

# UPDATE ON THE COVID-19 PANDEMIC RESPONSE IN AFRICA

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## HEARING

BEFORE THE

SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH,  
GLOBAL HUMAN RIGHTS, AND  
INTERNATIONAL ORGANIZATIONS

OF THE

COMMITTEE ON FOREIGN AFFAIRS  
HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

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## **UPDATE ON THE COVID-19 PANDEMIC RESPONSE IN AFRICA**

**Thursday, July 30, 2020**

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH,  
GLOBAL HUMAN RIGHTS, AND INTERNATIONAL  
ORGANIZATIONS,  
COMMITTEE ON FOREIGN AFFAIRS,  
*Washington, DC*

The subcommittee met, pursuant to notice, at 1:05 p.m., in room 2172 Rayburn House Office Building, Hon. Susan Wild presiding.

Ms. WILD. The Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations will come to order. Without objection, the chair is authorized to declare a recess of the subcommittee at any point, and all members will have 5 days to submit statements, extraneous material, and questions for the record subject to the length limitation in the rules.

To insert something into the record, please have your staff email, the previously mentioned address, or contact full committee staff. As a reminder to members, please keep your video function on at all times, even when you are not recognized by the chair. Members are responsible for muting and unmuting themselves, and please remember to mute yourself after you have finished speaking.

Consistent with House Res. 965 and the accompanying regulations, staff will only mute members and witnesses as appropriate, when they are not under recognition, to eliminate background noise. I see that we have a quorum and will now recognize myself for opening remarks.

Pursuant to notice, we are holding a hearing on COVID-19 pandemic response in Africa. Today, we are hearing testimony on the COVID-19 response in Africa and what the international community can do, particularly the United States in light of facing our own healthcare crisis. We hope the panel today has policy recommendations that can help the international community slow the spread of the pandemic in Africa, places where health institutions and economic systems might never fully recover.

Even though our own country is being hit hard by the pandemic, ignoring the continent's plight will affect our national security and the ability to trade in the long and short term. South Africa is viewed as the best prepared of any country in sub-Saharan Africa to battle COVID-19, and yet they have more than 400,000 cases. Well over half of the continent's total, per the AP.

Surely it will be a ripple effect for countries with fewer resources, weak governance and economic institutions. However, several countries have pursued innovative pandemic responses. Senegal is developing an affordable, rapid COVID-19 test kit, while Rwanda

and Ghana pioneered the use of drones to deliver medical supplies to rural areas.

But there are countries, such as Zimbabwe and Guinea, that use COVID-19 to restrict press freedoms and free speech, and arrest and detain people who oppose the government. Therefore, my colleagues and I would like to know how we can deter governments from using this very serious pandemic for their own political gains, how U.S. foreign assistance can continue to strengthen the efforts of countries that are developing preventive measures, and what is the long-term impact on the United States if Africa does not receive timely resources to combat COVID-19?

I would like to thank our witnesses for taking the time to meet with us, especially in person, on this critical issue that affects all of us. Unlike Ebola, which only affected certain countries within the continent, COVID-19 has spread transnationally and so we are all in this together.

Assistant Secretary Nagy, I look forward to your remarks and analysis of what we can do legislatively to ensure the continent does not have an economic collapse, but thrives for the next generation.

Mr. Maloney, thank you as well for your time. I understand you have led the development of USAID's new strategic approach focused on building countries' abilities to plan, finance, and implement solutions to develop their own development challenges, so I am very interested to hear your thoughts on the response to COVID-19 in Africa with its many challenges.

Many African governments lack resources to stockpile food, import medical equipment, and protect their local informal economies. This has caused leaders to seek international aid, and the most vulnerable seek debt relief. COVID-19 will also have an impact on elections in Africa and free and fair elections are vital to a strong democracy.

With scheduled elections coming up for Tanzania, Cote d'Ivoire, Burkina Faso, Ghana, Central African Republic, and Niger, COVID-19 could impact the perceived fairness and legitimacy of those elections. This means that countries will have to be transparent with citizens during the electoral process.

My colleagues and I in Congress want to continue supporting Africa's health systems, humanitarian needs, encouraging free trade, bolstering food security, promoting democracy, and countering China's influence. Although the United States has pledged more than \$400 million to Africa for health, humanitarian, economic, and governance assistance to respond to COVID-19, we want to make sure there is sufficient funding, and that it is being implemented in the right places.

COVID-19 has caused national lockdowns, border closures, and restrictions, which has destroyed the tourism sector, ultimately disrupting Africa's intraregional and global economy. It will benefit our national security and economic interest to support the continent and help sustain its economy and health infrastructures, or somebody else will. I look forward to hearing your testimony and what Congress can do to continue to help millions of people from falling into deep poverty from the impact of COVID-19 in Africa.

I now recognize the ranking member for the purpose of making an opening statement. I now yield to our ranking member, Representative Smith, for his opening statement.

Mr. SMITH. Thank you very much, Madam Chair. It is an honor to welcome our distinguished witnesses, Assistant Secretary Tibor Nagy and Acting Administrator Chris Maloney, to the subcommittee. Thank you for being here in person to update us on the response to COVID-19, a pandemic in Africa.

The fact that the number of COVID-19 deaths as of July 27th in sub-Saharan Africa is nearly 12,000, less than the 15,800 COVID-19 deaths in my home state of New Jersey alone, may mean that deaths are significantly underreported, or that testing capacity is limited, or that the pandemic has not hit yet as hard as it has in other regions.

According to WHO, South Africa alone accounts for 57 percent of all COVID-19 deaths in sub-Saharan Africa, further suggesting underreporting in the other nations. But as Assistant Administrator Maloney points out, and says with concern, we are seeing a worrying acceleration in various spots around the continent, including in Nigeria and in Ghana.

Please update us, if you would, today, on how and why—not why, but how the nearly \$1.8 billion in foreign aid funding to prevent, prepare for, and respond to COVID-19 is being spent. Is that money in addition to other resources that were reprogrammed or put into the effort? It would be great to know what that all looks like and whether or not that is enough.

And I would appreciate your take on how COVID-19 compounds other crises. Part of that is political, where we see a country such as Ethiopia, racked by civil disorder amid a health crisis, where we see members of governing elites in countries in West Africa succumb to COVID, such as the chief of staff to President Buhari. We have also seen pretextual crackdowns on legitimate civil dissent, justified by COVID-19 concerns, in countries such as Zimbabwe and in Nigeria.

More specifically, however, there is a very real, dangerous food insecurity crisis attributable to the plague of locusts of biblical proportions looming in East Africa, a response to which has been inhibited by the need to check COVID. Yesterday, H.R. 7276, a bill which I introduced, joined by Chairwoman Bass, was marked up in the full committee. It calls for a coordinated response, a strategy in a working group to mitigate the desert locust crisis.

I would point out that Mr. Barsa was here about a week ago and gave us an update on how the over \$19 million at USAID is being spent, again, to affect that crisis and perhaps there will be more money put into that pot, but I would appreciate any thoughts you have on that and its relationship with COVID-19.

What people may not realize is that the scope of logistical obstacles to addressing that crisis and others is compounded by COVID-19. There has been difficulty in getting assets in the air for spraying, in part, because pilots flying planes with necessary pesticides have been quarantined for up to 2 weeks while en route to staging areas in Kenya and elsewhere.

We have seen how food supply chains in the United States have become fractured and frayed due to COVID-19. Just imagine in a

continent where the infrastructure is still building out, and the roads and bridges are not where they will be in sometime in the near future, how much more difficult that makes it for them to meet the crisis.

And, of course, vulnerable, food-insecure people, a number estimated to be over 26 million in East Africa, as of now, are at heightened risk for disease, including COVID-19.

So we must focus on combating COVID-19, no doubt about it. I do ask that we do not forget the—and I know you will not—the other ancillary issues that cannot be neglected as we keep that focus. Thank you again for being here. I look forward to your testimony.

Ms. WILD. Thank you very much, Ranking Member Smith.

