

Statement of Ms. Gayle E. Smith
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Before the House Appropriations Committee
Subcommittee on State, Foreign Operations, and Related Programs
October 27, 2021

Thank you, Chairwoman Lee, Ranking Member Rogers, and distinguished Members of the Subcommittee. It is my pleasure to appear before the subcommittee today to discuss the U.S. response to the global pandemic and how the American Rescue Plan Act is providing for that robust response to the global COVID-19 pandemic.

The COVID-19 pandemic has caused millions of worldwide deaths, more than 728,000 deaths here in the United States, and continues to wreak havoc on our global economic and health systems. Under President Biden's direction, and with Congress's support, the United States is leading the global response. Through funds appropriated in the American Rescue Plan Act (ARPA), as well as the \$4 billion appropriated in FY 2021 to support U.S. contributions to Gavi, the Vaccine Alliance, Congress has provided us with the funds to lead. The United States has just announced that we have now shared 200 million vaccine doses with over 100 countries, and that number has increased in the last several days. At the Global COVID-19 Summit in September, President Biden announced a commitment to purchase an additional 500 million Pfizer doses. With those additional doses, the U.S., in partnership with COVAX, has committed to donate one billion Pfizer doses.

In addition to expanding vaccine sharing by the United States, we must also elevate global ambition to end the COVID-19 pandemic in 2022 and to put in place the systems, architecture and practices needed to ensure global health security over the long term. That is why President Biden set forth global targets at the Summit and called on partners to join us in meeting them, including by supporting the WHO's goal of at least 70 percent of the population fully vaccinated with quality, safe, and effective vaccines in every country and income category by the time that the UN General Assembly meets in 2022. We must hold ourselves accountable to these targets.

We know that as we work towards global vaccination targets we must also continue to ensure critical medical products, such as therapeutics and personal protective equipment, continue to equitably reach all communities. Our ability to save the most lives now and mitigate additional mortality is critical not just for public health, but also for recovery. Recovery from this pandemic will be a challenge for countries across the globe and this is why investing in improving health and health security now is critically important. The IMF recently revised its World Economic Outlook projecting global economic growth downward from 6.0 to 5.9 percent for 2021, with a slowdown to 4.9 percent in 2022. As you may imagine, the decline is driven in part by continued COVID-related shutdowns and resulting supply chain disruptions. *The IMF believes vaccine access will be one of the most important determinants of recovery prospects.*

With regard to our vaccination goal, the U.S. has now shared over 200 million doses billion Pfizer doses. To further expand the reliability of the vaccine supply schedule, we continue to engage vaccine manufacturers to increase production and availability of vaccines for low- and

lower-middle income countries and to encourage our international partners to share more doses and expedite the delivery of those already committed. And with investments by the U.S. Development Finance Corporation, the International Finance Corporation and our international partners, we have seen an increase in production of vaccines in South Africa, and anticipate additional increases in production from India after the first of the year. DFC's support is projected to facilitate capacity expansion to produce nearly 2 billion COVID-19 vaccine doses across the globe.

Vaccine supply is but one part of the equation; the other and critical goal is ensuring that vaccines become actual vaccinations. Vaccine readiness is critical to vaccine uptake, as it has been here in the United States, where the federal government, states, cities and citizens have joined forces to mount an unprecedented emergency vaccination program. Across low- and lower-middle income countries, capacity to mount these ambitious operations must be and is being augmented by support from the United States, through the hard work and dedication of our experts in USAID and CDC, the utilization of the PEPFAR platform, and our funding to COVAX, UN agencies and other partners. The challenge here is to match delivery capacity to the flow of vaccine supply, which my colleague will speak about in greater detail.

Vaccine hesitancy is another challenge, whether caused by misinformation or disinformation. Our operational agencies are supporting local efforts to, for example, enable credible interlocutors and influencers to share knowledge about the efficacy of vaccines. The State Department's Global Engagement Center (GEC) is tracking the active efforts to spread disinformation globally to undermine confidence in Western vaccines. And the CDC has conducted valuable socio-behavioral research on best practices to foster high confidence and uptake in vaccines and is supporting training programs to counter misinformation.

Even as we expand the availability of vaccines, our agencies and departments are providing life-saving assistance to respond to surges in viral incidence, expand testing, and strengthen local health systems and facilities. And as you will hear from my colleagues, we are supporting partners to ensure that refugees and displaced people are not left out of the global response.

Members of the Subcommittee, we have made considerable progress in recent months, and the resources and support you have provided have enabled us to lead. But this pandemic is far from over, nor is the world prepared for the next one. That is why President Biden convened heads of state last month for the Global COVID-19 Summit – to set ambitious targets, trigger international momentum, and drive truly collective action. The Summit was the first step in a series of international action-forcing events designed to mobilize the international community, generate the resources and other commitments required, and keep the eyes of the world squarely focused on defeating a virus that threatens us all. In just a few days, the G20 Summit will convene; in the coming weeks, Secretary Blinken will convene foreign ministers on the pandemic; and as was announced last month, another Summit will be convened in the first quarter of 2022.

The focus of all of these efforts is rightly on the emergency response to the unchecked pandemic we are living through, but they are also on the focused urgent imperative to prevent and prepare for the future global health threats we know are coming.

We are working with our interagency partners to strengthen the WHO and make it more transparent, effective, accountable, and agile. This includes active engagement on strengthening WHO preparedness and response to health emergencies, working with allies to build support for our proposed reforms to governance and the International Health Regulations, and seeking to identify and promote measures that can promote greater equity. In addition, we continue to seek opportunities to enhance international norms and the larger global health security architecture. We are ready to work towards the establishment of and, working with Congress, provide funding for a Financial Intermediary Fund at the World Bank that can support sustained financing and combine public and private capital needed to build global capacity to prevent, detect and respond to pandemic and global health security threats.

Across all this work, we are focused on advancing health equity. COVID-19 has exacerbated and exposed existing inequities in our own country and around the world. The goal must be to design a global health security infrastructure that will improve well-being and effectively respond to emerging health threats across *all* populations in *all* countries. This is the smart thing to do, as viruses like COVID-19 know no borders; but it is also the right thing to do. Without an equitable and fully inclusive approach, every country and every person is vulnerable. Whether building regional vaccine manufacturing capacity or facilitating voluntary technology transfers on mutually agreed terms, approaches must be designed that can be adapted for countries at every income level.

Chairwoman Lee, Ranking Member Rogers, and Members of the Subcommittee, I want to offer my gratitude for the work you have already done and continue to do. Congress and the American people have ensured an enduring U.S. leadership role on global health and have demonstrated this commitment once again with the funding provided in the ARPA. Thanks to the dedicated staff across our departments and agencies, 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.