administration has plans that are working. As vaccinations roll out here in the United States, cities and schools are reopening.

The American Rescue Plan, which we passed in March, put another \$1,400 in the pockets of working people, keeps the unemployed afloat, and helps millions of Americans avoid eviction and foreclosure.

It invests billions to help schools reopen safely and provide direct aid to state and local governments across America reeling from the enormous costs of responding to this public health crisis.

However, as this pandemic has put into stark reality for every American, what happens in the rest of the world directly impacts us here at home, and in parts of the rest of the world the pandemic continues to rage.

In India, Brazil, and other countries, COVID-19 cases are surging, taking hundreds of thousands of lives in the past few weeks and months alone.

Less than 10 percent of the population in India has received one vaccine dose, and the regional implications of India's outbreak for Nepal, Bangladesh, and Pakistan are alarming. The entire continent of Africa has only administered 2 percent of all the vaccine doses administered globally so far.

COVAX, the organization created to provide equal access to COVID-19 vaccinations worldwide, has shipped over 53 million vaccines to 121 participant nations.

This is a drop in the ocean compared to the approximately 1.2 billion administered around the world and a far cry from the amount needed to provide herd immunity in those countries.

In short, the global fight against the virus is far from over. We must rise to the challenge because the longer the virus circulates, the greater the chance that more virulent and vaccine-resistant variants will develop, continuing to place American lives at risk.

I believe that fight involves looking forward as well as understanding how we got here. The American people and the world deserve answers about the origins of the pandemic.

The Strategic Competition Act of 2021, which this committee passed by a vote of 21 to 1, directs the Director of National Intelligence to provide a report with those answers, not to engage in a blame game, but because we must understand the true origins of COVID-19 to ensure that we are taking appropriate steps to avoid future pandemics.

Additionally, Senator Collins and I introduced the bipartisan National Coronavirus Commission Act with a companion bill in the House. Our bill would create a nonpartisan commission modeled on the 9/11 Commission to examine the emergence and spread of COVID-19 in the United States and abroad.

The commission would examine the United States domestic and international response to COVID-19 from all angles, including international public health surveillance, early warning systems, intergovernmental coordination, foreign aid, and global supply chains.

The commission would provide recommendations to Congress to prevent future pandemics, protect the health and economic security of the United States, and ultimately reestablish the United States as the global leader in public health.

Let us be clear, we will need resources to do all of this. Those of us who supported the international spending included in the American Rescue Plan and beyond that understand the importance of it.

Ranking Member Risch and I have begun the process of developing bipartisan legislation aimed at strengthening efforts to end the COVID-19 pandemic, ensuring we are better prepared to face future pandemic threats, and helping countries around the world recover from this one.

In light of all of that, I convened today's hearing to address three critical questions.

How can we meaningfully slow and ultimately stop the spread of this pandemic once and for all and what resources are needed to do so?

Two, what steps do we need to take to support and enhance recovery around the world?

Three, what must we do to ensure that the United States and our partners and allies are best prepared to prevent, detect, and respond to future pandemics?

So once again, let me welcome our witnesses. We look forward to hearing from each of them about the Biden administration's strategy to lead international efforts on an improved pandemic response.

With that, let me recognize the ranking member, Senator Risch.

**STATEMENT OF HON. JAMES E. RISCH,
U.S. SENATOR FROM IDAHO**

Senator RISCH. Thank you, Mr. Chairman.

I recently looked back at my notes from the two hearings we held last June on the U.S. international response to COVID-19.

Though a lot has changed, the United States finally appears to be turning a corner. Too much remains the same. Americans have grown weary and are anxious to get back to life as normal.

We have to get ahead of variants that may be even more dangerous than the original strain that shuttered schools and businesses, isolated families, and up ended the global economy.

Science tells us the best way to do that is to tackle vaccine hesitancy here at home while accelerating efforts to expand access to vaccines overseas. One need look no further than India to see why it is so important to tackle both of these imperatives at the same time and now.

Congress has provided more than \$16 billion in aid to try to contain this pandemic overseas, \$4 billion of which is slated to go for the COVAX Partnership for Vaccines. I am eager to hear how these

resources are being prioritized, coordinated, implemented, and, importantly, overseen.

The Administration also recently announced that 60 million doses of surplus U.S. vaccines will be donated overseas.

I am hoping to hear from Ms. Smith today, the coordinator for Global COVID Response and Health Security and the lead on U.S. vaccine diplomacy, how these resources will be prioritized.

Who will get what, when, and how, and how will all of this U.S. assistance be effectively branded?

I also hope to hear about the anticipated outcomes of the upcoming G-20 Summit on Global Health on May 21 and the World Health Organization Assembly on May 24th.

Finally, I hope we all learn more about how the Administration is incorporating pandemic preparedness into its current response. I have consistently argued that the COVID-19 pandemic is not the first and it, certainly, will not be the last pandemic to threaten the American people and, indeed, the world.

We have to get serious about preparedness and prevention so we can get ahead of the next outbreak before it becomes a global pandemic. We need a reformed World Health Organization that is fit for the purpose.

We need to figure out how to hold countries accountable for failing to uphold commitments to international health regulations, including by actively suppressing global health data.

We need better early warning systems so we can identify threats in real time as they emerge, and we need a fire department capable of responding to those warnings so they can put out the flames before they spin out of control.

The very recently released study that WHO commissioned really underscores how important that fire department is to getting on top of this quickly.

I was pleased to see the President's first national security memorandum included a commitment to better coordinated U.S. global health security and diplomacy overseas, a prominent leadership role to be played by the Department of State and an interest in establishing a financing mechanism to help committed partners close the gaps in health security that threaten us all.

These are concrete ideas, grounded in nearly two decades of experience in combating another global health threat, the HIV/AIDS pandemic. Those of us who proposed and included these same propositions in legislation that has been offered are pleased that the President has embraced and followed suit on those proposals.

As noted just now by the chairman, he and I are working on further legislation to move the ball forward. With the Administration having embraced the proposals that all of us seem to be on board with, this should be a constructive, positive, and successful enterprise.

At the same time, I am disappointed to hear that the Administration is advocating to unilaterally surrender U.S. intellectual property to China. The American free enterprise system created the vaccines that are saving lives and restoring freedom around the world.

All the U.S. Government had to do was ease regulation and get out of the way. The challenges now relate to logistics, not innovation.

I understand this is a work in progress. I am going to watch it carefully. I believe that going overboard on this will undermine the U.S. companies, and that is deeply unfortunate.

I look forward to a robust discussion today about these issues, and yield the rest of my time.

Thank you, Mr. Chairman.

[The prepared statement of Senator James E. Risch follows:]

Prepared Statement of Senator James E. Risch

Thank you, Mr. Chairman. I recently looked back at my notes from the two hearings we held last June on the U.S. international response to COVID-19. Though a lot has changed and the United States finally appears to be turning a corner, too much remains the same.

Americans have grown weary and are anxious to get back to life as normal. I feel similarly, but we must remain vigilant.

We have to get ahead of variants that may be even more dangerous than the original strain that shuttered schools and businesses, isolated families, and upended the global economy last year.

Science tells us the best way to do that is to tackle vaccine hesitancy here at home, while accelerating efforts to expand access to vaccines overseas. One need look no further than India to see why it's so important to tackle both of these imperatives at once.

Congress has provided more than \$16 billion in aid to try to contain this pandemic overseas, \$4 billion of which is slated for the COVAX partnership for vaccines. I am eager to hear how these resources are being prioritized, coordinated, implemented, and overseen.

The Administration also recently announced that 60 million doses of surplus U.S. vaccines will be donated overseas.

I would like to hear from Ms. Smith, the coordinator for global COVID response and health security and the lead on U.S. "vaccine diplomacy", how those resources will be prioritized. Who will get what, when, and how? And how will all of this U.S. assistance be effectively branded?

I also expect to hear about the anticipated outcomes of the upcoming G20 Summit on Global Health on May 21, and the World Health Assembly on May 24.

Finally, I expect to learn more about how the Administration is incorporating pandemic preparedness into its current response. I've consistently argued that the COVID-19 pandemic is not the first, and it certainly won't be the last pandemic to threaten the American people.

We have to get serious about preparedness and prevention, so we can get ahead of the next outbreak before it becomes a global pandemic.

We need a reformed World Health Organization that is fit for purpose.

We need to figure out a way to hold countries accountable for failing to uphold commitments to the International Health Regulations, including by actively suppressing global health data.

We need better early warning systems so we can identify threats in real time, as they emerge.

And we need a "fire department" capable of responding to those warnings, so they can put out the flames before they spin out of control.

I was pleased to see the President's first National Security Memorandum included:

- a commitment to better coordinate U.S. global health security and diplomacy overseas;
- a prominent leadership role to be played by the Department of State; and
- an interest in establishing a financing mechanism to help committed partners close the gaps in health security that threaten us all.

These are concrete ideas grounded in nearly two decades of experience in combating another global health threat: the HIV/AIDS pandemic. I'm pleased to see the President intends to build upon that experience.

At the same time, I am disappointed to hear the Biden administration advocating to unilaterally surrender U.S. intellectual property to China. The American free en-

terprise system created the vaccines that are saving lives and restoring freedom around the world. All the U.S. Government had to do was ease regulation and get out of the way. The challenges now relate to logistics—not innovation. This wholesale undermining of U.S. companies is deeply unfortunate.

I look forward to a robust discussion about these issues, and yield the balance of my time.

The CHAIRMAN. Thank you, Senator Risch.

We will start with the testimony of our witnesses. Your full statements will be included in the record, and I ask you to summarize in around 5 minutes or so that we can have a conversation.

We will start with Ms. Smith.

STATEMENT OF THE HONORABLE GAYLE E. SMITH, COORDINATOR FOR GLOBAL COVID-19 RESPONSE AND HEALTH SECURITY, U.S. DEPARTMENT OF STATE, WASHINGTON, DC

Ms. SMITH. Thank you, Mr. Chair and Senator Risch, and the honorable members of the committee.

Let me—

The CHAIRMAN. Could you put your microphone on?

Ms. SMITH. Hello?

The CHAIRMAN. Okay. Maybe you can bring it a little closer to you. That might be helpful.

Ms. SMITH. Yes.

The CHAIRMAN. Thank you.

Ms. SMITH. Let me start with a round of thanks. We are enormously grateful for your support and interest in a robust international response led by the United States, and we are extremely grateful for the resources that have been provided through the American Rescue Plan.

Those resources have enabled a number of things already, and if I may, just anecdotally mention one of them. We now have, through that previous funding, sufficient contributions to COVAX, and the international mechanism to provide vaccines around the world.

In its first year, COVAX suffered a lot of difficulties including that it had donor pledges but did not necessarily have cash on hand. We all know you cannot conclude a deal with a pledge.

It also suffered from the fact that, currently, vaccines are not being exported from India, for reasons we can understand. The U.S. contribution has enabled COVAX to get back on the market.

So I am happy to start out by reporting that they have recently concluded deals with Moderna and Novavax, and so there are more vaccines moving into the system.

They are not enough, as you have rightly pointed out, and if I may briefly just explain the framework which we are using for the foundation of our global response.

The first plank is, obviously, on vaccines, increasing supply and access globally, because, as we all know, the safety of the American people and, indeed, people everywhere depends on our ability to defeat a virus that knows no borders.

The second is to reduce mortality but also transmission. We know from our own experience in this country, even before we were able to avail ourselves of a vaccine that preventing transmission is key, as is strengthening the underlying health systems upon which we and all countries depend.

The third is to deal with the acute shocks, economic and otherwise, that are the result of this pandemic.

Fourth, bolstering the economic and other systematic impacts. We have seen entire sectors collapse in many countries around the world.

Finally, to work on building the international architecture for global health security that we know that we need for the future, because we know we will see more threats like this, and let me briefly just point to the four elements of that.

The first is strengthening and modernizing existing institutions. [Technical issue.]

Ms. SMITH. Is that aimed at me?

The CHAIRMAN. No.

Ms. SMITH. That is just background.

[Laughter.]

Ms. SMITH. Got it.

Strengthening and modernizing——

Senator RISCH. I never did understand it.

Ms. SMITH. It is just testing me to see how I do at this——

The CHAIRMAN. It is aimed at us, not at you.

[Laughter.]

Senator RISCH. Yes.

Ms. SMITH. Oh, sorry.

Senator RISCH. We do ignore it.

Ms. SMITH. Strengthening and modernizing existing institutions, and I use that term modernizing deliberately because I think we have got to make sure they are fit for purpose for the future.

The second is strengthening existing norms, also looking at what new norms may be needed for the world to handle these kinds of global health threats, and ensuring compliance with those existing norms.

The third is to ensure adequate and sustainable financing, and I am encouraged by your references to your look at what is going to be needed for global health security.

It is going to be critical that that funding be predictable and sustainable because we cannot afford false starts where countries get part of the way to having the capacity to prevent, detect, and respond, but not all the way there.

The fourth pillar on global health security is transparency, accountability, and oversight. One of the things about a virus is that we are able, through science, to track it, to monitor it, to watch it, to measure it.

We can only do that if we have got the transparency that affords us that insight. We need the accountability and oversight because only when and if all countries comport to the sets of regulations, norms, and standards that we have and that we need to build upon can we deny the virus the quarter it so commonly exploits in order to replicate, mutate, and then reinfect.

So that is the broad brush on our strategy. We would be happy to take more questions on all of the things we are doing. India has, obviously, been added to this, given the surge there. My colleague can speak more to that.

We thank you again for your attention and your interest.

[The prepared statement of Ms. Smith follows:]

Prepared Statement of Ms. Gayle E. Smith

Thank you, Chairman Menendez, Ranking Member Risch, and distinguished Members of the Committee. It is my pleasure to appear before the committee today to discuss the Biden-Harris administration's progress towards ending and building back from the COVID-19 pandemic.

As we know all too well, more than 576,000 of our fellow Americans have died due to COVID-19, and many without their families having had the chance to say goodbye. We've seen communities devastated, economic and racial divides exacerbated. And we know that this virus doesn't play fair. Communities of color have borne a heavier burden of the pandemic's impact, and women's employment gains have fallen.

The devastating impact of the pandemic has been felt at home and all over the world, where the pandemic has triggered both a health crisis and an economic crisis. Globally, we are witnessing the first increase in extreme poverty in 20 years, the loss of decades of development progress, rising food insecurity, and increased unemployment, particularly among young people. Some countries face the collapse of entire sectors, such as tourism; supply chains and markets have been disrupted; and revenues are down. For a significant number of low-income countries, the risk of debt distress, a liquidity crisis, and even insolvency is real.

Globally, cases are still increasing, as is the incidence of new and more transmissible variants. There have been over 3.3 million deaths worldwide. We are seeing both a dramatic surge in cases in India and other countries and the evidence of what happens when health systems are stretched beyond capacity. The surge in India is not the only one, and will not be the last that we see outside our borders.

As the Secretary has said, this pandemic won't end at home until it ends worldwide. The United States must lead in this time of global peril to end the lifespan of the pandemic.

And America is leading.

Thanks to generous and bipartisan support in Congress, we are moving quickly to address the humanitarian and public health impacts of the pandemic, including through USAID, the agency I once had the honor to lead.

We have dramatically increased U.S. financial support for COVAX and the Global Fund, which will expand the reach of vaccines, therapeutics and diagnostics. We have rejoined the WHO and joined the ACT-Accelerator, a coalition of agencies that was built last year to respond to this crisis.

At the same time, we are responding to the crisis in India with the recent delivery of approximately USD \$100 million in emergency assistance and by facilitating a powerful and impactful response from the American private sector and diaspora.

As you know, the demand from governments all over the world for vaccines is high, and urgent. We're moving on multiple fronts to respond. First, and thanks again to bipartisan support of Congress, the United States is now, with our recent USD \$2 billion contribution through USAID, the single largest donor to COVAX, the global vaccine platform built on the foundation of Gavi, an organization this body has strongly supported since its creation. We will contribute an additional USD \$2 billion through 2022 for a total of USD \$4 billion. Last month, the Secretary of State co-launched the One World Protected campaign to mobilize partners to join us in helping COVAX reach its sprint goal of an additional USD \$2 billion.

Second, President Biden has announced that we expect to have up to 60 million AstraZeneca doses to share globally in the coming months, contingent upon FDA review.

Third, our U.S. International Development Finance Corporation (DFC) is pursuing investments designed to expand vaccine production in critical markets, including through the Quad—the United States, Japan, Australia and India.

Fourth, and most recently, Ambassador Tai has announced that the United States supports a waiver of intellectual property protections for COVID-19 vaccines under the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property. While the Administration strongly believes in intellectual property protections, we are facing extraordinary times that demand extraordinary measures to end this pandemic.

We will do more. All countries and all people need access to safe and effective vaccines, and we're not there yet. We are committed to working with global partners to increase global production and manufacturing to expand access.

But this is only part of the story.

This pandemic has driven home the urgency of achieving global health security—the capacity of all countries to prepare for, prevent, detect, and respond to infectious disease outbreaks. Since 2015, the United States has provided more than \$1 billion in technical assistance to Global Health Security Agenda (GHS) partner countries

to strengthen country-level capacity. We are now focused on what must be done to further strengthen key capabilities, establish new norms and practices, reform and modernize existing institutions, expand actionable multilateral cooperation, and secure means of sustainably financing what we all need—a world that is safe from the global health threats we know are coming.

We are also working closely with partners to strengthen and modernize the World Health Organization, including by improving its surveillance and alert systems. Ultimately, the WHO is only as strong as its members, so we are also engaged with WHO member states to increase their ability and commitment to quickly and effectively prevent, detect, transparently report, and respond to potential contagion outbreaks, particularly through greater adherence to the implementation of the International Health Regulations (IHRs).

And this Administration will act on these fronts from a strong foundation. For almost two decades, and with consistent bipartisan support from Congress, the United States has led the world in supporting global health. The extraordinary work of the President's Emergency Program on AIDS Relief, the Department of State, USAID, Department of Health and Human Services, the Centers for Disease Control, National Institutes of Health and others have saved lives, dramatically improved health outcomes, and strengthened the health systems we must build upon now.

I am honored that Secretary Blinken asked me to take on the position of Coordinator for Global COVID-19 Response and Health Security. In this capacity, I report directly to him and work closely with colleagues across the Department and U.S. Government, and with global partners. My mandate in this role is to build out our global COVID-19 response, to coordinate our work on global health security, and to advise the Secretary on how we can maximize the impact of the Department in the global health security area over time.

My experience prepares me for the task today, including my previous roles as Administrator of USAID for President Obama, and my position on the National Security Council staff during the U.S. response to the Ebola crisis in 2014. I have worked throughout my career on the fight for global public health, development, equity and dignity.

In closing, let me say thank you. For decades, Congress has enabled an enduring U.S. leadership role on global health, and has demonstrated this commitment once again with the funding provided in the ARPA. I look forward to your questions, and to working with you in the days ahead.

The CHAIRMAN. Thank you.
Mr. Konyndyk.

**STATEMENT OF JEREMY KONYNDYK, EXECUTIVE DIRECTOR
OF THE COVID-19 TASK FORCE, UNITED STATES AGENCY
FOR INTERNATIONAL DEVELOPMENT, WASHINGTON, DC**

Mr. KONYNDYK. Thank you, Chairman Menendez. Thank you, Ranking Member Risch. It is a privilege to appear before the committee again to testify on coronavirus.

I am here today as the executive director of USAID's COVID-19 work, and I want to begin, as my colleague Gayle did, by just thanking Congress for the generosity shown through the American Rescue Plan in affording resources to battle this pandemic globally.

I have led numerous disaster and crisis responses for the U.S. Government in my career. I lead USAID's work on Ebola in West Africa in 2014, which to that point was the most complex thing I had ever dealt with in my career.

I think this goes well beyond it. This is really like nothing, I think, we have ever seen. It is an overlapping humanitarian crisis, health crisis, and development crisis.

Any one of those on its own would be a historic crisis. The three of them overlapping together are truly beyond anything, that any of us in our careers have seen a precedent for.

