

Committee: House Committee on Foreign Affairs, Subcommittee on the Middle East, North Africa, and Global Counterterrorism



Hearing: COVID in the MENA Region - Addressing the Impacts of the Pandemic and the Road to Recovery

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Introduction

Chairman Meeks, Ranking Member McCaul, Subcommittee Chairman Deutch, Ranking Member Wilson, and distinguished members of the Committee, thank you for the opportunity to testify today as you examine the challenges and impact of the COVID-19 pandemic in the Middle East and North Africa (MENA). These are critical issues, and I am thankful for the Committee's attention to them.

My name is Eman Moankar and I am the Regional Advocacy and Communications Director for CARE International in Jordan. CARE works in over 100 countries and reaches more than 90 million people around the world through poverty-fighting development and humanitarian aid programs, with a special focus on women and girls as often the most vulnerable but also the most powerful change-makers. CARE works in eleven countries across the MENA region and has directly reached 6.8 million people with COVID-19 response support and 8.7 million through health, risk and hygiene awareness.

Before I begin, I would like to take this opportunity to thank this Committee and Congress for the continued bipartisan commitment it has shown to development and humanitarian assistance, particularly in providing life-saving support in response to the COVID-19 pandemic. Helping those in need around the world is not, and has never been, a partisan issue. CARE is grateful to have such strong champions on both sides of the aisle.

Regional Context

As of May 2021, over [5.8 million COVID-19](#) cases have been confirmed in the Middle East and North Africa region. Most countries are projected to be approaching their third and fourth wave peaks, and more cases are likely to be recorded in the coming months as a result of ongoing active transmission, the introduction of the Delta and Kappa variants, and eased public health restriction. However, inadequate reporting, insufficient contact tracing, stigma, and low testing mean the real scope of the pandemic is likely unknown and underscores the importance of assessing the impact of COVID-19 through proxy measures including socio-economic indicators. As Mark Lowcock, United Nations Emergency Relief Coordinator puts it, "It has been clear for some time that it is not the virus itself doing most harm in vulnerable countries. It is the secondary impacts of the subsequent lockdowns and global recession – rising food prices, falling incomes, drops in remittances, interrupted regular vaccination programs, school closures. They all hit the poorest people in the poorest countries hardest." This is particularly true in the MENA region where inequality is also reflected in both the disproportionate impact of the pandemic on the region's most vulnerable members- including women and girls and displaced populations- and the unequal access to care and vaccinations.

The COVID-19 crisis in the Middle East and North Africa is occurring in a region that was already grappling with economic setbacks, governance challenges, and conflict and hostilities which have devastated communities forcing them into displacement and increasing humanitarian and protection needs. Across the region, inflation and fuel shortages are making food insecurity worse and eroding people's ability to cope with shocks, forcing them to resort to negative coping mechanisms such as skipping meals, taking on debt, or child marriage. In this context, protracted and recurrent displacement puts people at even further risk, including for protection violations such as gender-based violence which is particularly impacting women and girls. Acute malnutrition is also pervasive with [increasing numbers of acutely malnourished children and women](#) reported in multiple countries.

Protracted and escalating hostilities in parts of the region have exacerbated suffering and caused countless deaths, injuries, and destruction to basic infrastructure, including health and medical facilities, compromising the response to the pandemic and other essential health services, including routine vaccinations. Conflict, insecurity, and other challenges have also impeded the ability for humanitarian actors to reach people in need with assistance. COVID-19 restrictions and containment measures have further constrained access and, as infection rates surge, movement restrictions will continue to hamper access to services and aid. The pandemic's devastating socioeconomic impact, including loss of livelihoods, reduced remittances, increased unemployment, and deepening poverty, mean that more and more people will need support.

The UN estimates that over [45 million people across MENA will need some form of assistance in 2021](#), and “if left unaddressed, conflict and violence, political and economic instability and food insecurity will continue to drive up humanitarian and protection needs across the region.” My testimony will focus on how COVID-19 is both exacerbating and being exacerbated by the underlying humanitarian needs across the region, with special focus on two cross-cutting themes: the impact of the pandemic on displaced women and girls and the need for equitable access to and delivery support for the vaccine. My testimony will also focus on three of the most dire contexts where CARE operates: Syria, West Bank and Gaza, and Yemen.

