

**Testimony of Chris Milligan,
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Before the
Committee on Foreign Relations
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COVID-19 and U.S. International Pandemic
Preparedness, Prevention, and Response**

Chairman Risch, Ranking Member Menendez, and Members of the Committee – Thank you for inviting me to testify today on the international response to the COVID-19 pandemic. It is an honor and privilege to testify in front of the Committee, and I look forward to your questions.

Let me begin by first thanking you for your generosity, which has allowed the U.S. Agency for International Development (USAID) to mount a robust response to an unprecedented global crisis that has touched nearly every person around the world -- both at home and overseas.

I have served with USAID as a Foreign Service Officer for more than 30 years in multiple countries, including Burma and the Republics of Iraq, Madagascar, Ecuador, and Zimbabwe. Throughout my career, I have seen how the United States rushes to help during times of disaster and crisis. We bring relief to the affected and hope to the afflicted. We save lives, support our partners to build systems, and stand with them if disaster strikes. The scale of the response to COVID-19 might be unprecedented, but these values -- these core American values -- are not. USAID is one of the faces of American compassion and generosity overseas, and I am proud to be here on behalf of the men and women who serve and carry out our mission all around the world.

Of course, our assistance goes far beyond relief work. We work with our partners throughout the U.S. government to strengthen democracies, drive economic growth, help send children to school, and keep families healthy.

Our response builds upon these decades of investments in global health. In just the 21st Century alone, the United States has contributed more than \$140 billion in global health assistance. For example, over the past 20 years, USAID's funding has helped Gavi, the Vaccine Alliance, vaccinate more than 760 million children, which has prevented 13 million deaths. This month, the United States committed \$1.16 billion to Gavi over the next four years, with the goal to immunize 300 million additional children by 2025. Since 2005, the U.S. President's Malaria Initiative (PMI), led by USAID in partnership with the Centers for Disease Control and Prevention (CDC), has saved more than seven million lives and prevented more than one billion cases of malaria. USAID also recognizes that viruses do not respect borders, as the current pandemic so clearly demonstrates. USAID invests in global health security to address existing

and emerging zoonotic diseases -- which account for more than 70 percent of new infectious-disease outbreaks. USAID alone has invested \$1.1 billion in this critical area since 2009, in close coordination with other U.S. Government agencies.

In the past ten years, USAID has been on the front lines to fight numerous complex health emergencies, including the outbreaks of Ebola in West Africa and Zika in Latin America and the Caribbean, and the outbreak of pneumonic plague in Madagascar. Today, even as we cautiously count down towards the end of the 10th outbreak of Ebola in the Eastern Democratic Republic of Congo (DRC), we are now scaling up a response to fight the confirmed 11th outbreak in Northwestern DRC. We are in this fight for the long term -- because that is what we do, and that is who we are as Americans.

We know that what happens around the world can affect us here at home. Until now, local authorities, often with U.S. Government support, brought most of these outbreaks of dangerous pathogens under control. Our success has come from the ability to act quickly, rapidly and appropriately. The U.S. Government is at its strongest when we are agile, flexible, and well-coordinated at the country level.

Throughout the years, we have built up our operational and technical expertise and learned some hard lessons. Chief among them, is that we need close partnerships with communities, civil society, non-governmental organizations (NGOs), and faith-based organizations to solicit the support and engagement of local communities to ensure an effective response, as well as the need to collaborate with researchers and the private sector.

As we continue to learn from this pandemic, we must address the root causes of these outbreaks and apply the lessons learned from COVID-19 and epidemics past. We have also learned that outbreaks and epidemics are directly related to governance, transparency, and capacity considerations. For example, the robust international response to the ongoing Ebola outbreak in eastern DRC was notably challenged by a humanitarian crisis, weak institutions, marginalized and impoverished communities, and insecurity. Yet thanks to healthcare capacity and expertise -- supported by millions in USAID and U.S. government long-term investments in the country, the DRC government and international community was able to contain outbreak spread within DRC borders and prevent a global pandemic.

From my own experience, controlling epidemics requires more than a stand-alone effort. And we have seen that when we do not address poor governance and conflict, we wipe out investments in health, education, and other basic social services.

More often than not, we have the tools to prevent outbreaks from becoming epidemics -- but we are hampered when countries such as the People's Republic of China and other malign

actors do not disclose information transparently or share pathogen samples, and instead destroy samples, obfuscate facts, imprison medical personnel, and silence journalists.

And we recognize that health emergencies have consequences that can rapidly require broader development assistance – whether that is support for orphaned children, protection against sexual exploitation, gender-based violence, and abuse, buttressing sustainable livelihoods or addressing the deeper root causes of instability and governance.

When former Administrator Mark Green last testified before this Committee, he spoke of USAID’s overarching mission of helping communities on their Journey to Self-Reliance. Our investments in global health throughout the decades are a cornerstone of this approach. Through USAID, our partners have built capacity and strengthened healthcare and democratic institutions to enable them to respond better to global health crises. We appreciate your support for retaining the independence to make these investments ourselves, based on data and the best available evidence.

Today, faced with COVID-19, the United States is again demonstrating clear and decisive leadership. The United States has mobilized as a nation to combat the virus, both at home and abroad, by committing more than \$12 billion to benefit the global COVID response overseas. USAID is working with the U.S. Departments of Defense, Health and Human Services, and State, as part of an All-of-America response. With \$2.3 billion in emergency supplemental funding generously appropriated by Congress, including nearly \$1.7 billion for foreign assistance implemented by USAID and the State Department, we are financing health care; humanitarian assistance; and economic, security, and stabilization efforts worldwide.