So fighting that is going to take every resource and every capability that the U.S. Government can muster. President Biden is committed to the goal of ending this pandemic globally, just as he

is working to end it at home, and I am grateful to the committee for continuing to focus attention and effort and support as we take that fight forward.

The pandemic has shown it can overwhelm even the most developed health systems as we have seen in parts of our own country at times, as we have seen in other countries, and so the devastation can be even more severe when it affects countries that do not have the sort of health capabilities that we do.

We are seeing that right now with the rise in cases in India and growing across South Asia and we are very, very seized with that at the moment.

Meeting this unprecedented challenge is going to take a great deal of American leadership. Fortunately, we have a good track record on that. The U.S. has a history of fighting pandemics and outbreaks, whether that is Ebola, malaria, tuberculosis, Zika, or, of course, the decades-long fight against HIV.

Since the outbreak began, USAID has provided more than \$3 billion, thanks to the generosity of Congress and the American people, and we are continuing to program more funding every week to fight this pandemic around the world.

As Gayle has mentioned, through USAID the U.S. has provided an initial contribution of \$2 billion to GAVI for the COVAX equitable vaccine initiative. We will be providing another \$2 billion over the coming year as GAVI has more contracts that they need to lock down for providing more vaccines.

We are also recognizing this is not just about vaccines. There is a colleague of mine from Resolve to Save Lives, an NGO partner that we engage with, who has said we need to make sure we are not being blinded by the light at the end of the tunnel. So vaccines are the light at the end of the tunnel. There is a long dark tunnel we need to get through until then.

So as Gayle has laid out in our strategy, vaccines are the long-term play or the medium-term play. This virus can do a lot of damage in the near term while those vaccines come online at scale.

So we also need to push hard on promoting and supporting good country policies, risk awareness, supporting health systems to reduce mortality in the immediate term while we work as hard as we can to scale up vaccine access.

We are making significant headway on that within the U.S. Government through the work at AID and State but also with partners at DoD and the Department of Health and Human Services and the CDC.

We are mounting a whole-of-government effort to defeat this pandemic globally, and I think you saw a picture of that and what we have done in India over the past couple of weeks, USAID assistance flying on DoD airplanes, coordinated with the HHS health attaché and the USAID mission in Delhi, supported and backstopped by CDC technical assistance both in Atlanta and in Delhi.

So it truly is a whole team effort that we are mounting here and we are continuing to expand that in the months ahead.

We look forward to working closely with the committee and with the Congress as we take this initiative forward. We know it is going to take every part of what America can do to bring this pandemic to a close.

The President is committed to that. We are committed to that. We will do what we can on the assistance front and on the policy front, and I think the diplomatic front, which Gayle is leading, and other forms of engagement, technical support with countries, are going to be very important in that, too.

We can do this. It is going to be a big lift. We are ready, and we appreciate the strong support from Congress and I look forward to discussing with you further.

Thank you.

[The prepared statement of Mr. Konyndyk follows:]

Prepared Statement of Mr. Jeremy Konyndyk

INTRODUCTION

Chairman Menendez, Ranking Member Risch, and Members of the Committee, thank you for the invitation to speak with you today about the U.S. Agency for International Development's (USAID) international COVID-19 response.

My name is Jeremy Konyndyk, and I serve as the Executive Director of USAID's COVID-19 Task Force.

Let me begin by first thanking you for Congress' generosity, which has allowed USAID to mount a strong response to the COVID-19 pandemic. During my career, I have led the U.S. Government's response to numerous international disasters, including the Ebola outbreak in West Africa in 2014. However, nothing I have witnessed is quite like the overlapping global health, humanitarian and economic crises we are currently facing in scope and complexity. Fighting this global pandemic will take every resource we have at our disposal. I am grateful that the Committee continues to recognize the gravity of this challenge and convened us here today.

This hearing comes as the COVID-19 pandemic strains some of the world's best equipped public health systems, including our own. As I have said to you all before, no country in the world was adequately prepared for this lethal pandemic. More than half a million Americans have tragically lost their lives to COVID-19, and more than 3 million people globally have died. The pandemic has had devastating economic and social impacts here in America and around the globe, and threatened decades of progress in poverty reduction and development. In some parts of the world, it is creating new or exacerbating current humanitarian crises. It has had disproportionate impacts on vulnerable populations, including women and girls. For these reasons, it is the Administration's top priority to end the COVID-19 pandemic.

Our domestic vaccination campaign is successfully advancing, with over half of Americans having received their first dose. But Americans will not be fully safe if the wider world is not. Uncontrolled global transmission risks the emergence of dangerous, new variants around the world. It poses risks to under-vaccinated populations in our country. And as we are seeing vividly now in India, it poses enormous dangers to countries with large unvaccinated populations. This is precisely why the U.S. must be at the forefront of the global response to COVID-19. Stopping the virus worldwide, protecting lives, and stemming the spread of new variants is fundamental to protecting all Americans and ensuring our economic recovery. The COVID-19 crisis is not over; it is rapidly evolving, as we can see from the emergence of new hot spots around the world.

It is important to recognize that the COVID-19 pandemic is not only a global health crisis; it is also a complex, multifaceted humanitarian, development, and economic crisis. The facts on the ground are stark: nearly half of the world's 3.3 billion person workforce are at risk of losing their livelihoods. The ongoing economic and social disruption could drive 90 to 132 million people back into extreme poverty, particularly affecting women and girls. The number of people in acute food insecurity increased by at least 20 million last year, to 155 million people across 55 countries, increasing the risk of famine in a number of countries. This pandemic and its effects will likely result in 9.3 million more children suffering from wasting, a severe form of malnutrition caused by hunger and illness. A projected 2.6 million more children who received poor nutrition due to COVID-19 will face stunted growth that limits their lifelong potential. COVID-19 has also reduced access to essential water, sanitation, and hygiene services for hundreds of millions of people and strained the solvency of water and sanitation providers. The staggering health and economic effects of COVID-19 exacerbate other humanitarian needs, rendering communities af-

ected by conflict or disasters even more susceptible to the spread of COVID–19 and its impacts.

Health providers are being asked to make impossible decisions, often re-directing services to cope with COVID–19. The number of children worldwide receiving routine vaccinations has decreased substantially as families observe lockdown procedures and refrain from proactive and routine healthcare practices. An estimated 1.6 billion learners across 144 countries—representing more than two-thirds of enrolled students worldwide—have been affected by pandemic-related school closures. More than 70 countries and territories have postponed elections. COVID–19 has exacerbated the global trend toward authoritarianism as leaders leverage “emergency actions” to consolidate power over democratic institutions. The number of protests and riots has increased, and around two-thirds of the countries where USAID works are affected by or at risk of violent conflict. Dozens of these countries have curtailed the right to peaceful assembly and to freedom of expression, with disinformation spreading rampantly. COVID–19 has also disproportionately impacted women and girls, as public health lockdowns have increased the risk of gender-based violence, particularly intimate partner violence, and exacerbated the burdens of unpaid work, even as women are disproportionately represented on the frontlines as health care providers.

Looking at both the health and second-order effects of the pandemic around the world, it is clear that a robust global response is essential to an effective domestic response. This global challenge, if unremedied, threatens not only the security and safety of communities around the world, but also jeopardizes the United States’ own recovery.

USAID COVID–19 RESPONSE

American leadership is rising to meet this unprecedented challenge. To guide the international response to COVID–19, USAID is finalizing work with the U.S. Centers for Disease Control and Prevention, the Department of State, and other inter-agency partners on the development of an interagency COVID–19 Global Response and Recovery Plan, as called for in National Security Memorandum One (NSM–1).

Within this whole-of-government plan, USAID is uniquely positioned to provide assistance and technical support to help end the on-going pandemic, mitigate its wider impacts, and realize a sustained recovery. With decades of experience and investments in global health and global health security, USAID has been at the forefront of the international response to health threats like Ebola, HIV/AIDS, malaria, Tuberculosis (TB), and Zika.

Since the outbreak first began, USAID has provided more than \$3 billion dollars, thanks to the generosity of Congress and the American people, to fight COVID–19 in more than 120 countries. Working with our partners around the world, USAID is addressing COVID–19’s health, social, and economic effects by supporting vaccine access and distribution, strengthening strained health systems, protecting and training health workers, disseminating critical public health information, delivering emergency food assistance, sustaining education for millions of students, and protecting democracies and civic engagement.

ARP IMPLEMENTATION

A key piece of the Administration’s plan to end the global pandemic and tackle emerging hot spots is the American Rescue Plan (ARP). USAID is thankful to Congress for your support of the ARP, which provides nearly \$11 billion to USAID and the Department of State to support the international health and humanitarian COVID–19 response. Our efforts will fight COVID–19, its variants, and its devastating impacts on vulnerable communities, economies, and health systems. With this funding, we will advance the five objectives of the aforementioned COVID–19 Global Response and Recovery Plan:

- Accelerate widespread and equitable access to and delivery of safe and effective COVID–19 vaccinations;
- Reduce morbidity and mortality from COVID–19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats;
- Address acute needs driven by COVID–19, mitigate household shocks, and build resilience;
- Bolster economies and other critical systems under stress due to COVID–19 to prevent backsliding and enable recovery; and
- Strengthen the international health security architecture to prevent, detect, and respond to pandemic threats.

SUPPORTING GLOBAL EQUITABLE VACCINE ACCESS

Vaccines are the most effective tool we have to stop COVID-19 and get the global economy on track. In order to end the pandemic, save lives around the world, and stop the threat of new variants, we must vaccinate as many people as possible, as quickly as possible. Through the support of Congress and the American people, the United States is the world's largest single donor to the Gavi COVAX Advance Market Commitment (AMC), which pools global demand and funding to help 92 low- and middle-income economies access COVID-19 vaccines.

Through USAID, the U.S. has contributed an initial \$2 billion to Gavi, in support of COVAX, in March, and plans to contribute an additional \$2 billion to Gavi through 2022. This historic commitment has already helped enable the deployment of safe and effective vaccines for the world's most vulnerable people, including frontline workers and displaced persons. We are also committed to leveraging U.S. contributions to galvanize global leaders from the public and private sectors to increase their contributions to COVAX. As of May 2021, COVAX has provided 40 million COVID-19 vaccines to 77 low- and middle-income countries.

Additionally, USAID is providing more than \$75 million to date to support partner countries in preparing for COVID-19 vaccine deployment. This funding supports activities to build confidence and trust in vaccines, address vaccine hesitancy and misinformation, and support logistics and administration of vaccines. With additional funding appropriated under the ARP, and building on decades of U.S. leadership and expertise supporting global health programs around the world, USAID and the U.S. Centers for Disease Control and Prevention will expand this support, ensuring that vaccines reach the most vulnerable populations and those at highest risk, including health care workers.

As confidence in the U.S. supply of vaccines for domestic use increases, the U.S. Government is also exploring options for vaccine sharing. On April 26, 2021, the United States announced its intention to share up to 60 million doses of the AstraZeneca vaccine, pending a product quality review by the U.S. Food and Drug Administration (FDA). The U.S. Government is currently developing a plan for where these vaccines will be donated as they become available.

SUPPORTING FRONTLINE HEALTH RESPONSE

In addition to providing safe and effective vaccines worldwide, USAID is focused on supporting frontline health workers and health systems to save lives and stop the spread of COVID-19. For decades, USAID has been an unparalleled leader in global health. Through U.S. Government programs like the President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative, we have saved millions of lives, and our COVID-19 response efforts can build on the successes of those and other programs. However, COVID-19 is an unprecedented challenge. As we have seen in India and other countries, health systems where we supported countries to make strides have now been severely strained by the pandemic. USAID is fighting to protect countries' gains in global health while also supporting countries in their immediate fight against COVID-19.

To support the community-level and frontline health response, USAID is working to slow and mitigate transmission by protecting healthcare workers, spreading critical health information, and ensuring our partner countries have the tools, supplies and capacity to save lives and avoid high death tolls during the acute phases of the pandemic. For example, we have provided millions of units of personal protective equipment, as well as training on infection prevention and control, to frontline healthcare workers around the world. As the evidence around treating COVID-19 evolves we are also working to ensure access to state-of-the-art case management protocols, including the critical use of oxygen therapy, by virtually connecting country teams with U.S. and international expertise.

We also partnered with the U.S. International Development Finance Corporation to expand loan guarantees for private frontline healthcare providers recognizing that the private sector is well placed to provide surge support to the public sector both to help ensure the continuity of ongoing services and to help triage COVID-19 cases to the appropriate facilities. USAID assistance has strengthened laboratory testing capacity in more than 55 countries for large-scale COVID-19 testing and specimen transport. Additionally, USAID has supported infection prevention and control (IPC) across more than 40 countries, including improvements in triage and isolation, hand hygiene, waste management, and emergency supply chains. IPC is critical to prevent the transmission of COVID-19 within health facilities, including among other patients and health care workers.

To further strengthen health systems, USAID is supporting country efforts to prevent, detect and respond to health threats. In particular, USAID supports coordina-

tion across the health sector as well as with other sectors such as education and water, sanitation, and hygiene (WASH). We mobilize whole-of-society efforts that include both the public and private sectors. USAID is also focused on ensuring communities receive quick, accurate information about COVID-19 and how it spreads, while combating misinformation about the virus. So far, we have reached more than 200 million people with critical public health information through mass media in more than 85 countries. USAID is also facilitating public forums about the risks of COVID-19. These communications efforts help save lives.

RESPONDING TO SECONDARY IMPACTS

Beyond the direct impacts of COVID-19, the pandemic threatens decades of progress across USAID's investments in economic growth, food security, education, democracy, gender equality and women and girls' empowerment, and global health. In response, USAID is taking proactive steps to address these secondary effects and sustain our investments to help protect U.S. national security. Vice President Harris's recent announcement of \$310 million in assistance to the Northern Triangle, including \$125 million in USAID funding, is one of the most recent examples of how we are mobilizing our resources to provide emergency food assistance, economic recovery programs, and health support to communities in need.

A sharp rise in poverty has created cascading effects across all sectors of USAID's work. The pandemic marked the first global rise in extreme poverty since the 1990s; COVID-19 eliminated jobs, shut down entire sectors of the economy, and disrupted food supply. In response, USAID is providing life-saving assistance to those who are most vulnerable to the pandemic's urgent consequences. Our immediate support includes life-saving assistance in 48 priority countries and supporting communities, helping them adopt strategies to reduce the spread of COVID-19. USAID is also delivering emergency food assistance to more than 4.7 million people affected by lockdowns and stressors from COVID-19. In addition, through Feed the Future, USAID's food security and resilience programming is helping farmers and small businesses stay afloat, markets safely open, and local food prices and supplies stabilize. We are fighting pandemic induced spikes in hunger while simultaneously strengthening resilience to future shocks.

Due to COVID-19 lockdowns, an estimated 1.6 billion students are out of school, including an estimated 11 million girls who may never return without targeted intervention, putting them at risk for early pregnancy, abuse, and gender-based violence, including child, early, and forced marriage. To combat these disruptions, USAID leveraged its partnerships, on-the-ground presence, and expertise to rapidly pivot programs by mobilizing more than \$900 million for education across more than 50 countries to reach more than 24 million learners in 2020. We are supporting continued education through online, television, and radio school lessons, allowing millions of students to continue their studies outside of the classroom. We are also ensuring safe return to learning, especially for the most marginalized, including through distance learning, catch-up programs, and school safety protocols.

In the face of COVID-19, investing in women's economic empowerment is more important now than ever, as women are disproportionately affected by the immediate and longer-term impacts of the pandemic. We are especially cognizant of the crucial role that women play in the informal and formal health sectors, and the increased workloads on women in all sectors due to caregiving at home under pandemic restrictions. Women are also more likely to have informal jobs or precarious employment compared to men, resulting in a greater likelihood that their earnings and health and other benefits will be interrupted and/or impaired due to the pandemic. Increasingly, USAID's women's economic empowerment programs have incorporated COVID-19 responses, for instance, several programs have helped women-owned businesses in the garment industry to pivot production for personal protective equipment to meet growing global demand.

COVID-19 continues to disrupt democracies by providing an opportunity for authoritarian regimes to tighten their grip, often through the use of "emergency powers." To promote and protect democratic governance, USAID is supporting efforts to counter disinformation and defend human rights, the rule of law, and democratic safeguards. We have helped provide virtual platforms in some countries to ensure citizens can continue to monitor decision-making processes and hold their governments accountable.

COVID-19 threatens to erase years of progress across our global health programs, particularly in our fight to end diseases like HIV/AIDS, TB, and malaria. Ongoing stress on health systems weakens the ability of countries to respond to and adequately control the spread of other diseases. For example, TB case finding and treatment has decreased by as much as 25 percent, including in the highest burden coun-

tries, eliminating a decade of progress to reach every person with TB, cure those in need of treatment, and prevent the spread of disease and new infections. In 2020, one million fewer people were able to access reliable TB diagnosis, and thereby treatment, than in the previous year. To counter these effects, USAID has pivoted programs to provide remote diagnostic testing support and virtual health consultations.

Despite these critical concerns, there is also a real opportunity to use the worldwide roll-out of COVID-19 vaccines to expand USAID's health system strengthening efforts. COVID-19 vaccination campaigns will involve an approach capable of reaching the entire population and require a substantial increase in the number of trained vaccinators and supervisory staff. The likely need for ongoing vaccination efforts will necessitate incorporating the supply chain, human resources, information, and financing arrangements into the core primary health care system for ongoing services. Failing to coordinate and integrate these efforts would represent a real missed opportunity to strengthen health systems and ensure we are better prepared for the next pandemic. USAID will similarly build on other COVID-19 response efforts to align primary health care, public health capacity, and health system resilience to enable a better response to future public health threats.

RESPONDING TO INDIA AND EMERGING HOT SPOTS

While we have made significant steps towards tackling the pandemic and its second-order effects, we need not look any further than the current crisis in India to see the devastating impact of this disease and why we must show strong U.S. leadership in the international response to end the COVID-19 pandemic once and for all.

Just as India sent assistance to the United States when our hospitals were strained early in the pandemic, the United States is determined to help India in its time of need. With this support, USAID is airlifting critical medical supplies and improving India's capacity to provide life-saving oxygen to COVID-19 patients. We are consulting constantly with the Government of India, non-governmental stakeholders, and our interagency partners to ensure that USAID's response is targeted to where it is most needed and will be most effective.

This surge of immediate assistance builds on USAID's ongoing efforts to mitigate the pandemic in India. As this crisis unfolds, USAID stands with our staff in India, some of whom have lost family members to the virus or are themselves gravely ill. We are inspired by the strength and resilience of our colleagues who are leading this immense response while being deeply impacted themselves.

Important to note, India's COVID-19 crisis is impacting its immediate neighbors, and beyond. The International Federation of Red Cross and Red Crescent Societies reports that in Nepal, towns near the Indian border are unable to cope with the growing number of people needing medical treatment. Nepal is recording more than 50 times more cases than this time last month. USAID is responding swiftly to improve Nepal's ability to respond to this crisis, including improving laboratory and hospital testing capacity, helping both federal and local governments facilitate infection prevention and control, supporting remote services for those seeking access to care, and addressing the secondary effects of the pandemic. It is also expected that we will see other hot spots emerge in the region, as well as around the globe. For example, we are closely tracking the situation in Brazil and working across the interagency to respond there and anticipate other hot spots.

These emerging hot spots are a critical reminder that it will only be possible to keep Americans safe for the long term by stopping the global pandemic now. Our work is not done. To end the pandemic together as a global community, we must win the race between vaccinating all of humanity and the emergence of new and even more dangerous variants, which could threaten us all.

CONCLUSION

U.S. leadership will help to overcome this pandemic, but we cannot do it alone. Our partners are essential to our success. USAID is working closely with the global community, including the World Health Organization, our partner countries, non-governmental organizations, other donors, and the private sector. We are urging other countries to provide more funding for global COVID-19 response efforts and to advance information sharing, transparency, and accountability across these efforts.