Displaced Women and Girls

COVID-19 is increasing short-term humanitarian needs and negatively affecting longer-term outcomes for marginalized populations and people in vulnerable situations, significantly setting back hard-won development gains, magnifying inequalities, and compounding risks. Among those worst affected are the more than 80 million people worldwide—approximately half of whom are women and girls—who have been forcibly displaced by drivers such as persecution, conflict, generalized violence or human rights violations. No region of the world is more deeply affected by this phenomenon than MENA, with [12.4M internally displaced \(IDP\) and 7.8M refugees](#), over half of the total displaced population worldwide. The Internal Displacement Monitoring Centre estimates that the economic cost of internal displacement in the region is nearly \$8 billion per year, which would be enough to provide two billion doses of COVID-19 vaccines, according to the World Health Organization.

CARE undertook [new research](#) in Afghanistan and Turkey, as well as Ecuador, between April and May 2021 to better understand how COVID-19 is impacting the health and protection of displaced women and girls. Our research – which included more than 1,000 surveys with women in displaced and host communities, dozens of focus group discussions (FDGs) and key informant interviews (KIIs) with displaced communities, government actors, health and protection service providers, and humanitarian organizations – surfaced a number of key findings.

First, we found a severe drop in access to and use of health services. Half of all displaced women in our research have had less or no access to regular health check-ups and other basic health services since the start of the pandemic; these challenges are particularly acute for sexual and reproductive health services. While the ongoing pandemic has had an impact on access to health care worldwide for virtually all populations, our research shows a disproportionate impact on displaced populations that it is compounding previous challenges to access. For example, in Turkey, an additional 14% of Syrian refugee women, compared to just 3% of Turkish host community women, reported that they did not have access to health services before COVID-19, and that lack of access continued during the pandemic with pre-existing challenges around government registration, language barriers, and lack of financial resources to cover paid services.

Second, we found a compounded impact of the economic crisis on women. For example, 70% of displaced women in Turkey reported that their household income decreased during COVID-19. The economic effects of the pandemic are pushing displaced households deeper into poverty and to a breaking point, reducing

health care expenditures and increasing food insecurity. 100% of IDP/refugee returnee women in Afghanistan reported that households in their community are relying on less expensive/less preferred food, 63% reported sending children under 18 to work, and 67% reported reducing expenses on medication, hygiene items, and clothing. Food shortages are felt even more acutely by women, who are most often held responsible for providing and preparing the family's food, putting women under additional stress.

Third, we saw a steep rise in the risk and prevalence of gender-based violence (GBV), including intimate partner violence (IPV) and child marriage of adolescent girls. Across contexts, between 16% and 39% of displaced women reported that the risk of violence and abuse of women and girls in their communities had increased. In Afghanistan, women almost exclusively (up to 88%) said that male unemployment had driven the increase. On average, more than half of all women said they had spent 10 or more days at home in the past 14 days, potentially trapped with their abusers and often in substandard and overcrowded shelters. These circumstances are compounded by reduced access to and exclusion from GBV response services. Almost half (45% on average) of displaced women reported that they feel more excluded during COVID-19 than they did before the pandemic and CARE protection staff reported that, in general, it has been more difficult to access women in need and ensure they can be referred to appropriate medical, psychological and legal services during the pandemic. Additionally a separate [CARE survey](#) of over 10,000 program participants around the world found significant need for mental and psycho-social services particularly for women, with 27% of women reporting this was a key impact of COVID-19 compared to only 10% of men.

Finally, we found access to registration and civil documentation was reduced, which threatens to compound all other challenges. More than a quarter of displaced women reported increased challenges in accessing registration and legal and civil documentation, which are vital to secure legal stay and often to access essential services, such as health care. In particular, in Turkey, valid refugee registration is required to make appointments for government health services, while in many contexts registration and documentation can help displaced women and girls push back against the discrimination and xenophobia that migrants often experience when trying to access public health services.

Vaccine Access and Delivery

Another critically important issue we would like to highlight is vaccine access. The imperative for bold action on a coordinated, global vaccine effort that ensures both access and effective delivery could not be more urgent, and the conditions throughout the region in MENA only underscore this urgency. New and dangerous strains of COVID are emerging across the region and beyond, with particularly troubling outbreaks in the most vulnerable contexts in Syria, West Bank and Gaza, and Yemen. The longer that the virus spreads and mutates in non-vaccinated populations, the more likely we are to see the emergence of more virulent, more contagious and potentially vaccine-resistance strains while the human and economic damage across the globe compounds. Many of you have seen the [International Chamber of Commerce report](#) that calculates the potential damage to the global economy at \$9.2 trillion if we fail to support global vaccine access. The human suffering of failure to act is, however, incalculable.

