

Center for Strategic and International Studies

Online Event

“Schieffer Series: The Next Phase of Covid-19”

RECORDING DATE:

Monday, May 24, 2021 at 12:00 p.m. EST

FEATURING:

Jeremy Konyndyk,

*Executive Director, COVID-19 Task Force,
USAID*

Julie Louise Gerberding, M.D.,

*Executive Vice President and Chief Patient Officer,
Merck*

Gary Edson,

*President,
COVID Collaborative*

CSIS EXPERTS:

J. Stephen Morrison,

*Senior Vice President and Director,
Global Health Policy Center*

H. Andrew Schwartz,

*Chief Communications Officer,
CSIS*

*Transcript By
Superior Transcriptions LLC
www.superiortranscriptions.com*

H. Andrew
Schwartz:

Good afternoon and welcome to the Center for Strategic – the Center for Strategic and International Studies. I’m Andrew Schwartz. I’m the CSIS chief communications officer. And it’s great to be with you all today.

First, I want to thank our great sponsor, the Stavros Niarchos Foundation, for making this all possible. This has been several years that the Niarchos Foundation has sponsored us. And they’ve stuck with us through the pandemic and through virtual, and this has just been incredible. So we thank them for their support. I also want to thank the Bob Schieffer College of Communication at CSIS and want to send a special message out to Bob Schieffer, who, you know, is the inspiration for this series, who is my mentor, who, of course, is a CSIS board member, and somebody who we have learned so much from over the years. I owe so much of my career to Bob. So thank you to Bob.

Before we get into it – and we’ve got a lot to talk about today – we have a short video that our iDeas Lab produced. This is our Stavros Niarchos – I’m sorry – it’s our Andreas C. Dracopoulos iDeas Lab produced this video. So with that if we could roll the video.

(A video presentation begins.)

MS. : For weeks now, the world has watched in horror as Covid-19 swept across India like a tsunami, shattering previous, already staggering, records. Authorities are struggling to understand and address the rapidly evolving situation. As the Covid-19 pandemic comes into its second year of dominating headlines and our lives, India stands as both an ongoing tragedy and a warning of what might be to come for other nations. The Biden administration, the U.N., and the World Health Organization are currently developing strategies to tackle this next phase of the pandemic. If we’ve learned anything in the past year, it is that finding viable solutions to a problem of this scale requires a multifaceted approach.

In this episode of the Schieffer Series our panel of experts will unpack unanswered questions about the administration’s strategy for dealing with Covid-19 globally, the future of the vaccine gap, and how we can prepare and protect other vulnerable countries so that we never see numbers like this again. This is the Schieffer Series. Let’s dive in.

(Video presentation ends.)

Mr. Schwartz:

Before we get to our panel today we have with us a very special guest who’s going to stay with us for the panel. Jeremy Konyndyk is the executive director of USAID’s Covid Task Force. It’s one of the United States’ most talented emergency response professionals that is out there. And he previously served in the Obama administration from 2013 to 2017 as director of USAID’s Office of U.S. Foreign Disaster Assistance, where he led the U.S. government’s response to international disasters. He led major U.S.

government humanitarian responses to things like the Ebola outbreak in West Africa.

Jeremy, thank you for being here with us today. We really want to hear what you have to say.

Jeremy Konyndyk: Thanks so much, Andrew. That's a very generous introduction.

So I want to talk today about how USAID and the administration at large are seeing the outlook. The intro there highlighted the challenges that we're seeing in India and South Asia. And I think it just underscores the challenging point that we are at, kind of caught in this gap for the year ahead with the hope of vaccines on the horizon, but the reality of large-scale vaccinations still somewhat distant for the world at large.

So for almost a year and a half now the world has been experiencing a global health crisis unlike anything that we have seen in any of our lifetimes. And the U.S. government is absolutely committed to doing our part and playing the leadership role that the world is accustomed to, to seeing from the United States, to help lead the world out of this pandemic, and also to do that in a way that leaves the world better prepared to prevent, detect, and respond to future biological threats.

So the work of USAID, which I am leading, is going to be central to this effort. And I just want to talk through today some of our plans for tackling this next phase of the pandemic and the challenges that it holds.

So when I last spoke to CSIS four months ago, the number of fully vaccinated Americans was 10 million. Today it's over 124 million and growing due to the Biden administration's robust focus on accelerating vaccine availability. And while we still have many millions left to vaccinate in this country, we're making substantial progress, and recognize as well that the United States will not be fully safe as long as the virus rages on in other countries and it continues to replicate and generate dangerous new variants. And the current surge in South Asia really underscores the devastating risks and potential consequences of uncontrolled global transmission and the urgency of accelerating efforts to end the pandemic.

And so USAID's work on Covid-19 is going to be central to this, and it will build on decades of experience that the agency has in leading complex global health responses, including the response that I helped to lead in 2014 and '15 in my previous tenure at USAID on the West Africa Ebola outbreak. But the complexity of even that challenge really pales in comparison to what we're seeing in the present moment, which is an overlapping set of health, humanitarian, and development crises, each of which are global in scope and historic in scale. And that is why the administration is moving rapidly to expand our global response efforts, using the resources in the American Rescue Plan.

So USAID has been working closely with the CDC, the Department of State, the Department of Defense, the Department of the Treasury, and other partner agencies to begin rolling out the more than \$11 billion provided under the American Rescue Plan to the administration for the international response. And as my colleague Gayle Smith and I outlined in our Senate hearing a few weeks ago, we're doing this through a comprehensive plan to both tackle the virus itself but also to address the acute human and systemic challenges and impacts that it is causing beyond the health sector, all while working to build stronger global readiness for the future.

And so we're pursuing five major objectives. The first is to – the first two are focused on saving lives from the virus itself. So the first objective, not surprisingly, is to accelerate equitable global access to vaccines.

But we also recognize that we can't wait on the vaccines to arrive, that we need to do work in the immediate term to save – to save lives, and that's why the second objective focuses on saving lives in the more immediate term and preventing transmission through support to clinical interventions and strengthening public health measures that will both mitigate the number of new cases generated and save more of the lives that can be saved from the severe cases that emerge.

