Statement before the

House Permanent Select Committee on Intelligence

"Impact of COVID-19 in Sub-Saharan Africa."

A Testimony by:

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Remote Hearing

Many thanks, Chairman Schiff, Ranking Member Nunes, and members of the House Permanent Select Committee on Intelligence, for the opportunity to appear here today on the subject of the implications of Covid-19 for Africa and U.S. national interests.

I want to begin by thanking you, Chairman Schiff, for your leadership on combatting misinformation campaigns against vaccines, and for the contributions you and your staff have made to the work of the **CSIS Commission on Strengthening America's Health Security**, which has made the problem of weaponized social media and attacks upon science, public health, and vaccines a high priority. Declining public trust and confidence in vaccines is formidable problem, at home, in Africa, and elsewhere. It will only become a larger problem as we deploy a safe and effective vaccine to help end the Covid-19 pandemic across American and the world.

The Committee's Staff Director, Timothy Bergreen, was a great help in organizing today's hearing. For four years – long ago – I worked as senior staff at the House Foreign Affairs Africa Subcommittee, among the richest experiences of my life. I understand the work and skill required to put these hearings together.

Today's hearing is quite timely. It signals that intelligence on the geopolitical and economic impacts of the coronavirus pandemic in Africa has become a priority, a matter of true U.S. national security interest. That is a momentous and welcome change.

Until recently, Africa has had low levels of Covid-19 infection and fatalities. As of June 14, the continent has recorded 242,105 cases of Covid-19, the disease caused by the coronavirus SARS-CoV-2, and 6,464 deaths.[1] This represents under 3% of the total cases worldwide.

These low numbers are underestimates, given how limited testing is in Africa. To date, 3.4 million tests have been conducted across the continent, which corresponds to about 1,700 tested per one million people, compared with 37,000 per one million in Italy.[2]

At the same time, other factors have dampened viral spread. Africa's population skews overwhelmingly young, and in many places is geographically dispersed. No less important, a large number of African leaders imposed strict shutdowns beginning in a two-week period in March, when the outbreak in Africa was at an early point in its progression.[3] That quick, decisive intervention brought significant short-term benefits.

But the situation is shifting and swiftly becoming far more dangerous.

The virus is spreading rapidly, imported from Europe, Asia, and elsewhere.

Testing has improved, propelled by the activism of Dr. John Nkengasong, Director of the Africa Centers for Disease Control and Prevention (CDC) , Dr. Tedros Adhanom Ghebreyesus, Director-General of the WHO, and Alibaba founder and Chinese philanthropist Jack Ma, with essential, rapid support from the Bill and Melinda Gates Foundation, the World Bank and others. The Africa CDC has announced that it will support 10 million tests over the next four months.[4]

Expanded testing has revealed higher, indeed steeply ascending levels of infection. It took 98 days to reach 100,000 cases in Africa but just 19 days to reach 200,000 cases. More than half of the countries in Africa are experiencing community transmission.[5]

Lockdowns, we have learned, do not work for very long in most African settings. They are too often coupled with violent coercive action by police and military forces.[6] They have proven unsustainable, indeed destabilizing when cash-strapped governments cannot provide sufficient social subsidies, and when both the rural and urban poor and those who work in the large informal sector, with no social safety nets, can quickly slip into a desperate state, beset by food crises and malnutrition. Adolescent girls and young women are especially vulnerable to infectious disease, food insecurity, income loss, and gender-based violence in these contexts.[7] Social distancing and regular hand washing are almost impossible to implement in dense urban slums lacking clean water.

The collapse of trade, external investment, air travel and tourism fuel the crisis. Africa's excessive debt burden, $365 billion (much of it in private loans, and one-third owed to China) give most countries very little fiscal space, as they struggle to augment their response to Covid-19.[8] Economic activity is projected to contract by 2.8 percent across Sub-Saharan Africa and 4.2 percent across North Africa, reversing years of positive growth and marking one of the continent's sharpest economic downturns on record.[9]

A number of recent models forecast that Africa is on the verge of a major catastrophe. While the models' exact projections vary, each projects a dramatic increase in infections (ranging from 29 million to 1.2 billion) and fatalities (between 83,000 and 3.3 million) over the course of the next year.[10,11]

As the coronavirus advances rapidly across Africa, it threatens to wipe out the health and development gains of the past several decades, gains achieved with over $140 billion of US investments in health alone. With that reversal will come rising social instability.