We are enormously grateful for the leadership and investments the U.S. has already made. American ingenuity has made a wide range of highly effective vaccines available, and substantial investments by the U.S. are helping to make doses available in the MENA region and around the globe where they are desperately needed. We applaud the tremendous leadership that Congress and this Committee have shown, and welcome President Biden's recent announcement of plans to procure an additional 500 million vaccine doses for countries in need. As we look to the coming crucial months, there are several key factors we urge the Committee to consider.

First, while great focus has been put on vaccine production, [fast and fair delivery is equally important](#). Quite simply, vaccines are useless without proper delivery systems. CARE has done [in-depth analysis](#) which shows that for every \$1 spent on vaccine acquisition, the cost of effective delivery is \$5. This includes the

cost to effectively support all cadres of frontline health workers (FLHW) – including community health workers – at least 70% of whom are women. FLHW are the lynchpin of effective vaccine delivery. They are the first and often only link between vulnerable populations and health systems, and they do indispensable work, including building vaccine acceptance and reaching rural and underserved communities. Yet, they are routinely overlooked and chronically underfunded; half of FLHW globally are unpaid. As a result, last-mile delivery all over the globe is failing. The true cost of achieving herd immunity includes equipping, paying, training, and supporting frontline health workers, education and vaccine acceptance campaigns, childcare costs for health workers, and infrastructure such as cold chains, vaccine tracking systems, power supplies, and administrative costs. These investments are complementary and interdependent. Together, they represent the true costs of vaccine delivery and without them, doses and dollars will be wasted, and the pandemic will continue to circulate throughout the region and the globe.

Second, the current, uncoordinated approach to global vaccine efforts is exposing profound inequities. Over 80% of vaccinations to date have been in high- and upper-middle-income nations, while low-income nations have received just a fraction of one percent. Nowhere are these disparities more apparent than in the MENA region, where [the WHO reports](#) that 6 months into 2021, the region is still far from the goal of vaccinating 20% of each country's population and serious inequities in vaccine rollout between wealthier countries and poorer countries exist. Only 2 out of 22 countries in the region they define as Eastern Mediterranean have administered at least 1 dose of vaccine to over 50% of their populations. Most have vaccinated less than one percent and are behind in vaccinating even health care workers, the top priority group. Priority groups make up 20% of the region's population - of the 300 million doses needed to vaccinate these individuals, only 57 million vaccine doses have been given across the Region.

Unfortunately, a key test of the commitment of wealthy nations to contribute their fair share to this effort was the recent G-7 summit, where despite the strong leadership and example set by the United States, our allies fell short of the kind of bold commitments and action that are needed. For the sake of the MENA region and beyond, we urge this Committee to continue to push for equitable access to the vaccine globally, particularly by supporting frontline and community health workers in vaccine delivery.

In Focus: The Humanitarian Impacts of COVID-19 in MENA

Syria

More than a decade of conflict has left Syrians in all parts of the country and throughout the region vulnerable to the pandemic. Overlaid by the arrival of COVID-19, Syrians have been pushed to the breaking point with the [number of people in need at the highest ever levels](#)- growing 20% in the last year alone.

Violence against healthcare workers and attacks on healthcare infrastructure have been a dark feature of the conflict- there have been at least [595 documented attacks](#) on health facilities in Syria- including as recently as June 2nd when [Al-Shifaa Pediatrics and Maternity Hospital](#) in Afrin was hit by missiles killing 13 people and injuring 32 more. Over [70 percent of healthcare workers](#) have fled the country, placing an enormous burden on those who remain coping with a fractured and decimated healthcare system that struggled to meet the healthcare needs of the population even before the pandemic. The destruction of water and sanitation systems have also made COVID-19 prevention an uphill battle while social distancing is not possible for those [displaced in crowded camps and informal shelters](#) across northern Syria- including Al Hol camp. In early 2021, CARE and our peer NGOs warned of the dire situation unfolding in [Northwest Syria](#) which had only 9 hospitals available for COVID patients, 212 ICU beds, and 162 ventilators for 4 million people. Gaps in [personal protective equipment, oxygen, and ventilators](#) remain dire across the country.