But of course, this virus is not only causing human suffering through the disease itself; it's also threatening lives in other ways. And that's why the third objective of the plan focuses on the acute – the acute human impacts that are emerging in other areas. We're seeing significant food insecurity and risk of famine in many humanitarian settings. We're seeing severe disruption to education, severe disruption to household livelihoods, the first net increases in global extreme poverty since the Asian financial crisis of the – of the late 1990s. So those human-level impacts beyond the virus itself are an urgent priority for the administration, particularly on the humanitarian front.

And the fourth, and related, kind of, is the systemic level. So the virus is causing systemic risks that we – that we have to manage in order to preserve global freedom and prosperity. You know, we're seeing threats to – we're seeing further deterioration and accelerated deterioration of human rights in some countries, risks to governance, risks of enhanced conflict, and so concern that those ripple effects from the pandemic could cause future instability. And so we're going to work on tackling that.

And then – and then, finally, the last objective is to build back a better global health security architecture. And I'll talk a bit about that at the end of my remarks.

But with the world right now in the grips of this new wave of Covid transmission driven by deteriorating conditions in South Asia and across Latin America, I want to focus today primarily on the first two objectives

and how we're going to try to bring – to get control of the virus itself through our vaccination efforts and through our lifesaving clinical and public health interventions.

So on the vaccine front, you know, we know that vaccines are the best tool available over the medium term to bring the pandemic under control and we see the urgency of doing so. As President Biden said a week ago, now that the U.S. has made such tremendous strides on vaccination at home, we're in a stronger position to expand our efforts to vaccinate the world at large. And that's why the president said the U.S. is going to become the arsenal of vaccines, just as we were the arsenal of democracy in earlier generations.

So we see several urgent priorities for delivering on that. The first, you know, we want to approach this in a way that leads with our values and leads with science. So in accelerating global access to vaccines, we're going to demonstrate the innovation and the ingenuity of the American people and our commitment to taking a science-driven approach to tackling vaccine available and expanding vaccine availability. So, you know, when it comes to doing that, we're not, as the president said, going to use our vaccines to secure favors from other countries; we're going to use them to end – to accelerate the end to the pandemic and to be driven by the best public-health strategies for doing so.

We also recognize when it comes to vaccine availability, scarcity is the enemy of equity. And so the only real path to vaccine equity lies in finding ways to ramp up global vaccine production. It is not going to be easy. The world needs to produce up to an additional 14 billion doses of vaccine in order to cover the global population, and we have to do that on the global vaccine architecture or infrastructure that is built to produce only about 4 billion doses a year.

So we are taking steps to expand global supply, such as our commitment through the Quad partnership, to invest – to make Development Finance Corporation investments in vaccine production in India. And we're also actively pursuing other deals to expand supply similarly in other parts of the world. And we'll have more to say about that in the near future.

We recognize as well that expanding supply hinges on securing and optimizing the use of vaccine production outputs. There's actually more global production capacity available in the world than we're able to make use of at the moment because of a lack of manufacturing inputs. And so USAID and our interagency partners are working with international partners like Gavi, WHO, and CEPI to explore options to both expand the production and availability of those inputs, but also to make better and more optimal use of them around a strategy for vaccinating as many as possible.

The global financing landscape is also an important focus of ours. You know, it's striking when you look at how the world collectively is financing vaccines, it looks a little bit like how the U.S. was procuring PPE at national level a year ago. So just as devolving PPE procurement to individual states last year led to inefficient competition and a lot of uncertainty being signaled to the PPE market, so too does the fragmented nature of vaccine procurement globally today signal uncertainty to manufacture to industry, and result in inefficient market outcomes.

And so, you know, we think COVAX, as well as regional partnerships like the AU vaccine platform, are really, really critical to finding ways to aggregate and consolidate demand, to send clearer and more certain signals to market so that vaccine producers can have certainty of financing and certainty of demand and be able to scale up production on that basis. And so the U.S. is doing an important – a very important part of that with our historic \$2 billion announcement of support to Gavi for the COVAX initiative, and another 2 billion (dollars) to come over the coming year.

But of course, there are other pieces of this equation as well. And one of the – you know, one of the big gaps that we see right now is the financing through the multilateral development banks, which have put forward tens of billions in vaccine financing but are having trouble translating that into actual deals. And so we're working with the MDBs and we're working with COVAX to find – to find some ways to aggregate that MDB financing in a more coherent way so that it's not every country pursuing its own deals, but rather partnering and consolidating around the kind of larger-scale procurement mechanisms – ideally through COVAX, but also potentially through regional-level efforts.

And, you know, finally dose sharing – as the president announced last week – will be an important part of the equation as well. And we see the announcement to share 80 million U.S.-owned doses as a really important step, with a significant share of those going through COVAX. And that's going to be an important means of bridging some of the critical supply gaps that COVAX is facing right now, caused by the disruptions of Indian vaccine exports.

But, you know, regardless of how much vaccine gets produced and how many vaccines the U.S. is able – and other countries are able to send, ultimately the impact depends on getting shots into arms. And that's why we're also investing resources in country readiness and deployment. So USAID has already in the last few months provided \$75 million of new funding to support vaccine readiness in more than 40 countries. And with the new ARP resources we're going to be expanding that dramatically to cover – to cover every country where we work.

And so this – you know, this process over the next year of expanding country readiness in sync with expanding supply is how we will hopefully

bring an end to the – bring an end to the acute phase of the pandemic. But of course, we've got a long way to go and a lot of work before that begins to really bring down cases. And so we can't let that light at the end of the tunnel that is provided by vaccines distract us from the immediate task at hand.

So approximately 80 percent of total global cases have occurred in the last six months. And we're seeing a dire surge right now in South Asia that may provide a sneak preview of what the coming year will look like for most of the – for much of the developing world. The Latin America region is facing dire conditions and represents 28 percent of the death toll with mortality continuing to climb in that region. We're seeing troubling signs of new waves of cases emerging in parts of Africa and numerous countries there have reported new upticks in cases in the past few weeks.