Amidst great uncertainty, one thing is perfectly clear: this phase of acceleration in the pandemic in Africa will be complex, difficult, enormously expensive, and dangerous.

African countries have found that their access to international markets for test kits, reagents, personal protective equipment, ventilators, and oxygen is highly constrained. Export restrictions have been imposed by countless countries, including the United States.[12] Wealthy, more powerful countries dominate the marketplace, a free-for-all that has driven prices to unaffordable levels.

Planning for the introduction of a vaccine in Africa is fraught with uncertainty and fear that Africa will be left at the end of the line, forced to wait for several years while wealthier countries are served first. We do not yet know what the aggregate costs will be for the manufacture and administration of a vaccine(s) to achieve herd immunity for the world's 7.8 billion people. Expert estimates range from $25 billion to $65 billion. The higher number is what would be required if the fastest global distribution is undertaken, ensuring equitable access to all countries near-simultaneously, rather than sequentially.

Controlling the coronavirus in Africa matters to U.S. national interests for several reasons.

One powerful answer: this is a planetary pandemic, of a highly infectious and deadly disease. No part of the world is exempt. Ensuring that Americans are safe and protected in their homes, their schools, their jobs, and places of worship requires a global solution. That means taking the threat in Africa seriously and doing all that we can to support the response there and the eventual rapid introduction of the vaccine.

U.S. leadership remains essential to both spurring an effective, coordinated, and will-financed international health and emergency humanitarian response in Africa, as well as ensuring that there is equitable access to an affordable vaccine, once a safe and effective vaccine(s) becomes available.

That leadership is today conspicuously absent.

This hearing occurs at a time when the Trump administration has shown little interest in the threat Covid-19 poses to Africa. One powerful indicator: lengthy delays in the delivery of the $1.6 billion in assistance already allocated by Congress.[13]

Most worrisome, the U.S. approach to the pandemic has become dangerously embedded in an escalating strategic confrontation with China, marked by reciprocal recriminations, accusations, and unsubstantiated conspiracy theories emanating from both sides. The United States and China each have significant national interests in Africa, but a solution to Covid-19 will only be achieved through partnerships and collaborations, not through a new cold war defined in narrow nationalist terms.

This geostrategic confrontation has paralyzed the UN Security Council. It has contributed to a vacuum of high-level political discussions on what form of consensual global action is needed to move Africa and other highly vulnerable low-income countries out of the dual health and economic crises. It has raised the serious question of whether China or the United States, in their respective zeal to win the vaccine race, will cut corners and deploy vaccines that are neither sufficiently safe nor efficacious.

One highly damaging side effect of the unravelling of the U.S.-China relationship is the reckless decision by the Trump administration to suspend funding to the World Health Organization (WHO) and begin the process of ending U.S. membership in that body, 72 years after the United States led the way in the creation of WHO in 1948. WHO, in President Trump's view, has become too "China-centric," an alleged accomplice in China's coverup of the outbreak and subsequent actions that delayed action at critical moments.

WHO, we all know, makes mistakes. It is a weak institution, the secretariat that serves its 194 member states. But WHO remains vitally important in coordinating the global Covid-19 response, setting norms and standards, and convening industry, foundations, governments around a shared agenda to accelerate the development of vaccines, therapies, and diagnostics. Africa

relies deeply upon WHO for it programmatic and technical support across the full spectrum of health areas.

I have been very encouraged since April by the actions undertaken, individually and collectively, by the European Commission, Africa CDC, WHO, the Bill and Melinda Gates Foundation, Wellcome Trust, Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, IMF and industry. There is a remarkable spirit and dynamism in these efforts, including an unprecedented level of sharing of data, protocols, best practices, and new ideas.

