

**Written Testimony of Jeremy M. Konyndyk**  
**Executive Director of COVID-19 Task Force**  
**Office of the Administrator, U.S. Agency for International Development**  
**House Appropriations Committee Subcommittee on State and Foreign Operations**  
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**Introduction**

Chairwoman Lee, Ranking Member Rogers, and Members of the Subcommittee, thank you for the invitation to speak with you today about United States leadership in ending the COVID-19 pandemic, and the key role played by the U.S. Agency for International Development (USAID).

My name is Jeremy Konyndyk, and I serve as the Executive Director of USAID's COVID-19 Task Force.

I am grateful to the Subcommittee for calling this hearing today and for continuing to prioritize the global response to COVID-19. No global crisis in our lifetimes has matched COVID-19 in scope and complexity. Here at home we have lost more than 720,000 fellow Americans, and the death toll world-wide is nearing 5 million.

And at the same time, we are also facing overlapping health, humanitarian, and economic crises — each historic in scale and global in reach. The sheer number of cases and hospitalizations have strained health systems in our partner countries. Impacts to the global economy are severe, with more than 80 percent of emerging markets and developing economies experiencing recessions in 2020. This has led to growing poverty and hunger with significant consequences for women and girls. Governments have also used emergency powers in this time to restrict freedoms of expression, peaceful assembly, association and movement; and reduce transparency. There is no doubt that COVID-19 and its devastating effects have transformed the global health, humanitarian, and development landscape.

The world is in a different place since we last briefed the Subcommittee in May. Thanks to Congress' generosity, USAID has responded in more than 120 countries with more than \$9 billion in resources toward the fight against COVID-19. U.S. vaccine doses are now being delivered to more than 100 countries, with more than 200 million doses delivered to date and nearly 1 billion doses forthcoming. USAID has rolled out new COVID-19 response funding in more than 100 countries, supporting both vaccination efforts and ongoing health programs that are saving lives now. These programs support the oxygen that keeps patients alive and the testing and surveillance that can slow transmission - critical efforts alongside pushing to vaccinate the world.

Today my colleague, Assistant to the Administrator for the Bureau of Humanitarian Affairs Sarah Charles, and I will discuss USAID's work with partner governments, multilateral organizations and civil society to deliver and distribute vaccines, protect and train health workers, disseminate key public health information, deliver critical humanitarian assistance, including food assistance, and support continuity of basic services and social and economic support.

However, as I have learned while working on numerous international disasters, including the Ebola outbreak in West Africa in 2014, you must expect the unexpected. The COVID-19 pandemic is no different - it has evolved in ways that have forced us to adapt our response accordingly. Vaccine supply constraints throughout 2021, due both to major production difficulties at numerous companies and to export restrictions in countries such as India, have greatly slowed the availability of vaccines in low-income countries. The Biden-Harris Administration has responded by committing to provide one billion doses of the Pfizer vaccine - in addition to sharing from our domestic surplus - to help offset some of these critical supply gaps. USAID has provided more than \$700 million to prepare countries to receive these vaccines and ensure shots get into arms, with additional investments announced at the President's Global COVID-19 Summit in September. Support for vaccine readiness and distribution will continue to be vital as Pfizer vaccines, which require specialized cold storage, will continue to make up the majority of U.S. vaccine deliveries.

The Delta variant, which has higher transmissibility and capacity to cause severe illness, has necessitated further adaptation of our response. This is now the world's most dominant variant of the virus, and has driven vastly increased needs across many countries - notably the surge in India last spring, soon after the American Rescue Plan Act (ARPA) was passed. Those most at risk of Delta are unvaccinated populations, resulting in hot spots in many of the countries in which we are working. To support countries, USAID has provided \$332 million to supply hot spots with critical commodities and technical assistance, including to India, and other countries in South Asia, South America, the Caribbean, and Sub-Saharan Africa. But as long as populations remain unvaccinated, we will not be able to stop the development of dangerous variants. These global hot spots are a critical reminder that it will only be possible to keep Americans safe for the long term by stopping the global pandemic now.