So USAID is also taking a range of measures to support countries to fight the virus in the immediate term through clinical and public health measures while we – while we simultaneously work to scale up vaccine availability. It's going to be really critical in the months ahead that all countries double down on measures to prevent and mitigate transmission. And this will mean protecting health workers, reinforcing risk communication investments, promoting mask wearing, distancing, and ventilation measures, supporting diagnostics, surveillance, and contact tracing. And, you know, we're working to ensure generally that USAID partner countries have the tools, the supplies, and the capabilities to save lives and avoid high death tolls.

We're also focused on ensuring that communities receive quick, accurate, and actionable information about Covid-19 and how it spreads. So our partners so far have reached more than 2 million people with – 200 million – excuse me – people with critical public health information in more than 85 countries. And you know, these critical interventions to slow transmission are going to be really, really critical to preventing as many hotspots from emerging as possible.

At the same time, we know that hot spots will still emerge, especially as the proliferating variants of the virus develop more dangerous characteristics. And so we will be providing enhanced support to health systems to ensure that they have the tools they need to manage those surges in transmission when they occur. And that means things like ensuring adequate availability of PPE, critical medicines and equipment, diagnostics, and oxygen. Over the past 15 months, we've sent millions of units of PPE around the world, and just in the past few weeks have deployed numerous flights to South Asia, with shipments of PPE and other critical materials. We are – we have sent seven to India, another three to Nepal, and are preparing additional flights that will leave in the weeks ahead to the wider region.

Another critical priority is going to be helping countries manage the burden on their health systems and save more of the severe cases. So in Africa, mortality among critical Covid patients was found to be 40 percent in a recent Lancet article, compared to a global average of 31 percent. So it makes clear that more can be done to save savable lives. And so we'll be expanding our support for clinical services, for training, and for supply of critical items. Oxygen in particular will be a priority for USAID in the months ahead. Many of the severe cases of Covid-19 can be saved with timely oxygen therapy. But health facilities in the developing world have a very uneven capacity to provide those kinds of treatments. So we'll be working to scale that up.

And finally, I want to say a few words on the importance of good emergency management. When I traveled to West Africa with Tom Frieden in 2014 at the height of the Ebola outbreak there, our first recommendation was not to build more treatment units or send more PPE. It was to install coherent, unified incident management structure at the country level. And in many countries, you know, we've seen Covid-19 takes advantage where national response are fractured, or siloed, or poorly coordinated between ministries or between central and sub-national levels of government. And so just as we've done here with our own White House task force for the United States, it's going to be critical for all countries to ensure that they have a unified pandemic management team with clear authority and unified accountability.

And a critically important element of that must be enhanced diagnostic testing and surveillance. You know, if we can't see what's happening and if countries can't see what's happening in their own countries, it's very hard to manage a crisis when you're blind. So we're seeing widespread gaps in testing continuing across many of the countries where USAID works. Nepal is reporting positivity rates of over 50 percent in some areas. We're seeing positivity in sub-Saharan African countries elevated to alarming levels – even as case detection remains low. Which suggest that what – you know, the low case numbers in many developing countries are an artifact of low testing rather than an actual reflection of low transmission.

So there's an enormous amount of work to do to bring this virus under control over the next several years. And the United States is committed to not only ending the pandemic – the present pandemic – but also building back a better world, one that is prepared to prevent, detect, and respond to future biological threats. And with the World Health Assembly meeting this week it's important to reinforce that even as we focus on continuing the fight against the present pandemic, we must keep attention focused on building back a stronger global architecture.

So the past year has reinforced the importance of the global health security agenda and the importance of the reforms that WHO made following the West Africa outbreak of Ebola, but it has also revealed continued critical

gaps in global readiness. And so much of our work over the months ahead will focus on building global consensus around how to address those gaps. And several areas of emphasis for the U.S. are going to include stronger pandemic alert and early warning systems, enhancing the transparency of national reporting on emerging health risks, and shielding WHO risk assessment and response guidance from political pressure. And we are also committed, as we've said numerous times before, to addressing the absence of a global mechanism for financing country health security preparedness, which we see as a – as a major gap.

But we can't do any of this alone. The Biden administration realizes that we will only achieve these goals if we work in partnership. And that's why we have returned to WHO, we have joined the COVAX initiative and the ACT Accelerator, and we are expanding our efforts with regional and multilateral partners. And we're doing this with – by mobilizing the full force of the U.S. government. We will do so driven by our scientific knowledge and our humanitarian values. And as the president said, we will do so not as a means to gain political favors but rather as a means to fight and end the pandemic, driven by the knowledge that what benefits and protects the world ultimately benefits and protects us here at home.

Thank you.

Mr. Schwartz: Great. Thank you very much for that, Jeremy.

With that, I'd like to introduce our panel.

Today we have with us Dr. Julie Gerberding, who co-chairs the CSIS Commission on Strengthening America's Health Security. During both terms of President George W. Bush she was director of the CDC, where she led the agency through SARS and over 440 emergency responses to public-health crises. Dr. Gerberding is currently executive vice president and chief patent – I'm sorry, chief patient officer at Merck. I bet a bunch of people make that mistake, Dr. Gerberding. (Laughs.)

Gary Edson is also with us. Gary is president of the – founder and president of the COVID Collaborative and a principal of Civic Enterprises. During his long and distinguished service in government, Gary served as deputy national security adviser and deputy national economic adviser to President George W. Bush. He established the groundbreaking Millennium Challenge Corporation to fight global – to fight global poverty. He co-led the launch of the President's Emergency Plan for AIDS Relief, also known as PEPFAR.

We also have with us Dr. Steve Morrison, my colleague, who is senior vice president at CSIS. He's also the director of our Global Health Policy Center. During Steve's time at CSIS he's directed several high-level commissions and has had more impact on policy than just about anyone that I know.

