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**Select Subcommittee on the Coronavirus Pandemic -"Reforming the WHO: Ensuring GHS and**  
**Accountability"**  
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Chairman Wenstrup, Ranking Member Ruiz, distinguished members of the Select Subcommittee, thank you for the opportunity to speak with you today about U.S. Agency for International Development's (USAID) commitment to global health security, our partnership with the World Health Organization (WHO), and the importance of continued reform to the systems and processes required to secure our collective protection from international health threats.

USAID's health investments focus on reducing the global burden of mortality and disease, and critically, on protecting Americans from health threats from abroad. We work daily to prevent and respond to emerging threats, while also pursuing long-term goals such as eradicating polio and ending the public health threats of HIV, malaria, and tuberculosis by 2030.

When I took on the job as Assistant Administrator for the Bureau for Global Health at USAID in January of 2022, we were at the peak of the Omicron wave of the COVID-19 pandemic. Since then, a cascade of international health emergencies have defined our work and reinforced tenfold that global health security and our national security are intrinsically linked.

Global health security—the capacity to prevent, detect, and respond to infectious disease threats that can quickly spread across oceans and borders—is a priority for USAID.

Thanks to strong bipartisan support from Congress, USAID is advancing the National Biodefense Strategy alongside our interagency partners – the Departments of Health and Human Services, State, and Defense, and others. Collectively, we work directly with 50 lower income countries to strengthen their capacity to prevent, detect, and more rapidly respond to infectious disease threats. And we are galvanizing donors, partner governments, non-governmental organizations (NGO) and the private sector to ramp up assistance in an additional 50 countries—to reach 100 total. Our goal is to help those countries close their own gaps in biosafety and biosecurity, disease surveillance, laboratory capacity, infection prevention and control, and health workforce capability by 2025.

Advancing global health security is rooted in collaboration. That's why, for more than four decades, WHO has been an essential partner and recipient of USAID funding. USAID's partnership with WHO leverages its global network to help countries respond to dangerous disease outbreaks. For example, in 2023, outbreaks of the Marburg virus, an even deadlier cousin of Ebola, occurred in Equatorial Guinea and Tanzania. USAID and the Centers for Disease Control and Prevention (CDC) supported and worked closely with WHO to respond to these outbreaks because of their relationships and their ability to provide technical assistance.

WHO Director General Tedros Adhanom Ghebreyesus was influential in persuading the government of Equatorial Guinea to welcome U.S. support, including from USAID, that made available stock from the joint USAID-WHO emergency personal protective equipment stockpile for Equatorial Guinea's frontline workers. The support also provided WHO and U.S. government technical assistance to provide critical diagnostic capacity and to establish proper screening, isolation and emergency treatment procedures. Ultimately, that support implemented the emergency treatments that eventually brought the outbreak to an end before it could spread to other nations. In Tanzania, the Marburg outbreak was quickly contained within one region of the country due to the robust response from the government alongside WHO as a trusted partner supporting key interventions like case management and infection prevention and control as well as providing PPE from the USAID-WHO emergency stockpile.

There is simply no entity in global health other than WHO that has an equivalent mandate, reach, or capacity to influence Ministries of Health in the countries where both USAID works and where we don't. That influence is not foolproof. It is up to countries whether they adhere to WHO recommendations. But as we saw during the COVID-19 pandemic, WHO's role is vital. Their systems and processes—for safety review, sharing of technical information, and emergency response—made vaccines, diagnostic tests, and treatments available worldwide, saving millions of lives.

Part of why our work with WHO is so essential is because together, we're continuing to build a global health security infrastructure—a continually strengthening foundation to support humankind's ability to respond to health crises ever more swiftly and strategically.

That work starts long before outbreaks are detected. Back in 2016, WHO launched a first-of-its-kind Joint External Evaluation tool to measure and track how prepared countries are to prevent, detect and respond to emerging health threats. Within two years, the organization had convened 116 countries to voluntarily complete these Joint External Evaluations and identify troublesome gaps in their health security systems. Those results sparked not only local action, but engagement with partners, including the U.S. Government, to more rapidly improve their preparedness. Repeat Joint External Evaluations, as catalyzed by the WHO, continue to play a critical role in measuring the progress of global health security investments abroad. These kinds of forward-looking investments not only strengthen local response capacity, they also reduce dependence on foreign aid to manage future crises.

The stakes are high—it's not hyperbole to say these are matters of life and death. And the COVID-19 pandemic exposed significant fractures in our global health security systems and structures, including at WHO. In lockstep with our interagency partners, USAID continues to push for critical reforms at WHO, applying lessons learned from recent disease outbreaks to increase effectiveness, transparency, agility, and accountability to better respond to future health emergencies and meet our other public health goals. I look forward to discussing today the role USAID is playing in shaping and implementing these reforms.

There are nonetheless signs of progress. For example, historically Ebola virus disease outbreaks have taken the lives of thousands. But in the six outbreaks of Ebola and Marburg that have occurred since I started in my role our response and containment of the outbreaks are getting faster. I was especially concerned about an Ebola outbreak that occurred in the Democratic Republic of the Congo in April 2022. In the same region in 2018 an Ebola outbreak killed more than 2,000 people and required a massive global response and more than \$1 billion to stop. After the 2018 outbreak, USAID, and CDC worked with WHO to come together with other partners to support the country to improve its capacity to detect and respond to potential risks.

As a result, in 2022, when a man came into a clinic in a city of a million people on the Congo River with a high fever and then died, the health worker had the training to immediately recognize that this could be an Ebola case. He and his team had on hand the protective gear they needed and the test equipment to make the diagnosis and they alerted the national public health authorities the same day. In less than 48 hours, those authorities got teams on site identifying contacts and bringing newly-approved vaccines to those exposed. As a result, just five people died. WHO and U.S. government investment in preparation meant that the 2022 outbreak required no emergency foreign assistance at all.

I thank the subcommittee and look forward to your questions.