USAID is committed to supporting efforts to reach the targets outlined by President Biden in last month's Global COVID-19 Summit: "Ending the Pandemic and Building Back Better." Critical to our response and tackling unexpected challenges has been the historic ARPA, in which Congress generously provided \$11.5 billion for the global COVID-19 response. Of the \$4.925 billion that was made available either to USAID or jointly to USAID and State, USAID has been provided with about \$4.26 billion in Economic Support Funds (ESF). Of that, USAID has obligated approximately \$3.5 billion of our total ARPA ESF. In addition, USAID has obligated

\$578 million in ARPA Title II funds originally appropriated to USDA. Given ongoing needs, including an anticipated winter surge and rising vaccine readiness costs in many countries, we expect to notify to Congress and obligate the remaining ESF funds early in FY 2022.

While the outlook is challenging, we will only be successful with continued U.S. leadership in 2022 to end the pandemic and build back better. My testimony today will discuss how USAID has mobilized ARPA funds to support the COVID-19 response and how we are planning for the road ahead.

### **USAID Response to COVID-19**

Since we last briefed the Subcommittee, USAID continues to play a pivotal role in the U.S. response to the COVID-19 pandemic. USAID has supported more than 120 countries to contain and combat the virus since the beginning of the pandemic. To date, USAID has provided more than \$9 billion to intensify the fight against COVID-19 around the world, pave the way to global recovery, and strengthen global health security.

Our work is guided by USAID's COVID-19 Implementation Plan, which outlines USAID's role in the whole-of-government U.S. COVID-19 Global Response and Recovery Framework ("Framework"). The Framework lays out a vision for ending the pandemic, mitigating its impacts, and building back better and includes five objectives:

1. Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations;
2. Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats;
3. Address acute needs driven by COVID-19, mitigate household shocks, and build resilience;
4. Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery; and
5. Strengthen the international health security architecture to prevent, detect, and respond to pandemic threats.

The Framework also provides the foundation for the U.S. commitments set forth during President Biden's Global COVID-19 Summit last month. The goal of the Summit was to spur ambitious action among global heads of state, international organizations, the private sector, philanthropies, non-governmental organizations, and other partners around the goals of *Vaccinating the World*, *Saving Lives Now*, and *Building Back Better* to prevent future pandemics.

### ***SUPPORTING VACCINE ACCESS AND DELIVERY***

In line with Objective 1 of the Framework, USAID is helping vaccinate as many people as possible, as quickly as possible, to end the pandemic, save lives around the world, and stop the

threat of dangerous new variants. Safe and effective vaccines are one of our best tools to beat the pandemic, and vaccinating the world is the Administration's and USAID's top priority. This is why the U.S. government committed during last month's Summit to supporting the World Health Organization's (WHO) goal of fully vaccinating at least 70 percent of the population with quality, safe, and effective vaccines in every country and income category by the U.N. General Assembly 2022, as well as 40 percent by the end of 2021.

With support from ARPA and other appropriated funds, the U.S. government is partnering with COVAX to provide one billion doses of Pfizer vaccine, bringing our total commitment to more than 1.2 billion doses. As of October 21, the United States, through coordinated efforts with Gavi and bilateral agreements, has already made available 200 million vaccine doses to over 100 countries—donating more vaccines than all other countries combined—for free and with no political strings attached, with millions more shipping every week. This is a phenomenal accomplishment and the result of highly successful coordination with interagency partners and the White House. This effort will continue through 2022 as we continue to roll out doses from the first contract for 500 million Pfizer vaccine doses that the President announced in June, and to plan for the additional 500 million doses pledged at last month's Summit.

Through the support of Congress and the American people, the United States is also the leading donor to the COVAX Advance Market Commitment (AMC), which provides COVID-19 vaccines to 92 low- and middle-income countries and economies. USAID's \$4 billion contribution, from funding in the Fiscal Year (FY) 2021 appropriations act, supports vaccine procurement, vaccine readiness, and in-country vaccination efforts, including a portion of the 500 million Pfizer doses announced in June. As of October 2021, COVAX has provided more than 270 million COVID-19 vaccines to 86 low- and middle-income countries and economies.