Panel, we just heard from Jeremy and I want to get you collective reaction to what he just said. Dr. Gerberding, can we go to you first?

Julie Gerberding,
M.D.:

Well, sure. And you know, it would take me a long time to present all of my collective reactions because there is a lot there, which is a consequence of the complexity of the problems that we're tackling on a global basis.

A couple of overarching things. I think the – you've laid out what really is a very comprehensive and complex agenda, and it's pretty clear that it functions under the umbrella of a strategic national doctrine that needs a little polish and ongoing updating, in a sense, as the pandemic refreshes.

So we all know that this takes a whole-of-government response, and yet we have some track records of success, PEPFAR being one, which was a slower-moving emergency but nevertheless a pandemic that is still with us. We saw this kind of broad government engagement in the Malaria Initiative. The Global Health Security Agenda is another example. So we have, I think, a growing confidence that when our government is operating from a really clearly articulated strategic platform and brings together the capacities of various government components – including USAID, CDC, NIH, obviously other components of the State Department, Commerce, etc. – we can really do amazing things.

There are some gaps in the agenda now, and one of them you ended with. That's the financing gap for the Global Health Security Agenda. So I think we need to come back to that point.

But I'd like to be optimistic that with government leadership from the White House, with a strategic doctrine that's refreshed in the context of what we've learned in the last 15 months, and then a working mechanism to bring the best of what all our various agencies can do or should be doing, I think we can really move much faster than we have for the first year of this pandemic.

So that's kind of my optimistic point of view. I'm not underestimating the challenges, and perhaps we'll come back to one or two of those. But thank you, Jeremy, for laying out what I think are the – is the must-do list. Good job.

Mr. Schwartz:

Gary, could we get your thoughts?

Gary Edson:

Yeah. I was very glad to hear about the focus on inputs and financing country readiness, clinical services, and, of course, the global architecture and readiness for the future.

I think what Jeremy laid out are a lot of promising steps, all in the right direction. And as Julie mentioned, they reflect the complexity of the

problem we're confronting. But I still get the sense of a tapestry of actions rather than the straight line of a strategy. They still lack, I think, the magnitude and urgency that the current crisis demands.

As Jeremy noted, the next three to six months are going to be critical to try and limit sickness and death in India and Brazil and prevent explosive growth of Covid elsewhere. But instead of a bold and comprehensive strategy, I think what I heard was a series of largely tactical steps signaling support, as the administration has done, for a patent waiver here, donating 80 million doses there, that kind of thing.

I think if President Biden wants, as Jeremy noted, the United States to become the arsenal, the world's arsenal of vaccines, he needs to take exponential, not incremental, action immediately, and on four fronts.

First, donate much greater numbers of excess doses immediately and continue to donate as they become available. It's been estimated that the United States is going to have some 300 million excess doses come July, and the EU and the other G-7 can add significantly to that. And, in fact, we proposed that the U.S. leverage its own leadership to secure a pledge at the upcoming G-7 to collectively share at least 1 billion doses by the end of the year.

Second, Jeremy noted we need to expand additional short-term manufacturing capacity for U.S.-authorized vaccines here and expand the regional capacity. He noted the Quad investment in – biologically in India and the partnership apparently under contemplation with South Korea, which would be fabulous. And to the extent that the Development Finance Corporation can fund similar arrangements in South Africa and elsewhere, that would be all to the benefit. And this, of course, is in our interest to ensure that we can speedily produce boosters and new vaccines while the excess production could serve global needs.

Third, as Jeremy noted, we need to support distribution delivery infrastructure, especially in low-income countries, to translate vaccines into vaccinations. That's clearly a mission for USAID, working with other agencies, building on PEPFAR, literally and figuratively.

And then, finally, we need to invest and accelerate the development of a sustainable global distributing network of new manufacturing capacity in low- and middle-income countries, Africa and elsewhere, not only to combat this pandemic but to ensure we're prepared to fight the next one.

I think that prioritizing those activities in the next six months is going to be critical to our success in ensuring that the globe doesn't split into vaccine haves and vaccine have-nots, which would really imperil not only the ability of those countries to combat the pandemic, but our ability to end the pandemic here.

Mr. Schwartz: Steve. Can we get your reaction, Steve?

J. Stephen Morrison: Thank you so much.

We stand by those key points that Gary just made, which were laid out in the open letter that we issued maybe 10 or 12 days ago, the Covid collaborative that Gary leads, along with our friends at Duke, Mark McClellan and Krishna Udayakumar, and CGD's Amanda Glassman, Rachel Silverman. I think those are – we stand by those points, and I think those are very, very clear. I'll add a few remarks.

First of all, Jeremy, I think we need to commend you for the leadership that you have demonstrated over the last six months, which has moved us very far forward. You've assembled a strong team at USAID. And you've been working, obviously, collaboratively across the interagency to try and drive towards where we are today and beyond. And you've really made a major contribution, and we're grateful to you for that.

And the sweep of what you've laid out is very compelling, and, of course, the gravity and force and urgency of what we face today, which makes it very difficult to think much beyond today. And so you've carefully sort of laid out that spectrum of things that we have to somehow be able to move forward simultaneously. We cannot lose sight of those things. So we're very indebted to you. You've moved us forward.

We still are short of having a true national strategy. I know you're working hard on that. And we'll see that national strategy. We do need a national strategy that has targets, that has numbers, that is bold, that puts money against these things. We do have quite a significant amount of money that's already been committed, which is a great advantage that we face today that we have, that we can come forward with some bold ideas and ask for more. And we need to do that rapidly, very rapidly.

The second point I'd make is we do not yet have a coherent leadership team in place. We have different people that are leading in different spots within our government. We have Jeff Zients, who's been appointed by the president to preside over both the domestic and the international. But on the international side, we do not yet have what you could say is a coherent and cohesive team, leadership team. We have something that is much more fractured than that.

In terms of who's in charge, he has Jeff Zients in charge. Beneath that level, it becomes a little murkier on which set of issues are people in charge and who's going to carry this mission forward.