It is not enough to only end the COVID-19 pandemic. USAID is committed to building back a better world, one that is better prepared to prevent, detect, and respond to future biological threats, and where all people can live safe, prosperous, and healthy lives.

Thank you for the opportunity to represent USAID. I welcome your questions.

The CHAIRMAN. Well, thank you both. We will start a series of 5-minute rounds.

Let me start by saying for our fellow citizens across the country who may be wondering why we are so focused on this internationally, as long as there is COVID anywhere, there can be COVID everywhere.

We cannot hermetically seal off the United States of America. There are—viruses understand no borders, no oceans, no walls, nothing, and so it is in our own national interest and security as well as being a global citizen to meet this challenge.

When we look at the numbers, 3 million confirmed deaths around the world but researchers and some reports—recently published study claims that the number of deaths are over—closer to 7 million, which 900,000 alone would be here in the United States.

So what I would like, and I listened to your testimony, but work with me to get a better understanding. Give me a clear articulation of what is needed, what major obstacles are there, and how the Administration is planning to lead efforts to get the job done to move towards an ultimate end of the pandemic, but in the interim dramatically changing the course of events.

Ms. SMITH. Let me point to three aspects of that. The first and most important thing we need is international coordination and leadership, and I believe the United States is able and willing to provide that.

If you look at the fragmentation that characterized the first year of this pandemic, it, quite frankly, gave advantage to the virus.

So we are reaching out to countries all over the world, to our key allies and partners, to make sure that what we do is we move out more robustly is a coordinated response that, therefore, can get to some scale.

I think that the second is, as Jeremy rightly pointed out, vaccines are absolutely critical. We are going to have to work on that throughout this response. We are also going to have to respond in those areas where we can actually prevent and prepare.

Let me say a couple of things on vaccines and what we are doing on that front.

Number one, we are now the largest donor to COVAX. Again, thanks to the generosity of Congress, we are using our contribution to leverage and encourage other countries to increase their own contributions so that we have got adequate burden sharing but also we get to the scale we need.

We are also looking at issues of supply and manufacture. We need more vaccines. That is why the United States, our Development Finance Corporation, under the rubric of the Quad countries that we work with, has embarked on a deal for an additional company in India to increase production of vaccines and is looking at other places around the world where the injection of DFC capital can result in fairly prompt increases in production.

There is also sharing. It was rightly referenced to the President's decision to share AstraZeneca doses, and over the coming days you

will hear more about that in our efforts to look at how to share more doses. That is going to be critical to the solution as well.

So we have got a multi-pronged effort on vaccines.

The second is that second part of our strategy on reducing transmission, strengthening the health systems that are going to be needed, and reducing mortality.

There is a lot can be done, and I will turn to my colleague to say more about that, but, quite frankly, to prepare for what we know is coming as we try to ramp up the supply of vaccines.

If you think about India and the sub region, there are other parts of the world that we are monitoring where we could likely see surges. So how do we deliver the assistance that we now have on hand to strengthen those health systems and position for them?

So those are the three key areas I would point to. Let me—do you want to add anything, or is that all right with you, sir?

The CHAIRMAN. If you have something to add, yes. Then I have another question.

Ms. SMITH. Sure.

Mr. KONYNDYK. Yes, I think Gayle has covered sort of the broad strokes. In the near term, it really is imperative that countries not take their foot off the gas in terms of the distancing and masking and all the other behavioral measures that are needed to slow transmission.

I think one of the factors in India seems to have been that some of those measures were somewhat relaxed and that in large, large gatherings, particularly some larger religious festivals, were allowed to continue in that provided opportunities for the virus to spread at large scale.

Clearly, the variants are part of that as well. The multiple variants are now proving to be more transmissible and I think that just underscores the risk and the danger we face in the year ahead.

So part of this is what we can do with our assistance and we are going to provide testing support. We are going to support contact tracing and other public health measures in countries.

Part of this, too, is countries need to really maintain the rigor of their—the stringency of their policies to slow and prevent transmission until they have sufficient cover, vaccination coverage, and that is in much of the developing world not likely to happen for another year to a year and a half, even under a best case scenario.

The CHAIRMAN. Let me turn to another question. I heard you say, Ms. Smith, that the U.S. is able and willing to help lead this international response, and my question is who is coordinating the Administration's international response?

Sunday's *Washington Post*—you may have read it—has suggested that the Administration's international response is uncoordinated and it lacks a strategy. So I would like you to speak to that.

Lastly, what steps is the Administration planning to take to lead collective efforts to end the pandemic? For example, should we expect announcements coming out of the G-7 and G-20 with specific targets and goals related to health interventions?

Ms. SMITH. Thank you for those questions. I would not say that the response is uncoordinated. I certainly have not found that since I took on this position just a few weeks ago.

Both the National Security Council and the domestic COVID team led by Jeff Zeints lead the across the board interagency effort in the big picture. That, as my colleague has said, has been exactly what we need, which is a whole-of-government response.

So there is coordination at that level, particularly on the policy side. In my position, there is a coordination role with respect to colleagues at USAID and HHS. How we can pull those pieces together, I think that coordination is increasing. I have found it to be quite smooth.

As is always the case in the executive branch, as we make decisions and look at doing additional things that moves up through a decision making process, the standard operating procedure, and I think that is working quite well. So I think there is coordination.

I think that on the G-7 and the G-20 side, these are vitally important forums for galvanizing the kind of international response we want. The G-7 is very focused on it and I think we can anticipate that out of the summit coming up, we will see concrete action and decisions from the G-7.

The G-20, as well, is very focused on the economic dimensions of the pandemic, whether it is with regard to the debt service initiative that they launched earlier that will likely be continued or now their examination of the special issuance of special drawing rights from the IMF.

Because the economic shock of this has been felt all over the world at the macro level down to the household level. So I think you will see robust responses from both and you will see the United States leading in both cases to make sure that happens.

The CHAIRMAN. I look forward to that.

Senator Risch.

Senator RISCH. Well, thank you. I am going to pick up where the chairman left off, Ms. Smith.

The National Security Memorandum Number One, which I referenced earlier talked about the State Department leading on developing a Government wide plan to combat COVID-19, reviewing and adjusting deployments of health and diplomatic personnel overseas and developing a diplomatic outreach plan to engage donors, strengthen partner capacity, mitigate the secondary impacts.

Ms. SMITH. Right.

Senator RISCH. So your position, as I read your job description, is exactly what was intended in the bill that we introduced in the last session. Senator Murphy and myself were the main sponsors.

Senator Portman and Senator Cardin were also sponsors of that legislation, and the new one coming up, hopefully, with the chairman will probably also have a position in it with that job description just as you are.

So that is a really good thing because when you have that amount of money that you are throwing against the wall and you have got such a complex and overlapping set of agencies, somebody has got to lead the charge.

Now, I heard you respond to the chairman's question, saying that it was the National Security Council people that were leading.

As I read the National Security Memorandum One and what we thought would be the appropriate way to do it was the department was supposed to lead and, specifically, the chair you are sitting in.

So how do we reconcile those two?

Ms. SMITH. Sure.

Senator RISCH. Please do not take this as derogatory. I just—we need—

Ms. SMITH. No. No.

Senator RISCH. Under these circumstances, we need organization and coordination, as the chairman has pointed out.

Ms. SMITH. No, I could not—

The CHAIRMAN. Excuse me one moment, if I may intercede. I have to go to a Finance Committee meeting. I have asked Senator Kaine to preside until I come back. So it is not that I did not like what you had to say so—

Ms. SMITH. Thank you.

No, Senator, that is a fair question. Let me—let me elaborate. I think I would think of it as the National Security Council and the COVID team that the President established have the ability to set the framework, and the reason that I say that is important is, for example, much of what we do internationally derives from how well we are doing on the domestic front.

In terms of coordinating the actual response, you are absolutely right. That would appear to be me, and I think that is an appropriate role. I think it is an important role. I think it is working very well.

We have the ability not only as the State Department to marshal the kinds of coalitions that we need to galvanize that international support that is so necessary, but also to work with key agencies, including USAID, and the Department of Health and Human Services to make sure that we are marshaling a comprehensive strategic response.

So, for example, with respect to the allocation of funding or the framework I described at the beginning, part of my task is, again, working with other agencies but to look across that and make sure that we do not have gaps or duplications, that we are moving out as robustly as we can, and that we are providing the resources, both personnel and financial, that we have in the budget, and again, thanks to Congress, behind those objectives.

So I do not think there is disconnect. I think the reference to the domestic COVID team and the NSC derives from the fact that, again, as the President has made clear, his first responsibility is making sure the American people are safe. He is equally and strongly committed to an international response. It is important we have got that connectivity.

Senator RISCH. I appreciate that. I come back, again, to the point about there is so much money—

Ms. SMITH. Yes.

Senator RISCH. —and so many different agencies. We hear from time to time, and it does not get—fortunately, it does not get much publicity—about our own agencies butting heads overseas, and I am sure both of you, having worked in this area, have heard these stories before where when we were doing PEPFAR, which worked incredibly well, had difficulties with agencies going head to head.

So it really needs somebody with the authority to get their arms around this and I am glad to see you are in that position, and I hope you will take back the message that we believe that that is

appropriately where it should be and that the person in your position should have the authority to step in where agencies are having difficulty getting along.

Thank you, sir.

Ms. SMITH. Thank you.

Senator KAINE. [Presiding.] Thank you, Senator Risch.

Via Webex, Senator Cardin is next up.

[Pause.]

Senator KAINE. Unmute, Senator Cardin.

Senator CARDIN. Hello?

Senator KAINE. Now we can hear you.

Senator CARDIN. Okay, sorry about that.

Again, let me thank both of our witnesses for their public service. These are, certainly, very challenging times.

It has been noted in this hearing that this pandemic has been challenging to the health systems of developed countries, let alone those that are more challenged, and I just really want to deal with how we can prepare for the next pandemic, recognizing the lessons learned from PEPFAR. I appreciate Senator Risch mentioning that.

We found that when we attacked the AIDS epidemic by helping countries that were extremely vulnerable, we helped build up their healthcare capacity and infrastructure, that when the next pandemic came, Ebola, they were much better prepared than those countries that were not PEPFAR countries.

So my question to you is what lessons have been learned in what—how we have to assist in developing healthcare infrastructures in countries in order that they can deal with pandemics rather than just dealing one by one on a specific virus? Would not we be better off building up the infrastructures of countries to deal with what is likely to come?

Ms. SMITH. Senator, that is an excellent question, and I think there is an extraordinary foundation that the United States has helped to build in a number of countries through PEPFAR, through the President's malaria initiative, through maternal/child health and other programs at USAID, through the work of CDC, and, indeed, the work of NIH and other parts of the Government.

It is absolutely critical that we build on those. The challenges are two. One is consistency. Preventing this kind of crisis from happening again means that we have got to close all the holes in the net.

So that means that we and our partners need to look at all countries in the world to see how we raise that level of capacity building.

Second, we need to make sure that we have got sustainable financing. Now, let me be very, very clear. The generosity of this Congress over almost 20 years to put the United States in the position to be the world's largest donor by far to global health is absolutely welcome.

In order to get to where we need to go, if you think about, for example, the Global Health Security agenda that was launched some years ago, it made significant progress in building the capacity of countries to prevent, detect, and respond to health threats.

It does not, today, have sustainable financing. It is an international effort, but it does not have sustainable financing. So we

are looking at not only options that can be fulfilled through the provision of foreign assistance, but are there other mechanisms for financing this kind of capacity building over time.

I would absolutely agree with you, Senator, it is overwhelmingly in our interest and, indeed, the world's interest to take a systematic approach building on the foundations we have been able with partners to set, and invest our health assistance in continuing to strengthen those health systems and build the capacity for all countries to prevent, detect, and respond.

Senator CARDIN. I would just respond by saying under PEPFAR we did provide substantial resources in order to be able to complete a task of health infrastructure in the country.

Ms. SMITH. Yes.

Senator CARDIN. Some of us have visited the countries that have been PEPFAR countries and we see a tremendous difference from those that were not PEPFAR countries.

The second point I would just want to raise is that we do not yet know the secondary impact of COVID-19, and that could very well present challenges to us, as we look at our international assistance, as to how do we deal with the secondary impacts that have occurred as a result of COVID-19, in, particularly, the developing world.

So these challenges are going to be continuing. I agree with you on the funding flow. We have to provide the funding. We also have to energize our partners in coordination. We did that with PEPFAR.

We also did it with the sustainable development goals under the United Nations, which I think is another model that we can use in order to make consequential differences in countries and have them prepared to deal with the uncertainty of the future.

Mr. KONYNDYK. Senator, thank you for highlighting the secondary impacts. I think what we are seeing in USAID is that this pandemic is touching every part of everything that we do regardless of whether or not that is health related.

So one example that has been—that I have seen is the way that the health crisis translates into an education crisis because of a financial crisis.

So the health crisis hurts economies in the developing world. That puts financial pressure on household livelihoods. That means they cannot afford school fees and they need to put children to work. So the children are pulled out of school.

So these crises cascade and link to each other. It starts with the virus, but it manifests in multiple other ways, and we are trying to tackle that through our programming as well.

Senator CARDIN. Let me, again, thank the witnesses.

And thank you, Mr. Chairman.

Senator KAINE. Thank you, Senator Cardin.

Next, and we are moving in order of appearance and seniority, Senator Barrasso.

Senator BARRASSO. Thanks very much, Mr. Chairman.

The World Health Organization, in my opinion, needs to be reformed. The coronavirus pandemic brought to light serious questions about the World Health Organization's transparency, independence, and ability to address the global pandemic.

The United States, I believe, has to be much more clear-eyed about the World Health Organization's leadership failures and mistakes if we are ever going to ensure that it will never happen again.

So May 24 the World Health Assembly is meeting. It is an opportunity for us to raise concerns and demand reforms. Of course, the World Health Assembly is the decision-making body of the World Health Organization.

So I believe reforms are needed to ensure the accurate and transparent information sharing to members. Changes need to be made in order to address the vulnerabilities of misinformation and political influence.

For the WHO to be successful in the future, it must earn back the trust of the international community and perform much better than it did during this crisis.

So could someone please outline for me the specific reforms this Administration is demanding from the World Health Organization?

Ms. SMITH. Yes, I will take a stab at that. Thank you, Senator, for the question.

I think we are in strong agreement that for the present and for the future we need a very strong, very effective, very capable World Health Organization.

We are engaged on three areas of reform, and as I said earlier, I think this is also about modernization to make sure, again, that the WHO is fit for purpose in the future.

The first is on surveillance and alert. Those systems need improvement if we are to be able to move as quickly as we need to move.

The second is in the area of transparency, which you mentioned, which is absolutely vital. Again, when we can see what is happening with a virus, we are much better positioned to track it, but also the capacity of WHO and its members to quickly respond and this includes strengthening the international health regulations and compliance with them.

Because while we need to strengthen the institution, the WHO is also as strong as its members. So we feel very, very strongly and we are urging members across the board that they need to not only comply with but strengthen the IHRs, support the kind of transparency to which you reference, and so on.

The third area is cost effectiveness and sustainability. This is a very expensive pandemic. We need to be well prepared for those things that may happen in the future. We have got to make sure that money is spent wisely and effectively and achieves results so that we can sustain those capabilities over time.

Senator BARRASSO. Along those lines, you had earlier in your testimony—

Ms. SMITH. Yes.

Senator BARRASSO. —used the word leverage.

Ms. SMITH. Yes.

Senator BARRASSO. I am wondering what leverage we now have to make the kind of changes that you have just outlined.

Ms. SMITH. I think that we have got significant leverage and significant influence. The United States is an absolutely critical part-

ner to WHO. I think that the WHO itself would say there are reforms that are in need of making.

I think the institution itself has spoken to those, and I think we are finding with countries around the world that there are some things in WHO that have worked well and there are some that have worked less well. We have had the most dramatic global scare you could imagine with this pandemic, and I think it has taught us all a lot.

So, yes, I think we are in a very good position to influence WHO but also influence other members, including on their behavior but also on their role vis-à-vis supporting the institution.

Senator BARRASSO. Yes. I was one that felt by withholding money from the World Health Organization we would have more leverage, that they would then want the money. So that is where I have been coming from.

Ms. SMITH. Yes.

Senator BARRASSO. The American Rescue Plan provided a total of \$3.5 billion in emergency funding for the Global Fund to fight AIDS, tuberculosis, malaria. To me, that is a dramatic commitment by U.S. taxpayers and our resources.

As the largest contributor to the Global Fund, the U.S. provided over a billion and a half dollars fiscal year 2020. What specific steps has the Administration taken to leverage these funds in order to raise contributions from other donors you had said we have—we are using our leverage? What are we doing specifically?

Ms. SMITH. Thanks for asking this, and the Global Fund has been absolutely key on another key element. Vaccines are important, but we also need the diagnostics and the therapeutics to make all of this work.

You may be aware, sir, that one of the things that we did years ago was establish, basically, a match where we had agreed that the United States—this was in—before the pandemic, so I want to be clear this has not pertained to this funding, but that the U.S. would cover a substantial portion of the Global Fund financing and we would, essentially, use that to match and leverage contributions from other countries.

I think we are still in a position to do that. We are actively, on funding for the Global Fund, reaching out to other donors constantly to make sure that it is capitalized in the way it needs to be.

I will tell you, quite honestly, that for those of us who are doing this work it is very effective when we can say our Congress just put billions of dollars on the table and that we—

Senator BARRASSO. I am running out of time. I do—I am looking across at Senator Kaine and Senator Coons is here—

Ms. SMITH. Yes.

Senator BARRASSO. —people that I have traveled to Africa with, our concerns with HIV, tuberculosis, malaria. There have been articles written that the pandemic itself, coronavirus, is going to push back opportunities to make the kind of progress we had been making—

Ms. SMITH. Absolutely.

Senator BARRASSO. —in those other areas. Could you just address that, briefly?

Ms. SMITH. Yes. I think, as Jeremy has said, this pandemic has got knock-on effects on every single thing we do, and what we have seen on the HIV/AIDS side, we have seen a decrease in testing. It is harder for people to get their medicines. We have seen reductions in voluntary male circumcision, which is key for prevention.

PEPFAR and, indeed, the Global Fund have tried to pivot to compensate for some of those potential losses. How do we make it easier for people to access ARVs? How do we do the extra work to make sure that people can safely travel to undertake prevention and other measures?

So there is a real focus on it. You are absolutely right, sir, that this pandemic is potent enough that not only are we seeing the first increase in extreme poverty worldwide in 20 years, we are also likely to see some setbacks on the HIV and AIDS front.

Senator BARRASSO. Thank you, Mr. Chairman.

Ms. SMITH. Thank you, sir.

The CHAIRMAN [presiding]. Thank you, with thanks to the chair. Senator Kaine is recognized.

Senator KAINE. Thank you, Mr. Chair, and what an important hearing, and I am glad to have these witnesses before us. I think one of the challenges that we often deal with across Government is the U.S. wants to do everything but we do not want to fund everything. So we fund part of everything and then we spread it so thin that we cannot make the kind of impact that we want.

I think when it comes to vaccine diplomacy, we have some significant and hard decisions to make about prioritization.

I would like to enter into the record an article from the Miami Herald dated April 27, 2021. The title of it is “As Biden Rolls out U.S. Vaccine Diplomacy He Needs to Start in Our Own Hemisphere.” I would like to enter that into the record.

The CHAIRMAN. Without objection.

[The information referred to above can be found at the end of this Hearing.]

Senator KAINE. Let me just read a paragraph from this that is—two paragraphs that are troubling.

“Since the COVID-19 outbreak, the presence of China and Russia in Latin America and the Caribbean has expanded significantly. A few months into the pandemic, China capitalized on the moment to announce a \$1 billion loan to the region to facilitate vaccine access. Today, through three of its domestically developed vaccines—Sinovac, Sinopharm, and CanSino—China’s vaccine diplomacy extends to a dozen countries in the region. Argentina, Bolivia, Brazil, Honduras, Mexico, Panama, and Venezuela are using Russia’s Sputnik V vaccine. In a regional first, Argentina is on the cusp of beginning its own mass production of the Russian-made vaccine.