An imminent catastrophe also looms, threatening to compromise the COVID-19 response in Syria but also the broader aid delivery system: the potential failure of the UN Security Council to renew a resolution

authorizing life-saving aid delivered cross-border. This decision would put a halt to the UN-led COVID-19 vaccination campaign for people living in North West Syria amid a spike in infection rates in the last month and put access to critical medical supplies, humanitarian assistance, and food assistance for more than 1 million people in jeopardy. To curb the spread of COVID-19, ensure an effective vaccination roll-out, and meet the growing humanitarian needs, it is imperative that the Council authorizes the cross-border resolution for a minimum of 12 months and reinstate the closed crossings, Bab al Salam in the North West and Al Yarubiyah in the North East.

COVID-19 cases are [likely to far exceed the official reported number](#) of cases as community transmission is widespread and the scope and scale of the humanitarian impact COVID has had on the region is not revealed by the case data alone. The last year and a half have seen Syria's economy experience an unprecedented downturn exacerbated by the pandemic; Syrian families have experienced further decimation of employment opportunities and shortages of goods and services. The economic crisis next door in Lebanon- which is also creating crisis levels of poverty and compounding the suffering of refugee and host families alike- has also triggered the sharp devaluation and volatility of the informal SYP/USD exchange rate causing prices to skyrocket with the average price of a [food basket increasing 33% from February to March](#), according to WFP; a record [12.4 million people in Syria are now food insecure](#), an increase of 4.5 million in just one year. This year, [an estimated 13.4 million people in Syria need humanitarian assistance and nearly 90 percent of the population now live below the poverty line](#)- some of the worst humanitarian conditions in the entirety of the crisis.

CARE's research has also explored how these punishing socio-economic conditions, along with the death, injury, disappearance, and displacement of Syrian husbands and fathers, are contributing to a major social change in Syria: women have been forced to [adapt their roles](#) within traditional family structures. In addition to their roles as caregivers, Syrian women have entered the workforce in much greater numbers, often working in the informal sector doing jobs previously held by men, which carry increased risk and fewer protections. Because of this, women face a double-edged impact from the pandemic- heightened exposure to the disease as well as bearing a disproportionate impact of the secondary and long-term impacts. Not only is the pandemic affecting the ability for families to access the basic necessities of survival, it is [also jeopardizing the fragile yet potentially transformational changes in the authority and independence of women within their communities](#).

This impact of the cumulative forces of war, social change, and the pandemic are evident in the story of Bayan. She is 19 and has lived as a refugee in Lebanon since she was 10 years old after her family fled her home in the city of Homs, Syria. Her mother doesn't want her or her sisters to drop out of school or get married young like her, so Bayan is taking computer programming lessons and she is the only girl in the class. However, with the economic crisis in Lebanon and the enforced pandemic lockdowns, it is difficult for her to take online courses because she does not have a computer so she tries to make do on her mother's small cell phone screen. Sometimes, she also feels guilty about taking public transport to go to the institute for classes because she knows that her family has to cut down on vital expenses to provide her with the necessary funds. When asked about her hopes for her education and future, she told CARE "I would like to be able to continue my studies, maybe even be able to go to university to become a lawyer. I want to defend women and really lay the foundations to fight against gender discrimination."

West Bank and Gaza

COVID-19 has severely exacerbated the socio-economic and health conditions in the West Bank and Gaza (WBG) which were dire before the outbreak. As a result of occupation and the ongoing blockade in Gaza, the humanitarian needs in WBG have soared while restrictions on freedom of movement, limited access to resources and basic services, and recurrent violence and armed hostilities have contributed to economic decline, poverty and food insecurity.

According to the World Bank, Palestinian GDP contracted by [11.5%](#) in 2020, one of the most severe declines on record. The most vulnerable have been disproportionately impacted, with a staggering [95% of women-owned businesses](#) negatively impacted by COVID-19. Female-headed households represent 11% of the total households in West Bank and Gaza, but account for almost [20% of families suffering from extreme poverty](#). The pandemic has also severely disrupted financing and access to other essential health services, such as maternal and child health, as well as non-communicable diseases.

The devastating escalation of hostilities in May killed over 287 Palestinians and 13 Israelis, wounded over 10,000 civilians, and displaced more than 113,000 people across Gaza. This level of devastation, damage, and disruption of aid and services had not been seen in Gaza [since the 2014 war](#). Even CARE's staff in Gaza have been directly impacted by air strikes- experiencing damage to their homes and the loss of a family member.

