

State Testimony for HACFO Hearing

Statement for the Record

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“Funding to Prevent, Prepare for, and Respond to the Ebola Virus Disease

Outbreak”

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Chairwoman Granger, Ranking Member Lowey, and distinguished Members, thank you for the opportunity to testify today on the U.S. Department of State's efforts to combat the ongoing Ebola epidemic and use of the recently appropriated funds.

The Ebola epidemic in West Africa has already resulted in over 22,000 Ebola-infected persons and nearly 9,000 deaths. While Liberia, Sierra Leone, and Guinea have been affected the most by this epidemic, there have been cases in several other countries, including the United States. The current Ebola epidemic is the largest outbreak of Ebola Virus Disease in history. The primary focus has been on the public health impact of the epidemic, but we know that the outbreak has also placed tremendous strain on the social fabric of the region. The three affected countries have borne – and will continue to bear – huge economic losses as a result of the epidemic.

Though the current case rate is falling, we have much more work to do. The U.S. government and the international community have been in the trenches fighting against Ebola since the spring of 2014, and the current epidemiological data indicate that there are significantly fewer overall cases than in the fall of 2014, at the peak of the epidemic. Still, the overall situation shows that there is a long

way to go. And we have to remember that the West Africa Ebola outbreak began with a single case, a two-year old boy, in Guinea. It only takes one undetected case to start another outbreak. For the week of January 25, 2015, the WHO reported major progress in the number of cases in West Africa; less than 100 cases had been reported for the week, four cases in Liberia, 65 cases in Sierra Leone, and 30 cases in Guinea. The last time that the WHO reported such a low case rate was in June 2014. For the week of February 1, 2015, however, the WHO reported five new cases in Liberia, 80 new cases in Sierra Leone, and 39 new cases in Guinea. The Ebola epidemic is not only a health crisis – it is a global security threat. And we cannot rest until we reach zero cases.

Allow me to note that Liberia, where the United States has been most heavily engaged, now seems to be closest to stopping the epidemic entirely, although there is much work still to be done to reach zero cases. The extraordinary efforts of the Department of Health and Human Services (including the Centers for Disease Control and Prevention (CDC), and the U.S. Public Health Service (USPHS)), the U.S. Agency for International Development (USAID), the Department of Defense (DoD), and our Embassies in the field, along with other partners working in support of the Government of Liberia, have led to Liberia reporting fewer than one new case each day. DoD's mission in support of the our

civilian response has essentially been completed, but we can be confident that Liberia will continue on the right track with the robust civilian response that we have in place there.

That is not to say that the job is close to being done in Liberia, and it will not be done until the Ebola epidemic has been stopped throughout West Africa. We saw an increase in reported case rates in Guinea and Sierra Leone last week, with many not on contact tracing lists and unlinked to any previously identified chain of transmission.

[I would like to highlight Nigeria, Senegal and Mali as success stories for Ebola Response. Senegal had one imported case, and was declared “Ebola-free” on October 17, Nigeria was declared “Ebola-free” on October 20, and Mali has not reported any new cases since November 24, 2014, and was declared “Ebola-free” in January 2015. With support from the U.S. government, these countries had the ability to respond quickly, with enhanced surveillance and contact tracing, allowed the country to overcome the threat of Ebola. But even now, our Embassy in Bamako reports that the Government of Mali is still taking the threat very seriously. We commend their diligence in building local health capacity and preparing for possible imported cases.]

The U.S. government response

The United States has responded at home and abroad by implementing a whole-of-government strategy to lead the global effort on Ebola. With USAID as the lead agency for the international response, the Department of State, HHS, including CDC and USPHS, DoD, the Department of Homeland Security (DHS), and other supporting agencies have worked together to combat the spread of the Ebola outbreak. State leads the diplomatic outreach effort to mobilize the international community to respond to the crisis.

In the region, the response is being coordinated by the Disaster Assistance Response Team (DART), led by USAID with CDC in charge of public health issues. Our Ambassadors at Embassies Monrovia, Freetown, and Conakry have been essential to coordinating U.S., host government, and international partner efforts. U.S. Ambassador to Liberia Deborah Malac, U.S. Ambassador to Sierra Leone John Hoover, and U.S. Ambassador to Guinea Alexander Laskaris – and their teams, both American and local staff – have worked tirelessly to help keep Washington abreast of all events on the ground, while encouraging their host governments to improve their response. Additionally, our Ambassador to the African Union, Reuben Brigety was instrumental in convincing neighboring

countries to provide assistance, including much-needed health care workers. All four Ambassadors have displayed tremendous skill managing the growing number of U.S. government personnel at their Embassies. Community resistance in some locales – distrust of medical workers who are sometimes perceived to bring the disease rather than combat it – has been a major hindrance to the response, and our Ambassadors have played a major role in community outreach to explain what Ebola is and what needs to be done. Our Ambassadors and their Embassy teams have been relentless in their efforts to support a cohesive U.S. government response.