“And their diplomatic gestures do not go unnoticed. Mexican President Andrés Manuel López Obrador and Argentina’s Alberto Fernández are just two of the region’s leaders who have publicly thanked China and Russia for their help.”

The U.S. has made a commitment with about 60 million vaccines to focus on other countries and I think it has committed 4 million

of those vaccines to Mexico—I think 2.7 million to Mexico and 1.3 million to Canada.

My worry is with China and Russia investing so heavily in vaccine diplomacy in the U.S., if we are not going into the Bolivias and Argentinas and Hondurases and other nations, this is going to be a very, very serious challenge for us.

So I guess I would like to ask you, in particular, what will the Administration do or what might you recommend they do to prioritize vaccinations in the Americas.

Some of the likely travel patterns back and forth are more likely to be intense from the Americas to the United States because so many folks in the region have family members living here.

I think there would be a lot of kind of objective data that would suggest a prioritization of this hemisphere. Two of our top three trade partners in the world are in the region. Talk to me about how we should prioritize the Americas as we look at our vaccine diplomacy efforts.

Ms. SMITH. Is my microphone on?

Senator KAINE. Yes, you are on.

Ms. SMITH. Okay. Senator, I think we need to do three things.

I am sorry, it is not on. Actually, this microphone needs a new button. Is that on? Yes? Okay.

Senator, I think we need to do three things at the same time. I think there is absolute merit in making the case about our own hemisphere that affects the United States directly, and the activities of Russia and China I would have to describe as robust but very cynical.

So I think we need to take a look at that and figure out how to respond. One thing I would say is that one of the ways to respond is to make clear that the United States sees vaccines as tools for ending a pandemic and not as tools to twist people's arms or try to secure political influence.

I think the second thing we have got to do, though, is also at the same time look globally, because as we have seen in India, as we look at surges in other areas, and given mobility today, I mean, the Indian variant is in multiple countries already and we are going to face that constant cycle of surges in the transmissibility of new variants.

We have got to be focused on particular areas. We have also got to be focused on how we lead the effort to start to get the global coverage we need.

The third thing is on supply, which is why we have got such a focus on how can we increase supply. As we are considering the allocation of the AZ doses and other things we may do on that front, we are taking a look at geography, absolutely, while we also try to keep an eye on how do we make sure we are starting to get that global coverage that is needed to seal it up.

Senator KAINE. Let me just say this in my last 20 seconds. There is just this danger if everybody is somebody that nobody is anybody. I mean, if we are going to prioritize the entire globe, we may not make the kind of impact we want.

Ranking Member, in your opening comments, you talked about how we might brand what we are doing. I think we might contemplate a little bit of a hybrid model where the U.S. is a signifi-

cant investor in organizations like COVAX that are doing vaccinations globally, but that we might choose more of a unilateral effort to go big in a part of the world that is most likely to impact the U.S. population because of migration and trade.

Ms. SMITH. Okay. Could we add two quick things?

Senator KAINE. I will leave it to the chairman because I am over my time.

Ms. SMITH. Mr. Chair?

The CHAIRMAN. Go right ahead.

Ms. SMITH. I think one thing, and maybe you can take the issue on the branding, I think part, Senator, of the mission of getting the global coverage is using our leadership to also leverage other countries, right, because other countries around the world are looking in their own regions and may be focused on other areas.

We have got to make sure that together we start to lay that global foundation. I can assure you there is a lot of attention to our own hemisphere. So that is very much on people's minds and—

The CHAIRMAN. Let me just echo Senator Kaine's remarks. Of course, we want to be helpful everywhere in the world as much as we can. Here in our own hemisphere, it is in our own most direct national interest.

I just left the Finance Committee on trade-related issues with Central America, DR-CAFTA, with those seeking refuge from their countries. I could just go on and on.

Ms. SMITH. Yes.

The CHAIRMAN. So there is a lot to be said as we are prioritizing where we can make a big difference, both in a health context and also in terms of diplomatic advancements on critical issues that we need.

So I appreciate the senator raising that.

Senator Rounds is, I understand, on Webex.

Senator ROUNDS. Thank you, Mr. Chairman. I presume I am up and operational now.

Let me begin by thanking both of our witnesses here today. I think this has been a very interesting discussion so far. I would like to continue it along the lines of what Senator Kaine had indicated as to how we focus long term or, at least, with regard to the worldwide response.

It is not the first time that our country has been expected to respond in times of an emergency or serious economic crisis throughout the rest of the world.

We think back even to World War II and the aftermath of World War II where we created a Marshall Plan. We planned it out, we laid it out, and then in conjunction with other allies we were able to coordinate our efforts.

Is it time for a Marshall Plan when it comes to our response, or our allies, and those in need across the entire globe? Is it time to take a look at that type of a comprehensive plan?

I just ask both of you in terms of your thoughts about the focus now on whether or not we find ourselves in a position of leading a global effort that not only would take care of a lot of human suffering, but—and limit human suffering but would also bring us into that leadership position with regards to our allies who need that type of long-term leadership focus, going forward.

Ms. SMITH. I will start but I am sure my colleague, Jeremy, will have something to add to that. There is no question that we need a grand plan and that the United States needs to be at the forefront of that.

Frankly, I think that is the difference between bringing this pandemic to an end in 3 or 4 years and bringing it to an end in a year, 18 months, or 2 years.

That is a big difference. We know what that means for economic stability, for political stability, and for the lives and livelihoods of millions and, indeed, the security of the United States and our own citizens.

So yes, we do need that kind of grand plan. I think that in our discussions with allies we were asked about the G-7 and the G-20. I think that kind of unity and coalition is forging. I think to do that we are going to have to, as the Marshall Plan did, focus on multiple fronts.

The Marshall Plan was, indeed, about resources. It was also about policies. It was also about markets and dealing with the economic impacts of World War II and, similarly, we have got the same kinds of impacts in this pandemic.

I think it is worth thinking that boldly. I think this is a different time. I am also confident that unless we all come together with a bold financed vision, prepared to take some risks and do some new things, we are going to suffer two consequences. This will last longer than need be and we will be less prepared for what we face in the future.

Mr. KONYNDYK. If I could just build on that. I think that that is also a key difference, and picking up on Senator Kaine's earlier point, that is a key difference between what we are trying to do and what we see China and Russia trying to do.

What we see China and Russia trying to do is, in effect, use small amounts of vaccine sales to extract political concessions and gain political influence.

What we want to do is use a mass response to end the pandemic and let that be the legacy of what America is trying to do here, not extracting small-scale political concessions with arm twisting for vaccine sales that they then, frankly, are often failing to deliver on.

So we want to deliver—we will deliver on what we promise and what the President aspires to do and what the President is committed to leading is of the ambition of ending the global pandemic.

That is the—whether that is the Marshall Plan or whatever we call that, that is the legacy that we want for this Administration and for American leadership in this crisis.

Senator ROUNDS. Thank you very much for your responses. Look, I guess the way I look at it is if we do what is right in this particular case and if we lead from the moral high ground, which is not only good business, in this case, economically, it means that we respond quicker, our trade patterns return.

We find, perhaps, more interest in our—in our allies responding and recognizing that there is a benefit in working with people that have the same common belief systems as we do, and that is what we are looking for around the world.

It puts us in a better position long term, and at the same time back here at home we do not suffer the mutations and changes that

are going to come back to haunt us if we do not get this pandemic under control in other areas of the world. So I think it is a win-win all the way around.

Mr. Chairman, I am not sure but I suspect my time is real close to being expired. I thank you and I thank our two witnesses for participating today.

The CHAIRMAN. Thank you, Senator Rounds.

Senator Coons.

Senator COONS. Thank you, Mr. Chairman, Ranking Member Risch. Thank you for holding this hearing and for the encouraging effort you are making together to develop a bill that will guarantee we learn from this pandemic and strengthen global public health systems.

Thank you to Ms. Smith, Mr. Konyndyk. Great to be with you both again.

Gayle and Jeremy, your previous experiences in very challenging moments, such as the Ebola outbreak in West Africa, give me confidence that you are just the right people to be leading these critical response efforts.

To just follow up on what Senator Rounds was saying, this is a critical moment for us to seize this opening, to reengage with the world. We have got the experience.

We have got the deserved reputation as a global public health leader. We invested in, innovated, and developed the most effective vaccines in the world, and our global competitor, China, is busy sending out a vaccine that has been demonstrated to have a significantly lower efficacy.

Our global competitor, Russia, is engaging in a disinformation campaign to dissuade folks in Central America, South America, and elsewhere from using U.S.-delivered and developed vaccines.

I am interested in talking with you about how we ramp up vaccine manufacturing both here in the United States and throughout the world, how we ensure it is delivered in as timely and equitable way as possible, and then how we push back on the disinformation campaigns.

We really can only talk about the possibility of the pandemic ever ending if we get to a point where it is not mutating and we do not have new variants developing, as this disturbing new variant in India has, that are more transmissible and more lethal.

So let me start with—you mentioned, Gayle, plans that DFC has announced for expanding manufacturing capacity. Rather than getting into IP issues, I think the priority issue for us ought to be dealing with manufacturing and distribution around the world.

I am encouraged that South Africa's Aspen Pharmacare manufacturing plant is getting up and running, that the DFC is working with South Korea on a new manufacturing line.

Just tell me about our plans to work with critical allies like the Quad, our four key partners in the Indo-Pacific, to tackle research and production hubs and to rapidly grow the capacity of the Global South to manufacture and distribute.

Ms. SMITH. That is an excellent question, and a vital step not just for now but also in the future—

Senator COONS. Right.

Ms. SMITH. —because, clearly, I think one of the things we were seeing in this pandemic is that there is not enough decentralized vaccines manufactured around the world to lend itself to manage—

Senator ROMNEY. Your microphone is off.

Ms. SMITH. Is it on now?

Senator COONS. Yes.

Ms. SMITH. All right. What I was just saying is that I think that is important for the present and for the future because we need to have more decentralized vaccine manufactured around the world to deal with global outbreaks, epidemics, or pandemics.

There are a couple things we are exploring. One, as you rightly referred to, DFC reaching out to those places where an injection of capital would yield significant increases, actually, in the near to medium term.

Now, one of the ways we can do that with allies is that all of our G-7 partners, for example, have the equivalent of a development finance institution. In the aggregate, that is a great deal of capital.

Also, working with the IFC, with whom we are engaged, we can marshal a lot of capital to get those ramp-ups fairly quickly. So that is number one.

I think number two, it is also making sure that even the domestic market and other markets are getting the signal that they need to receive that there is capital out there to actually buy vaccines.

COVAX is looking to buy vaccines. The African Union, as you may know, is working with a \$2 billion line of credit. The Asian Development Bank has capital available for its members to buy vaccines, as does the World Bank. Those are disaggregated signals to the market at this point.

One of things we are trying to do is make sure that that is a very clear and loud signal that it is not simply dose sharing or just COVAX. There is money out there to procure and how do we make sure that we are increasing supply to meet that demand.

So that is a second piece of it.

Senator COONS. I would be interested in hearing from both of you how can we most effectively counter disinformation campaigns.

Ms. SMITH. Yes.

Senator COONS. I have been really troubled to hear that Russia is actively engaging in a disinformation campaign to suggest that somehow American-sourced vaccines are less effective than Sputnik.

Ms. SMITH. Do you want to start?

Mr. KONYNDYK. Yes, I will start that.

I would not oversell the effectiveness of those campaigns, to be honest. I think everything that we are hearing from every country where USAID works and, frankly, every country where the U.S. has a presence is that they prefer and want to obtain U.S.-produced and Western-produced vaccines because they recognize the higher quality.

The Russian vaccines have not gone through any sort of approval process or authorization process at WHO or from any stringent regulatory authority. Countries know that. They know that ours have.

I think, by sticking to that science that will be recognized, that puts them out front. Countries recognize that they want those vac-

cines. I do not think they are fighting a winning battle when they cannot put their own vaccine through authorization and have it come out the other end.

Senator COONS. Let me just commend the Administration. We are at a point of having 110 million or more Americans vaccinated. We are going to continue vaccinating Americans at the rate of 2 million a day or so and keep pushing on equity and access here.

We have to also now dramatically ramp up the availability of vaccines around the world. I am excited to keep working with you on this challenge.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator Romney.

Senator ROMNEY. Thank you, Mr. Chairman.

Let me ask, is there a written plan at this stage saying what our priorities are country by country? Who is getting what PPE, who is getting what vaccine, what additional funding might be necessary to meet our objectives? Has that been written and established at this stage?

Ms. SMITH. Senator, there is a written and established framework that we are in the process of finalizing, which goes into great detail. We have the documentation. I will let USAID speak for this, given the new allocations of funding as that is allocated around the world.

On your other piece in terms of where the vaccines are going, we are working closely with COVAX on the allocations of vaccines, which our funding has provided, and, obviously, on the AZ and any other doses we might share we will be able to take this—

Senator ROMNEY. So the decision that Senator Kaine raised about we need to provide additional support for Latin America, is that part of a document where we have laid out this is how much we are going to send to Latin America, this is how much is going to be going to India? Do we—have we—describe—

Ms. SMITH. Yes. It is—in terms of how we allocate the AstraZeneca doses, for example, there are deliberations—

Senator ROMNEY. I am talking about all of them—the PPE, each vaccine. I mean, have we—I mean, because it is apparent that China and Russia have a game plan. They have decided where they are going to send it. I mean, they have moved, they have acted.

Ms. SMITH. Right.

Senator ROMNEY. They are getting various approvals that they want to receive. Do we have the same thing in place or are we still on the process of deciding what we are going to do?

Ms. SMITH. Well, let me try and answer that two ways.

One way is we have got a great deal of that. We are still making decisions. We will finalize a decision on the AZ doses soon, and those will be prioritized and you will be able to see where those are going.

We have got a similar discussion ongoing with COVAX so that we do have some influence on where those doses go. Similarly, again, on things like PPE and other assistance, I think the distinction I would make between the United States and Russia and China on this is that, again, while we do prioritize and will prioritize, and I think your comments were well received on this,

we are also sending a signal that we are not allocating PPE as a tool for trying to gain influence. We are allocating PPE so that we can help countries prepare, for example, for the kind of surge we have seen in India.

Senator ROMNEY. I just—I guess I am a little concerned, as I have been listening to these discussions so far, that we are discussing, we are planning, we are prioritizing. We are interacting with others.

I mean, the President has put forward over \$6 trillion dollars of legislation bills in his first 100 days. Yet, with regards to this global crisis, we are still planning and trying to prioritize.

Ms. SMITH. No. Yes.

Senator ROMNEY. I—it would strike me that that the Administration and other people have put forward a very clear plan as here is what we are doing. Here is what our objectives are. Here is phase one. Here is phase two. Here is phase three. Here are the countries we are going to first and the world would know what those things are.

Ms. SMITH. Sure.

Senator ROMNEY. At this stage, we are all here listening and, frankly, wondering why cannot we move as quickly as Russia and China to decide precisely what we want to do or where we want to do it and communicate that to the world.

Ms. SMITH. Senator, we have got that framework and, respectfully, we have not been asked—

Senator ROMNEY. Where is it? Because Senator Kaine just asked what is happening in Latin America. Could we not know—I mean, do the people in Latin America, country by country, know what is coming to them, when it is coming, what our priorities are?

Ms. SMITH. In some cases, yes. In other cases, we are in the process of allocating the funding that was provided by Congress. Yes, we can walk through the details of where that is going and how much—

Senator ROMNEY. I think it would be helpful to have that—

Ms. SMITH. Sure.

Senator ROMNEY. —have that available to the—not only Congress but to the American people and the people of the world as to what our priorities are and for us to have certain objectives that we may not communicate but to have that understood in this body.

Let me turn to a different topic and that is with regards to the President's decision or tentative approval to waive patents with regards to vaccines. I do not know that that has happened in the past.

It does strike me that the pharmaceutical companies have in the past tailored the prices of their products to the ability of a market to pay, if you will. So they do not charge the same price for statin drugs in Africa than they do in France that they do in the United States.

We sometimes complain about that, but the reality is they have adjusted that way. Is there some reason to believe that they would not be willing to do that with regards to the sale of their vaccines and that we would not have to blow through patents and set a precedent that could affect their willingness to make investments in the future?

Ms. SMITH. We would, certainly, hope that they would do that. The negotiations of various countries have been based on variable prices is what we know to date. So that has been a bit of a challenge.

I think just to be very clear on the position on the TRIPS waiver, the intention there is not to abandon the commitment to IP. The commitment to IP is very, very strong. This is a once in a century crisis.

One of the things we know, for example, that on average it takes 7 years for drugs that are available in this country to make it to the world's poorest countries. So often they end up at prices that are affordable, but it takes a great deal of time.

What will happen now, given the position on the TRIPS waiver, is that our U.S. Trade Representative and her team will enter into text negotiations, which will take some time. I think it was our view that extraordinary times require extraordinary measures and we need to look at that.

Our hope would, certainly, be that companies would make vaccines available at the lowest possible price so that we can do everything we can to shorten the lifespan of the pandemic.

Senator ROMNEY. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator Murphy.

Senator MURPHY. Thank you very much, Mr. Chairman. Thank you both for your willingness to speak with us today and for your work on behalf of the country and the world.

Let me just, first, associate myself with remarks made by Senator Risch earlier in the hearing regarding, I think, an effort that we need to undertake to clarify lines of authority with respect to our work around pandemic prevention and preparedness.

I have spoken to Director Walensky about this, and the good news is that CDC is trusted all around the world. They have great relationships on the ground with public health practitioners, especially in developing nations.

The bad news is that I think sometimes they do not always make the connections that they could into the kind of partnership programs that we can do through USAID and State, and now that we will, hopefully, have more resources to do that with, it is more important than ever that as quickly as possible we are entering into these conversations with countries about how to help build up their public health and pandemic prevention systems.

So that clarifying line of authority for countries and for countries' public health professionals, I think, would be incredibly important.

Two questions. One, a general one and one a country-specific one. The general one is on a reference that President Biden made in his National Security Referendum to a new health security financing mechanism, and I think you have talked both a little bit about this already.

I am a believer, and I have put forward legislation to do this, that the MCC model, while imperfect, is an important one and there is a way in which you can essentially enter into agreements with countries, whereby we will be a significant partner with them on helping to rebuild their public health systems in exchange for commitments on reform.

That, to me, is a model that could work here and could, frankly, sell to the American taxpayers. Any more color on sort of what you are considering with respect to this new health security financing mechanism and is some of the dollars in the relief bill going to be used to seed fund that?

Ms. SMITH. Yes, and I think the way we are trying to look at that is, in part, what has worked and how do we come up with a financing mechanism that, frankly, is not fully reliant on foreign assistance.

I would love a world where we could sort of guarantee that there was the capital, going forward, in a budget on the foreign assistance side to fund this kind of work years into the future.

Now, we have seen that with things like PEPFAR. There has been sustained funding over the years. I think we need that kind of sustained funding on the foreign assistance side, but to also look at other models.

We are looking at what may be possible on the multilateral development bank side, what may be possible with respect to other revenue streams, are there ways that we can get financing beyond just foreign assistance to sustain this because, unfortunately, the experience of the last several years, much to our collective regret—and this is not just the United States, this is all over the world—is that that kind of funding has generally fallen by the wayside.

I take your point on MCC and I think one of the great advantages that we have is that we have got an awful lot of examples in our own Government. We are looking at all of those. We would also welcome any additional recommendations you all have on this.

Senator MURPHY. Let me ask a country-specific question. In my state, I have got a big Nepalese-American population.

This is a country that, obviously, is already significantly impacted by an upsurge in COVID-19 cases but, particularly, because of the export ban in India and their inability to get medical supplies like ICU beds and oxygen and ventilators in from Indian suppliers.