The recent violence took place as Palestinians were also experiencing a [60% increase](#) in active COVID-19 cases driven largely by the presence of the more contagious Alpha and Beta variants of the virus. According to the Palestinian Ministry of Health, [only 5% of the total population has been vaccinated](#). As a result of the violence, the [WHO reported significant damage to the health infrastructure](#) in Gaza, noting 95% of hospitals were only partially functioning and 61% of Primary Health Clinics were not functioning at all. Additionally, 46% of essential drugs and 33% of essential medical supplies were at zero stock. The main COVID-19 laboratory was damaged, forcing a cessation of testing, and damage to desalination plants, WASH infrastructure, and electricity outages coupled with displacement has heightened the risk of COVID-19 spread and other disease outbreaks. Following the resumption of testing, COVID-19 case numbers shot up with nearly [85%](#) of all active cases now in Gaza.

Resources to respond to the underlying humanitarian crisis and the latest emergency needs are severely lacking, with the international community only providing [7% to date of the required \\$95 million](#) needed to fully implement the emergency response plan and reach 1.1 million Palestinians for three months.

Yemen

Every day Yemen inches closer to social, economic, and institutional collapse due to the protracted and ongoing conflict, widespread poverty, deteriorating public services, and the dire economic crisis. In this context, the UN warned in April that the pandemic was [‘roaring back’](#) and said in May that COVID-19 was [‘still surging, pushing the health-care system to collapse’](#). After six years of war, the decimated health system stands little chance against this deadly wave of COVID- hospitals are forced to turn patients away and lack protective equipment, oxygen, and beds for those they can treat. Death rates are high as patients show up to hospitals too late out of fear and hesitancy or just a lack of awareness about treatment. The [water and sanitation needs](#) critical for preventing the spread of COVID-19 are also dire, with water infrastructure operating at less than 5% efficiency, less than half of internally displaced people having access to soap & handwashing, and up to 65% of Yemenis lacking adequate hygiene items.

Yet despite the grim outlook of the pandemic in Yemen, civilians are continuing to endure even more severe threats to their lives: harm and death from the ongoing conflict and malnutrition and starvation resulting from this man-made crisis. Half a million Yemenis are already living in [famine conditions](#) and 5 million more are a step away. Yemenis continue to be displaced and starved by the ongoing conflict, as well as by the weaponization of food, fuel and the economy through warring parties hindering the movement and blocking access to aid and commercial goods, attacking farms, markets, food facilities, and waging economic warfare in the form of competing monetary, fiscal and economic policies. Also, in the absence of a nationwide ceasefire, Yemenis continue to bear the brunt of the ongoing violence with the recent fighting in Marib fueling escalations in other places, including Hazzah, Hudaydah and Taizz. On average, [at least five civilians are now being killed](#) or injured by hostilities in Yemen every single day and the fighting continues to push people into already overcrowded hosting sites. [Ongoing displacements are](#)

[heightening the risk of COVID-19 transmissions](#), especially given poor sanitation conditions, with significant gaps in latrine availability and waste management services ongoing since 2019.

The pandemic combined with existing problems caused by continued conflict and collapsing public services has had a disproportionate impact on Yemeni women and girls. More [than 3.25 million women](#) in Yemen are facing increased health and protection risks, and struggle to access basic health care, including maternal and child health and the number of widows and children without parents is increasing. In Yemen, men are often the primary breadwinners and the death of a husband leaves the woman to fulfill the role of caregiver as well as the family's main source of income. Widowed women are often denied their rights to inheritance or property, and the COVID-19 crisis has amplified and deepened the vulnerability of widowed mothers and their children. Isolation compromises the widows' ability to support themselves and their families, bringing further economic hardship to many female-headed households that depend on daily wages to survive. This is true for 30-year-old Arwa, who told CARE she struggles to provide food and other essentials for her five children after her husband's death two years ago. Arwa works as a housemaid, but the pandemic has affected her ability to work. "People are afraid," Arwa says. "They don't ask me to help them with the housework because they are isolating themselves." When she can't get any work, the family goes without food for days. Her eyes fill with tears as she explains: "Some nights my children cry because they are hungry, but I can't do anything. I feel useless."