I will now introduce our distinguished witnesses.

Assistant Secretary Tibor Nagy, thank you for being here today. I hope I said that correctly, Ambassador. You can feel free to correct me when you speak.

Ambassador Nagy is a retired career Foreign Service officer, spent 32 years in government service including over 20 years in assignments across Africa. He served as the United States Ambassador to Ethiopia, Guinea, as well as the Deputy Chief of Mission in Nigeria, Cameroon, and Togo. Ambassador Nagy has received numerous awards from the U.S. Department of State in recognition of his service, including commendations for helping prevent famine in Ethiopia, supporting the evacuation of Americans from Sierra Leone during a violent insurrection, supporting efforts to end the Ethiopian-Eritrean war, and managing the United States Embassy in Lagos, Nigeria during political and economic crises.

Following his retirement from the Foreign Service, Ambassador Nagy served as Vice Provost for International Affairs at Texas Tech University from 2003 to 2018. During that time, he co-authored *Managing Overseas Operations: Kiss Your Latte Goodbye*, a nonfiction winner of the 2014 Paris Book Festival.

Our second witness is Christopher Maloney, the Acting Assistant Administrator in the Bureau for Africa. In this capacity, he oversees 47 countries and eight regional programs in sub-Saharan Africa with a USAID and U.S. Department of State budget of \$8.5 billion of assistance in Fiscal Year 2018.

Prior to assuming this role, Mr. Maloney was the Assistant to the Administrator in USAID's Bureau for Policy, Planning, and Learning, where he led the development of the Agency's new strategic approach focused on building countries' abilities to plan, finance, and implement solutions to solve their own development challenges, known as the Journey to Self-Reliance. He continues to provide overall oversight on this initiative as the agency operationalizes this new approach.

Prior to joining USAID, Mr. Maloney spent 5 years at the Millennium Challenge Corporation, MCC, where he was the Managing Director for Country Selection and Eligibility. Mr. Maloney also spent 5 years with McKinsey and Company in Johannesburg, South Africa, and Washington, DC, where he focused primarily on agriculture, mining, and pharmaceutical clients in both the public and private sectors, including consulting on numerous Feed the Future strategies at various USAID missions in Africa.



Prior to McKinsey, he worked with Genesis Analytics, a South African economics consultancy based in Johannesburg, as well as in the Office of African Nations at the U.S. Department of Treasury in Washington, DC. Mr. Maloney holds an MBA from the Harvard Business School, an MPA in International Development from the Harvard Kennedy School of Government, and a bachelor's degree in economics, and African and African American Studies from Stanford University.

I will now recognize each witness for 5 minutes and, without objection, your prepared written statements will be made a part of the record. Ambassador Nagy, you are recognized for 5 minutes.

**STATEMENT OF TIBOR NAGY, ASSISTANT SECRETARY, BUREAU OF AFRICAN AFFAIRS AT U.S. DEPARTMENT OF STATE**

Mr. NAGY. Thank you. Chair Wild, Ranking Member Smith, members of the subcommittee, thank you for inviting me to discuss the United States partnership for the people and governments of sub-Saharan Africa working to meet the urgent and unprecedented challenges of the COVID-19 pandemic. I am pleased to be joined by my USAID colleague, Acting Assistant Administrator for Africa Chris Maloney.

We both rely on the bipartisan commitment of Congress and the talented women and men of the State Department and USAID as we work toward solutions for this pandemic. Over the past 20 years, the American people have invested more than \$100 billion to strengthen public health sectors in sub-Saharan Africa, enabling them to respond more effectively to HIV/AIDS, tuberculosis, malaria, Ebola, and other infectious diseases.

Since March, the United States has committed an additional almost \$470 million COVID-19 specific response funds to the region. We have also contributed nearly 20 million in humanitarian assistance to combat the decades-high desert locust infestation, which is currently impacting eight countries in East Africa. These commitments underscore our role as sub-Saharan Africa's staunchest ally in promoting the health of its citizens.

Our government, U.S. philanthropists and nonprofit organizations, and American businesses invest heavily in building a healthier Africa, because a healthy population makes Africa and the rest of the world safer and more prosperous. This long-term approach stands in sharp contrast to others like the Chinese Communist Party whose defective goods, slipshod infrastructure projects, predatory lending habits are designed more for the benefit of the CCP than the well-being of Africans.

It is no secret that China is by far the largest bilateral official creditor to African governments, creating an unsustainable debt burden, while the overwhelming majority of U.S. foreign assistance comes in the forms of grants rather than loans in order to promote transparent, private sector-led economic growth that benefits all parties.

We strongly support the G20's Debt Service Suspension Initiative. Public disclosure of official loans helps hold governments accountable for their decisions and prevents the corruption, fraud, and abuse that siphons off money that is supposed to go toward African health and development.

While strong leadership and early decisive action has likely helped many countries delay the harshest impacts of COVID, we must be clear-eyed about the situation today, and mindful of the difficult days that lie ahead. Soaring unemployment, increasing food insecurity, ballooning budget deficits are also significant concerns. The secondary effects of unanticipated migration flows, declining commodity prices, diminished tourism revenues, rising food prices are just some of the problems now facing African governments.

Of particular concern, the COVID-19 pandemic has placed the Sudanese democratic transition in an even more precarious place. Avenues for international support through international financial institutions remain constrained by the international community's inability, as well as our own, to proceed with heavily indebted poor countries' debt relief.

We continue to focus on efforts toward rescission of Sudan's State Sponsor of Terrorism designation, which would help advance this process. Congress could support our goals in this regard through the adoption of legal peace legislation as part of any COVID-19 supplemental, which would have the added advantage of allowing a recently agreed-upon claims settlement outline for victims of the East Africa Embassy bombings to proceed. Pushing Sudan to provide compensation to these victims of the Bashir regime's acts of international terrorism is among the Department's highest priorities.

Finally, I would like to underscore the critical role of alumni of State Department exchange programs, such as Fulbright, the International Visitors Leadership Program, and the Young African Leaders Initiative or YALI. The nearly 20,000 combined alumni of the YALI Mandela Washington Fellowship and the Regional Leadership Centers in Africa and the more than 650,000 members of the on-line YALI Network represent a new cadre of African leaders who are willing and ready to lead change. Many are at the forefront of efforts to contain the spread of COVID-19.

Continued commitment to these programs will empower Africans to take the lead on charting their future, based on pro-U.S. models of governance, innovation, and development. Thank you for the opportunity to testify. I look forward to your questions and to working together to meet these enormous challenges to further advance health, peace, and prosperity in the region. Thank you.

[The prepared statement of Mr. Nagy follows:]

**Statement**  
**Tibor P. Nagy, Jr.**  
**Assistant Secretary for African Affairs**  
**House Foreign Affairs Committee**  
**Subcommittee on Africa, Global Health, Global Human Rights, and**  
**International Organizations**  
**“Update on the COVID-19 Response in Africa”**  
**July 30, 2020**

Chair Bass, Ranking Member Smith, and members of the Subcommittee, thank you for inviting me to discuss the United States’ partnerships with the people and governments of sub-Saharan Africa to meet the urgent and unprecedented challenges of the COVID-19 pandemic. As I mentioned when I last appeared before this Subcommittee in November, your bipartisan commitment towards promoting security and stability, expanding trade and investment, and harnessing the incredible potential of Africa’s dynamic people is instrumental in advancing American values and expanding U.S. and African shared interests across the continent now more than ever.

I am pleased to be joined by my USAID colleague, Acting Assistant Administrator for Africa Chris Maloney. We both rely on the talented men and women of the State Department and USAID serving the American people at our missions in Africa and here in Washington. I am forever grateful for their professionalism and dedication to our mission under today’s extremely challenging conditions.

