

Chairman Risch, Ranking Member Menendez, Distinguished Senators

I am Jimmy Kolker, honored to be with you today and very proud to have been a State Department Foreign Service Officer for 30 years and at the Department of Health and Human Services for 5.

In those jobs, I helped develop and implement both President Bush's Emergency Plan for AIDS Relief (PEPFAR) and the Global Health Security Agenda in the Obama Administration.

These are two exceptional examples of US global leadership of which all Americans should be proud.

The Global Health Security Agenda (GHSA)

Starting with the Global Health Security Agenda, I have heard people dismiss its work because we did not prevent or adequately respond to the novel coronavirus outbreak.

Five countries, however, took actions because of GHSA with extraordinary results in combatting the novel coronavirus.

- After mishandling the MERS outbreak In 2015, South Korea became one of the most active members of GHSA, reviewing its own procedures. When COVID 19 hit, it was ready with surveillance and crisis management capacity developed through GHSA efforts.
- Uganda and Vietnam were the two pilot countries where the US Centers for Disease Control and Prevention helped develop comprehensive prevention, detection and response capacity. Both have been positive examples in their regions of controlling coronavirus and did so without extensive outside help.
- Likewise, the Republic of Georgia, through the involvement of CDC and of DOD through the Lugar Center, managed coronavirus better than any other country in the former Soviet Union
- And within the European Union, Finland, the first chair of GHSA and its most enthusiastic initial backer, did an exceptional job of preventing and controlling COVID 19.

So GHSA has some solid successes.

The World Health Organization

And despite some justified criticism, so does the World Health Organization.

Its Health Emergencies Program responded immediately to validate and distribute a good diagnostic test for COVID 19.

The WHO was the only organization that could get Chinese approval for independent scientists to enter China, and WHO, as they always would, included American government experts in their delegation.

The WHO also convened the first multi-stakeholder meeting to look at access to eventual vaccines, treatments and countermeasures.

Who's the Fireman?

You asked, Mr. Chairman, at the previous hearing "Who's the Fire Department?" Who responds when there is an outbreak that becomes an epidemic?

My reply to that question is that there is no alternative to the WHO.

Others will mobilize, such as the CDC through GOARN, the Global Outbreak and Response Network, CEPI, the Coalition for Epidemic Preparedness Innovation, and GISAID, a laboratory network. But WHO is at the core.

After Ebola, with U.S. leadership, we helped make WHO more effective and we can do so again. There are reforms that need to be made, and I can enumerate some of them later if Senators wish.

Strengthening the U.S. Government's Leadership and Capacity

But let me turn to strengthening the U.S. Government's leadership and capacity

I mentioned my experience with PEPFAR, initially as Ambassador to Uganda.

PEPFAR worked because it had:

- Presidential engagement and leadership
- Bipartisan support
- Implementation country-by-country
- Significant new money, \$15Billion over 5 years, and, not least,
- A State Department coordinator empowered because of the new money.

I support the establishment of a senior Global Health Security and Diplomacy coordinator at State. But if and only if there is significant new money.

Simply redirecting USAID and CDC appropriations to State will result in gridlock. Additional new appropriations through State can foster innovation and incentivize both USAID and CDC to up their game, as PEPFAR did.

What To Look for in New Proposals

How can experience make U.S. global health leadership more effective? Here are some criteria I would use to evaluate any new proposal.

- It should restore White House whole-of-government expert leadership through a health security senior director at NSC.
- It should be bipartisan.
- It should define responsibility and division of labor *for implementation*.
- It should recognize the unique role of embassy teams in allocating resources to build on the comparative advantages of USAID, CDC and other parts of HHS.
- Most important, it requests, authorizes and appropriates enough money for them to do the work.

The proposal of \$3 Billion over five years is not enough. It is less than the CSIS commission I was a member of recommended for preparedness even before COVID hit. The HELP committee and the HHS appropriators will have to come up with billions more. Global Health money in the HEROES Act will be required to reach health security goals.

Funding should also include more money for WHO, the Coalition for Epidemic Preparedness Innovation and an incentive fund for low income countries, possibly through the Health Emergencies Preparedness Fund of the World Bank.

Thanks for your attention and I welcome your questions.