

STATEMENT FOR THE RECORD

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## **Introduction**

Chairman Royce, Ranking Member Engel, and distinguished Members of the Committee, thank you for the opportunity to testify today regarding the Department of State's role in the whole-of-government U.S. response to the Ebola outbreak in West Africa.

The ongoing Ebola epidemic in West Africa has already resulted in over 14,000 infected and more than 5,000 deaths. While Liberia, Sierra Leone, and Guinea have borne the brunt of this tragic epidemic, we have also seen isolated cases in Nigeria, Senegal, Mali, Spain, and the United States. This reminds us that Ebola can be a threat anywhere until we end the epidemic at its source in West Africa.

The Ebola epidemic has inflicted human, economic, and social costs across the affected countries in West Africa, and has stretched existing health systems to the breaking point. Beyond the epidemic's immediate effects, fewer children are being vaccinated against other diseases, an increasing number of people lack adequate food, an increasing number of orphans require care, and economies have been badly damaged. All this has occurred against the backdrop of countries still recovering from civil war. In short, the Ebola epidemic is not only a health crisis – it is a potential global security crisis.

## **International Outreach**

The U.S. government has stepped forward as a global leader to stamp out this scourge at its source. However, a challenge of this magnitude requires global cooperation. The Department of State therefore plays a critical role in mobilizing international resources and coordinating with

partner states, regional organizations, non-governmental organizations, and the United Nations to build capacity in the affected countries and beyond to respond to this crisis. In this respect, we are working particularly closely with Dr. David Nabarro, the UN Secretary General's Special Envoy on Ebola, and the UN Mission for Ebola Emergency Response (UNMEER) to identify resource shortfalls and those international donors best placed to contribute needed financial support, manpower, and in-kind contributions.

The UN has sounded a call for \$1.5 billion to finance the UN response to the epidemic, and the State Department continues to conduct intensive bilateral and multilateral outreach to urge countries to contribute to the UN funding appeal. In September, we launched a broad outreach strategy at the UN General Assembly that raised global awareness of the emergency and emphasized the high priority the United States places on addressing it.

In mid-October, we followed up with targeted outreach calls from the President, Secretary Kerry, Secretary Burwell, CDC Director Dr. Frieden, National Security Advisor Rice, and U.S. Ambassador to the UN Power to their counterparts in a subset of key donor countries. And it worked. Since October 10<sup>th</sup>, those countries have pledged an additional \$793.2 million to the global Ebola response, in addition to significant non-monetary contributions and bilateral contributions approaching \$1 billion. Those numbers continue to grow.

We are heartened by this growing support of countries around the globe, from tiny Timor-Leste to giant China. Despite these gains, we know that the fight is far from over, and that much more must be done. As the President continues to say, we – the global community – need to do more

and do it faster. Therefore, we will continue to push forward over the coming months. This means reinforcing our message at major multilateral events – including summits of the G20, APEC, ASEAN, and EAS – to drive action and seek contributions from a larger pool of donors. We are also looking to our partners in the Middle East, as well as rising global economic powers – such as India, Indonesia, and Brazil – to do more. We are working with the African Union to bring their pledge of healthcare workers to the affected countries, matching needs on the ground with the skills and numbers of their volunteers; we support the African community’s leadership in this response.

Healthcare workers are the lynchpin of the fight against Ebola, and recruiting these incredible heroes – and removing disincentives for them to volunteer – is a key facet of our outreach. So we are working with UNMEER, the World Bank, and our partner governments to provide the logistical support these volunteers require, as well as the laboratory capacity, airlift resources, and personal protective equipment they need to operate Ebola Treatment Units and other care centers.

### **Private Sector Outreach**

I’d like to turn now to our work with the private sector in this response. The State Department has focused on three aspects of private sector mobilization: urging businesses to contribute their resources to the Ebola response, encouraging companies that are doing business in the region to stay, and engaging U.S.-based businesses to consider investing in the region. State has collaborated with groups such as the Corporate Council on Africa and the Business Council on International Understanding to convene companies interested in providing specific in-kind

donations that would benefit the response. These groups, as well as private American medical institutions (such as Morehouse Medical School and Harvard Medical School), are focusing not only on responding to the short-term needs to combat Ebola, but also on providing the infrastructure support that we know is necessary for the long-term economic and social recovery of the affected nations.

One example of such collaboration is the State Department's partnership with the Paul G. Allen Family Foundation, which has not only donated one hundred million dollars to the response effort, but has offered to pay for the manufacture of new specialized medical evacuation 'pods' on behalf of the State Department.

As another example, we are partnering with American technology firms to bolster information communication technology – or “ICT” – infrastructure in conjunction with UNMEER.

Coordinating the response in West Africa is a massive logistical undertaking that requires adequate ICT to be successful. The efforts of the State Department and USAID in conveying the substantial ICT needs in affected countries have raised awareness of the need for better ICT infrastructure both to fight the Ebola virus right now and to make future disaster responses more effective.