Over the past 20 years, the American people have invested more than \$100 billion to strengthen public health sectors in sub-Saharan Africa, enabling them to prepare for and respond more effectively to HIV/AIDS, tuberculosis, malaria, Ebola, and other infectious diseases – and now to COVID-19. Since March, the United States has committed an additional almost \$410 million in COVID-19 response funds to the region, for activities including strengthening infection control in health facilities, supporting supply chain management of health commodities, training health workers, and providing emergency food assistance. The infrastructure of the President’s Emergency Plan for Aids Relief, or PEPFAR, has played an instrumental role in the continent’s COVID-19 response, providing critical lab infrastructure and health workforce capacity to address this new challenge.

At the same time, East Africa is the epicenter of a decades-high desert locust infestation that will only compound food insecurity in vulnerable countries. The United States has provided nearly \$20 million in humanitarian assistance to combat the infestation, which is currently impacting eight countries in East Africa. These commitments underscore our role as sub-Saharan Africa’s staunchest ally in promoting the health of its citizens.

This is what a long-term partnership committed to building a healthier, more prosperous Africa looks like. Our government, U.S. philanthropists and non-profit organizations, and American businesses invest heavily in Africa's health because a healthy population makes Africa — and the rest of the world — safer and more prosperous. This approach stands in sharp contrast to others like the Chinese Communist Party (CCP), whose defective goods, slipshod infrastructure projects, and predatory lending habits are designed more for the benefit of the CCP than the well-being of Africans. It's no secret that China is by far the largest bilateral official creditor to African governments, creating an unsustainable debt burden, while the overwhelming majority of U.S. foreign assistance comes in the form of grants rather than loans, in order to promote transparent, private sector-led economic growth that benefits all parties. We strongly support the G-20's Debt Service Suspension Initiative and look to the People's Republic of China (PRC) to fully participate in the initiative in a transparent way. Public disclosure of official loans helps hold governments accountable for their decisions and prevents the corruption, fraud, and abuse that siphons off money that is supposed to go towards African health and development. At the same time, we recognize that other countries must provide their fair share of foreign assistance, and the Department of State is working to increase global burden-sharing to address these growing needs.

While strong leadership and early, decisive action has likely helped many countries delay the harshest impacts of COVID, we must be clear-eyed about the situation today and mindful of the difficult days that lie ahead. Soaring unemployment, increasing food insecurity, and ballooning budget deficits are also significant concerns. The secondary effects of unanticipated migration flows, declining commodity prices, diminished tourism revenues that endanger Africa's stunning environmental treasures which rely on those revenues, and rising food prices are just some of the challenges now facing African governments. Many of the same reforms the United States championed prior to the pandemic — fiscal transparency, a welcoming and open business environment, investments in health and education — will equip African nations to emerge more quickly from the current crisis.

Of particular concern, the COVID-19 pandemic has placed the Sudanese democratic transition in an even more precarious place. Avenues for international support through international financial institutions remain constrained by the international community's inability — as well as our own — to proceed with heavily indebted poor countries (HIPC) debt relief. We continue to focus on efforts towards rescission of Sudan's State Sponsor of Terrorism designation which would help advance this process. Congress could support our goals in this regard through the adoption of legal peace legislation as part of any COVID-19 supplemental, which would have the added advantage of allowing a recently agreed-upon claims settlement outline for victims of the East Africa Embassy bombings to proceed. Pushing Sudan to provide compensation to these victims of the Bashir regime's acts of international terrorism is among the Department's highest priorities.

Finally, I would like to underscore the critical role of alumni of State Department professional and academic exchange programs such as Fulbright, the International Visitors Leadership Program, and the Young African Leaders Initiative or YALI. In particular, the nearly 20,000 combined alumni of the YALI Mandela Washington Fellowship and the Regional Leadership Centers in Africa, and the more than 650,000 members of the on-line YALI Network, represent a

new cadre of African leaders who are willing and ready to lead change. Many are at the forefront of governmental, private sector, and civil society efforts to contain the spread of COVID-19. Continued commitment to these programs will empower Africans to take the lead on charting their future based on pro-U.S. models of governance, innovation, and development.

Thank you for the opportunity to testify today. I look forward to your questions and to working together to meet these enormous challenges to further advance peace and prosperity in the region.

Ms. WILD. Thank you for your testimony.  
Mr. Maloney, you are recognized for 5 minutes.

**STATEMENT OF CHRISTOPHER MALONEY, ACTING ASSISTANT  
ADMINISTRATOR, BUREAU FOR AFRICA AT U.S. AGENCY FOR  
INTERNATIONAL DEVELOPMENT**

Mr. MALONEY. Chair Wild, Ranking Member Smith, and members of the subcommittee, thank you for inviting me to testify today on the response by the U.S. Agency for International Development to the COVID-19 pandemic in sub-Saharan Africa. It is an honor and a privilege to testify in front of this subcommittee, and I thank you for your bipartisan commitment to the countries and people of Africa.

I am pleased to be joined today by my Department of State colleague, Assistant Secretary for African Affairs Tibor Nagy.

First, a few facts. As of July 27th, sub-Saharan African nations have reported close to 713,000 cases of COVID-19, a number that has more than doubled since July 1st. As mentioned, over 60 percent of these cases have been in South Africa, but we are seeing acceleration in various spots around the continent including in Nigeria and Ghana.

But we do not know what we do not know. Testing is low and data is weak and incomplete. As a result, it is too soon to say how widespread the outbreak could become in Africa. We know some places are going to be hit hard and have already been hard, while others will get hit less hard. And a wide range of factors are at play, from demographics to geography to governance. The good news is that despite how complex this situation is, the United States is playing a leadership role in helping Africans successfully respond to this crisis.

As of July 29th, the U.S. Government has committed nearly \$470 million to 45 countries across sub-Saharan Africa to respond to the COVID-19 pandemic. The U.S. Government's roughly \$100 billion in investments in Africa's public health over the past 20 years have built deep trust-based relationships across the continent and platforms that have allowed our country partners to quickly pivot thousands of community health workers and related interventions to rapidly respond to COVID-19.

No other country, certainly not malign actors like the People's Republic of China or the Kremlin, can match this unparalleled generosity. It is also important to note that we are working in two other critical areas, mitigating food security and humanitarian needs, and lessening the second and third order of effects of the pandemic. Let me provide a little bit more detail on these areas of work.

So, first, on the health side, we know that what happens elsewhere in the world can affect us here at home. USAID's health assistance in Africa related to COVID-19 focuses on saving lives by improving public health education, protecting healthcare workers, strengthening laboratory systems, supporting disease surveillance, and boosting rapid response capacity. For example, in Nigeria, USAID launched a partnership with cell phone provider Airtel to provide critical information via voice and text messages on physical distancing, safe hygiene practices, and other preventive measures

to contain the spread of the disease. Through this partnership with the private sector, we can now distribute the latest public health messaging instantly to over one million citizens a day.

Now, a little bit more detail in how we are responding to COVID-19 in the food insecurity and humanitarian needs space. Responding to the health challenges alone will not solve the crisis. We must proactively and comprehensively address how the COVID-19 crisis has eroded food security and worsened malnutrition across sub-Saharan Africa.

The Famine Early Warning System Network or FEWS NET, funded by USAID, estimates that 113 million people will be in need of emergency humanitarian food assistance this year, which is an increase of almost 25 percent over last year. To that end, USAID is working with the World Food Programme and non-governmental organizations to invest over \$120 million of COVID-19 supplemental humanitarian resources to address emergency food needs in over 17 countries in Africa. We also are addressing interruptions to agricultural production, trade in local markets, the loss of livelihoods, and the deterioration of essential social services like water and sanitation, while also building long-term resilience.

And, finally, I want to talk about how we are working to reduce the second and third order impacts of the pandemic. Before this crisis, the economic growth estimate for the African continent for 2020 was 3.9 percent. Now, according to the World Bank, Africa's GDP in 2020 could contract by between 2 and 5 percentage points, the continent's first recession in over 25 years.

One way we are working to push against this decline is through Prosper Africa. USAID is adapting existing trade and investment tools and creating new ones to help businesses address their strategies, protect their investments, and find new opportunities in response to COVID-19. As an example, a recent \$2 million Prosper Africa COVID-19 rapid response solicitation received hundreds of applications in a matter of weeks.