In this context of dramatic need, the Humanitarian Response Plan still remains only [43% funded](#), meaning that humanitarian actors will soon be forced to scale back life-saving programs. The [UN has warned](#) that without additional funds, UNICEF will cut fuel support for water and sanitation systems serving 3.4 million people in August, and in September, the World Health Organization will stop providing the minimum-service package that enables healthcare for 6 million people. Without additional funds, more people will die. The international community can and must step up humanitarian assistance to prevent famine, respond to COVID, and meet pressing needs while simultaneously pushing for principled access and protection of civilians, supporting the economy, and securing a nationwide ceasefire and peaceful resolution to the conflict.

Recommendations

CARE urges the U.S. government to prioritize the following areas for action in its policy and assistance strategy for the region.

Support displaced populations and women and girls disproportionately affected by COVID-19 by:

- Engaging with governments hosting displaced populations to regularize status, promote durable solutions where possible, safeguard access to essential services such as health care, and ensure the continuity of registration and issuance and awareness about legal and civil documentation during the pandemic.
- Direct resources to strengthen the capacity of locally led and specifically women-led organizations and prioritize economic empowerment for women and vulnerable groups to bolster resilience and capacity to respond to current and future crises.
- Ensuring U.S. humanitarian and development investments have a clear gender focus and support women and girls, including new investments and not redirecting funds for continued access to sexual and reproductive health services in emergencies, mental and psycho-social support and services to prevent and respond to growing rates of gender-based violence.
 - HFAC leadership can immediately support this effort by including the Safe From the Start Act (H.R. 571) in the Committee's July 2021 mark-up session. Passage of this bill will significantly contribute to improving the response to gender-based violence in humanitarian settings.

Invest in access to and particularly effective delivery of the COVID-19 vaccine by:

- Promoting fast and fair delivery of COVID-19 vaccines to the last mile and sustainable health system strengthening by investing at least \$3.7 billion for the next 3 years to recruit, train, pay and protect frontline and community health workers.
- Announcing the Administration's strategy for and programming the resources appropriated in the American Rescue Plan (ARP) more urgently and transparently. Understanding how recent U.S. announcements regarding vaccine purchases- which are only one component of a comprehensive global COVID-19 response- is critical for ensuring U.S. funds are expeditiously and efficiently allocated to the areas of greatest need and the most vulnerable individuals and that implementing organizations like CARE are able to identify potential gaps and opportunities for improved response.

Address the underlying and exacerbated humanitarian needs in the region by:

- Making civilian protection and accountability for international law a first-order priority in the U.S.' conduct of hostilities, security relationships, and broader engagements and double-down on diplomacy to resolve the root causes of conflict and crisis.
 - **Yemen spotlight:** The only way to end the suffering is to end the conflict. The U.S. must accelerate efforts to secure a nationwide ceasefire by putting pressure on conflict parties to halt fighting across Yemen followed by an inclusive peace process to lead to long-term peace and an end to the conflict. Until this is achieved, the U.S. can stem the humanitarian impacts by providing multi-year, flexible, multi-sectoral funding; pursuing providing an economic rescue package; and pushing for the re-opening of Sana'a Airport for commercial flights and Yemeni civilians, removing restrictions on commercial and humanitarian imports, and ensuring payment of all government salaries.
- Safeguarding humanitarian access and reducing barriers to principled response imposed by parties to conflict as well as impediments resulting from U.S. policies and legislation enacted for political, economic, or national security purposes which limit humanitarian actors' capacity to respond safely to crises or criminalize life-saving humanitarian activity.
 - **Syria spotlight:** Congress and the Administration must utilize all public and private diplomatic avenues to push Security Council members to renew UNSC resolution 2533 for a minimum of twelve months and restore the previously closed crossings in NW and NE Syria.
- Providing and securing adequate humanitarian resources including flexible funding, prioritizing investments in local women-led organizations and women's rights organizations, to ensure that existing development and humanitarian operations can continue to address COVID-19 while also meeting pre-existing and emerging needs.
 - **West Bank and Gaza spotlight:** Congress can immediately and directly ensure Palestinian civilians receive sufficient support by ensuring the \$75 million in FY21 ESF funding earmarked for WBG is immediately released and increasing the earmark to \$225M in future appropriations bills to align USG funding for WBG more closely with the assessed needs on the ground. Congress should also review sanctions against medical and health services to minimize impact on civilians across the country.

Thank you Congressman Deutch, Wilson, and all distinguished Members. I look forward to your questions.