The president plays, obviously, the absolutely pivotal role in staking out where we want to carry this forward, making the case to the American

people in a dramatic way, and bringing that across very rapidly. We are in the season right now, with the advent of WHA, the World Health Assembly, followed by the G-7 coming up June 11th to 13th, those moments when presidential leadership can be voiced, certainly in the G-7. But we can do a lot to get forward, where we're going.

The G-20 EU summit from last Friday offered a few promising commitments, but basically was a disappointment. It did not bring forward much evidence of high-level statesmanship and stateswomanship committed to this issue. That has been a chronic problem since this pandemic began in trying to get states' leaders mobilized around a common vision of moving ahead and making serious grand commitments. That is still absent.

And I think we took away from last Friday another sobering indicator of the world that we live in, which is one where money is short, people are consumed with their own internal crises, and the world is very fractured in terms of the divisions that exist among the major powers, particularly between the U.S. and China.

There are a number of issues I'd like to explore in the course of our conversation around USAID's special assets and contributions, how those size up against CDC, and also what muscle can be brought to bear by AID and others in trying to get firms like Moderna to come forward more proactively in terms of voluntary licensing and tech transfer, which is going to be fundamental to that sort of vision that Gary laid out.

Thank you so much.

Mr. Schwartz: OK. So panel, let me ask you, if we don't have someone senior that's completely in charge, what needs to happen to get some single person in charge? And who would be charged, tasked, with pulling together a national strategy? And when would it be released?

Dr. Gerberding: We should probably turn to Gary to answer this because he's been there and done that. But I can at least address it from experiences that I had in the Bush administration.

You know, I don't think that out of the starting gate we had it all worked out on 9-11 or when the first crises of that administration appeared. But very quickly it became obvious that we needed a coordinating mechanism that was built to support the presidential directives and the presidential strategy as it unfolded. And that got easier as time went on. The Homeland Security Council actually worked fairly well in that regard, at least in my experience, having a designated White House official responsible for these activities. In the Obama administration, we saw the Ebola czar. I think that was a really important coordinating role that held the power of the president but also

the accountability for articulating the strategy, and then holding the feet to the fire of the people who had to execute it.

When we were preparing for influenza pandemic during the Bush administration, I think CDC was given 128 requirements that we needed to fulfill with timelines, deliverables, and budget attached to them. And so we had to sit down and figure out how were we going to fulfill our critical requirements as we tried to prepare our nation for an influenza pandemic, and every other agency was doing the same thing. So we would come together around the table and share experiences, sometimes, you know, learning, sometimes a vigorous debate about who should be doing what. But we eventually, in my opinion, certainly didn't approach nirvana, but became a whole that was greater than the sum of the parts, and we did move the needle of the dial of preparedness during that period of time.

We were fortunate because we also had investment from our Congress – (laughs) – that allowed us to sustain that level of engagement and progressive preparedness over a period of time. And of course, when those investments aren't sustained, then it's very easy to understand why that mechanism would fall apart.

But I would ask Gary because you were there when a similar mechanism was established for PEPFAR. So maybe your experience can complement or contrast with what my experience was.

Mr. Schwartz: Gary, I think you're muted.

Mr. Morrison: Gary, you're muted.

Mr. Edson: I think what Julie says is exactly right. But you know, at the end of the day, in my experience there's no substitute for presidential leadership.

You know, PEPFAR wasn't called the President's Emergency Plan by accident. I was there, it was intentional. It was meant to be owned by whomever occupied the Oval Office. And the presidential ownership of an issue is critical. The global AIDS coordinator may have sat at the State Department, but the president owned PEPFAR. And the president – and there's no substitute for that kind of presidential leadership and direction.

In this case, the global pandemic response has to be owned by the White House and directed out of the White House. And if – and if Jeff Zients doesn't have either the perception or the reality of the authority to act on the president's behalf and to show that the White House owns that issue, then something needs to be done about it. But the direction has to come from the White House and has to come forcefully from the White House to make sure that all the agencies are working together and that 1+1=3 because that, at the end of the – at the end of the day, is the way we're going to succeed.

Mr. Schwartz: Steve?

Mr. Morrison: I think that the president's had up to this point to deal with the cascading crises domestically/internally, and those were profound. And we've made astonishing progress in the last 120 days, and it's – and it's a real tribute.

And there's still a – we're crossing a pivot point right now – as Jeremy laid out in his opening remarks, we're crossing a pivot point where Americans can have more confidence that the gains that have been made are going to stay and that our lives are going to be on a trajectory towards normality, with all of the caveats that we know. We have to be vigilant and careful looking ahead. We're dealing with variants, waning immunity, still lots of ground to cover in immunizing children and immunizing those that are resistant and the like.

But nonetheless, we're approaching this moment where we have much more confidence on the domestic side and the president is able to think and engage more broadly. And he's – over the previous six or – six or eight weeks there's been multiple signals along those lines. It's not like there hasn't been plenty of statements and signals around, yes, we understand this. The arsenal statement is the most recently, which is a dramatic term. And so I'm hopeful. I'm optimistic.

I think that we have a lot of the pieces put in place by the good work that Jeremy's doing with his team at AID in concert with what's happening elsewhere at the State Department, at HHS, and elsewhere. But it's going to require something more, because we know there's a certain resistance and reluctance to do anything that might risk what's happening on the domestic side. We need to move beyond that resistance and create a very solid and coherent team centered out of the White House. Thank you.

Jeremy, I know we're putting you in an awkward spot with all of these great – with these great opinions that, of course, we can make because we're not in a position of responsibility. But I'd still – you know, having said that, I'd like to hear your thoughts.

Mr. Konyndyk: Sure. Yeah. No, yeah, I think, at least from, you know, where I'm – you know, the vantage point I have inside the administration, I'm not quite sure where some of this perception comes from, that the White House has been less than fully engaged. You know, one of the first things – the very first national security memorandum that the president issued was on this topic. It was on global biosecurity and defeating the global pandemic. The decision to rejoin the World Health Organization was done on – was signed on the afternoon of June 20 – excuse me – January 20th, the day the president – it was a day-one action by the president, the day of the inauguration.