We are also very concerned about democratic backsliding and have seen how some African regimes are using COVID-19 to restrict democratic space and constrain media freedom. We have seen severe crackdowns on perceived violators of lockdowns, elections getting postponed with little sense of a way forward, and serious disinformation campaigns. To push back against this, in Mali, for example, we are working with a range of stakeholders to counter dangerous misinformation about the sources and spread of the novel coronavirus.

In conclusion, looking long term we remain committed to working with governments, civil society, faith-based organizations, academia, and the private sector in our African partner countries through this pandemic now and into the future. 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 again for this opportunity to address the sub-committee and I look forward to your questions.

[The prepared statement of Mr. Maloney follows:]

Written Statement of Chris Maloney  
Acting Assistant Administrator, Bureau for Africa  
United States Agency for International Development  
Before the House Foreign Affairs Subcommittee on Africa, Global Health, and Global Human  
Rights  
July 30, 2020

**COVID-19 and U.S. International Pandemic Preparedness, Prevention, and Response**

Chair Bass, Ranking Member Smith, and Members of the Subcommittee -- Thank you for inviting me to testify today on the response by the U.S. Agency for International Development (USAID) to the pandemic of COVID-19 in sub-Saharan Africa. It is an honor and privilege to testify in front of this Subcommittee, and I look forward to your questions.

As of July 27, 2020, sub-Saharan Africa nations have reported close to 715,000 cases of COVID-19, a number that has more than doubled since July 1, 2020, and nearly 12,000 deaths. Over 60 percent of these reported cases have been in the Republic of South Africa, but we are seeing a worrying acceleration in various spots around the continent -- including in the Federal Republic of Nigeria and the Republic of Ghana. But we also do not know what we do not know. The amount of testing is low. Data are weak and incomplete.

As a result, it is too soon to say how widespread the outbreak could become in sub-Saharan Africa. We know some places are going to get hit hard (and have been hit hard already) -- while other places less so. A wide range of factors are at play: the degree of a country's international exposure, how urban it is, age demographics, its health capacity, and even its basic level of good governance -- all are key determinants. In addition, even where the disease is not as prevalent, and hasn't disrupted global supply-chains, caused lockdowns, and falling global remittances -- among other second- and third-order effects -- have affected every country. Thus, the needs are diverse, and our response must remain flexible to adapt to the shifting face of this pandemic -- country by country.

The good news is that despite how complex this situation is, the United States is already playing a leadership role in helping Africans successfully respond to this crisis. The U.S. Government has provided close to \$410 million to 45 countries across sub-Saharan Africa respond to the COVID-19 pandemic. The United States, through USAID, has shown a long-standing commitment to the African people. 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. The United States has committed more than \$60 billion over the last 20 years to support public health on the African continent -- by far the largest contribution of any donor nation. The USG through the U.S. President's Emergency Plan for AIDS Relief



(PEPFAR) has trained over 285,000 healthcare workers and saved over 18 million since PEPFAR's inception in 2003.

The success of these investments has created deep, trust-based relationships with countries across Africa, together with strong public health platforms through initiatives like PEPFAR and the President's Malaria Initiative (PMI). In fact, these relationships and platforms have proved vital in our response to COVID-19, and allowed us to deploy targeted assistance quickly. In South Africa, for example, the USG, including USAID has leveraged the PEPFAR platform -- and over 5,000 community health workers to support efforts to control infections and provide clinical care to help protect those most vulnerable to COVID-19, including people who are living with HIV.

In addition to working to address the health effects of COVID-19 across Africa, it is also important to note that USAID and our partners have also deployed a rapid response to COVID-19 in two other areas: (1) mitigating food-insecurity and humanitarian needs; and, (2) lessening the second- and third-order effects of the pandemic, through targeted programs to reduce the disease's economic, educational, and employment impacts; pushing back against democratic backsliding; and minimizing the overall loss of development gains.

#### **Responding to COVID-19: Health**

We know that what happens elsewhere in the world can affect us here at home. USAID's assistance in Africa related to COVID-19 focuses on saving lives by improving public health education, protecting healthcare workers, strengthening laboratory systems, supporting disease-surveillance, and boosting rapid-response capacity in more than 47 countries across sub-Saharan Africa. These programs build on the over \$100 billion in investments the United States has made in health programs and structures in Africa over the last 20 years.

Our Department of State counterparts have likewise contributed to the COVID-19 response by helping meet the urgent demand for medical services. For example, the Bureau of Political-Military Affairs and regional bureaus worked with Congress to authorize partner countries like Chad, Ghana, Mauritania, Rwanda, Senegal, Sierra Leone, and Uganda to utilize equipment previously delivered for peacekeeping and/or counterterrorism missions to be temporarily utilized for domestic COVID-19 response.

We provide high-quality, transparent, and meaningful assistance to help communities affected by COVID-19 and equip them with the tools needed in their efforts to combat this pandemic and future ones.

For example, in Nigeria, USAID launched a partnership with cellphone provider Airtel to provide critical information via voice and text messages on physical distancing, safe hygiene practices, and other preventive measures to contain the spread of the disease. Through this

partnership with the private sector, we are now able to distribute the latest public-health messaging instantly to one million Nigerian citizens a day.

We must also address the root causes of these outbreaks, and apply the lessons learned from epidemics past. We have learned that poor governance, lack of transparency, and weak capacity exacerbate outbreaks and epidemics.

**Responding to COVID-19: Mitigating Food-Insecurity and Humanitarian Needs**

As noted, responding to the health challenges alone will not solve this crisis. This emergency highlights that we must proactively -- and comprehensively -- address how the COVID-19 crisis has eroded food security and worsened malnutrition across sub-Saharan Africa. At the beginning of 2020, conflict, poor macroeconomic conditions, and weather shocks were already increasing food-assistance needs across the globe. The Famine Early-Warning System Network (FEWS NET), funded by USAID, estimates 113 million Africans 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 -- such as the lockdown of urban areas -- are likely to increase the magnitude and severity of acute food-insecurity.

To that end, USAID is working with the World Food Programme (WFP) and non-governmental organizations (NGOs) to invest over \$120 million of COVID-19 supplemental humanitarian resources to address emergency food needs in 17 countries in Africa. We also 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 investments plays an important role in strengthening food security and nutrition.

In countries and regions with complex humanitarian crises, in addition to emergency food, USAID funds health, water and sanitation, and logistics for emergency humanitarian responses. In Nigeria, USAID is working with the WFP to meet the food needs of approximately 480,000 people who are facing acute food-insecurity because of COVID-19 in Borno, Adamawa, and Yobe States, the epicenter of the crisis in the Lake Chad Basin. This assistance also supports people in densely populated urban areas who cannot meet their minimal food needs because of decreased economic activity, movement restrictions, and rising food prices. With funding from USAID, the WFP will provide cash transfers for locally procured food assistance in July and August, the peak of the lean season when food-insecurity is highest.

In addition to emergency humanitarian assistance, USAID is addressing longer-term food security mitigation through Feed the Future. In the Republic of Rwanda, Feed the Future is providing vulnerable farmers, many of whom are women, with seeds to grow drought-resistant

crops so they do not miss a harvest season because of COVID-19. The program is also making tractors available to farmers who are experiencing labor shortages because of the pandemic, and is providing post-harvest equipment and advice to help them protect and store crops.

**Responding to COVID-19: Reducing the Second- and Third-Order Impacts of the Pandemic**

We will see wide-ranging impacts of COVID-19, many of which will not become clear for some time. Beyond COVID-19, we expect to see significant increases in mortality because of vaccine-preventable diseases, malnutrition, maternal deaths, HIV, tuberculosis, and malaria -- which would reverse the progress made from decades of the U.S. Government's investments in global health. To counteract these losses, USAID will leverage ongoing investments in health to mitigate the impacts of COVID-19 and sustain that long-fought progress. Beyond health, early data also suggest significant second- and third-order impacts across the continent not only on health, but also on economic growth, education, democracy, and conflict.