This funding is saving lives by improving public health education, protecting healthcare workers, strengthening laboratory systems, supporting disease surveillance, and boosting rapid-response capacity in more than 120 countries around the world. We are providing high-quality, transparent, and meaningful assistance to support communities affected by COVID-19 and equip them with the tools needed in their efforts to combat this pandemic. We are also using funding to support COVID responses in complex crisis countries and regions and providing health, water and sanitation, and logistics for humanitarian and crisis response.

We are forging partnerships with the private sector, NGOs, and others to help respond. For example, in the State of Israel, USAID has a long partnership with Hadassah Hospital, and a new one with Pepsi and SodaStream is underway to invent a high-flow respirator for COVID-19 patients, which would be available for medical centers in Jerusalem neighborhoods with an especially high incidence of the virus. The open-source designs can be downloaded for free for assembly anywhere in the world, and have already been used in the Republics of El Salvador, Guatemala, and Turkey.

In the Kingdom of Thailand, we have worked with the Thai Red Cross to create an application called *Phonphai*, which enables users to report locations of people infected with COVID-19 and in need of assistance. Village health volunteers in Thailand are using the app to locate people in quarantine, conduct basic health screening, and collect vital information. Working with Makro, Thailand's Costco equivalent and third-largest retailer, health volunteers have used the app to order and deliver emergency kits, including essential food and hygiene items, to more than 115,000 vulnerable people in quarantine throughout the country.

In the Federal Republic of Nigeria, USAID launched a partnership with cellphone provider Airtel to reach one million citizens a day with critical information via voice and text messages on physical distancing, safe hygiene practices, and other preventive measures to contain the spread of the disease. Now we are able to distribute the latest public-health messaging instantly to millions.

Looking long term, we understand that COVID-19 will continue to have an impact around the world in the months and years to come. We remain committed to helping communities in our partner countries through this pandemic, and its second- and third-order effects. The COVID-19 pandemic is not simply a health crisis, and our response cannot be just a health response. It is an economic one as well.

Because of this reality, USAID is leveraging our development programming to complement our global health efforts. We are including other facets of our development programming to complement our health efforts to mitigate pandemics -- because preventing pandemics requires functioning healthcare in the public and private sectors. And functioning health institutions require engagement beyond just the health sector. They require reforms in the gathering of local tax revenue, private-sector development, as well as engaging with patients and a broad set of actors. Taking health out of a broader development approach and isolating it will not lead to success. We recognize that diplomacy is a critical component of fighting epidemics, and we as a government should emphasize the importance of full compliance with the International Health Regulations (2005) in addition to coordinating and empowering our health and development experts to do what they do best in the field to respond to dangerous infectious diseases.

Already, the spread of the novel coronavirus and actions to mitigate COVID-19 have had significant secondary impacts -- perhaps none more devastating than in the areas of food security and nutrition. At the beginning of 2020, conflict, poor macroeconomic conditions, and weather shocks were already driving high food assistance needs across the globe. The Famine Early-Warning System Network (FEWS NET), led by USAID, estimates 113 million people will be in need of emergency humanitarian food assistance this year, which represents an increase of

approximately 25 percent in the span of just one year. The onset and progression of the COVID-19 pandemic, and measures taken to suppress its spread, are likely to increase the magnitude and severity of acute food-insecurity.

It is imperative that we proactively -- and comprehensively -- address the many ways that this crisis has eroded food security and driven malnutrition worldwide. To that end, USAID is working with the World Food Programme and NGOs to invest over \$165 million of COVID-19 supplemental humanitarian resources to address emergency food needs in 21 countries, including countries such as Afghanistan, Bangladesh, Colombia, Ecuador, and Lebanon and 15 countries in Africa that already were experiencing high levels of hunger before the pandemic. In addition to emergency food assistance, we are addressing disruptions to agricultural production, trade, and local markets; the loss of livelihoods; and the deterioration of essential social services, like water and sanitation, while building longer-term resilience. Each of these plays an important role in strengthening food security and nutrition, as well as fostering long-term resilience.

At the same time, we recognize how important democracy and citizen-responsive governance are in responding to the outbreak, and we are investing funds accordingly. Unfortunately, we are seeing democratic backsliding, closing space for civil society, and crackdowns on media freedom as the pandemic continues to unfold. To counter this trend, through ongoing USAID programming and supplemental funding, we are supporting civil-society organizations and independent media outlets, strengthening the rule of law, working with national electoral commissions, and combatting disinformation -- because we know responsive, transparent governments are better-equipped to help their populations address the crisis and eventually help to mitigate the pandemic.

USAID also has begun to think about how we can successfully execute our mission in the post-COVID-19 world, in a way that is flexible and agile. To that end, Acting Administrator Barsa is establishing a temporary Agency Planning Cell and Executive Steering Committee to guide this effort. While the USAID COVID-19 Task Force manages near-term challenges arising from the pandemic, the Agency Planning Cell will perform research, conduct outreach, and prepare analyses around key strategic questions to help USAID prepare for lasting challenges to the development and humanitarian landscape in the medium to long term. It will then provide this information to the Executive Steering Committee, composed of senior leaders from across the Agency, who will craft recommendations for the Acting Administrator's consideration.

We are already planning for the medium- and long-term impacts of COVID-19 because we know the United States will remain a trusted partner, the preferred partner, in countries across the world. No other nation can match our unparalleled generosity, our open, collaborative approach, or our long-term commitment to helping communities on their Journey to Self-

Reliance.

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