The announcement of the \$2 billion contribution to COVAX, the initial \$2 billion contribution to COVAX, was made by the president personally in February. And likewise, the – you know, the announcements on dose sharing were made personally by the president. I can tell you the “arsenal of vaccines” comment is very much his own – you know, that is his own formulation. That is his vision and what he wants us to achieve. So – you know, so I wouldn’t – I wouldn’t kind of oversell, as I think you guys might be slightly, the degree to which somehow the international is being overlooked.

I think, you know, in terms of the relative amount that the White House has talked about the domestic, of course they’re talking about it more because that is – you know, that is – that was core to what – you know, core to the commitments that the president made before he was elected. And he takes that – he takes that priority extraordinarily seriously. But he has – you know, he has given us I think clear marching orders starting with national security memorandum one, and with his ongoing engagement and the engagement by his senior team at the White House to go out and, you know, in the words in national security memorandum one and the White House’s strategy, to beat the pandemic. And that’s what we – you know, that is the marching orders that we have taken, that we are rolling out on.

I think, you know, to the question of the organizational structure within the administration, you know, these things are always somewhat fluid. And as you get into the problem you begin to – you know, you begin to build against what you need. And so we – I think we came in with a theory of the case on day one. As we have found, you know, what we found in terms of the trajectory of the pandemic, we’re making adjustments. We brought in Gayle Smith to the State Department – my old and dear friend and former boss – to help kind of corral the overall international efforts. She’ll be working closely with Jeff Zients in the White House task force.

So I think – you know, I think we’re – you know, we’re getting that architecture into place. And I wouldn’t oversell the degree to which somehow we’re – you know, we’re short of the mark on that. I think that – you know, there’s a – the administration requested \$11 ½ billion in the ARP, fought for it, and got it. That’s a dramatic increase in resources relative to what was available and was sought by the administration – the prior administration last year. And of course, that’s on top of another \$4 billion that we’re giving to COVAX, as well as then the investments by the DFC and others.

So I think we are – you know, we’re rolling out a robust response and we’re going to adapt, of course, and iterate, as you do in good disaster management practice, to what we – what we find as the – as we see where the pandemic is going.

Mr. Schwartz:

Steve, did you –

Mr. Morrison: Just one thought on that. I mean, the – I think what we’re seeing, Jeremy, is a sort of a – not an underestimation of the importance of all those things that you’ve mentioned, but rather a sense that business as usual across the board by all governments is not working. We’ve had the independent panel come forward that sketches, as it says, a myriad cascade of failures in 2020, you know, across the board. And now a world on fire, except for a few places that have the advantage, like the U.S., U.K., Israel, Seychelles – a few places that are – that are building their way out of this.

The rest of the world’s on fire. The writing’s on the wall that this is a monumental set of crises and that we haven’t come up with scaled responses – any of us, U.S. or others. And only the U.S. has the capacity, it seems to me, to begin to shape the political and economic marketplaces to bring some other level of response. That if you look at the G-20, and you say, OK, the G-20 comes together and, guess what? Not much comes out of this moment in time. And I think the history books are going to look back at that and say this was yet another signal of failed leadership, and very mediocre response, to a crisis that is raging around these members of the G-20.

And so I think part of the impatience that people are feeling is a sense of, yes, the U.S. is an exceptional entity. It has exceptional capacity. If you’re talking about the vaccine marketplace, it’s the – it’s the biggest player in terms of R&D, production, consumption. We’re built up a production base with our private sector partners that is unparalleled. And we’re in the midst of this. And so stepping forward at a higher level to shape the global marketplace politically and economically is an essential moment. I think that’s the – I think that’s what many of us are trying to express.

Dr. Gerberding: You know, Steve, I hate to bring this terminology into this conversation, but I think we are in agreement that this is an issue of national and global security. It’s not a health crisis alone. It is a security issue. And if these were battles going on in these countries, we would be behaving very differently as a United States. Our level of engagement, our asserting our global authority, power, influence would be happening at a completely different scale.

But we’re imagining this as something that we can do in series. Like, well let’s – first, let’s take care of the United States. And then as we kind of bring that fire under control then we can begin to think about how we can be more helpful to people elsewhere. And I think that’s where the sense of impatience comes in. When I look at India, I mean, to me it’s like a nuclear bomb went off in the continent. And we need to really be responding as if the threat was really that serious, because in some sense it is existential. We need to have urgency and we need bolder planning.

So, you know, I know I'm talking out of both sides of my mouth, because on the one hand I'm saying, you know, many good things are happening. And, you know, certainly science is on our side in terms of what we can do with countermeasures. But on the other hand, we cannot be complacent because we may have tipped into a safer place in the United States. We're not safe, and we won't be safe for a long time. So I – you know, I share with you this sense of trying to amplify the urgency, but not disrespecting what's happened in the last few months, because it's extraordinary. And everyone understands the change has occurred. We are thinking more multilaterally. The G-7, maybe the World Health Assembly, these are mechanisms and opportunities for us to really now assert ourselves and commit to that.

It won't be politically easy. We know that. But, you know, we're in positions of influence where we can at least try to bring more people with us and, you know, understand what's at stake here, as we have in other global crises in the past.

Mr. Edson:

Let me – let me just add to that, picking up on that, that the places where the rubber meets the road next is the G-7. And there – and we know that both the G-20 and the G-7 haven't really stepped up to play a leadership role in the pandemic yet. They've been largely leaderless and almost leader-proof and allowed to lay fallow under President Trump. And they are much maligned as talk shops. And indeed, the recent G-20 summit was relatively – largely true to form, delivering mostly platitudes and some limited action.

But let's remember that there was a time when the G-7 was a platform for decisive action. In the wake of 9/11, the G-7 took steps to enhance global security from hardened cockpit doors to export controls on man-portable surface-to-air missiles. And in the midst of the AIDS pandemic it was the G-7 that launched the Global Fund, putting itself in the forefront of the fight against HIV/AIDS, malaria, and tuberculosis.