Before this crisis, the economic-growth estimate for the African continent for 2020 was 3.9 percent. Now, many countries in Africa are facing significant economic contractions. According to the World Bank, the pandemic could cut Africa's growth in Gross Domestic Product in 2020 by between two and five percentage points -- the continent's first recession in 25 years. Through Prosper Africa, USAID is adapting existing trade and investment tools and creating new ones to help businesses adjust their strategies, protect their investments, and find new opportunities in response to COVID-19.

Additionally, COVID-19 is wreaking havoc on education in Africa. The pandemic has pushed 279 million learners out of schools across the continent, and the impact on the education workforce will be a strain for years to come. Where feasible, USAID's education programs have pivoted to introduce new teaching materials and distance learning because of nation-wide school closures. However, the provision of equitable learning opportunities for all pupils is far from achieved.

We are also very concerned about democratic backsliding and have seen how some African regimes are using COVID-19 to restrict democratic space and further constrain free media. USAID is closely tracking the evolution of the spread of COVID-19, its impact on citizen-responsive governance, civil and political rights and stability. Disturbing trends include the cancellation or postponement of elections, targeted crackdowns on key population groups, and increased gender-based and criminal violence, among others. Many national governments are taking active steps that could curtail individual citizens' data privacy and civil liberties. We have also seen severe repression of perceived violators of lockdown conditions that could portend more aggressive government control even after the pandemic subsides. In the Republic of Mali, USAID is working with local governments, NGOs, citizens groups and concerned individuals to

counter dangerous misinformation and rumors about the sources and spread of the novel coronavirus. Civil-society partners are tracking misinformation and correcting it via radio, social media and peer groups to point Malians to accurate government and NGO resources.

**Conclusion**

Looking long term, we understand that COVID-19 will continue to have multiple effects in the months and years ahead. We remain committed to working with governments, civil society, faith-based organizations, academia, and the private sector in our African partner countries through this pandemic, now and into the future. 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. At the same time, other countries need to do their fair share, and USAID is working with the Department of State to increase burden sharing by other donor countries. Thank you again for the opportunity to address this Subcommittee, and I look forward to your questions.

Ms. WILD. Thank you for your testimony.

I will now recognize members for 5 minutes each, and pursuant to House rules all time yielded is for the purpose of questioning our witnesses. Because of the virtual format of this hearing, I will recognize members by committee seniority, alternating between Democrats and Republicans. If you miss your turn, please let our staff know and we will circle back to you. If you seek recognition you must unmute your microphone and address the chair verbally.

I will start by recognizing myself and my questions are for both of you, and feel free to answer as you see fit. We do not have a large panel so I think we can probably work it out.

My first question is to ask you to address the implications of the pandemic for U.S. policy priorities and engagement with Africa, specifically regarding development responses to humanitarian need, health capacity building, security cooperation, and trade and investment. And if you could, please discuss the administration's approach to addressing an ongoing, pandemic-driven, rise in acute food insecurity and extreme poverty in Africa. Let's start with that.

Mr. NAGY. Yes, Madam Chair. On the U.S. policy priorities, the overarching policy priorities remain the same. Our long-term goal, obviously, is for a peaceful, prosperous Africa, giving cognizance to the fact that it is such a young continent where the population will double over the next 50 years. So that remains very much intact. Of course, then you get to the point of how COVID impacts that, and in each country the situation is totally different. And I also have to add that our ability to exercise our policies have also been impacted by just the reduction in staffing of the U.S. embassies that we had to do in recognition of the COVID and the vulnerable staff.

At my estimate, our U.S. missions are operating at about, in Africa, at about 60 percent of staffing. And as you know that U.S. embassies in Africa were the ones who have the lowest number of staff and lowest positioning, you know, in the various competencies, so that has been impactful, but the priorities remain the same.

And right after the emergency started, I gave our Ambassadors kind of an overarching command to, No. 1, look very carefully at governments that would use COVID to abuse their populations and to restrict democratic place, but also to look and see where violent extremist organizations may be using COVID to expand their operations.

Now for the—

Ms. WILD. Thank you. Before we go to Mr. Maloney, let me just ask you a followup question and then I will ask Mr. Maloney to address both, also.

Mr. NAGY. Sure.

Ms. WILD. What have been the pandemic's effects on U.S. security and military cooperation in Africa?

Mr. NAGY. Actually, the cooperation remains very strong because in some other countries it was the militaries who were the most effective in responding to COVID. Military hospitals' training that they have gotten from the United States, because as you know, Madam Chair, a lot of our training is what I would call in the soft areas of skills development, community outreach, human rights

training, law and order, those types of things, so they have actually been very helpful in our cooperation.

I have to say—and again, with 51 countries it varies, but overall it has been very close.

Ms. WILD. Thank you.

Mr. Maloney.

Mr. MALONEY. Thank you. It is an important question and a complicated one, so I will try and break it down to its three parts.

Ms. WILD. Do you have your mic on? I just want to make sure.

Mr. MALONEY. Oh. Can you hear me?

Ms. WILD. Yes. Okay, go ahead.

Mr. MALONEY. So let me break it down into its three parts. I think from USAID we are looking at this along three lenses. The first is the health, the second would be the humanitarian, and the third would be the second and third order effects, as I said in my testimony. So we have a double whammy on each of those three areas, because at the end of the day what COVID-19 has wrought is a massive risk toward backsliding, right?

So I am sure you have all seen the press reports that all of the investments that the U.S. taxpayer has put into these health systems across Africa are now at risk. People cannot access services, they are unable to move around, it can be difficult to go to your doctor, et cetera. So we need to make sure that the work that we are doing in PEPFAR, in the President's Malaria Initiative, and in our maternal/child health work, all of that can become, as I like to say, COVID-aware.

So we have been able to redirect about a little over \$100 million in all of those programs to make sure that they are able to build in COVID-aware type things, whether that is being able to procure, locally, PPE for healthcare workers or that could be making sure that there is just hand sanitizer, that there is proper communications, all of those things that we do we can to mitigate the backsliding.

But it is going to happen, it is just how much can we protect it from going back too far. So that is a key piece of the story, in addition then to all of the COVID work that we are doing in response. So that is also, I think, an important thing to note, is that the good news is that because we have invested so deeply across the continent by developing platforms like PEPFAR and PMI and deep relationships with ministries of health we have been able to pivot on a dime thousands of healthcare workers.

It was very interesting to me when talking to colleagues in Uganda where people, healthcare workers we have trained to diagnose malarial fevers can now also look to diagnose COVID-type fevers as well. So there is a lot of wonderful, deep institutional work that we are able to pivot to this crisis, so that is what I would say on the health side.

The humanitarian side is—again, things are going a little bit from bad to worse with this. So again, here it is making sure that with the very generous and, I would say, the bulk of the supplemental that has gone to our humanitarian work is making sure that we are ensuring that COVID-19 does not wreak havoc in the most vulnerable communities in Africa, so that has been a key thing. A lot of the interventions we have been doing on the sort of

classic health side apply just as much in a humanitarian setting, but then also adding food assistance as well as necessary, so that has been that key piece.

But then, finally, the part that keeps me up most at night, we can see the health issues, we can see the humanitarian issues, the other thing we can point to most directly is the democratic backsliding and the second and third order effects; that you can point to immediately. One hundred and five thousand people locked up in Zimbabwe ostensibly for breaking lockdown, it is curious that they are largely urban and so therefore mostly aligned to the opposition.

But even in democratic stalwarts like South Africa and Kenya, you are seeing heavy-handedness of police. Literally, people have died as a result of violence in the lockdown. So how do we think through that? How do we work through each of our partners wherever they are in the journey to self-reliance to develop the right responses? So empowering civil society to counter disinformation, to advocate for the most vulnerable, to work with our human rights partners as well, this is all key to do across Africa on that front.