These many different institutions have rallied to partner with African states to strengthen the response to Covid-19. Other major donors including the United Kingdom, France, Germany, and the Scandinavians have similarly leaned forward. In varying ways, the operational agencies have adapted their practices, repurposed their programs, brought forward substantial new resources, and shown great initiative in answering the urgent challenges posed by Covid-19 in Africa,

Perhaps most important, they have forged a new partnership, the ACT Accelerator, dedicated to equity and access to medical products, and the accelerated delivery of vaccines, therapies and new tests.

Mr. Chairman, I want to close with six concrete recommendations.

1. First, while I am not here to lobby for specific provisions, I do wish to urge that the next emergency pandemic spending bill moved by Congress address urgent international needs.

   A white paper, assembled this spring by the U.S. Global Leadership Coalition, Interaction and the One Campaign called for at least a $12 billion commitment to meet emergency humanitarian needs, the health response to the virus, and associated operational costs in Africa and other low-income countries. The needs have only grown since then.

   In addition, there is a stark need for early U.S. commitments to cover a significant share of the costs of production and delivery of a vaccine(s) in Africa and other low-income countries. Advocates are calling upon the United States to make early forward commitments at upwards of $15 billion.

   Congress should also press for international agreement that 5 percent of the first doses of the vaccine(s) be reserved for health workers, frontline workers, migrant populations, and those whose health is acutely fragile, across all countries in the world. Experts estimate 250-350 million doses would be required to achieve this.

2. Second, the U.S. cannot lose sight of the ongoing need to sustain U.S. commitments, both bilateral and multilateral, in HIV/AIDS, tuberculosis, malaria, polio, reproductive health/family planning, nutrition, and routine immunization against childhood preventable diseases.

I would like to thank Congress for the bipartisan support these programs have received over the past two decades, and reiterate that the impact and efficacy of these programs are truly at grave risk. The pandemic has already disrupted many of these programs globally; 80 million children have gone unimmunized and we are seeing a resurgence of measles, yellow fever, and vaccine-derived poliovirus.

3. Third, the administration needs to take the following select immediate actions:

    (i) Expedite delivery of the already appropriated $1.6 billion in emergency humanitarian assistance for low income countries;
    (ii) Take concerted action to lift export restrictions on protective equipment, test kits, and ventilators;
    (iii) Press with partners in the G-7 and G-20 for an expansion of debt relief and forgiveness.

4. Fourth, it makes no sense whatsoever to defund WHO and terminate U.S. membership. That recklessness will damage WHO, damage US-WHO scientific partnerships, damage U.S. standing in the world, and ultimately play into the hands of the Chinese. I appeal to Congress to use its powers to preserve the U.S. relationship with the WHO, and urge the administration to throw its full support behind the independent review of the international response, including WHO's decisions and behavior, that was just recently approved by an overwhelming vote at the World Health Assembly.[14]

5. My fifth recommendation pertains to intelligence. WHO has no power of inspection and no independent intelligence capacity. That greatly limits its ability to know when a country is concealing an outbreak and to hold that country to account. Much more serious consideration needs to be given, by the United States and like-minded countries, including even the Chinese, to forging new forms of systematic sharing of intelligence with the WHO Secretariat. African states greatly resent their vulnerability to bad choices made late last year and earlier this year by China that have now exposed Africa to grave threats. I expect many African states will welcome an effort to strengthen the WHO's grasp of what is happening across the world, as a step to protect their own national interests.

6. Last, in the midst of this emergency we still need to think long-term. Now is a choice moment to restore the directorate for global health security and biodefense at the National Security Council, and to create a strong, authoritative mechanism, perhaps modeled after the PEPFAR program, that provides a central hub at the Department of State for U.S. global health security and the diplomatic leadership that requires. Senators Jim Risch (R-ID), Christopher Murphy (D-CT), and Benjamin Cardin (D-MD) have introduced S.3829, an early effort to stir debate about how the U.S. government might better organize its health security efforts. The Global Health Security Agenda, launched by the United States in 2014, seeks to build health security preparedness capacity in low-income countries, predominantly in Africa. That program has accomplished a great deal in

building capacity among 31 low income partner countries, but has lately languished, and is in need of higher levels of coordination and leadership in the executive branch.

Thank you for the honor of joining you today.

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