But the commonality – the common aspect of all of those actions was that it was U.S. leadership that turned rhetoric into action. So right now the United States should be hammering out a robust action plan for the G-7 that calls for a collective commitment to sharing the maximum amount of doses possible; that calls for partnership mechanisms for cost sharing, dose sharing, tech transfer, and co-investment. The G-7 is an opportunity, and we ought to seize that opportunity.

Mr. Schwartz:

Yeah. Jeremy, along those lines, you've been asked in Congress: Isn't this a time for the United States to reassert its leadership role in the world? And the way the administration has responded is that it's time for the United States to try to help, you know, end the pandemic, not necessarily a time for us to reassert our leadership in terms of politics. Can't we be in a position to do both?

Mr. Konyndyk: I'm not quite sure I see the distinction you're drawing there, I guess. I mean, the president said very clearly last week, you know, that with our approach to global vaccination and the support that's coming in the months ahead that we're going to – you know, we're going to use that as a reflection of our leadership and our values. We're not – you know, I think you'll see a very strong contrast in how the U.S. is approaching global vaccination and how some of our – some other countries are approaching it. And as the president said, we're not going to trade vaccines for favors; we're going to use our vaccines and our support to global vaccination to accelerate the end of the pandemic.

And I think that is – you know, we're not going to – we're not going to play – we're not going to try to beat China and Russia at their game because we're not going to play the same game. This is not about, you know, using vaccines as leverage for geopolitical – for kind of small-scale geopolitical tactical wins. It's about using an aggressive approach to global vaccination as a – as a geostrategic – a geostrategic victory for the world at large.

And you know, the – so the way that we – I think the way that we tackle the pandemic is a signal of how the U.S. and how this administration seeks to operate in the world. We're going to do so in partnership. We're going to do so working with others. We're going to do so in a way that's driven by our values and that's driven by evidence and by science.

And so, you know, I think that the – I wouldn't draw a distinction, as I think you maybe did, between showing kind of strategic leadership and showing global health leadership. I think that the way we are engaging the global health challenge is – you know, is intentionally reflective of the way we're trying to engage in the world more generally.

Mr. Schwartz: But are we treating it as enough of an existential crisis, as Julie pointed out before?

Mr. Konyndyk: I mean, I think – I think we are putting an unprecedented volume of money on the table, far more than any other donor has. We're working on pulling together all of the different capabilities of the U.S. government. You know, on the work we've been doing in South Asia over the past few weeks, that was a combined effort between USAID, the Department of Defense, the CDC, pulling in some of the capabilities from – other capabilities from Health and Human Services as well, all, obviously, coordinated by our embassy there and the State Department.

So, yeah, I mean, I feel like we are – we are rolling out a very robust response, certainly the most – the most robust in terms of funding and in terms of country coverage probably the U.S. government has ever rolled out globally. And there will be more to come in the months ahead. I think we are – you know, we are – we are very focused right now on taking the resources made available both through the American Rescue Plan,

mobilizing the full force that we – that we have available of the U.S. government to support countries.

But you know, at the same time, this is not something – you know, the – and I think to take a case like India or to take some of the other countries that are really struggling, you know, ultimately the U.S. can't solve their – can't solve every country's problem on their behalf. I think it's a partnership. And so, you know, the Indians made – have made very clear to us that they are – you know, they welcome our support, but also this is their – this is their challenge to lead. So the U.S. is not leading the response on behalf of India; the Indian government and the Indian people are leading that. And we are supporting wherever we can. I think that's the posture that we're trying to adopt.

Mr. Schwartz: We've got time just for a few final thoughts. Let's go around the horn real quick. Julie, can we get some final thoughts from you?

Dr. Gerberding: You know, this is a situation where, again, we want to be maybe grateful is the right word for the change in our posture and the progress that's been made. We are in a race. We've got virus and variants and vulnerability on one hand, and we've got vaccine and vigilance on the other, and it's too soon to tell how and when that race is going to be won. So the strengthening of the leadership and the strengthening of the commitments that our government is making is just really very welcome.

We haven't really talked about the role of the private sector in all of this because I don't think that we can ever think of this as a whole – as a government-only response. We need the private sector engagement, not just for countermeasures but for a whole host of other issues. And so strengthening the mechanisms by which that part of the equation is integrated into the planning – not to be called upon, you know, for our intellectual property or our resources, but rather how can we bring what we know how to do well – and I'm not just talking about the pharmaceutical industry. We have a lot of capabilities and capacities that could be highly relevant. Many of us are in some of the countries already that we are most interested in, and I think that's an opportunity that we should probably scale and speed up as well.

So good news is good direction and much more confidence that we can do it. My concern remains that the sense of urgency is not going to get us as far as we need to go as fast as we need to get there in the context of the variants and the faltering vigilance that we are seeing. You know, India is an extreme case in point, but I think we're beginning to see this story repeat itself in country after country. It's very worrisome.

Mr. Schwartz: Gary, thoughts from you?

Mr. Edson: Yeah. I just really wanted to thank Jeremy for the tremendous work that he's doing to end the pandemic. Obviously, his hands are full and he's got a grasp on all the issues.

And I wanted to thank Steve and Julie, as well, for all they're doing to end the pandemic.

And as Julie just noted, what's required isn't just a whole-of-government approach but a whole-of-nation approach. That's why we formed the COVID Collaborative, to bring people together reflecting the expertise and diversity of America to turn the tide on the pandemic.

I think we've seen part of – some of that reflected in this panel: government, nongovernmental actors, and the private sector coming together at this critical moment. And let's make no mistake about it, it is a critical moment. What we do or don't do today will affect our lives for years to come. And as I said before, we need to act boldly and urgently now with hard targets and goals set to prevent the world from splitting into vaccine haves and have-nots. With that kind of action, I think we can end the pandemic here and everywhere. And we can show the world, as Jeremy was just saying, that what U.S. leadership (is) about is giving relief to people, not extracting gains from people.