And then, finally, related to that, the other important second and third order effect is what is happening to the economic growth trajectory that Africa had been so positively on over the past 10 years. So in particular agriculture means everything in Africa. And whether it is the global supply chain interrupting inputs, or the ability for farmers to get product to markets on the supply side, the demand side is also quite broken. Because now with lockdowns and up to 80 percent of people in the informal sectors they have no money to buy food. So you have this double whammy on the supply and demand side when it comes to the key piece of the economic engine in Africa.

So we are working very hard to think through many different types of innovative solutions to work on that supply side and the demand side. In speaking with my colleagues, one thing that has been very interesting to grapple with is, how do you think through urban food insecurity? We kind of know how to do it in the humanitarian sense, but how do you do that in a place like Khartoum, which is something we are actually thinking through right now.

So it is very multifaceted. It is lot of learning by doing, but I think we are really well-placed, now, having learned a lot over the past 3 months to keep pushing forward to mitigate the backsliding, but also to address where we are right now.

Ms. WILD. Thank you very much. I may have some followup questions after I have given everyone else an opportunity to ask questions. I am going to now call on members for questioning, starting with Mr. Smith, our ranking member.

Mr. SMITH. Thank you very much, Madam Chair.

Again, thank you for your testimonies. Let me ask you. How have important programs like PEPFAR and the President's Malaria Initiative been impacted by COVID-19? Are ARVs getting out to people who have tested HIV-positive, mother-to-child transmission, medicines, have they been in any way inhibited or delayed? The whole array of response under PEPFAR, has it in any way been delayed or even denied?

Second, on susceptibility to COVID-19 in Africa, do you see a break-out as to who is susceptible? We know what the underlying conditions are here. We know age is also a component. Is it the same there, and what are we finding with regards to that and strategies to ensure that people are as safe as possible? I know nursing homes are not as prolific in Africa as they are here, but half of all the people who died in my State were senior citizens in nursing homes. Half.

So can you also tell us what drugs, interventions, therapeutics we are either purchasing or encouraging the use of to mitigate COVID-19 as somebody does get sick? Is there a list of things? I know remdesivir is probably not available. It has saved lives in my district and throughout the country, but I am not sure how available it is there. What is available? Is hydroxychloroquine being used? I know, you know, you can look on CDC's website about how do you deal with malaria and there is hydroxychloroquine for country after country. Is it in any way being deployed there and is it having any inhibiting effect or impact on COVID-19?

WFP Director David Beasley talked about the hunger pandemic coming from breakdown of economies. But also, I—and I get back to my first concern that I raised today and that is the locusts. You might want to speak to how we need to do even more on mitigating that crisis going forward.

And also, Ambassador Nagy, you did mention bundling removal of Sudan from State Sponsor of Terrorism into the COVID supplemental. I would respectfully suggest that State Sponsor of Terrorism removal is a very complicated issue. We have members of the transitional government linked to atrocities in Darfur, and I am one of those who went to Darfur more than once, like you and so many others.

We know—I met with Bashir himself. Too bad he never went and was held for crimes against humanity at The Hague. But Hemeti is still there and there are other very, very dangerous people still in that orbit of governance. We also have settlements of claims against Sudan by victims of terrorism. Not only the USS Cole and embassy bombing, the Granville family victims, but also the 9/11 widows who seem to have been overlooked by the State Department, and I have many who live in my district.

I have worked on that issue since 9/11 itself, particularly trying to help them the day after and days after. Well, they are very upset as well. So I just—before I run out of time, I would like to yield to you for some answers.

Mr. MALONEY. Thank you, Ranking Member Smith.

So let me start with the first one in terms of what we are seeing on the ground in terms of backsliding. It is real, right? So I would say on the PEPFAR front, the main thing is that clients cannot really move like they could before, so we have been thinking very hard about how we can get to the client. So a lot of the work that has been done is training our healthcare workers, ensuring they have the right equipment and PPE to be able to go out into the field. That has been a main thing that they have been working on from that PEPFAR side.

On the malaria side, a main intervention has been developing global guidelines that can be used around the world on how to en-



sure continued implementation of bed net distribution, insecticide residual spraying, and, of course, continued diagnosis and seeking of care. I made that example earlier of the Uganda fever detectors, which is quite interesting. So all of that continues.

I think the main thing is trying to understand the dynamics. It is very unique from country to country, you know, in South Africa this is more of an urban issue; when you are out in different parts of Africa, it is more of a rural issue. So how you respond and how you pivot is very, very country-specific in terms of how that works.

The final area that is also something of big concern is when it comes to vaccine-preventable disease. There has been a lot of technical support that we are providing to various African governments to restart and also adapt their immunization service delivery strategies to figure out how do you do that in this environment. And as you have seen, there already is quite a bit of backsliding in terms of percentages of individuals getting vaccinated, so this is something we are also working on quite closely.

So again, it is this real tension between trying to mitigate what is going to be backsliding, for sure, but trying to do it in real time.

Mr. SMITH [continuing]. Getting out, you know, malaria, diphtheria, pertussis, those kind?

Mr. MALONEY. There has definitely been a big decline and this is where we are trying to work. So when I say restart strategies, they kind of—all these countries basically seized up. That is the way to think about it.

So after these lockdowns have started to lift in varying degrees just like here, it has been thinking through, Okay, how do I pivot my strategy to now either catch up, and we will see if they can or not, and it is going to be quite difficult, but again very country-specific in that regard.

In terms of the drugs purchases, I would have to defer to my global health colleagues on this, but it is important to talk about what we actually have been doing specifically in the health front. So my understanding is not primarily on drugs. It is a mixture of six things. The first is dramatically enhanced risk communication and community engagement work. So this important factor of knowing what you do not know and making sure that we are correcting misinformation is key in Africa.

Just simple things like face masks and washing your hands applies deeply. You can imagine that particularly in an urban slum environment in Africa how much that matters. Infection prevention and control, support to national lab systems, surveillance and rapid response teams, case management and, very importantly, coordination. There are many players in these games, so those have been the six areas we have been most focused on when it comes to the health response more than anything else.

You asked a really interesting question and one that I am fascinated by on the demography of this disease in Africa, why is it 715,000? Without question, we are dramatically undercounting, but there are some important things to think about. There is a fascinating study that came out, and that is why I put it in my testimony, of three important factors to think about and why it is important to think about it at a country level and not a continent level, because the experience is so different.

The first is the demography. Remember that in Africa something like 70 to 75 percent of Africa is under the age of 30, so chances are that when they get sick, it is going to be that little flu, right? And so we are not going to see that—they are not going to get tested, or they may be even asymptomatic. And this is a horrible thing to say, but when Grandma gets sick in a place like Africa, probably the last place you are going to go is your hospital, even if there is one available. So that is just dramatically going to impact your ability to even see where this disease is going overall.

The second is geography. This is a disease of global mobility. Why did South Africa get hurt first, because it is the most global of the economies. It is why the Maghreb is doing, per capita speaking, much worse than sub-Saharan Africa, because it is where the economies are.

And then the third piece is governance. You talk to President Magufuli of Tanzania, COVID disappeared on April 29th, right, and so this is very important. When you have good governance of good case testing and control like Rwanda, you can be one of the 16 countries that can fly back to the E.U. That is Rwanda right now, right?

But right next door in Burundi, the President, who arguably may have been the first Head of State to die of COVID-19, denied it until the very end. Right next door. So it is really important to think through these different dynamics, because there is no one-size-fits-all because it is playing out so dramatically differently country to country.

Finally, just to address your question on locusts, sir, obviously this is something we have been focusing very closely on, and in particular with my colleagues in the Bureau of Humanitarian Affairs, who are, of course, the ones in charge of this at the agency. As I know Acting Administrator Barsa spoke to you last week about the use of the \$20 million, in my opinion, helped us dodge a real bullet, making sure that we were able to provide the critical equipment at the right time and place, aircraft, vehicles, pre-positioning as needed, et cetera.