That country is in dire straits. I know that USAID has already allocated about \$10 million. That is, obviously, a relative drop in the bucket.

What else can we be doing to make sure that Nepal is not overwhelmed in the way that India is today—they are close, but they are not there yet—and some steps that we can take, too, for a country 30 million people strong today would be a seemingly wise investment.

Mr. KONYNDYK. Thank you, Senator. Yes, you are absolutely right. We are very focused on Nepal right now. In fact, directly prior to coming to this meeting, I was on a call with our team in Nepal and some of our other teams in the South Asia region planning exactly what—the sort of assistance that you are referencing.

So far into the pandemic, USAID has provided about \$23.7 million of COVID-19-related support to Nepal, including a recent new allocation of \$10 million to help them address the current surge.

We are in the process of planning additional funding as well as planning material supply deliveries. One of the challenges that Nepal has is under-testing, so their test positivity rates are extraordinarily high. I think the average in the country is about 42

percent. There are parts of the country that are 70 to 90 percent. That is a sign they are not testing enough.

So we are going to surge in testing support as well as other forms of support and continue to pay close attention to it.

Senator MURPHY. Well, thank you for your focus on that endeavor. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator HAGERTY.

Senator HAGERTY. Thank you, Mr. Chairman, and thank you to both of our witnesses today for being here and for your service.

Senator Romney inquired a few minutes ago about our strategic planning for allocating PPE, vaccines, and other resources. I would just like to make the comment that I hope that our allocation of these resources will be based on America's strategic interests.

In that regard, I was in Guatemala, Mexico, last week. We have a surge of people coming across our border right now. In fact, 570,000 people have been encountered just this fiscal year.

That surge is bringing in people that we do not know have been vaccine—whether they have COVID or not. I can tell you from meeting with the leadership in Guatemala and in Mexico there is a dearth of vaccine. Huge problems. You know the Sputnik problem down there.

Ms. SMITH. Yes.

Senator HAGERTY. If we are prioritizing these assets, I would like to know—or vaccines, what the plan is, again, for Mexico, for Central America, Latin America, and South America. How are we prioritizing the allocation of vaccines to those countries, given our strategic interest and the fact that in my home state of Tennessee, we have people being shipped in from across that border right now.

Unaccompanied minors are being housed in my state. Hospitals do not know what to expect. The school system does not know what to expect. How do we address this?

Ms. SMITH. Thank you for the question, Senator.

As I alluded to a few moments ago, we are in the process of finalizing the decisions on the allocation of the AstraZeneca vaccines, and I think you will see a reflection in those of the kind of interests and concerns that you point to.

I do not want to get ahead of the process or ourselves. In the coming days, we will be able to walk through that in some detail with you.

Senator HAGERTY. Well, I would encourage speed in every respect here because we have a crisis at the border right now and we have partners south of the border that want to work with us and are desperate to work with us.

Ms. SMITH. Yes.

Senator HAGERTY. What I do not want to see happen is creating yet another magnet for illegal immigration because they cannot get the vaccines down there. This is just another reason why people are flooding across our border right now.

So I would very much appreciate your attention to that in your planning.

Ms. SMITH. Sure.

Senator HAGERTY. Again, as soon as we have a plan, I would also concur with Senator Romney that plan needs to be made public,

not only to the Congress but to the American people and to our allies around the world.

Ms. SMITH. We will be doing that. Thank you. Thank you very much.

Senator HAGERTY. Thank you very much. Thank you.

I have got another question that I would like to turn to here. This has to do with the Quad framework. In my previous position, I spent a lot of time in that region as U.S. Ambassador to Japan, and I applaud the Biden administration for continuing to emphasize the importance of our cooperation with the Quad.

The Quad partnership has come together around the COVID-19 situation and have made significant pledges with respect to providing vaccines, over a billion doses, in fact, being pledged to that—to that region, and I want to come back to the conversation about what is happening in India that Senator Murphy brought up.

What is the plan now that India is not able—not in the position to produce and deliver vaccines beyond its own border? How are we going to backfill that commitment? How are we going to address that commitment, now given what has happened in India?

Ms. SMITH. Yes. Do you want to start and I will follow?

Mr. KONYNDYK. Yes, I am happy to—thank you—and, Senator, that is the key question right now for global vaccination.

A lot of the initial—because of India's role in supplying most of the vaccines that are produced globally and their ability to do so at low cost, much of the global vaccination effort initially was to hinge on that. That has changed now, given the situation in India.

COVAX is working with U.S. support to diversify their portfolio. So they recently signed deals with Novavax and with Moderna for their vaccines. Moderna, of course, is the one that we have access to here.

Novavax is one that is forthcoming and they are placing a bit of a bet but I think a safe bet that that will come through authorization and be usable.

That helps to diversify so that their portfolio is less reliant on India. We are also working to enhance manufacturing and enhance the supply chain that feeds into manufacturing.

One of the challenges that India has, and we are seeing it in other places like Brazil and in some of the European producers, they cannot—they just cannot access sufficient supply to produce the vaccine. So their production ceilings they are falling short of.

So we are working with colleagues at the White House and at HHS who track those global supply availabilities to figure out how we can better optimize which vaccines are being produced where and the allocation of some of those supplies so that we can make sure that the greatest volumes of appropriate vaccines are being produced.

That, I think, is the long-term play. We have got to get that supply chain piece right so that global production can rise to the level we are going to need.

Senator HAGERTY. I appreciate that, and I want to bring us back to my opening comment. We need to take into account America's strategic interest as we do this. We have a massive strategic interest in that region.

So I appreciate your attention and focus on that. I am running out of time, but I would like to also ask, if I could, about COVAX. You mentioned COVAX. I would like to get an update at a separate time about how that program is functioning.

When I met with leadership, both in Guatemala and Mexico, there is a very deep shortfall in terms of what expectations are versus what is being delivered, and if we could make arrangements to get an update on that I would appreciate that.

Mr. KONYNDYK. I would be very happy to do that. Thank you.

Senator HAGERTY. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator Merkley.

Senator MERKLEY. Thank you, Mr. Chairman.

I wanted to get a—kind of a better roadmap of where we get to internationally in the sense that a group of public health advocates have said we should have a goal of producing 8 billion doses of mRNA within a year to inoculate, essentially, half the world and cut 2 years off the pandemic's projected duration.

Is that a goal that you have—Director, you have embraced in terms of creating an arc for American leadership and do you feel like we have sufficient resources and leadership connections to drive success in that vision?

Mr. KONYNDYK. So I would put it this way. We need enough supply of enough vaccines in the right combinations to get to the target levels.

I am a little less concerned with whether they are specifically an mRNA vaccine or other vaccine technologies as long as they are effective and can be delivered safely and effectively, and I think there are merits to both.

So mRNA has a really important role to play in that. mRNA is also a new technology. It is harder to take to scale than some of the others—some of the other more traditional vaccines, and at least in the case of the Pfizer mRNA vaccine has more difficult handling requirements.

So I think we need to use all of the candidates that we have in appropriate combination to cover as much of the world, depending on what, you know, different countries are set up to handle.

Senator MERKLEY. So you—but you embrace—you embrace the vision of that 8 billion dose goal?

Mr. KONYNDYK. I would say mRNA vaccines are, you know—

Senator MERKLEY. I am not—

Mr. KONYNDYK. Yes.

Senator MERKLEY. I will accept—

Mr. KONYNDYK. Yes. Yes.

Senator MERKLEY. —that other vaccines may well fill in. That goal of the number of doses to try to speed up global resistance.

Mr. KONYNDYK. I think it is a matter of—without putting an 8 billion figure on it, we need as many mRNA vaccines as we can get and—

Senator MERKLEY. Okay. I will just—I will cut you off there.

Mr. KONYNDYK. Yes, sir.

Senator MERKLEY. What I would like you to explore—

Mr. KONYNDYK. Yes.

Senator MERKLEY. —is whether having our President, in partnership with other leaders, embrace some number because a number puts a flag in the ground. It says this will now—now how do we get there.

Mr. KONYNDYK. Yes.

Senator MERKLEY. How do we put all the pieces together to get from this day and 365 days from now we are going to have this level.

Mr. KONYNDYK. Right.

Senator MERKLEY. If you get to 7 billion, you get to 9 billion, but it drives—but when it is just, like, we need as much as we can get, it does not drive a plan.

Mr. KONYNDYK. I agree.

Senator MERKLEY. We have to have a plan.

Mr. KONYNDYK. Yes.

Senator MERKLEY. We have so much at stake in this. I guess I will just put this as a question. I look at this as, one, the world needs to come together in this from a humanitarian, from a moral perspective.

Second, we need to come together because as long as there is a reservoir of disease out there, that disease is going to be re-imported to the U.S. It means more Americans getting sick. It means more Americans dying.

It means more opportunity for this pandemic virus to mutate and cause new problems and have to drive, essentially, a lot more costs in the future. Do you share—am I describing a world that you agree with?

Mr. KONYNDYK. Absolutely. What we need—I think the target figure we need to start with is how much of the world do we need to cover and that is, President Biden has said for the U.S. he wants to target 70 percent. The African Union is trying to target 60 percent.

I think something in that range, and then it is a question of which vaccines will come online in which volumes to enable us to get to that between the mRNA and any others. Absolutely, that is the—

Senator MERKLEY. Well, I look forward to announcements from the Administration that—and I think it also puts the U.S. in a leadership role to say, this is our partnership with the world to make this happen. We are going to do everything we can.

Mr. KONYNDYK. Could not agree more.

Senator MERKLEY. Then it drives resources that Congress can consider appropriating. When it is vague, like, well, let us get as much as we can, that does not drive action in the same way.

Mr. KONYNDYK. Completely agree.

Senator MERKLEY. I would like to turn to you, Gayle, in terms of another piece of this, which is the sharing of technology, and I think the discussion has reverberated in two different ways: one, having companies share their recipe, if you will, because of the urgency, and it is tied into the first question I am asking about.

How we get from here to there a year from now and reduce the risks to America and do the right thing globally? Also, the action in terms of changing the patent restrictions that needs to go through the World Trade Organization and are we aggressively

pursuing both of those approaches. Do you support those approaches?

Ms. SMITH. Yes. I think, given the urgency of the situation, we do have to do both things, which is what led to the position on the TRIPS waiver. Technology transfer is another key variable, as you rightly point out. So that is going to be key, I think, for now and for into the future.

I would add, though, it does not solve the whole problem, as Jeremy suggested. I would not minimize, though, given the technology requirements for mRNA vaccines and I would not minimize the importance of, say, some of the other vaccines and the scaling up on those to be able to meet the need.

Yes, I think we absolutely have to look at a better solution than what we have now to making vaccines available sufficiently that we do not see another global pandemic and we bring this one to an end. Absolutely.

Senator MERKLEY. I know I am out of time. Do I have time for a specific follow-up, Mr. Chair? Do you have others waiting?

The CHAIRMAN. I know Senator Shaheen has come back. If you want to wait—

Senator MERKLEY. I will follow-up. Thank you.

The CHAIRMAN. If you are still here, Senator Merkley, we could consider going a second round.

Senator Shaheen.

Senator SHAHEEN. Thank you very much, Mr. Chairman, and thank you both for being here and for your testimony. I am sorry I had to miss so much of it because we had another hearing in Appropriations going on.

I wanted to ask you about some of the ancillary impacts of the COVID pandemic, which, as you pointed out, has tragically taken more than 3 million lives over the last year.

It has also created a global food security and malnutrition crisis, which you know very well. As of April 2021, the World Food Programme estimates that 296 million people in 35 countries where it works are without sufficient food. That is 111 million more than in April of 2020.

So and prior to the COVID outbreak, we were losing about 3 million children each year dying as the result of malnutrition. Obviously, that number is increasing.

So can you talk about how USAID and the State Department is prioritizing assistance to address malnutrition as part of our effort to combat the COVID-19 pandemic?

Mr. KONYNDYK. Yes, absolutely. Thank you for that question, Senator.

The humanitarian and development and, particularly, as you are noting, the food security and nutrition impacts of this pandemic have been one of the most severe manifestations we have seen beyond, of course, the deaths from the virus itself.

The number of people in humanitarian need has risen by about 40 percent since pre-pandemic and much of that is manifesting in the food security space.

So one of the first things that we did with ARP funding was expedite both some of the cash funding through the ESF and some of the Title 2 in kind food aid to patch gaps in the food pipeline—

the World Food Programme global food pipelines that go to humanitarian settings—for exactly that reason, that we are very, very concerned about the potential for famine in multiple countries.

So that that has been an urgent priority. That money has been flowing already. It was the first thing—it was the first money that we got moving from the ARP after the Congress passed the bill.

We are not limiting our focus there to humanitarian settings, of course, because we know that the food security and malnutrition impacts are also showing outside of traditional crisis settings and in a situation like this, those kind of traditional definitions of what is and is not a crisis begin to blur as well.

So through our Bureau for Resilience and Food Security, we are also providing additional support in more sort of traditional development settings to food security needs and to childhood nutrition needs as well, and the resources that we have received from Congress will be very important in that.

I think the last thing I would say is we will do this through the ARP funding, but this is also going to be a long-term priority because we are going to be paying for or kind of feeling the development impacts of this well beyond the point at which we end the virus.

Senator SHAHEEN. So do we need more assistance—funding assistance?

Mr. KONYNDYK. We will—I am not going to get ahead of the White House on the funding request, as you can understand.

I think, certainly, in the out years of the budget we are going to continue to feel the development impacts of this and we are going to need to reflect that if we are going to fully combat this.

Senator SHAHEEN. I missed—I am sure you addressed what is happening in India in some of the questions, which is just horrific.

I have heard from some of the members of the Nepalese community in New Hampshire that we are also seeing even faster rates of spread of the virus in Nepal.

How are we prioritizing small countries that may not be on the front lines of the news these days but we know are having the same sort of critical challenges?

Mr. KONYNDYK. I would say that for USAID, Nepal is alongside India. It is our highest priority right now and, actually, just prior to the hearing, Senator Murphy asked about this as well while you were out.

I came from a meeting directly on how we are expediting into Nepal. We have been sending aid there. We recently put another \$10 million in just in the past few weeks and we are currently planning additional aid deliveries of in kind assistance that will be transported in, particularly on diagnostics and testing, which is a major weakness there.

Senator SHAHEEN. That is great. Thank you.

One of the—we know that this pandemic has affected women, certainly, in the United States and around the world probably more dramatically than men because women tend to be the caregivers in all of our societies.

Can you—and one of—it is having an impact, as you pointed out, in other aspects of healthcare systems throughout the world. One of those areas has been family planning, which has been affected

because of the focus on the coronavirus. We have seen family planning facilities shuttered around the world.

So how can we support integrated health systems that ensure that family planning services are considered an essential service within the public health?

Mr. KONYNDYK. It is an extraordinarily important question, and as you say, the burden and the damages from this pandemic have fallen disproportionately on women and girls.

We have seen that in the form of family planning. We have seen that in the form of disproportionate care giving obligations. More women have been pushed out of the workplace than men have.

We have seen that in terms of girls falling out of educational opportunities. We are with the resources that Congress has provided us, we are working to do what we can to prioritize each of those, both with some of the ARP funding but also with our normal year development budgets, and we have pivoted a lot of our development programs to take account of the impacts of the pandemic, including some of our family planning work, and we look forward to continuing to collaborate with you, Senator, and with Congress on that.

Senator SHAHEEN. Well, thank you very much for all of your efforts. I know they will continue, and anything that I or my office, and I am sure this is true of the full committee, can do to be helpful, please let us know.

Mr. KONYNDYK. Thank you.

Senator SHAHEEN. We look forward to working with you.

The CHAIRMAN. Thank you.

I understand Senator Van Hollen is with us virtually.

Senator Van Hollen.

Senator VAN HOLLEN. Yes, Mr. Chairman and Ranking Member, thank you for bringing us together on this important topic. To both our witnesses, thank you for your service and all your efforts to defeat this global pandemic.

President Biden said that the United States will be the, “arsenal of vaccination,” once we have sufficient guaranteed supply for every American, and my sense is, based on our ability now to take the AstraZeneca doses, the 60 million, that we have now secured enough for the U.S. population that we can begin to provide excess supply to other needy places around the world, both to do the right thing and for our own health interests. Is that right?

Ms. SMITH. I think we are nearing that time, yes. Absolutely, sir.

Senator VAN HOLLEN. Well, so there are different pieces to this challenge, right. There is the money piece and Congress, as you know, provided \$4 billion for COVAX, and as you indicated, having that money available is a good incentive to increase supply.

As of today, as I understand it, there is not \$4 billion of vaccine to purchase and make available right away. Is not that the case?

Ms. SMITH. That is the case. So I think that you are absolutely right, that dose sharing needs to be a fundamental part of the equation so that we have got enough of a volume to get to the levels we need, if that is—if that is the point of your question.

Senator VAN HOLLEN. Yes. So here is what I am trying to do, and I know you are working on a plan. Everyone is trying to get their arms around the question Senator Merkley really posed,

which is how much and how much can we provide in the form of actual vaccines.

I am pleased that we loaned the vaccine—I think it was 4 million doses—to our neighbors, Canada and Mexico. I am pleased we have identified India, because of their urgent need, as a recipient of some of those doses, going forward.

Others have mentioned Nepal. I would say Bangladesh, Pakistan, all those countries that border on India, are at real risk of the rapid acceleration of the vaccine. So the faster we can get the vaccine to India and some of those other countries the better.

What do you expect the timeline to be here? That is question number one. Second, beyond the 60 million AstraZeneca doses, what other U.S. sort of produced doses or purchased doses do you see coming online and being made available to support others around the world in the coming weeks?

Ms. SMITH. Senator, I am not trying to be too clever by half. The timing of this hearing is such that what I need to say is that in the coming days we want those answers for you.

We are in the process of discussing all of that, looking at the options, and finalizing some things. So our timeline is very short, and we will be able to come back to you very soon.

I think we agree with you, absolutely, that we need to move and move quickly and we are doing so. I just do not want to get ahead of things.

Senator VAN HOLLEN. Right. That is on the AstraZeneca vaccine distribution, right?

Ms. SMITH. That is on the AstraZeneca and, as you know, the President has said that when the situation in the United States, when he feels the level of confidence about where we are, then we will begin looking at other doses.

I think, as you and others have rightly pointed out, we are getting to a level in the United States where confidence is much greater. It has been a very successful rollout. So we are also looking at those options.

Senator VAN HOLLEN. Got it. So when you say in the next—in the coming days you should have an announcement or decisions, can we also expect that you will tell us how much beyond the 60 million in AstraZeneca vaccine may be available, whether it is Novavax or some of these others that the United States will be able to make available? Is that something that you are going to be able to tell us in the next couple days?

Ms. SMITH. Senator, what I can tell you is I can contact you and tell you what I will be able to tell you. I am not trying to be clever. I am trying to honor a system of deliberation, and so we are moving very quickly and we will have more to share with you very soon. I am uncomfortable going beyond that.

Senator VAN HOLLEN. I get it. I get it. I am not trying to—I just—again, we have the 60 million and we—

Ms. SMITH. Yes.

Senator VAN HOLLEN. —and we talked a lot about—I have not heard a lot of conversation about what other vaccines supply may be made available.

Let me ask you quickly about the ingredients. Because we have the money channel. We have the direct distribution of vaccines. We have purchased excess vaccines.

Then there is the issue of providing essential ingredients to other countries that have the capability of doing their own manufacturing.

Ms. SMITH. Right.

Senator VAN HOLLEN. I understand there are some bottlenecks in that process. I know India, for example, has asked for ingredients. How can we eliminate the bottlenecks and is the Defense Production Act a tool that we should be using more of?

Ms. SMITH. Do you want to start on that?

Mr. KONYNDYK. Yes, I will. Thank you, Senator.

It is a key issue. It is probably the key issue right now for a global vaccine scale. We are trying as a world to produce 14 billion extra doses of vaccine a year on a system built to produce four, and so there are these constraints in the upstream supplies and consumables.