The State Department's role in the Ebola response

In order to manage such a large international response effort, Secretary Kerry created an Ebola Coordination Unit (ECU) within the State Department, to coordinate and lead the Department's response to the epidemic. The ECU has focused its energy on diplomatic engagement to increase international support for the Ebola response, as well as improving coordination with the UN system, all the governments involved in providing resources, and international government and non-governmental organizations.

As Secretary Kerry said, “We know the risks. We know the science. We know the medical certainties. We know what is required to beat back this epidemic. And right now, we know that this is a time for nothing less than brutal honesty with each other about what we need, in both the capabilities that we need in order to meet this crisis and the real ways on the ground and the kinds of cash contributions – yes, cash contributions – that we need to fund these efforts for the months to come.” To that end, the Department of State has established channels of communications with our international friends and partners where we can communicate with the kind of frankness and honesty Secretary Kerry mentioned. We have also used every opportunity to impress upon the international community the necessity of joining together to win this struggle.

State has also encouraged non-governmental actors to join the Ebola fight. We have worked to identify key stakeholders in the diaspora and private sector to devise ways to help. Since late September we have coordinated engagement with the diaspora community. We have worked with diaspora groups to organize events in Washington and elsewhere, and reached out through high-level calls to brief on the U.S. response. In December, State’s Deputy Ebola Coordinator Andy Weber spoke at a National Ebola Summit coordinated by the Diaspora Ebola Network.

In late 2014, the U.S. issued a call to action to the private sector and has seen a generous mobilization of private sector resources. Hundreds of millions of dollars from individuals, companies, and non-profits around the globe have provided critical assistance to response efforts. The State Department convened discussions with several private sector organizations in the summer of 2014, which blossomed into a close collaboration with the newly formed Ebola Private Sector Mobilization Group (EPSMG), comprising over 250 corporate, U.S. government, and non-governmental organization (NGO) entities. We have encouraged them to maintain their organization for future emergency response. This group has harnessed the agility of the private sector, and we hope that this model provides a useful model for future private sector response to humanitarian crises.

The Department has helped guide the many private sector groups who have stepped up to assist in this crisis toward organizations doing vital work in affected regions. Our Office of Global Partnerships has cultivated meaningful relationships with key philanthropists, including the Paul G. Allen Family Foundation, which led to the creation of a “Medevac fund,” focused on taking care of those infected with Ebola through their courageous participation in the response.

Supporting the United Nations response effort

The State ECU has been in support of the United Nations system in their response to Ebola. We commend the work of Dr. David Nabarro, Special Envoy for Ebola, and UNMEER, first by Mr. Tony Banbury and now led by Mr. Ismail Ould Cheikh Ahmed, the Special Representative of the Secretary General. We commend the UN responding agencies on the ground, including the World Health Organization, the World Food Program, UNICEF, and others. Dr. Nabarro has been indefatigable in his efforts to rally the world to respond to the epidemic.

In mid-September, senior U.S. government officials began high-level outreach calls to other governments who have now committed a total of nearly \$800 million in commitments towards the fight against Ebola. In addition to this funding, many countries further committed much needed personnel and other resources.

As a result of our diplomatic efforts, funding and targeted in-kind contributions have helped the response in many ways. International contributions have increased the number of healthcare workers available to work in impacted areas, helped provide medical and scientific expertise, helped develop logistical

support to move supplies to isolated villages, and helped construct ETUs. We have focused on encouraging the international community to respond directly to the crisis, and have seen some amazing results. I would like to commend and highlight a few contributions from our partners abroad:

- The UK committed \$359 million of support, including support for vital command and control platforms and the construction of six Ebola treatment units (ETUs) totaling 700 treatment beds in Sierra Leone, and supporting the roll out of 200 community care centers;
- France pledged over \$145 million, including \$95 million to Guinea, the construction of five ETUs and more than 150 personnel. Additionally, France has coordinated Ebola preparedness in all of Francophone West Africa, including Mali, Côte d'Ivoire, Guinea and Cameroon;
- The European Union (EU) has committed more than \$1.2 billion in financial assistance, \$171 million in development and early recovery assistance, and in-kind assistance;