The estimates I have seen is that it has been able to avert a loss of almost one million metric tons of food. An important thing to flag, though, is that in that part of the world it is very, very localized and also a moving target, which makes it very scary. But so far to date, only about—only is a terrible thing to say—only about a million people have been directly impacted by the locusts from a food security angle. As you said before though, 26 million surrounding those people are victims of drought, conflict, and other issues.

So food insecurity, writ large, remains a tremendous problem; locusts are the exacerbator. Where they go next is the big question, and I think we dodged a bullet in the spring. We need to make sure that as the rainy season comes in—Assistant Secretary Nagy knows this part of the world much better than I, having served over there, but Ethiopia and Sudan how this plays out, that is where we think the locusts are going next.

It is working closely with the inter-agency, working closely with FAO to make sure that we are moving the right pieces of equip-

ment to the right places, should this take off yet again. So I will leave it at that.

Mr. NAGY. May I have—mention the SST? Because, sir, you absolutely brought up some of the complicating factors in SST rescission because we have to recognize the rights of the victims at the same time as pursuing SST. That is why I think our Special Envoy, Don Booth, has been giving a number of consultations with staff, with members who are interested, because we recognize that this has to be done right. They cannot be done in a vacuum.

So absolutely, I mean, that is our primary concern is the victims. So absolutely. It is very complicated.

Mr. SMITH. Thank you very much, Madam Chair.

Ms. WILD. Thank you, Mr. Smith.

I will now recognize members by committee seniority, alternating between Democrats and Republicans. As we usually do in the subcommittee, I would like to ask that everyone stick to the 5-minutes, and then we will go for a second round of questioning. Thank you.

Mr. Phillips, you are recognized for 5 minutes.

Mr. PHILLIPS. Thank you, Madam Chair. And greetings and gratitude to both our witnesses.

Last week, I had the opportunity to speak with Acting Administrator of USAID John Barsa and we spoke about one of my passions, the Local Works Program, which advances locally led development in countries all around the world. And I love this program because I believe it highlights many of ours, including the administration's priority of achieving self-reliance, which I know you played an integral role in developing, Mr. Maloney.

So my question is to you, and you have touched on some of this already, but how is COVID-19 changing the way that USAID delivers assistance, and given the specific challenge and difficulties of travel for U.S. officials, you know, how are you working to give more responsibility and ownership to local entities including local NGO's?

Mr. MALONEY. Thank you very much for that question. I am always pleased to meet other followers of the Journey to Self-Reliance, something that is very near and dear to my heart. As former-Administrator Green used to say, ending the need for foreign assistance begins with local solutions and local works, right? So this has been a key piece of our response including even in a time of COVID.

So a couple of things I would say, obviously the world is much more complicated because of movement issues around the continent, but in many ways I would argue that our local partners that are therefore, almost, more important, in the sense that they are the ones who are able to get out, sometimes more than our traditional players are able to. These are the ones who know the local situations far better than others, and so we have been doing all we can to make sure that they are a key piece of this story.

An interesting piece of this, I would say, certainly would be on the Prosper Africa front. So you heard me mention earlier this rapid response on COVID-19 that we have out of our West Africa trade hub. Many of those applicants are small, African-owned SMEs. We have been able to work with them to do things like pivot to production of local PPE. We have been able to work with them

to get bridge capital, bridge loans, to be able to keep workers employed, things like that. So they are also a part of the story.

So it is not just a supply and response angle, it is also making sure that we are also thinking through that demand piece as well. So I would say that is a core piece of what we have been working on, certainly from the local solutions front. Thank you.

Mr. PHILLIPS. All right, very good. And I happen to be a small business owner myself. I love ingenuity. I love innovation and creative spirit. I am hearing some great stories across—all over the world, students finding ways to wash your hands without touching any surfaces and fashion designers producing masks en masse, cosmetic companies making hand sanitizers, and many of these opportunities possible because grantors have been giving their grantees flexibility in their contracts, creating alternative products to help address the pandemic, while still generating revenue to keep the local entrepreneurs in business.

So my question is, you know, what is USAID doing to ensure that its grant programs are affording this kind of flexibility and how is USAID supporting partners on the ground to ensure that products like these are able to adjust and navigate these new realities?

Mr. MALONEY. Thanks for that question. A couple things I would say, I mean it goes back, I think, first, we said before is how important, particularly from an SME front we are making sure that when we have pretty flexible mechanisms, like for example that request that we had out of the West Africa trade hub that allows us to have the degree of flexibility to provide the bespoke support that a given SME might need. So that would be something I would say is sort of at one angle.

At the other side of the story though is, I think we have been able to find pretty good flexibility in everything from our Feed the Future work and others to make sure that through redirections we can make sure that we can help make any intervention, whatever that might be, whether that is through what a SME might be doing or a local faith-based partner we are working with on any sort of delivery mechanism that we have going on, they can pivot their response in a COVID-aware way. And that can be in different forms. I am happy to get back to you with some specific examples. I do not have many off the top of my tongue, but I know they are out there. But that has been a key piece of the story as well.

One final thing I will also say, which I neglected to mention before, is just how important our local partners have been in the monitoring and evaluation standpoint. We have worked very hard, because they are the ones who are still out there, to think through very different types and innovative ways of doing the monitoring and evaluation of the work. So whether that is through mobile telephony, really thinking through different ways of trying to find the right types of indicators in these very constrained environments, they have been critical thought partners on that side as well. So I just wanted to put that point out there too. Thank you.

Mr. PHILLIPS. All right. I appreciate it. Thank you, Mr. Maloney. And I will yield the balance of my time.

Ms. WILD. Thank you, Mr. Phillips.

Mr. Wright, you are recognized for 5 minutes.

Mr. WRIGHT. Thank you, Madam Chair. And I want to thank both of the witnesses today for their testimony.

My questions have to do with Cameroon. As both of you know, Cameroon's government and the Anglophone have been in conflict for some time. It is my understanding that much of the fighting continues, despite the fact that there has been over 16,000 confirmed COVID cases and 382 deaths due to COVID in that region.

My first question, Mr. Ambassador, do you have any insight as to whether the Anglophone region is being hit disproportionately hard by COVID-19 and to what extent the government is being helpful in containing the coronavirus in this region?

Mr. NAGY. Unfortunately, sir, because of the lack of government and NGO presence in much of the northwest and the southwest, it is an area of ignorance for us when it comes to the statistics. We cannot be sure. We can make assumptions, but we certainly cannot be sure of what exactly is happening there with the COVID numbers.

As is true for so much of Africa, you look at some of the numbers and the rates and they just make no sense whatsoever, from a statistical point of view. And it is even doubly so in areas of conflict, such as the Anglophone zones of Cameroon, unfortunately. As I have said many times before this committee, Cameroon is one of the countries that keeps me up at night every night.

Mr. WRIGHT. I understand.

Mr. MALONEY. And I would just echo everything that the Assistant Secretary said. My understanding is that there is some very limited PEPFAR and PMI programming in the Anglophone parts of Cameroon, but because of the unrest we have had to step back quite a bit from that part as well. My understanding is there may be some limited DRL and CSO programming, but I would defer to the Assistant Secretary on that. And there is some humanitarian emergency food and preventive health work that has been done, but that would pre-date COVID.

So everything that the Assistant Secretary said is definitely true from the USAID standpoint as well. Our ability to operate in that part is quite difficult. But overall, of course, we have about 18 million in Cameroon right now in health and humanitarian assistance, and we could certainly get back to you on where that actually is going.

Mr. WRIGHT. Actually, my next question was going to be for you, Mr. Maloney, and it has to do with that very thing. And that is having to do with, how do we ensure that some of that 18 million is actually getting into the Anglophone region? Is there any way we can ensure that that happens?

Mr. MALONEY. It is difficult and it is challenging. It is definitely a conversation that I think we should have with Ambassador Barlerin. I mean this is something that the Assistant Secretary and I would talk about all the time in given countries when we have issues like this. So this is something I think we can definitely take back and first just get a better understanding of where things are geographically in Cameroon right now with that supplemental and we can then revert back on any sort of next steps out of that.

