

**Statement of Ms. Gayle E. Smith  
Coordinator for Global COVID Response and Health Security  
U.S. Department of State**

**Before the House Foreign Affairs Committee  
Subcommittee on International Development, International Organizations,  
and Global Corporate Social Impact**

**June 9, 2021 at 3:00 p.m.**

Thank you, Chairman Castro, Ranking Member Malliotakis, and Members of the Subcommittee. It is my pleasure to appear before the Subcommittee today to discuss the Biden-Harris Administration's progress toward ending and building back from the COVID-19 pandemic.

As we know all too well, more than 595,000 of our fellow Americans, and nearly 3.69 million people globally, have died due to COVID-19. We've seen communities devastated, the global economy contract, and international development goals fall behind with the effects of the pandemic. Unquestionably, at this stage of the pandemic, developing countries are bearing the heaviest burden.

The devastating impact of the pandemic has been felt at home and abroad, triggering health and economic crises. Globally, we are witnessing the first wide-scale increase in extreme poverty in twenty years, the loss of decades of development progress, increases in gender-based violence, rising food insecurity, and increased unemployment—particularly among young people. As the pandemic continues, we want to ensure our foreign assistance continues to address these impacts.

As COVID-19 cases decrease in some regions, we continue to see surges in others, including in South America and South and Central Asia. We are also closely watching Southern Africa. These surges are significantly straining the existing health systems in those regions, some of which already experienced devastating losses. And given low testing rates in many countries and gaps in death registrations, the numbers we do have do not tell the full story: 351,000 deaths in India, for example, is most certainly an undercount.

Elsewhere in Asia, where considerable progress had been made, we are seeing increasing incidence due to new and more transmissible variants. As some countries recover from devastating third or fourth waves, others are still waiting for vaccines to contain the inevitable next wave.

As Secretary Blinken has said, this pandemic won't end at home until it ends worldwide. The United States is leading global efforts to end the lifespan of the pandemic.

Thanks to generous and bipartisan support in Congress, we are moving quickly to address the humanitarian and public health impacts of the pandemic.

We have dramatically increased U.S. financial support for COVAX and the Global Fund, which will expand the reach of vaccines, therapeutics, and diagnostics, and work to maintain progress on combatting HIV/AIDS, tuberculosis, and malaria. We rejoined the World Health Organization (WHO) on Day 1 of the Biden Administration, and joined the ACT-Accelerator, a coalition built last year to respond to this crisis.

We are providing significant emergency assistance to the hardest-hit countries in South Asia— including India and Nepal—by allocating more than \$300 million of ARP funding and providing vaccine manufacturing components. Combined with the generous \$400 million in support from American private sector donors, more than a half-billion dollars in assistance has been provided to South Asia.

We are moving quickly to address the pandemic with ARP funding and other available resources. As of this week, the Department and USAID obligated roughly \$350 million of ARP funds, and we will continue to notify Congress of plans to obligate additional funds in the very near future. Additionally, it is important to note that ARP funds address ongoing humanitarian crises started or exacerbated by COVID-19. ARP funds will reach many people and communities most affected by the pandemic; they are ensuring uninterrupted access to antiretrovirals for people living with HIV, contributing to global food security, building resilient health systems, and strengthening our existing development infrastructure.

There is an urgent demand from governments all over the world for safe and effective vaccines, and we are moving quickly to respond. First, thanks to the generous support of Congress, the United States is the single largest donor to COVAX, the global vaccine platform built on the foundation of Gavi, the Vaccine Alliance, an organization Congress has strongly supported since its creation. We have already contributed \$2 billion to COVAX, with an additional \$2 billion to be provided by the end of Fiscal Year 2022, for a total of \$4 billion. In April, the Secretary of State co-launched the One World Protected Gavi COVAX Advance Market Commitment (AMC) Investment Opportunity, a pledge sprint to mobilize partners to help COVAX to reach its goal of raising an additional \$2 billion.

On June 2, Japan co-hosted the COVAX AMC Summit, which closed the pledge sprint and raised \$2.4 billion from nearly 40 donors. Japan itself pledged \$800 million, bringing its total contribution to the COVAX AMC to \$1 billion. Additional countries pledged vaccine doses bringing the total number of donated doses to 132 million. With these contributions, COVAX aims to procure and distribute enough doses to vaccinate nearly 30 percent of the adult population in 92 low- and middle- economies supported through the COVAX AMC. The United States, alone, cannot provide the funding, doses, or necessary health system strengthening to combat COVID-19, but we are uniquely positioned to convene and drive the broad international partnership that is needed to combat this and future pandemics.

Second, President Biden announced that we will share 80 million vaccine doses globally by the end of June announced allocations for the first 25 million of these doses, including 19 million doses that will be delivered through COVAX to countries in South and Central America, Asia, and Africa, and six million doses that will be delivered directly, targeted toward regional priorities and partner recipients.

We have already supplied one million Johnson & Johnson doses to South Korea. The U.S. will continue to donate from our excess domestic supply as it becomes available from U.S. manufacturers.

Third, we are working to expand production and manufacturing capacity. The U.S. International Development Finance Corporation (DFC) is pursuing investments designed to expand global vaccine production and manufacturing in critical markets, including through the March announcement by the Quad Partnership— the United States, Japan, Australia, and India- to support expanding manufacturing capacity at India-based Biological E. In Africa, DFC is currently working with the International Finance Corporation and others to boost investment in vaccine manufacturing on the continent. This will support increased production this year and onward – in Africa and for Africa.

Fourth, the Administration supports a waiver of intellectual property protections for COVID-19 vaccines under the World Trade Organization’s Agreement on Trade-Related Aspects of Intellectual Property Rights. The Administration’s support for intellectual property protections is firm, but the extraordinary circumstances of the COVID-19 pandemic call for extraordinary measures. Our next steps will include text-based negotiations at the WTO.

This pandemic has driven home the urgency of advancing global health security – the capacity of countries to prepare for, prevent, detect, and rapidly respond to infectious disease outbreaks. Since 2015, the United States has provided more than \$1.2 billion to strengthen country-level capacity in partner countries. We are focused on what must be done to strengthen key capabilities, establish norms and practices, modernize existing institutions, and expand multilateral cooperation to secure the world from foreseeable global health threats.

We continue working closely with partners to strengthen and modernize the WHO to improve its surveillance and alert systems. Ultimately, the WHO is only as strong as its members—we must be engaged with WHO member states to increase their ability and commitment to quickly and effectively prevent, detect, report, and respond to potential contagion outbreaks, particularly through effective implementation and possible revision of the International Health Regulations (IHRs). Given the unresolved questions on the origins of the COVID-19 pandemic, we eagerly await the 90-day review ordered by President Biden of the intelligence surrounding the origins of the virus and continue to engage with the WHO on this matter.

For almost two decades the United States has led the world in supporting global health. The extraordinary work through programs like PEPFAR, the President’s Malaria Initiative, the GHS Program, and other U.S. government programs managed across the Department of State, USAID, Department of Health and Human Services, Department of Defense, 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.

Mr. Chairman, Ranking Member, and Members of the Subcommittee, thank you for the opportunity to testify before the subcommittee today.

Congress and the American people have enabled an enduring U.S. leadership role on global health and health security, and have demonstrated this commitment once again with funding provided in the ARP. Thanks to your strong leadership and commitment, and the work of dedicated staff across the federal government, we have made significant progress and will continue to press ahead.

I look forward to your questions and to working with you in the days ahead.