We are working closely with counterparts at HHS who have been supporting some of that analysis on the Operation Warp Speed, now the Countermeasures Acceleration Group Initiative, to take some of that expertise, feed that into what we need to do at the global level.

We are coordinating closely with groups like CEPI and GAVI to feed that into some of their portfolio planning and their investments.

That is the key issue is expanding that upstream supply but also, frankly, optimizing because I think we are going to have to make some hard choices and tradeoffs about which vaccines, ultimately, get selected for investment and purchase based on who can produce the most yield.

Senator VAN HOLLEN. Do you think we will require the—more use of the Defense Production Act, which is something I was pleased to see the Administration, the Biden administration, do—

Mr. KONYNDYK. Yes.

Senator VAN HOLLEN. —early on with respect to domestic supply?

Mr. KONYNDYK. I think we are exploring how that might work on the international level. Yes.

Senator VAN HOLLEN. Got it. Okay. Thank you. Thank you, Mr. Chairman. Thank you both.

The CHAIRMAN. Thank you.

Ms. SMITH. Thank you.

The CHAIRMAN. Now, I understand there are no members on either side of the aisle that are presently waiting, and if I am wrong, please, if you are, particularly, virtually, let me know. In the absence of that, I just have one or two questions to finalize.

Let me ask you, on January 21, the Administration issued National Security Memorandum One and the National Strategy for COVID-19 Response and Pandemic Preparedness, which articulated a number of important actions it would take, including promptly providing to the President, “recommendations for creating an enduring international catalytic financing mechanism for ad-

vancing and improving existing bilateral and multilateral approaches to global health security.”

As you are aware, lack of funding has been a significant constraint for lower income countries in terms of addressing weaknesses in their ability to better prepare, to prevent, respond, and detect emerging infections with pandemic potential.

As some have suggested, a mechanism at the World Bank; others have proposed a new multilateral fund similar to the Global Fund to fight AIDS, tuberculosis, and malaria.

Can you share with us what options are currently under consideration by the Administration for such a mechanism?

Ms. SMITH. I am happy to take that, Senator, and thanks for flagging it. Upon coming into this position and addressing, obviously, India was just breaking it that time. This has also been a priority. Those options are on the table.

We are, again, exploring with the Treasury Department and other agencies whether there are additional options that have not been explored yet, because, again, if we—if we create the kind of fund that has been mentioned, whether it is like the Global Fund or GAVI, whether it is a bank—a window at the World Bank or another MDB, one of the things we have got to have confidence in is that there will be long-term financing and that is dependent on the budgets of member states.

Now, we have been able to do that, in some cases, in the past. If you look at the Global Fund, if you look at GAVI, over the years that funding has been pretty consistently—excuse me—maintained.

So what we would need to do in that case is make sure that we have got an absolute commitment not just from our own Government but from other governments to maintain that funding over time.

So all those models are on the table. What I am really focused on and we are really focused on is how do we ensure the sustainability of funding. We have had mechanisms in the past and funding was not sustained.

The CHAIRMAN. Well, I would assume that as we go to the G-7 and G-20, such a discussion would be very timely because it is not only in the United States national interests to help stem the tide of the pandemic, it is every country in the world, especially the more advanced economies it certainly is in their interest.

So I hope we will, regardless of the mechanism—

Ms. SMITH. Yes.

The CHAIRMAN. —we will look to engage in that.

Let me ask you, how do we plan to ensure that our bilateral aid programs are contributing to health systems strengthening while at the same time achieving outcomes in areas those programs are meant to address?

I mean, one of our—we are looking at the immediacy, and certainly we should, but it seems to me we should be thinking whether it is USAID or any of our other various programs, how do we strengthen as part of our effort these health systems so that they can meet this and other challenges?

Ms. SMITH. Do you want to comment on that?

Mr. KONYNDYK. I would—

Ms. SMITH. Then I would like to add one thing when you—

Mr. KONYNDYK. It is an extraordinarily important point, Senator. We have seen in this pandemic, as we saw with the Ebola outbreak, that work that we had done to invest in health systems, whether that was intentionally health system strengthening work or were more kind of disease targeted work, can be pivoted to other uses.

So as we saw with some of the polio work that was done in Nigeria it was then pivoted to support the Ebola response there. We have seen, likewise, in southern Africa a lot of the work that has been done on things like lab strengthening through PEPFAR, which has been a major focus of PEPFAR, the kind of mass PCR testing that can be done now because of the HIV investments is also very useful for this.

So I think there are ways that we can be more intentional about that, going forward, both through our own bilateral work and through some of the—for example, the support to the Global Fund so that we are building some of that work in a way that also serves other purposes more intentionally at the same time.

The CHAIRMAN. Well, I look forward to seeing that and I will talk to the administrator when I speak to her this week.

Lastly, many of us have raised the question of India. Of course, their massive COVID surge is an enormous challenge.

I think the Administration made the right decision to expeditiously send raw vaccine materials, oxygen supplies, test kits, and other necessary resources to fund the expansion of India's vaccine manufacturing capacity.

Mr. Konyndyk, what additional resources is the U.S. planning on providing to India in the coming days and weeks as India's central Government or any of its state governments requested manufactured vaccines from the United States, and if they have, what is our ability to fulfill that request?

Mr. KONYNDYK. So we are prioritizing further investments to support the oxygen supply chain in India. A lot of what we have done on oxygen so far has been in a stopgap to meet immediate clinical needs in overstretched health facilities.

The long term, or not even the long term—the kind of the near and medium term play here is to help them expand their ability to produce and move medical grade oxygen throughout the country.

So we are providing support to that, also to the Indian Red Cross, which has been the distribution agent for a lot of the aid that is coming in, and as needs to expand their capacity to handle that flood of incoming aid.

On the vaccines front, as Gayle has already said, we are in the process of determining as the Administration how that initial 60 million of manufactured AstraZeneca doses will be allocated, and there will be more to say about that.

Ms. SMITH. I would just add one thing, Senator, that—and this will be a continued response, as Jeremy has indicated. This is not a short-term crisis.

One of the things we have also been doing together as the State Department and USAID is working with an extraordinarily generous response from American citizens but also companies in the private sector.

Together, we have probably worked 45, 50 crises in our lifetimes. I have never seen this kind of response from the private sector.

So it is a significant amount of capital. It is a significant amount of support, logistical, and otherwise, and in-kind assistance. So that is—we are working with them to make sure that those contributions flow in to the system in a way that can be most effective.

The CHAIRMAN. I hope that you will come back to us after you are ready to make your announcements so that we can get a full understanding of what we are doing on vaccine distribution.

Ms. SMITH. Absolutely. Happy to.

The CHAIRMAN. Thank you.

Senator Risch.

Senator RISCH. I am assuming both of you have, at least in a cursory fashion, looked at the Independent Panel for Pandemic Preparedness and Response that was just released, what, yesterday was it that it was released? It was—

Ms. SMITH. Actually, I think, 6 o'clock this morning.

Mr. KONYNDYK. Yes.

Senator RISCH. This morning.

[Laughter.]

Senator RISCH. In any event, they—that was the study commissioned by the WHO and it was not just another study. I mean, it seems to me they dug in pretty good. They ignored a discussion of where this started and how it started, which I think is good. That takes some of the issues off the table and everybody knows what the answer to those questions are.

Most importantly, I think, first of all, it was led by a former head of state of New Zealand and of Liberia, certainly not people that you could claim were involved in the global politics of the day, if you would.

So I think this has got some real credibility, and they have some suggestions in here that I think are new, and we have all been talking about WHO reform. This study has very specifics in it for creation of a fund, an international pandemic financing facility.

Most importantly, that the heads—they suggest that the heads of the governments of the world set up a global health threats council—

Ms. SMITH. Yes.

Senator RISCH. —and a pandemic framework convention, I guess what we would call a treaty. To me, these things are critical and I hope this gains some legs and gets some traction.

I would assume this would be on the agenda later this month when this meeting takes place.

Go ahead.

Ms. SMITH. This is a vital report, Senator, and—

Senator RISCH. I am sorry. I did not catch that. It is what?

Ms. SMITH. I said this is an absolutely vital report that we have been looking forward to reviewing the recommendations now. In fact, I am co-hosting a meeting with several other countries on financing for global health security and part of that meeting will be reviewing the IPPR recommendations on that.

So we think it is critical. Their proposal for a global health security forum is a very intriguing one. I think one of the things we found is that we have got health ministers. You also need officials

that deal with security issues because this is a global health and a security crisis.

So we would agree with you. It is a really, really important report by some very smart people, and we are going to go through all their recommendations.

Senator RISCH. No, that is good. I think these are the kinds of things we were looking for and, actually, I guess, groping forward to try to come up with specific solutions when all of us—the chairman, myself, Senator Murphy, and the others on the committee—were—have been attempting to create this legislation to move forward.

So I am glad that this happened now, before we got too far down the road with ours because it seems to me that if people can come together on this—and it is, certainly, not political by any stretch of the imagination.

So I think this is a—something that will be very beneficial to us as we move forward with our legislation.

Mr. KONYNDYK. Senator Risch, if I may—

Senator RISCH. Yes, please.

Mr. KONYNDYK. —one thing I would foot-stomp from their report, and it is something that you mentioned in your opening remarks, is the need for enhanced early warning.

So that is something that is cited in the IPPPR report. It is something that we are working on within the USG, envisioning how that might look.

It is striking that for famines, for hurricanes, or things like this, we have very robust, very sophisticated, scientifically grounded early warning systems, and then when it comes time to predict a pandemic, you have a sort of binary on/off of the public health emergency of international concern mechanisms.

So that is an area that a lot of consensus needs to be strengthened.

Senator RISCH. Yes, I agree with that and, of course, that is one thing that we have all been focused on, and one of the difficulties is when you have something like a weather event you cannot really argue with it.

When you get into something like where did this start, there is a natural reluctance for a Government or a country to drag its feet and try to find—hopefully, find another answer.

We do not wind up with that problem in the U.S. as much as other countries because we have a robust and open media here and a population that is not afraid to criticize or point the finger or raise the alarm, sometimes overly much so.

In any event, this is something that is really desperately needed so that we do have that early warning, that fire alarm. When the fire alarm goes off, there needs to be a fire department to respond.

Mr. KONYNDYK. Absolutely.

Senator RISCH. Thank you.

The CHAIRMAN. Thank you.

Well, we appreciate your testimony and your insights. You have probably one of the most important missions of our time, so we appreciate your work.

The record of this hearing will remain open until the close of business tomorrow, and with the thanks of the committee this hearing is adjourned.

[Whereupon, at 11:54 a.m., the committee was adjourned.]

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

RESPONSES OF MS. GAYLE E. SMITH TO QUESTIONS
SUBMITTED BY SENATOR ROBERT MENENDEZ

INDIA H1-B VISAS

Question. My office has heard from constituents with H1-B visas who are in India and are eligible to return even with the travel ban, for instance because they have young children who are U.S. citizens. However, they have been unable to get necessary appointments at the embassies and consulates.

What steps is the State Department taking to ensure that people in India who are eligible to return to the U.S. can safely obtain the documents and appointments they need to do so?

Answer. In April 2021, U.S. Embassy New Delhi and the consulates in Chennai, Hyderabad, and Kolkata cancelled all routine nonimmigrant visa (NIV) services, and the consulate in Mumbai cancelled all routine NIV and immigrant visa (IV) services in response to the surge of COVID-19 in India. Individuals with urgent travel needs may request emergency appointments by following the instructions at <https://in.usembassy.gov/visas/>. The Department is closely monitoring local conditions and will resume routine IV and NIV services when adequate resources are available and Post's Emergency Action Committee determines that the COVID-19 situation in country has improved sufficiently to allow consular employees to safely resume non-emergency services, assuming local government restrictions allow.

SDR ALLOCATION AND RECOVERY

Question. COVID-19 has spurred devastating health, social and economic crises that have had serious impacts everywhere, but especially in developing countries where the pandemic has deepened development and inequality challenges and erased years of progress on poverty reduction. The Biden administration's notification last month of authorizing a Special Drawing Rights (SDR) allocation at the IMF is welcome news.

How does the Administration envision leveraging the SDR allocation to help developing countries get the virus under control and get back on track? Do you believe that this \$650 billion SDR allocation will be sufficient to meet the current global demand? Or do you expect that you will need more resources?

Answer. Treasury has noted that a \$650 billion SDR allocation will provide approximately \$21 billion worth of SDRs in liquidity support to low-income countries and approximately \$212 billion to other emerging markets and developing countries (excluding China). SDRs are an important tool for countries whose economies have been devastated by the pandemic. SDR will help boost recipient countries' global reserves, and also be used to respond to the pandemic and support recovery efforts.

Any new SDR allocation would complement several existing multilateral efforts to assist countries in need. These efforts include emergency financing extended by the IMF, World Bank and other international institutions; financial support to the COVID-19 Vaccines Global Access (COVAX) Facility; and the G20/Paris Club Debt Service Suspension Initiative, which has delivered approximately \$5 billion in liquidity relief to more than 40 eligible countries. A combination of all these efforts would assist the global recovery effort.

Treasury is working with our international partners, including G7 and G20 finance ministries and the IMF, to develop a menu of options for major economies to voluntarily channel (or lend) as much as \$100 billion worth of their SDRs to support low-income countries and vulnerable middle-income countries. The first most straightforward option would be for major economies to channel SDRs to scale up the IMF's concessional lending to the world's poorest countries through the Poverty Reduction and Growth Trust (PRGT). Beyond the PRGT, the IMF has proposed developing a new trust fund to co-finance eligible IMF programs in support of countries' pandemic recoveries and economic transformations, including green transitions.

Treasury is seeking congressional authorization and appropriation to lend the United States' SDRs to these IMF trust funds. Treasury's ability to participate in the SDR channeling initiative would send a powerful signal of U.S. support for poor countries and significantly boost our credibility in leading the design of the IMF's support to these countries. U.S. participation would also likely have a catalytic effect on contributions from other IMF member governments.

The direct allocation of new SDRs does not add to a country's debt burden. Only the portion of SDR holdings "used"—i.e., exchanged for hard currency or used to settle obligations to the IMF and other multilateral institutions—carries an interest cost. However, the SDR interest rate is currently relatively low, at about 0.05 percent, compared to the far higher rates on debt instruments available to recipient country governments. Regarding channeling, borrowing additional SDRs from the PGRT or a new trust fund would result in new debt for borrowing countries, though again on relatively favorable terms and in the context of a macroeconomic adjustment and review agenda supported by an IMF program.

Question. The COVID-19 pandemic has proven that authoritarians will not hesitate to use it as a pretext to engage in repression. This includes through measures that undermine democratic institutions, weaken transparency and public integrity norms, and attack journalists, activists, trade union leaders, independent business voices, and marginalized social groups, like refugees and migrants, with far-reaching consequences that outlive the current crisis. It has had a particularly devastating impact on women and girls, rolling back generations of progress. What's more, the development of life-saving vaccines has opened a new avenue for corrupt and authoritarian governments to worsen inequality. At the same time, WHO and COVAX have few tools to prevent such governments from favoring preferred constituencies and further disenfranchising disfavored groups. My question is for either witness:

How can the United States work with the WHO and COVAX to facilitate fair and equitable distribution of COVID-19 vaccines in countries with corrupt or authoritarian leadership? What can the United States do to help ensure that public health recommendations related to controlling the pandemic are not used to unnecessarily restrict fundamental human rights in countries around the world?

Answer. The Biden-Harris administration is playing a leading role in ending the global COVID-19 pandemic and is committed to facilitating equitable and rapid global access to safe and effective vaccines. Thanks to the generosity of Congress and the American people, the United States, through USAID, is now the leading contributor supporting COVAX. The U.S. contributed an initial \$2 billion to Gavi, in support of COVAX, in March, and plans to contribute an additional \$2 billion to Gavi through 2022.

Through COVAX's Advance Market Commitment (AMC), the U.S. Government is supporting access to safe and effective vaccines to 92 low and middle-income countries, including for high-risk and vulnerable populations. Further, 5 percent of all COVAX doses are reserved for a Humanitarian Buffer, to provide access to COVID-19 vaccines as a last resort for some high-risk populations who cannot be reached through national vaccination efforts. The very limited Humanitarian Buffer can be used in instances of state failure, conflict, or for those living in areas outside Government control.

In addition to support through COVAX, USAID is providing more than \$75 million in bilateral support to vaccination efforts at the country level. This support builds on decades of experience and lessons learned from implementing vaccine programs around the world, including in countries with corrupt or authoritarian leadership. In these settings, USAID often works directly with local and international non-governmental organizations who have greater access and trust in communities and are able to provide oversight and accountability for U.S. taxpayer resources.

While public health responses to COVID-19 are critical, they have also been exploited by authoritarian governments to violate and abuse human rights, engage in inappropriate or excessive monitoring of citizens, and to enable disinformation and hate speech. In particular, these responses have negatively affected freedom of peaceful assembly and freedom of expression. Governments have also used COVID-19 as the justification for arbitrary arrests, restrictions on access to justice, heavy-handed security responses, reinforcement of social divisions and discrimination, and more.

USAID has responded to these challenges with a number of new short-term programs as well as adaptations to medium- and long-term programs. Rapid response programs have included human rights funding to specifically respond to COVID-19 risks and repression in areas including: freedom of expression and protections for journalists; gender-based violence and the increased risks faced by women and girls

during lockdowns; protecting the rights of persons with disabilities, indigenous peoples, LGBTQI+ persons, and other marginalized populations under threat during the pandemic; and preventing and documenting security sector abuses in enforcing COVID-19 regulations.

RESPONSES OF MR. JEREMY KONYNDYK TO QUESTIONS
SUBMITTED BY SENATOR ROBERT MENEDEZ

Question. The COVID-19 pandemic has proven that authoritarians will not hesitate to use it as a pretext to engage in repression. This includes through measures that undermine democratic institutions, weaken transparency and public integrity norms, and attack journalists, activists, trade union leaders, independent business voices, and marginalized social groups, like refugees and migrants, with far-reaching consequences that outlive the current crisis. It has had a particularly devastating impact on women and girls, rolling back generations of progress. What's more, the development of life-saving vaccines has opened a new avenue for corrupt and authoritarian governments to worsen inequality. At the same time, WHO and COVAX have few tools to prevent such governments from favoring preferred constituencies and further disenfranchising disfavored groups. My question is for either witness: *How can the United States work with the WHO and COVAX to facilitate fair and equitable distribution of COVID-19 vaccines in countries with corrupt or authoritarian leadership? What can the United States do to help ensure that public health recommendations related to controlling the pandemic are not used to unnecessarily restrict fundamental human rights in countries around the world?*

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Through COVAX's Advance Market Commitment (AMC), the U.S. Government is supporting access to safe and effective vaccines for high-risk and vulnerable populations in 92 low and middle-income countries. Further, 5 percent of all COVAX doses are reserved for a Humanitarian Buffer, to provide access to COVID-19 vaccines as a last resort for some high-risk populations who are not reached through national vaccination efforts. The very limited Humanitarian Buffer might be used in instances of state failure, conflict, or for those living in areas outside Government control.

In addition to support through COVAX, USAID has provided an initial \$75 million in bilateral support to vaccination efforts at the country level, and will expand this significantly with additional support under the American Rescue Plan. This support builds on decades of experience and lessons learned from implementing vaccine programs around the world, including in countries with corrupt or authoritarian leadership. In these settings, USAID often works directly with local and international non-governmental organizations who have greater access and trust in communities, and are able to provide oversight and accountability for U.S. taxpayer resources.