But we know donating vaccines is not enough, which is why USAID has provided more than \$700 million, including more than \$170 million from ARPA funds, to help countries prepare and strengthen their vaccination programs to ensure COVID-19 shots get into the arms of those who need them—including establishing additional vaccination sites, training health workers to administer vaccines, identifying priority at-risk populations, countering vaccine misinformation, and more. USAID, the Centers for Disease Control and Prevention (CDC), the State Department, and the White House recently conducted outreach surveys to Missions around the world. Vaccine hesitancy and lack of demand, cold-chain and logistics requirements, and human resources to administer the vaccines were cited as the top challenges to rolling out COVID-19 vaccines. USAID is providing support across all of these areas; for example, 69 USAID Missions or country offices have programmed funds to address vaccine hesitancy and increase demand, a critical component to accelerating vaccinations in countries. During last month's Summit, USAID announced plans for an additional \$195 million in ARPA funds to be used to support these efforts.

### *STRENGTHENING HEALTH SYSTEMS AND COUNTERING EMERGENCY IMPACTS*

While we work to vaccinate the world, we must continue to support countries to save lives now. In line with the Framework's Objectives 2 and 3, USAID has focused on strengthening countries' public health responses and responding to the emergency impacts of the virus.

Since the beginning of the pandemic, USAID has supported frontline health workers and health systems to reduce disease and deaths. USAID has provided \$420.9 million from the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 to support critical health activities in over 120 countries, including, but not limited to: risk communication and community engagement; infection, prevention, and control; case management; surveillance; and laboratory and diagnostics strengthening. For example, we have trained more than 100,000 health care workers including doctors, laboratory and supply chain personnel, social workers and community health workers on topics ranging from how to counsel people to prevent the transmission of COVID-19, infection prevention and control in health facilities, case management, and laboratory diagnostics. We have also strengthened laboratory capacity in more than 55 countries for fast, accurate, large-scale COVID-19 testing.

Another way USAID is supporting countries is through increasing access to oxygen. Oxygen is lifesaving and the most important part of treatment for most people hospitalized for COVID-19. Oxygen access will mean the difference between life and death for countless people across the globe. At the Summit, USAID announced plans to provide \$50 million in ARPA funds to expand access to life-saving oxygen treatment—with a focus on bulk liquid oxygen—to help address the global oxygen crisis.

As outlined above, USAID rapidly responded to emerging hot spots throughout 2021 by providing \$332 million in ARPA funds for critically needed medical supplies and technical assistance. During last month's Summit, USAID announced it is providing \$100 million to further prioritize rapid response interventions in developing countries to combat COVID-19 surges.

COVID-19 has also contributed to an unprecedented number of people in need of humanitarian assistance. USAID provided \$558 million from the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 and the Coronavirus Aid, Relief, and Economic Security (CARES) Act to respond to acute COVID-19 related humanitarian impacts and mitigate transmission of COVID-19 in humanitarian settings. Additionally, we have obligated more than \$1.8 billion in ARPA funds focused on preventing famine and mitigating food insecurity, supporting protection and gender-based violence programs, and strengthening critical public health initiatives to reduce transmission of COVID-19 in humanitarian settings.

## *RESPONDING TO SECONDARY IMPACTS*

USAID is fighting more than just the virus. COVID-19 continues to threaten decades of progress in education, democracy, poverty reduction, nutrition and food security, and against diseases such as tuberculosis, malaria, and HIV/AIDS as well as vaccine preventable diseases. The virus' secondary effects have a destabilizing impact on countries, exacerbating existing inequalities and vulnerabilities, especially for women and girls, and upending investments that help protect our collective security.