Thanks so much for having me.

Mr. Schwartz: Very welcome.

Steve, some final thoughts from you?

Mr. Morrison: Thank you. We have a few extra minutes, I believe, here on our program. What I'd like to ask Jeremy to comment on are two issues where he has particular knowledge and expertise.

This week – today starts the World Health Assembly, and there's going to be a – among the multitude of issues that will be debated over the course of this week will, of course, be the reform of WHO. Jeremy served for many years and contributed substantially to the Independent Oversight and Advisory Committee which advises the WHO emergency program. There's a number of issues that are on the table that we've seen outlined in the independent panel report: the speed of response in declaring a public-health emergency of international concern, what kind of authority to inspect and to publish results without reference to sovereign oversight, how to move to a digital system that's faster and more reliable data system, and how do we move WHO to some kind of budgetary stability where it has, you know, true capacity and it's not 30 percent dependent on annual contributions versus 70 percent on earmarked money. These are a lot of issues to mull over. Many of them are new – not new issues; they're old issues that we've struggled with.

I just wanted to hear, Jeremy, what would – what might be – what might we bring to the table in the course of this week? And what can we expect in terms of trying to get some meaningful changes right now in this – we're in the middle of a continued emergency, but it's a great moment to think about this.

The other issue is CEPI, which – the Coalition for Epidemic Preparedness Innovation. It's a very important institution. It's one that has played a critical role in COVAX. It's now moving towards a multiyear approach. It wants to not just accelerate the development of vaccines for dangerous pathogens that the marketplace is not attending to, but also to look at therapies, diagnostics. It wants to look at innovations in manufacturing. It wants to look at variants, vaccine variant – preparing for vaccine variants. And it's looking for the U.S. to support it and become a strong partner. There's a \$300 million slot in the American Rescue Plan, which there was some expectation that that would be going toward CEPI. There's a proposal for a multiyear contribution over five years, \$200 million per year.

There are obviously questions around absorptive capacity and the like, but anything you can tell us in terms of how the administration is looking at this moment in time, where this new – this institution, created with Julie's input and others – scarcely four years ago; it was launched four years ago, and it's had a record of achievement. But we're at another one of those moments of creating new things in the midst of all of this, and how do we move forward.

So those are big questions, I realize, Jeremy, but if you can offer just some short answers. Give us some insight.

Mr. Konyndyk: Yeah, let me just –

Mr. Morrison: We could talk all day about all of these.

Mr. Konyndyk: Let me just run through that in 30 seconds, Steve.

Mr. Morrison: Just a few small questions.

Mr. Konyndyk: So – (laughs) – on CEPI, I mean, look, I'm not going to get into kind of specifics of potential awards in an open panel. But I will just say, I think, you know, we see a lot of value in the work that CEPI is doing. I think we've been having extraordinarily useful, important conversations with them as we are looking to better understand the landscape for scaling up global vaccine production, particularly some of these issues around how to optimize available supplies and inputs for the production of vaccines, an area where they've been doing really important work and where we're looking to provide more support. So, yeah, I mean, I just would absolutely agree on the important role that CEPI is playing.

On some of the – just on a few of the other points that you raised, on the World Health Assembly, this is going to be an important moment to take stock of several of these important reports that have come out. Obviously, the IOAC report that I helped to contribute to in my role on the committee. The IPPPR report has put forward some really, really, I think, bold and interesting ideas, some of the most forward-leaning that we've seen.

But there's going to be a lot – and most of the hard work still lies ahead. This is the moment where member states are going to be hearing those inputs, beginning to deliberate on those inputs, and then, over the coming months, hashing through and negotiating through what that all adds up to as we take those proposals and begin to explore how best to translate those into the reforms that we want to see to the system.

And as I mentioned in my prepared remarks, some of the issues that we're particularly seized with are this question of early warning, the questions of transparency and shielding, all of those decisions, as much as we can, from some of the political pressures that WHO is so often under.

Just the last thing I want to pick up on – I didn't say enough about this in my earlier remarks. I do want to emphasize what Julie said about the importance of private sector engagement. We have seen – so I come out of a disaster-response background and I'm very accustomed, when there's an earthquake or a hurricane somewhere, to USAID getting calls from private sector companies saying, hey, we want to – you know, we want to do something helpful. What can we do? And, you know, they'll give a few hundred thousand dollars here or there.

I think what we're seeing here on the South Asia response, but I think it will translate to the larger global response, is just really of an entirely different character. We're seeing the private sector step up and take ownership of the need to end the pandemic in ways that are unprecedented, certainly in my career. And so we've been working closely with the U.S. Chamber and with numerous companies now to figure out how do we best take advantage of that.

How can the U.S. government and the U.S. and global private sectors really partner in a way where we're working together? This is not just the U.S. sort of giving tips to companies on how to effectively donate. This is really of a different scale and character, where they are – they're taking ownership and really investing in this, not as a social-responsibility thing but as a business investment. They see the business value and the business – more than value; I mean, the imperative for their businesses of ending this pandemic. And so, you know, how we – we're kind of uncharted territory in how we partner and how we leverage that together, but I think it's a hugely encouraging moment and one that we are – we're getting ourselves positioned to take full advantage of.

Mr. Schwartz: I want to thank everybody today. Jeremy, thank you so much for all of your time. I know you're busy, to say the least.

I want to say this has been an incredible panel. And being at CSIS, as you know, the premier bipartisan institution in the world, this is a terrific bipartisan panel. We have people who have served in different administrations across the aisle, and it's really refreshing to see a bipartisan discussion like this. So thanks to all of our panelists for their insights today.

Jeremy, we'll be in touch with you. Thank you very much to our audience for tuning in. And today there will be – this presentation will be available on demand and there will be a transcript as well, so you can see all of that at CSIS.org. Thank you very much.

Dr. Gerberding: Thank you, Andrew. Thanks, everyone.

Mr. Morrison: Thanks, everyone.

Mr. Edson: Thank you.

Mr. Konyndyk: Thanks, all.

(END)