Public health responses to COVID-19 are critical, but have sometimes been abused by authoritarian leaders and governments around the world to excuse democratic backsliding, including by suppressing political activity, violating and abusing human rights, inappropriate or excessive monitoring of citizens, and enabling disinformation and hate speech. In particular, these responses by some regimes have negatively affected freedom of peaceful assembly and freedom of expression, but governments have also used COVID-19 as justification for arbitrary arrests, restrictions on access to justice, heavy-handed security responses, reinforcement of social divisions and discrimination, and more. USAID has responded to these challenges with a number of new short-term programs as well as adaptations to medium- and long-term governance, rights, and conflict programs. Rapid response programs provided human rights funding to specifically respond to COVID-19 risks and repression in areas including: freedom of expression and protections for journalists; gender-based violence, and the increased risks faced by women and girls during lockdowns; protecting the rights of persons with disabilities, indigenous peoples, LGBTQI+ persons, and other marginalized populations under threat during the pandemic; and preventing and documenting security sector abuses in enforcing COVID-19 regulations.

RESPONSES OF MS. GAYLE E. SMITH TO QUESTIONS
SUBMITTED BY SENATOR JAMES E. RISCH

VACCINE DIPLOMACY

The Administration has started taking fire for its piecemeal approach toward combatting COVID-19 overseas, including with regard to sharing vaccines. We've heard about vaccines being donated to Mexico and Canada, and understand that an additional 60 million doses of AstraZeneca will be shared at some point—but there doesn't seem to be an overarching strategy guiding these announcements.

Question. What is the strategy for sharing vaccines overseas, once domestic demand has been met? What criteria will you be using to determine where and when we share vaccines?

Answer. As President Biden has announced, America will help lead the world's global vaccination effort against COVID-19 by providing excess doses overseas. While the allocation of this initial allotment of U.S. Government-owned doses has not yet been finalized, the U.S. Government has affirmed a commitment to work with COVAX and other partners to ensure these vaccines are delivered in a way that is equitable and follows the science and public health data.

For your awareness, we are now assessing requirements in all regions, with a particular focus on our own hemisphere. Our strategy, however, assumes that an initial allotment represents only the first phase of addressing the vaccine gap, and aims to steadily increase that supply over time by working with producers to increase manufacture, investing in manufacturing capacity in partner countries, and leveraging our own commitment to dose sharing to secure increased commitments from other donors. I am pleased to inform you that both Germany and France have announced dose-sharing commitments since the President's recent announcement, and that we are actively engaging G7 member countries to expand vaccine volume further.

Question. Will they be shared through COVAX or bilaterally? Will they be branded?

Answer. Yes, we are working closely with COVAX on delivery modalities. These vaccines will be branded, so that upon delivery countries will be aware that these donations have been made possible by the generosity of the American people. We have engaged Gavi leadership on branding matters and have coordinated with them to ensure that branding reflects U.S. support on both U.S. dose-sharing shipments and Gavi-purchased shipments supported by U.S. funding.

Question. How is the Administration approaching countries who have purchased supplies directly from vaccine manufacturers?

Answer. Our overarching aim is to get as many safe and effective vaccines to as many people as fast as possible. We are sharing vaccines and leading the world in global vaccination efforts that follow sound science and public health data. We will work with and coordinate closely with COVAX and partner countries around the world to ensure equitable vaccine distribution.

Question. What is your strategy for combatting Chinese and Russian vaccine diplomacy and COVID-19 disinformation?

Answer. Since the early days of this pandemic, Russia and the People's Republic of China have spread disinformation, including about Western vaccines' safety and efficacy. We analyze these narratives and share findings with international partners to drive coordinated responses to foreign disinformation and propaganda. Despite efforts to undermine confidence in proven vaccines, there is clear, consistent demand for them worldwide. The United States will not share vaccines with strings attached. Vaccines are a key tool in ending the pandemic faster, and we are leading with COVAX and other partners to get as many doses to as many people as possible. We will work with partners to ensure equitable vaccine distribution based on public health data.

AMERICAN VACCINE INNOVATION

The World Health Organization (WHO) listed the Sinopharm COVID-19 vaccine for emergency use (<https://www.who.int/news/item/07-05-2021-who-lists-additional-covid-19-vaccine-for-emergency-use-and-issues-interim-policy-recommendations>), giving the green light for a Chinese vaccine to be rolled out globally. It is also the first COVID vaccine that will carry a vaccine vial monitor (VVM) (<https://www.path.org/articles/vaccine-vial-monitor-worlds-smartest-sticker/>).

The VVM technology was seed-funded by the U.S. Agency for International Development (USAID) in the mid-1980's to overcome challenges relating to the distribu-

tion of temperature sensitive oral polio vaccine (OPV) to low- and middle-income countries (LMICs). This American innovation has since been used over 9 billion times on OPV and other vaccines to prevent wastage due to excess temperature, and is currently mandated by WHO and UNICEF on all non-COVID vaccines to LMICs. Remarkably, the USG has not committed to using our own innovation on highly temperature sensitive COVID vaccines that will be donated overseas, whether bilaterally or through COVAX.

The failure of the U.S. to use its own technology to protect against waste and build public confidence in vaccine integrity—and the announcement by the Chinese that they will—only serves to amplify the PRC’s aggressive vaccine diplomacy.

Question. As we think about our own role in vaccine diplomacy and the use of U.S. innovations by competitors, what is the State Department and USAID doing to ensure use of the VVM to protect against waste, build public confidence, and enable the United States to maintain its long-standing reputation as the undisputed leader in global health?

Answer. USAID recognizes the important role we played in the development of the Vaccine Vial Monitor (VVM) technology. This innovation has been critical to preventing millions of life-saving vaccines from going to waste. For each new vaccine that is developed, a new VVM needs to be developed and tested. The Pfizer and Moderna vaccines are required to be stored at extremely cold temperatures, between –80 and –60 degrees Celsius for the Pfizer vaccine, and between –15 and –50 degrees Celsius for Moderna. Additionally, both vaccines are more sensitive to heat exposure. Due to the heat-sensitive nature of these vaccines, and the high risk for temperature fluctuations at country level, the VVM manufacturer, TempTime, has developed a VVM for both Pfizer and Moderna vaccines, both of which are currently under review by WHO for approval. USAID recently met with TempTime, the sole producer of VVM, to discuss how this technology could be used for COVID–19 vaccines.

TRIPS WAIVER

Question. Do you believe IP really is the binding constraint to vaccine supply and distribution? Would a TRIPS waiver resolve urgent supply and distribution challenges in places like India (which already has licenses to produce at least four vaccines) or should we instead be working with partners to facilitate trade in vaccine components?

Answer. This Administration believes strongly in intellectual property (IP) protections. In service of ending this pandemic, the United States is supporting a waiver of IP protections for COVID–19 vaccines under the WTO TRIPS Agreement. We will actively participate in text-based negotiations at the WTO, which will take time given the consensus-based nature of the institution and complexity of the issues involved. We aim to deliver as many safe and effective vaccines to as many people as quickly as possible. We will continue to ramp up our efforts—working with the private sector and all possible partners—to expand vaccine manufacturing and distribution around the world and increase supply of raw materials needed to produce vaccines.

Question. Are you concerned about the unintended consequences of handing over U.S. innovation and mRNA technologies to the Chinese, who already have gone to great lengths to steal it?

Answer. The Administration is mindful of potential risks from a WTO TRIPS waiver and will be focused on them in the negotiations at the World Trade Organization. The United States will work to ensure that a WTO TRIPS waiver is fit for its intended purpose.

A majority of countries face constraints borne of limited global vaccine supply, which is why our most urgent work is focused on working with producers to increase volume and investing in vaccine manufacturing in several countries.

Countries that have purchased vaccines fall into several categories: some have the financial capacity to procure their own vaccines; some have procured some but insufficient vaccine, and of these, many are challenged by having given the first of a two-shot series but lacking sufficient vaccine to provide the second shot; some countries purchased vaccines from the Serum Institute, which has ceased delivery of vaccines to other countries; and some, and indeed many countries cannot afford to procure vaccines from manufacturers.

In light of these conditions, we are focused on increasing supply and are, among other conditions, considering the ability of individual countries to procure vaccines. Our contribution to COVAX is critical in this regard, as its AMC countries are, in

the main, countries that have the least capacity to procure vaccines directly from manufacturers.

IPPPR RECOMMENDATIONS

The final report of the Independent Panel for Pandemic Preparedness and Response, released on May 12, 2021, included a number of recommendations to enhance global pandemic preparedness and response, including recommendations to:

- Limit the term of the WHO Executive Director to a single 7-year term, rather than renewable 5-year terms;
- Enable the WHO to focus on its core competencies as a normative and coordinating body rather than as an implementing entity in emergencies;
- Negotiate a Pandemic Treaty; and
- Establish a senior Global Health Threats Council, comprised by heads of state, to maintain political commitments to global health security, promote collective action, monitor progress toward goals and commitments, guide resources, and hold actors accountable.

Question. What is the Administration's view of these recommendations? What can we expect in terms of commitments to these and other recommendations of the IPPPR at upcoming meetings of the G7, G20, and the World Health Assembly?

Answer. We are reviewing the IPPPR recommendations alongside those of other assessments. After so many lives lost, the global community and individual countries must take immediate, tangible actions to end this pandemic and to prepare for the next by taking steps to improve preparedness and response capabilities, including by increasing sustainable financing, enhancing bio-surveillance with clear "triggers" for action, and expanding pandemic-related manufacturing with rapid surge capacity. Steps must be taken to strengthen the global health architecture to promote preparedness, transparency, accountability, and innovation to prevent the next outbreak from becoming a pandemic.

RESPONSES OF MS. GAYLE E. SMITH TO QUESTIONS SUBMITTED BY SENATOR JEANNE SHAHEEN

Question. As a result of the dramatic impacts of COVID19, the financing needs for developing countries have grown exponentially. Domestic revenues have fallen between 20 and 40 percent, while debt levels continue to rise significantly. Despite historic stimulus and recovery efforts in the U.S. and elsewhere, many developing countries do not have the fiscal space to respond to the pandemic. The U.N. has also found that a decade of development progress could be lost if the international community does not take immediate action.

What options is the U.S. Government considering at this time for reallocating its excess Special Drawing Rights in order to support the global COVID response and recovery effort? How do we make sure that any SDRs do not add debt to the recipient countries?

Answer. Treasury has noted that a \$650 billion SDR allocation will provide approximately \$21 billion worth of SDRs in liquidity support to low-income countries and approximately \$212 billion to other emerging markets and developing countries (excluding China). SDRs are an important tool for countries whose economies have been devastated by the pandemic. SDR will help boost recipient countries' global reserves, and also be used to respond to the pandemic and support recovery efforts.

Any new SDR allocation would complement several existing multilateral efforts to assist countries in need. These efforts include emergency financing extended by the IMF, World Bank and other international institutions; financial support to the COVID-19 Vaccines Global Access (COVAX) Facility; and the G20/Paris Club Debt Service Suspension Initiative, which has delivered approximately \$5 billion in liquidity relief to more than 40 eligible countries. A combination of all these efforts would assist the global recovery effort.

Treasury is working with our international partners, including G7 and G20 finance ministries and the IMF, to develop a menu of options for major economies to voluntarily channel (or lend) as much as \$100 billion worth of their SDRs to support low-income countries and vulnerable middle-income countries. The first most straightforward option would be for major economies to channel SDRs to scale up the IMF's concessional lending to the world's poorest countries through the Poverty Reduction and Growth Trust (PRGT). Beyond the PRGT, the IMF has proposed developing a new trust fund to co-finance eligible IMF programs in support of coun-

tries' pandemic recoveries and economic transformations, including green transitions.

Treasury is seeking congressional authorization and appropriation to lend the United States' SDRs to these IMF trust funds. Treasury's ability to participate in the SDR channeling initiative would send a powerful signal of U.S. support for poor countries and significantly boost our credibility in leading the design of the IMF's support to these countries. U.S. participation would also likely have a catalytic effect on contributions from other IMF member governments.

Regarding the risk of adding to recipient countries' debt burdens, the direct allocation of new SDRs does not add to a country's debt burden. Only the portion of SDR holdings "used"—i.e., exchanged for hard currency or used to settle obligations to the IMF and other multilateral institutions—carries an interest cost. However, the SDR interest rate is currently relatively low, at about 0.05 percent, compared to the far higher rates on debt instruments available to recipient country governments. Regarding channeling, borrowing additional SDRs from the PGRT or a new trust fund would result in new debt for borrowing countries, though again on relatively favorable terms and in the context of a macroeconomic adjustment and review agenda supported by an IMF program.

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SUBMITTED BY SENATOR JEANNE SHAHEEN

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Any new SDR allocation would complement several existing multilateral efforts to assist countries in need. These efforts include emergency financing extended by the IMF, World Bank and other international institutions; financial support to the COVID-19 Vaccines Global Access (COVAX) Facility; and the G20/Paris Club Debt Service Suspension Initiative, which has delivered approximately \$5 billion in liquidity relief to more than 40 eligible countries. A combination of all of these efforts would assist the global recovery effort.

Treasury is working with G7 finance ministries and the IMF to develop a menu of options for major economies to channel as much as \$100 billion worth of their SDRs (ambition set by G7 Leaders) to support low-income countries and some vulnerable middle-income countries. The first and easiest option is scaling up the IMF's concessional lending to low-income countries through the Poverty Reduction and Growth Trust (PRGT). Beyond the PRGT, we are aiming to develop a Resilience and Sustainability Trust fund at the IMF to co-finance eligible IMF programs in support of countries' pandemic recoveries and economic transformations, including green transitions.

On SDR channeling, Treasury will likely require congressional authorization and the authority to use appropriated funds to lend SDRs of the United States to IMF trust funds. If granted, this support would send a powerful signal of U.S. support for SDR channeling and significantly boost our credibility in leading the design and development of new IMF trust funds. It would also likely have a catalytic effect on contributions from other IMF member governments.

Regarding the risk of adding to recipient countries' debt burdens, it is important to recognize that the allocation or reallocation of SDRs does not entail any new debt. The use of SDR allocations carries a cost, but only on the portion actually used, and currently has a low interest rate of 0.05 percent compared to far higher rates of interest on other debt instruments available to recipient country governments. In this respect, SDR reallocation would likely add marginally to the debt of recipient coun-

tries that use it, but carry much greater potential benefit for meeting countries' emergency needs. Additional grants, debt restructuring, or other measures could then be used to offset the impacts of SDR use.

RESPONSES OF MS. GAYLE E. SMITH TO QUESTIONS
SUBMITTED BY SENATOR EDWARD J. MARKEY

Question. Time is of the essence in the fight against the pandemic. Distributing 60 million doses of the AstraZeneca vaccines before the end of June is a good start. But distributing our domestic surplus must also be paired with a global manufacturing plan that maps capacity, goals, and timelines. Most experts note that we need roughly 8 billion vaccines to reach 60–70 percent inoculation rates to defeat this pandemic. Limiting intellectual property barriers must also be combined with technology transfer, technical assistance, and increasing manufacturing production lines to drastically speed up vaccinations.

When will the Administration have a clear plan to present to the Congress for disturbing surplus vaccines and increasing global production of vaccines?

Answer. Our strategy on global vaccine access includes several lines of effort, three of which involve manufacturing. As we share surplus doses and as the largest donor to COVAX, the Administration is also engaging producers to increase production for delivery this year and into 2022 and, through our Development Finance Corporation, actively pursuing investments in local manufacture. Two deals are on track to be finalized shortly, one in India and one in Africa, with increased production anticipated this year.

Question. While we've rightfully focused the early fight against the pandemic on PPE and humanitarian assistance to combat the secondary impacts of the pandemic, China and Russia have strategically been providing vaccines globally for months. China alone has exported more than 200 million doses as of April 25. Both China and Russia have also aggressively secured manufacturing facilities around the globe to produce their vaccines. It is critical the United States does not pass up the opportunity to show global leadership during this once-in-a-lifetime pandemic.

Have we also secured key industry manufacturing partnerships, and what constraints still exist to scaling global production?

Answer. We will continue to ramp up our efforts—working with the private sector and all possible partners—to expand vaccine manufacturing around the world and increase supplies of raw materials needed to produce vaccines. Already, through the Quad Vaccine Partnership, the United States has committed to support expanded manufacturing capacity in India to produce at least one billion doses of safe and effective COVID–19 vaccines through 2022. The U.S. Development Finance Corporation recently announced an investment in partnership with the IFC, Germany and France, to increase production in Africa, and is actively pursuing additional investment opportunities. We believe that these investments can serve the needs borne of this pandemic but also serve to decentralize global vaccine production for the future, which is critical to our global health security.

Question. This virus has laid bare the inequities of our global society. Low-income countries are underserved, most vulnerable, and in-need of our help. Only 0.3 percent of global vaccine resources have been provided to low-income countries. Will USAID remain steadfast in providing assistance, including vaccines, impartially and according to highest needs?

Answer. The Biden-Harris administration will play a steadfast and leading role in ending the global COVID–19 pandemic, and is committed to ensuring equitable, needs-based, and rapid global access to safe and effective vaccines. Thanks to the generosity of Congress and the American people, the United States, through USAID, is now the leading contributor to the Gavi COVAX Advance Market Commitment (AMC). USAID has obligated \$2 billion of the intended \$4 billion contribution to Gavi. Through the Gavi COVAX AMC, USAID is supporting access to safe and effective vaccines for high-risk and vulnerable populations in 92 low and middle-income countries.

USAID has provided more than \$75 million to date to support partner countries in preparing for COVID–19 vaccine deployment. This funding supports activities to build confidence and trust in vaccines, address vaccine hesitancy and misinformation, and support logistics and administration of vaccines. We will expand this support with additional funding appropriated under the American Rescue Plan Act, building on decades of U.S. leadership and expertise supporting global health programs around the world. USAID and the U.S. Centers for Disease Control and Pre-

vention are working to ensure that vaccines reach the most vulnerable populations and those at highest risk, including health care workers.

As President Biden announced, the U.S. will donate excess doses of U.S. vaccines overseas. While recipients of U.S.-owned doses have not yet been finalized, the U.S. Government has affirmed a commitment to work with COVAX and other partners to ensure these vaccines are delivered in a way that is equitable and follows the science and public health data.

Question. Over the course of the COVID-19 pandemic, governments around the world have misused public health emergency measures as a way to crack down on human rights. We have seen attempts to curtail the freedom of movement, expression, speech, and the right to peaceful assembly. Authoritarians have moved to limit the spread of information about the pandemic, and any criticism of the Government's response for their own political gain.

How is the United States taking steps to ensure that as the world is rightly focused on combatting the COVID pandemic while pushing back against authoritarian gains and supporting human rights?

Answer. The evidence that the pandemic has been exploited to profoundly and negatively impact democracy and violate human rights is compelling. Reversing this trend is a priority, and the State Department and USAID are at the forefront of the U.S. Government's response. This response includes bilateral and multilateral engagements, as well as USAID programs designed to empower local civil society partners to advocate for transparent and accountable crisis responses that are consistent with democratic principles, address the alarming increase in gender-based violence, and enable local media to provide objective information to the public. The U.S. Government will continue to consider tools, such as visa restrictions and trade incentives, to counter democratic backsliding and promote accountability for human rights abuses.

Question. There have been incidents throughout the pandemic in which the LGBTQI community has been blamed for the spread of the disease, increasing stigma and discrimination. Some governments even enacted measures that target LGBTQI people under the guise of public health precautions. As a result, LGBTQI people are often unable to access relief efforts. Has USAID committed any current COVID funding towards responding to the needs of LGBTQI people? What is being done to ensure that the LGBTQI and other vulnerable communities have access to health care, social services, employment assistance, and other vital lifelines during this difficult time?

Answer. USAID has partnered with the Governments of Canada and Sweden to support the Multi-Donor LGBTI Global Human Rights Initiative (GHRI) (<https://www.usaid.gov/documents/multi-donor-lgbti-global-human-rights-initiative>), a public-private partnership that has increased emergency response funds available to LGBTQI+ people and organizations that are impacted by the pandemic. In addition, through the Human Rights Grants Program, USAID plans to disburse \$2,400,000 to a small number of Missions to address human rights challenges and disruptions to livelihoods facing LGBTQI+ people. These programs take into consideration the devastating impact of the COVID-19 pandemic on LGBTQI+ people in the informal sector, as well as survivors of violence and homelessness due to the pandemic.