In line with Objectives 3 and 4 of the Framework, USAID has provided \$231 million from the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, in every region and across a variety of sectors to address these secondary effects and sustain our investments. These efforts include more than \$76 million to help micro-, small-, and medium-enterprises (MSME) recover from the significant economic impacts of the pandemic through job-skills and resilience training and MSME innovation. It also includes more than \$26 million to support democracy, rights, and governance and to prevent further democratic backsliding, more than \$21.6 million to help mitigate the impacts of the pandemic on education and critical social services, and more. Additionally, USAID missions around the world have continued to pivot existing programs to ensure students are able to safely return to school, farmers are able to innovate their business models to maintain production and income, and more.

### **The Way Forward**

Thanks to Congress' support, USAID and interagency partners have made great strides in the fight against COVID-19. But so much more remains to be done to end the pandemic and build back better. We will not be able to do this alone. USAID, in coordination with our interagency partners, is working closely with other donor governments, multilateral institutions, as well as philanthropic and the private sectors as our collective efforts are the only way we will be able to secure a future free of COVID-19.

We are entering the most operationally intensive year of the global response. Vaccine producers will increasingly supply low-income countries and COVAX in the coming months. We still foresee significant gaps and supply risks - several flagship vaccines continue to face production challenges that have delayed scale-up, and India's export restrictions have been only marginally relaxed. We nonetheless expect that the supply outlook for lower-income countries will start to improve somewhat as we enter 2022. But with only three percent of low-income and only 36 percent of middle-income countries' populations having received at least one vaccine dose, next year will require unprecedented outreach to successfully get shots into arms.

Supply limitations have been the largest challenge to global vaccine efforts to date, but we anticipate that on-the-ground vaccine readiness and delivery challenges will become a bigger

obstacle as the supply outlook improves. While current U.S. investments in vaccine delivery have been crucial in supporting vaccine roll-outs, there are still remaining gaps, and we are working with other partner countries and private sector partners around the world to fill them. The targets we released during last month's Global COVID-19 Summit outlined a gap of up to \$10 billion globally through 2022 to support vaccine readiness and effective deployment in low- to middle-income countries in order to achieve the goal of 70 % vaccination coverage in 2022.

Beyond our efforts to vaccinate the world in 2022, we must continue to save lives and respond to emergency impacts of the disease. We also remain focused on executing our funding and working with partners to step up to fill critical gaps, including approximately \$2 billion in 2022 to support improvements in the oxygen ecosystems and approximately \$3 billion needed to donate and deliver sufficient courses of authorized COVID-19 therapeutics.

Over the last year, due to unforeseen developments in the vaccine supply and the Delta variant, we have made the stark but necessary trade-offs with ARPA funds to prioritize increasing vaccinations and stemming the direct effects of the disease. This meant we could not fully resource other elements of the pandemic that we seek to desperately address, especially secondary impacts. The only way we will truly build back better will be by combating the parallel pandemics of secondary impacts that could lead to acute and irreversible damage to development progress supported by decades of bipartisan U.S. investments. In 2022, we will utilize our resources available to help recover the economy, reduce poverty and hunger, ensure children are able to continue education opportunities, address gender inequalities and gender-based violence exacerbated by the pandemic, and prevent democratic backsliding.

As outlined above, USAID has obligated around \$3.5 billion of the about \$4.26 billion we were provided through the \$4.925 billion ARPA funds made available to USAID or jointly to USAID and State, as well as an additional \$578 million in Title II funds. While we must continue to plan for the unexpected given the very nature of pandemics, we anticipate that these funds will be fully exhausted by early next year. Beyond the funds we have previously notified or announced, USAID expects to obligate, subject to notification to Congress, additional funds for a contribution to a multilateral vaccine development partnership to support epidemic preparedness, as well as other priorities of the COVID-19 Global Response and Recovery Framework.

## **Conclusion**

Since the beginning of this Administration, President Biden has been clear: the only way to defeat COVID-19, protect American lives, and grow our economy is to defeat the virus both here at home and around the world. U.S. leadership has risen to the occasion and mounted an unprecedented response domestically and globally. In 2022, we have the opportunity to end the pandemic once and for all and get on the road to economic, social, and developmental recovery.

Thank you for the opportunity to represent USAID. I welcome your questions.