- African nations have joined together to commit to contribute 2,000 health care workers through the African Union to the affected countries in West Africa;
- Germany has committed more than a \$192 million to the Ebola response effort, and deployed more than 100 personnel. Germany has also established airlift capability from Dakar, Senegal to Monrovia, Conakry and Freetown;
- Japan has committed nearly \$145 million in assistance towards response and recovery. The Japanese have committed up to 700,000 sets of personal protective equipment (PPE) to Liberia and Sierra Leone;
- China has committed more than \$120 million, including establishing and management of a lab and treatment unit in Sierra Leone, and construction and staffing of a 100-bed Ebola treatment unit in Liberia. China has sent more than 700 medical personnel to the affected countries, including those who are training African health care workers; and
- Canada has committed nearly \$100 million to the Ebola Response effort, including funding for further research and development of Canada's Ebola vaccine and monoclonal antibody treatments. Additionally, Canada has

deployed epidemiologists to the region and is contributing \$18.3 million to aid organizations, three fully staffed mobile laboratories, and personal protective equipment.

Looking Forward

To avoid another outbreak, it is critical that we focus on the immediate response effort. However, all humanitarian crises require a significant resilience and recovery process – and this epidemic is no different. For this epidemic, our efforts are on a trajectory from the immediate response, to ensuring regional preparedness, to rebuilding health systems and other sectors. Members of the U.S. government have been engaged in preparedness planning with the international community. The WHO has led an exhaustive process of assessing Ebola preparedness for high-risk priority countries. This process has been shared with the international donor community, allowing host governments to work directly with donors to identify and fill existing gaps in their preparedness framework. The U.S. government has been an active contributor to these activities, and the State Department continues to strategize about how to further engage partners in building regional preparedness.

On recovery, the U.S. government has begun to work on a recovery plan along with the interagency, international partners and the donor community that builds on the investments our response efforts represent. State and USAID are participating in an interagency effort focused on post-Ebola recovery, and will work with the private sector to identify partnership opportunities in each of our priority areas that will support sustainable recovery within the region. Though the epidemic is not over, we have already seen substantial impacts, particularly to the public health and education systems and the economic sector. The January 20, 2015, World Bank report estimates that the 2014 economic growth of Sierra Leone decreased from 11.3 percent anticipated growth, to 4.0 percent. Similar losses have been observed in Liberia and Guinea. The cumulative 2014 fiscal impact in the three affected countries totaled more than \$500 million, equivalent to almost five percent of their combined gross domestic product (GDP). Projections for 2015 now show outright contraction in Guinea and Sierra Leone, with only Liberia showing an improved growth scenario (from +1 percent to +3 percent for 2015) since the projections made in October 2014. The regional economic recovery is vital to regaining traction on the prior gains on women's advancement, entrepreneurship and the education system.

Ebola's rapid spread was in part due to stigma, fear, and low public confidence in the governance and healthcare systems of the affected countries. To address these challenges, we will support efforts that build the capacity of government institutions to respond to these shocks by supporting increased effectiveness, transparency, accountability and responsiveness of governance structures, strengthen the link between citizens and their governments, as well as maintain the momentum on key governance reforms. The economic disruptions resulting from the Ebola crisis are also straining many small and medium businesses and hindering enterprise growth and investment. The U.S. government will engage with the governments of the affected countries, key private sector investors, concessionaires and businesses, and public and private health services to identify investors' concerns, facilitate the resolution of those concerns, and encourage investors to resume their operations and planned investments in the region as soon as possible.

The public health systems in West Africa have been decimated by the epidemic. The ability to rapidly detect and respond to threats – will be an important component of the recovery effort. The international community has already engaged in discussions about building local health systems capacity after the epidemic. We launched the Global Health Security Agenda (GHSA) one year

ago to accelerate global action to prevent, detect, and rapidly respond to infectious disease threats - whether naturally occurring like the Ebola epidemic or the result of a bioterrorist attack. The Ebola epidemic underscores the need for capacity in every country, and 44 nations joined President Obama, Secretary Kerry and senior officials from around the world to make new, concrete commitments to the GHSA. The State Department is committed to playing its role in the implementation of the US Government GHSA commitment to assist at least 30 countries over 5 years to reach the targets of the GHSA and full implementation of the World Health Organization International Health Regulations. We are also committed to leveraging significant international capital to assist - in a synchronized way - with achieving the ultimate aim of the GHSA, which is a world safe and secure from infectious disease threats.

I would like to close with remarks from the President, who stated: "...this disease can be contained. It will be defeated. Progress is possible. But we're going to have to stay vigilant and we've got to make sure that we're working together. We have to keep leading the global response. America cannot look like it is shying away because other people are watching what we do, and if we don't have a robust international response in West Africa, then we are actually endangering ourselves here back home. In order to do that, we've got to make sure

that those workers who are willing and able and dedicated to go over there in a really tough job, that they're applauded, thanked and supported. That should be our priority.”

Thank you for your time and consideration. I welcome the opportunity to answer any questions you may have.