At the same time, Assistant Secretary Linda Thomas-Greenfield has been working to keep diaspora groups informed and encourage business interests in the region to stay the course through this current crisis. The U.S. Chamber of Commerce Foundation, the Corporate Council on Africa, the Ebola Private Sector Mobilization Group, the Business Council for International

Understanding, and many private sector entities with substantial long-term business and investment presences in the affected regions have coordinated closely with the State Department and USAID. We have advised them how they can not only employ their infrastructure and financial resources in support of this effort, but also use examples of their positive partnerships to encourage additional corporate engagement within their respective sectors in support of Ebola response.

### **UN Coordination**

As you can see, there are a multitude of actors involved in response efforts. As we recruit and convene them, the State Department is also focused on channeling their efforts to fill known resource gaps – which really brings us back to the UN, and the importance of working closely with UNMEER and partner UN agencies, such as the World Health Organization, the World Food Program, and the UN Children’s Fund (UNICEF). The U.S. government provides 22 percent of UNMEER’s three-month operational budget of \$49.9 million, so we have a strong interest in ensuring UNMEER conducts a rapid, coordinated, cohesive, and accountable response. Ambassador Power in New York and Ambassador Hamamoto in Geneva have been particularly effective in advising the UN and building a long-term strategy. On the ground in West Africa, Ambassadors Malac, Hoover, and Laskaris have also provided critical input to guide UNMEER’s activities on the ground and in partnership with the affected governments.

UNMEER *is* standing up, and we can already see its abilities broadening. In little over a month since its inception, all of UNMEER’s in-country staging areas, main logistics hubs (in or near capitals) and 8 out of 12 Forward Logistics Bases are now operational. UNMEER has already

airlifted 109 tons of cargo, including 400,000 sets of personal protective equipment. We will continue to encourage more rapid deployment and will work with UNMEER to hand over U.S. responsibilities in the long-term.

Under the UNMEER umbrella, various UN agencies are leading different parts of the response. The WHO is leading the public health response and is at the forefront on discovering new cases and contact tracing, laboratory services, case management, coordination of the placement of medical personnel, and coordination of medevac for the UN system. Treatment access and medevac for all responders is improving, allowing more healthcare workers to join the response. We have also engaged WHO and its regional offices in support of efforts to strengthen Ebola preparedness throughout Africa and beyond to non-affected countries around the world.

WFP is providing food assistance and distribution, and has used its established networks to provide critical logistics services for the broader response. UNICEF is at the forefront of social mobilization efforts, working with non-governmental partners and utilizing radio, television, mobile broadcasts, and community outreach to reinforce messaging on Ebola. UNICEF is also providing support for water supply, sanitation, hygiene and solid waste disposal, providing counselling, and advising communities on how to stop the spread of disease and maintain security. UNDP is also providing equipment, running public information campaigns, providing kits to survivors, training police and security services, and working to make cash transfers available to thousands of affected families.

In addition to its mandated support to the Liberian government, the UN Mission in Liberia (UNMIL) has also facilitated the rapid and effective deployment of UNMEER, UN constituent organizations, and NGOs by providing engineering, communications, transportation, security, and logistical assistance. Additionally, UNMIL's field offices serve as hubs for UNMEER and other international Ebola efforts in the 15 counties of Liberia.

### **Post-Ebola Recovery**

Mr. Chairman and Members of the Committee, these *are* signs of progress. Ambassador Samantha Power recently visited Guinea, Sierra Leone, and Liberia, and she saw how the contributions that have been made by the United States and our allies have begun to save lives and offer the first tangible signs that this virus can and will be beaten. But our work has only just begun. This outbreak has exposed the fragility of their health infrastructure and put development progress at risk. In a matter of months, Ebola has reversed years of hard-earned development progress in the affected countries. Since the outbreak began, the number of births in Liberia attended by a medical professional has fallen by roughly 30%, and maternal mortality is rising fast. A new World Bank report concludes that even if the response continues apace, the losses to Guinea, Liberia, and Sierra Leone could reach \$359 million by the end of this year.

Liberia and Sierra Leone, as post-conflict countries, were vulnerable even before the Ebola outbreak, and it will require our proactive and sustained attention to ensure they experience a real recovery and avoid a protracted setback. I wish to note also that the economic effects of this crisis extend well beyond the three primarily affected countries. Trade and tourism across Africa

have been slowed by this outbreak. It is our responsibility to draw attention to these problems and to mobilize an effective international response to mitigate their effects.

## **Conclusion**

This is a complex crisis that requires not just a whole-of-government response, but a global response. We stand at an historic juncture, facing one of the worst public health crises since HIV/AIDS. A rapid, robust, and unwavering response is our greatest defense.