USAID shares your concern that COVID-19 and its follow-on impacts are having devastating effects on LGBTQI+ people, households, and communities—deepening existing vulnerabilities and inequalities. USAID has made multiple efforts to: 1) support programs that include marginalized groups; and 2) enhance its approach to addressing the needs of LGBTQI+ people. In addition to supporting programs that advance the human rights of LGBTQI+ people, USAID commits to meaningfully integrating considerations of sexual orientation, gender identity and expression, and sex characteristics in broader development programming, including the COVID-19 response.

USAID welcomes Agency responsibility under President Biden's Memorandum on Advancing the Human Rights of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) Persons Around the World, which makes clear that the United States, through its diplomatic and foreign-assistance efforts, will pursue an end to violence, discrimination, stigma, and criminalization on the basis of sexual orientation, gender identity or expression, or sex characteristics.

Diversity, equity, and inclusion are guiding principles of the U.S. Government's COVID-19 Recovery and Response Plan. USAID will ensure these values are central to and integrated throughout all of its efforts, starting by prioritizing the voices of women and girls, youth, older persons, persons with disabilities, LGBTQI+ peo-

ple, indigenous peoples, displaced people, and other marginalized populations, especially those who have been disproportionately affected by COVID-19 and are now facing amplified discrimination, stigma, and violence. In implementing the USG Response Plan, USAID will also seek to expand multilateral and local partnerships, including with LGBTQI-led or -focused organizations that are working to respond to COVID-19 and lead recovery efforts in their communities.

Question. What proactive steps is the U.S. Government taking, both unilaterally and in coordination with other countries and international institutions, to prevent the next pandemic or future variant mutations?

Answer. We are leveraging the political momentum of the COVID-19 response to prioritize health security investments necessary to better prevent, detect, rapidly respond to, and contain future outbreaks before they can become pandemics. U.S. Government investments in the Global Health Security Agenda continue to support the COVID-19 response and the implementation of National Action Plans for Health Security. These plans are designed to increase the capacity of countries to prevent, detect and respond to viral or other health crises. We are also actively pursuing a four-pronged strategy to achieve global health security, with emphasis on: reforming and modernizing international institutions, including the WHO; securing greater adherence to existing norms, including the International Health Regulations; identifying and securing international support for sustained global health security financing; and establishing the mechanisms and agreements needed to ensure oversight, transparency and accountability.

The State Department coordinates with U.S. implementing agencies to provide targeted programming in priority countries to make global health security improvements along specific metrics. We are also working closely with partners, including through the G7 and G20, to identify and develop new capabilities for health security. This work is being pursued through the World Health Assembly, the G7, the G20, in the lead up to the U.N. General Assembly in September, and through bilateral initiatives.

RESPONSES OF MR. JEREMY KONYNDYK TO QUESTIONS
SUBMITTED BY SENATOR EDWARD J. MARKEY

Question. Time is of the essence in the fight against the pandemic. Distributing 60 million doses of the AstraZeneca vaccines before the end of June is a good start. But distributing our domestic surplus must also be paired with a global manufacturing plan that maps capacity, goals, and timelines. Most experts note that we need roughly 8 billion vaccines to reach 60-70 percent inoculation rates to defeat this pandemic. Limiting intellectual property barriers must also be combined with technology transfer, technical assistance, and increasing manufacturing production lines to drastically speed up vaccinations. *When will the Administration have a clear plan to present to the Congress for distributing surplus vaccines and increasing global production of vaccines?*

Answer. The USG is drawing on the skills and expertise of Departments and Agencies across the U.S. Government. Experts from the Department of Health and Human Services (HHS), Department of the Treasury, the U.S. Development Finance Corporation (DFC), the Department of State, and USAID are currently determining how best to expand and optimize production and identify potential bottlenecks in manufacturing including supply of raw materials and other key inputs. As part of this analysis, technical and financial resource needs will be identified and quantified.

As President Biden has stated, our distribution of surplus vaccines will take place in cooperation with COVAX and other partners to ensure an approach that is equitable and follows the science and public health data. And to increase the global production of vaccines, the United States will work with the private sector and all possible partners to expand global vaccine manufacturing and distribution, as well as production of vital raw materials. We also want to see more innovation that can lead to the production of quality raw materials. We are calling on countries around the world to join us in applying their best and brightest to help ensure that no manufacturing capacity goes unused for want of raw materials.

Question. While we've rightfully focused the early fight against the pandemic on PPE and humanitarian assistance to combat the secondary impacts of the pandemic, China and Russia have strategically been providing vaccines globally for months. China alone has exported more than 200 million doses as of April 25th. Both China and Russia have also aggressively secured manufacturing facilities around the globe to produce their vaccines. It is critical the United States does not pass up the oppor-

tunity to show global leadership during this once-in-a-lifetime pandemic. Have we also secured key industry manufacturing partnerships, and what constraints still exist to scaling global production?

Answer. Typically, global pharmaceutical companies produce approximately four billion vaccines annually, primarily for childhood immunization programs. This year, companies are seeking to produce nearly 14 billion vaccines. The scale of this unprecedented vaccine production effort is significantly straining existing supply chains and requires the establishment of new partnerships and coordination efforts. The United States, including USAID, is working with the private sector and all possible partners to expand global vaccine manufacturing, distribution, and the production of vital raw materials. For example, the U.S. International Development Finance Corporation (DFC) has launched a global vaccine initiative targeting investments in multiple regions of the world to scale production of COVID-19 vaccines and related delivery commodities. This new DFC effort includes the Quad Vaccine partnership to supply at least one billion doses of COVID-19 vaccines by the end of 2022 and will be expanding to include additional investments in the coming months.

Question. This virus has laid bare the inequities of our global society. Low-income countries are underserved, most vulnerable, and in-need of our help. Only 0.3 percent of global vaccine resources have been provided to low-income countries. Will USAID remain steadfast in providing assistance, including vaccines, impartially and according to highest needs?

Answer. The Biden-Harris administration will play a steadfast and leading role in ending the global COVID-19 pandemic, and is committed to ensuring equitable, needs-based, and rapid global access to safe and effective vaccines. Thanks to the generosity of Congress and the American people, the United States, through USAID, is now the leading contributor to the Gavi COVAX Advance Market Commitment (AMC). USAID has obligated \$2 billion of the intended \$4 billion contribution to Gavi. Through the Gavi COVAX AMC, USAID is supporting access to safe and effective vaccines for high-risk and vulnerable populations in 92 low and middle-income countries.

USAID has provided more than \$75 million to date to support partner countries in preparing for COVID-19 vaccine deployment. This funding supports activities to build confidence and trust in vaccines, address vaccine hesitancy and misinformation, and support logistics and administration of vaccines. We will expand this support with additional funding appropriated under the American Rescue Plan Act, building on decades of U.S. leadership and expertise supporting global health programs around the world. USAID and the U.S. Centers for Disease Control and Prevention are working to ensure that vaccines reach the most vulnerable populations and those at highest risk, including health care workers.

As President Biden announced, the U.S. will donate excess doses of U.S. vaccines overseas. While recipients of U.S.-owned doses have not yet been finalized, USG has affirmed a commitment to work with COVAX and other partners to ensure these vaccines are delivered in a way that is equitable and follows the science and public health data.

Question. Over the course of the COVID-19 pandemic, governments around the world have misused public health emergency measures as a way to crack down on human rights. We have seen attempts to curtail the freedom of movement, expression, speech, and the right to peaceful assembly. Authoritarians have moved to limit the spread of information about the pandemic, and any criticism of the Government's response for their own political gain. How is the United States taking steps to ensure that as the world is rightly focused on combating the COVID pandemic while pushing back against authoritarian gains and supporting human rights?

Answer. At a time when democracy was already under threat, the COVID-19 pandemic has, in some countries, accelerated democratic backsliding and allowed autocrats to further consolidate power. Repressive governments are using emergency powers to excessively restrict freedoms of expression, assembly, association and movement; limit digital rights; and reduce transparency. According to the International Center for Not-for-Profit Law (ICNL), during COVID-19, 56 countries have increased restrictions on expression and 141 on freedom of assembly. In addition, the spread of mis- and disinformation can erode trust in institutions and contribute to vaccine hesitancy. In fragile democracies, the response to COVID-19 is straining weak institutions and democratic norms and practices and impeding political competition. This can result in ineffective pandemic responses, less equitable distribution of resources, weakening of human and labor rights, diminished rule of law, and

increased corruption. These deficiencies could undermine public trust in the Government and foment conflict.

Fortunately, the resilience of democratic governments, robust and innovative responses by civil society, and reinvigorated protest activity provide fertile ground for democracy assistance. Since last year, we have made rapid adaptations and started new programs across USAID to directly respond to backsliding in the context of COVID. More generally, USAID programs are supporting civil society around the world to monitor and expose encroachment on rights and advocate for democratic reforms; supporting independent media by expanding skills and legal protections for investigative journalists; and promoting efforts to combat disinformation and hate speech by government regimes, malign actors, and non-state actors and to disseminate accurate public health information.

Question. There have been incidents throughout the pandemic in which the LGBTQI community has been blamed for the spread of the disease, increasing stigma and discrimination. Some governments even enacted measures that target LGBTQI people under the guise of public health precautions. As a result, LGBTQI people are often unable to access relief efforts. Has USAID committed any current COVID funding towards responding to the needs of LGBTQI people? What is being done to ensure that the LGBTQI and other vulnerable communities have access to health care, social services, employment assistance, and other vital lifelines during this difficult time?

Answer. USAID has partnered with the governments of Canada and Sweden to support the Multi-Donor LGBTI Global Human Rights Initiative (GHRI), a public-private partnership that has increased emergency response funds available to LGBTQI+ people and organizations that are impacted by the pandemic. In addition, through the Human Rights Grants Program, USAID plans to disburse \$2,400,000 to a small number of Missions to address human rights challenges and disruptions to livelihoods facing LGBTQI+ people. These programs take into consideration the devastating impact of the COVID-19 pandemic on LGBTQI+ people in the informal sector, as well as survivors of violence and homelessness due to the pandemic.

USAID shares your concern that COVID-19 and its follow-on impacts are having devastating effects on LGBTQI+ people, households, and communities—deepening existing vulnerabilities and inequalities. USAID has made multiple efforts to: 1) support programs that include marginalized groups; and 2) enhance its approach to addressing the needs of LGBTQI+ people. In addition to supporting programs that advance the human rights of LGBTQI+ people, USAID commits to meaningfully integrating considerations of sexual orientation, gender identity and expression, and sex characteristics in broader development programming, including the COVID-19 response.

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Diversity, equity, and inclusion are guiding principles of the U.S. Government’s COVID-19 Recovery and Response Plan. USAID will ensure these values are central to and integrated throughout all of its efforts, starting by prioritizing the voices of women and girls, youth, older persons, persons with disabilities, LGBTQI+ people, indigenous peoples, displaced people, and other marginalized populations, especially those who have been disproportionately affected by COVID-19 and are now facing amplified discrimination, stigma, and violence. In implementing the USG Response Plan, USAID will also seek to expand multilateral and local partnerships, including with LGBTQI-led or -focused organizations that are working to respond to COVID-19 and lead recovery efforts in their communities.

Question. What proactive steps is the U.S. Government taking, both unilaterally and in coordination with other countries and international institutions, to prevent the next pandemic or future variant mutations?

Answer. USAID has been addressing global health security threats for more than 15 years and is a leader with a long history of innovation, unique comparative advantages, and a strategic vision for preventing or reducing the impact of outbreaks. USAID plays a leading role in U.S. Government (USG) and global efforts to ensure countries are better prepared to protect lives and economies from future infectious disease threats. Since 2009, USAID has invested over \$1.1 billion to ensure the nec-

essary systems are in place to prevent, detect, and respond to epidemic-prone emerging and endemic disease threats wherever they exist.

As part of its Global Health Security (GHS) program, USAID partners with other USG Departments and Agencies to implement a portfolio of projects, as well as the Global Health Security Agenda (GHSA)—an international, multilateral initiative launched in 2014 to advance epidemic preparedness and raise political salience, marshal resources, and coordinate measured action to prevent, detect, and respond to biological threats. As part of its implementation of the GHSA, USAID builds country capacities to prevent, detect, and respond to infectious disease threats in 19 intensive focus countries and other high-risk countries.

USAID's GHS program works with other countries and the global community to build better preparedness for future health threats, including working to prevent potential epidemics or pandemics. To achieve this goal, USAID applies a comprehensive approach to GHS through a portfolio of projects that includes:

- strengthening partner country capacities to prevent, detect and respond to health threats;
- training the next generation of health workers;
- carrying out viral surveillance and characterization to find new viruses with pandemic potential;
- identifying and reducing risks associated with viruses “spilling over” from animals to humans;
- responding to outbreaks quickly and effectively before they spread; and
- conducting research and development to identify new and innovative approaches to pandemic preparedness and response.

RESPONSES OF MS. GAYLE E. SMITH TO QUESTIONS
SUBMITTED BY SENATOR TODD YOUNG

Question. Can you please tell me why, in your most recent visa prioritization announcement as of April 30th, employment-based visas were given the lowest priority, as nurses utilize employment-based visas to enter the country and when the need for healthcare workers is so great?

Answer. The Department had to make difficult decisions regarding how our consular sections should begin to reduce the backlog of immigrant visa (IV) applications we were prohibited from processing for 10 months due to Presidential Proclamation 10014. Due to local restrictions and prudent pandemic social distancing, all consular sections operate at limited capacity. The Department bases its IV prioritization on the guiding principle of family reunification, which is a clear priority of the U.S. Government's immigration policy and is expressed in the Immigration and Nationality Act (INA). Specifically, this prioritization relies on direction from Congress in P.L. 107–228 to adopt a policy prioritizing immediate relative and K–1 fiancé(e) visas, followed by family preference IVs. The Department has, therefore, prioritized family-based visas over employment-based IVs.

Question. Will you commit to working with me to ensure that nurses are given the highest priority so we can better assist hospitals and communities that continue to experience a shortage of frontline workers?

Answer. We have based our immigrant visa (IV) prioritization on the guiding principle of family reunification, which is a clear priority of the U.S. Government's immigration policy expressed in the Immigration and Nationality Act (INA) and in legislation. Specifically, the Department's prioritization relies on direction from Congress in P.L. 107–228 to adopt a policy of prioritizing immediate relative and K–1 fiancé(e) visas, followed by family preference IVs. Consistent with the law, the Department will continue to prioritize family-based visas over employment-based IVs. Despite the operational constraints and backlog resulting from the pandemic, we will aim to process as many employment-based IV cases as possible, consistent with other priorities.

Question. Will you work with the Department of State to provide the Committee a detailed plan for bringing these nurses into the United States over the next 90 days?

Answer. The health and safety of the Department of State's personnel and U.S. citizens and foreign nationals seeking consular services is paramount. The volume and type of visa cases our U.S. embassies and consulates can process continues to depend on local conditions and restrictions. In addition, consistent with U.S. Gov-

ernment guidance on safety in the federal workplace, U.S. embassies and consulates have implemented social distancing and other safety measures, which have reduced the number of applicants consular sections are able to process in a single day. Consular sections will resume providing all routine visa services when it is safe to do so in each location.

ARTICLE FROM MIAMI HERALD DATED APRIL 27, 2021, "AS BIDEN ROLLS OUT U.S. VACCINE DIPLOMACY HE NEEDS TO START IN OUR OWN HEMISPHERE"



OP-ED

As Biden rolls out U.S. 'vaccine diplomacy,' he needs to start in our own hemisphere | Opinion

BY JASON MARCZAK AND CRISTINA GUEVARA
APRIL 27, 2021 05:57 AM



Russia and China have made inroads in Latin America and the Caribbean in distributing COVID-19 vaccines. MARKO GEBER GETTY IMAGES

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Countries in desperate need of vaccines got some welcome news on Monday with the Biden administration's announcement that up to 60 million doses of U.S.-produced AstraZeneca will be shared globally. The first priority should be our own

hemisphere, where the United States is stuck playing a game of catch-up in vaccine diplomacy. In this chess game, foreign adversaries are in the lead. Quick U.S. action can avoid a checkmate.

Since the COVID-19 outbreak, the presence of China and Russia in Latin America and the Caribbean has expanded significantly. A few months into the pandemic, China capitalized on the moment to announce a \$1 billion loan to the region to facilitate vaccine access. Today, through three of its domestically developed vaccines — Sinovac, Sinopharm and CanSino — China's vaccine diplomacy extends to a dozen countries in the region. Argentina, Bolivia, Brazil, Honduras, Mexico, Panama, and Venezuela are using Russia's Sputnik V vaccine. In a regional first, Argentina is on the cusp of beginning its own mass production of the Russian-made vaccine.

And their diplomatic gestures do not go unnoticed — Mexican President Andrés Manuel López Obrador and Argentina's Alberto Fernández are just two of the region's leaders who have publicly thanked China and Russia for their help. Mexico's foreign minister, Marcelo Ebrard, is on a trip to Russia and China — in addition to the United States and India — to work with new vaccine partners to ensuring supply.

In less than 100 days, President Biden has made important inroads in reversing U.S. apathy as a global COVID partner. The administration previously agreed to send Mexico 2.7 million AstraZeneca doses. Appointing Gayle Smith as the United States' global coronavirus coordinator was a smart move. She brings the experience needed to put the United States back on solid footing. While her profile is global, geographic proximity and economic, political and security interests demand that priority No. 1 should be Latin America and the Caribbean.

Soaring infection rates — now passing the 28 million mark for recorded cases — and a weak vaccine rollout are crippling our hemispheric partners. Brazil consistently is near the top of the world's worst daily death toll; Peru is administering only a few thousand doses per day. And no region is more dependent on the perception of health safety for its economic recovery than the Caribbean, where COVAX delays and limited deliveries are leaving small countries scrambling to deal with Big Pharma for the vaccines. This is not sustainable, and the United States needs to intervene.

This is a defining moment for a U.S. partnership strategy in the region. If implemented properly, a holistic strategy will not only address the COVID-19 health crisis, but also position the country favorably against its global competitors on longer-term regional issues, including economic recovery, governance, hemispheric commerce and climate action.

In the short term, the top priority is for the Biden administration to address the region's immediate health needs, especially those related to vaccine access and distribution. Getting vaccines in arms is fundamental to achieving everything else. To overcome distribution hurdles, for example, the U.S. Centers for Disease Control and Prevention can partner with governments to help strengthen in-country logistics needed for expedient, fair and equitable vaccine distribution. In the longer term, USAID can increase assistance in research and development, disease surveillance and rapid-response capacity to ensure vaccines are distributed in a fair, ethical, and transparent way. Both agencies have provided critical technical assistance in the face of health emergencies in the past — from helping contain infectious diseases such as AIDS and Zika in the Americas to strengthening the response to the Ebola outbreak in Uganda.

With health partnership as a starting point, COVID-19 recovery could then present an opportunity for the region to leapfrog development roadblocks and, in turn, accelerate a more-positive trajectory for the entire Western Hemisphere. Long-issues exacerbated by the pandemic require immediate attention, including rising social tensions, soaring unemployment, increased corruption, a changing climate, growing public debt and the many consequences of school closures. The United States has the opportunity to help address these issues by working with its private sector, regional governments and multilateral institutions through a partnership based on democratic values.

Failing to prioritize vaccine roll-out in the Americas cannot be an option. A Latin America and the Caribbean region that is secure, prosperous and democratic will provide stability and opportunities for the United States. Action is needed to quash the pandemic in the short term and ensure that geopolitical competitors are not in an enviable position as the region recovers in the long term.

Despite a bad opening under the previous administration, the United States now has new momentum to redefine its vaccine geopolitics moving forward.

Jason Marczak is director and Cristina Guevara is an assistant director of the Atlantic Council's Adrienne Arsht Latin America Center. They are the lead authors of the center's new report, "COVID-19 Recovery in Latin America and the Caribbean: A Partnership Strategy for the Biden Administration," written with insight from 21 advisers who represent 12 countries across the Americas.