But, Assistant Secretary?

Mr. NAGY. Yes. If I may add, anything having to do with Cameroon has to be overlaid with the problem of the conflict that is going on. For example, now the Cameroonian government is talking about a new U.N. development program for the northwest and the southwest. Unfortunately, there is just no way to, No. 1, implement that and the Cameroonian government seems to forget that the No. 1 desire of the people of the northwest and the southwest is to have a say over their own affairs.

It is one thing to talk about development, but at the heart of it is their keen desire to have control over their own lives. And until the Cameroonian government understands that, all these plans are going to come and they are not going to succeed.

Mr. WRIGHT. I agree with that. Thank you. And I yield back the remainder of my time.

Ms. WILD. Thank you, Mr. Wright.

Mr. Burchett, you are recognized for 5 minutes.

Mr. BURCHETT. Thank you, Chairlady. I appreciate it.

And tell me how to say your name. Is it Nagy, or how do you say your name?

What?

Mr. NAGY. Tibor.

Mr. BURCHETT. Tibor?

Mr. NAGY. Tibor, my first name.

Mr. BURCHETT. Okay. Well, I will just call you T. How about that? You can call me Tim. How about that? That is what everybody else calls me.

I got you, Mr. Maloney. We are good.

You know, as a young man—I probably told the committee this before. But as a young man, I remember missionaries coming into our church when AIDS was just coming out and getting vicious as it was, I mean I lost friends in Knoxville, Tennessee from AIDS. But they were talking about whole languages were getting wiped out and, you know, it is just hard for me to even fathom that as just seeing, you know, like if you put that map over Tennessee and just taking counties out.

And, of course, now with COVID, it just seems history is repeating itself because we do not know what is going on. We get in there and then, of course, the Chinese Communists, who are the most miserable—I do not know, them or the Russians right now in my book are one and two. I am not sure which is which, but it disgusts me that the communists are taking full advantage of this, which they are, and that is in line with what my questions are.

That was not a prepared statement. That was just something that—from the heart, right there.

I know that in 2015, the U.S. worked with the African Union to establish the African Center for Disease Control, and China is reportedly planning to fund and construct the headquarters in Addis Ababa. Did I say that right? I think I got it, with my east Tennessee accent. They similarly constructed the A.U. headquarters, which was reportedly bugged and the servers were hacked. And how can the U.S. push back on this effort, by China, to ensure the security of the African CDC?

Mr. NAGY. Yes, sir. We are absolutely seized with that issue. It would be an unmitigated disaster for the Chinese to build the Afri-

ca permanent CDC anywhere, and that decision has not yet been made, actually, as to where the Africa CDC is going to be permanently. That is a decision that should be left to the member States of the African Union, not a committee of the African Union.

So I understand that a number of African States are very interested in pursuing that. There will be an executive meeting coming up in a couple of months of the African Union and I expect that some of the member States will be asking for that to be put on the calendar, because there are a number of the member States who are also quite concerned about that, based exactly what you said, sir, about the public reports of what happens to the data that goes currently through the African Union.

Mr. BURCHETT. Yes, it just strikes me, again this is not in my notes, just how heartless they are and just their ambition for world domination. I mean it is just, you know, after the Second World War my dad fought in the Pacific, fought the Japanese all the way across and then he had to go to China. It is not written much, but he went to China and fought the communists for a while.

And they have been at it, dad-gum, they have been at it for a long time and they just continue. And I think it kind of disgusts me when we get sidetracked with what is going on in the world because the Chinese, they are after us and everywhere they go. Belt and Road, I mean, you know, I do not believe they are ever going to take over Israel, but they built their deep port there, for goodness' sakes. I mean, you know, it is just amazing that we get so diverted in this country.

Let's see, I have a minute and 14. Let me go real quick to the—how is the U.S. messaging and pushing back on China in their influence campaign specifically in the sub-Saharan Africa, because in the last 20 years we have provided about \$59 billion—with a B—to sub-Saharan Africa to combat the infectious diseases and strengthen health systems.

Mr. NAGY. Well, you have hit one of my favorite subjects and I am sorry I do not have very much time to talk about China and Africa because—but I will make it very short. I think China gets hutzpah of the year on their pretend response on COVID. It is like in the African context, it is like—

Mr. BURCHETT. Hutzpah. That is not an east Tennessee term, so.

Mr. NAGY. No. It is not Hungarian either.

Ms. WILD. I will explain it later.

Mr. BURCHETT. Ma'am. Okay, thank you. I think I got it.

Mr. NAGY. But the example, the African context is the guy who shows up in the morning and sets the village on fire and then shows up in the afternoon with a bucket of water and wants to get credit for putting it out.

Mr. BURCHETT. Yes.

Mr. NAGY. You know. And we have spent, as I said and what we both said in our introductory remarks, I think a hundred billion dollars on African health systems in 20 years and now, all of a sudden, China wants to come in with some PPE equipment, much of which does not work, and all of a sudden become the savior.

Mr. BURCHETT. Yes, they want to go get their prize.

Mr. NAGY. Like I said, hutzpah of the year.

Mr. BURCHETT. Okay. Well, they get my dirtbag of the year award, so you do not have to look that up.

Sorry, Mr. Maloney. I did not have nothing for you, brother, but.

Ms. WILD. Yep. You will get a second round, Mr. Burchett, if you want it.

Mr. BURCHETT. Yes, ma'am. It's just Tim. Thank you, Chairlady, and thank you everybody for your indulgence for my questions.

Ms. WILD. Thank you, Mr. Burchett.

Mr. Sherman, you are recognized for 5 minutes.

Mr. SHERMAN. First, I want to thank the chair for allowing me to participate although I am a member of the full committee, I am not a member of this particular subcommittee.

We are spending trillions to deal with COVID. I would think it would make sense for us to spend 1 percent of that on our worldwide response, and I think it is very important to our worldwide response that we also fund research. Less than one-quarter of 1 percent of our COVID money has gone to research cures or the nature of the disease. And, obviously, what we do in research helps the United States, Africa, and the world.

There is one area where I think the Republican bill just put forward this week may be better than the HEROES Act. The HEROES Act decided to focus exclusively on domestic aspects of this COVID crisis. The Senate package provides three billion dollars for global health programs, including GAVI, and one billion for international disaster assistance. And this is, of course, a disaster. We have seen a 135 percent jump in world—in food insecurity in West and Central Africa, a 90 percent increase in southern Africa.

I realize the administration does not always walk in lockstep with the majority in the Senate, but this would be a nice time to do so. Does the administration support the three billion and the one billion for our international response to COVID? And if it is not an official, can you just say nice things about it without being official if you are not allowed to be official? Do as much as you are allowed to do.

Mr. MALONEY. I would have to get back to you on that, sir.

Mr. SHERMAN. That is the best you can do?

Mr. NAGY. And also I do not know that issue. I would have to get back to you.

Mr. SHERMAN. Okay. I was in Steny Hoyer's office yesterday urging that the Democrats embrace this part of the Senate proposal. I will point out that in the House Foreign Ops bill we have substantial money to deal with COVID internationally, but that bill is not going to become law. It is supposed to become law by September 30th. We know it is not going to become law until December or January.

And I will not even ask the question. Do we have to respond to this issue now in Africa, or is waiting until January a good idea?

Mr. MALONEY. It obviously goes without saying it is—

Mr. SHERMAN. I am known for asking the tough questions.

Mr. MALONEY. I appreciate it. The answer is the needs are tremendous and the resources as generous as they have been are still far short of what Africa needs.

Mr. SHERMAN. Okay.



Mr. MALONEY. The backsliding is huge, well beyond the capacity of even the United States with a gigantic bill, and so our ability to continue to mitigate the backsliding whether that is in the health, the humanitarian, or the second order or third fronts is key.

One thing to just going over to Congressman Burchett's remarks—

Mr. SHERMAN. If I can reclaim my time.

Acting Administrator Maloney, in your written testimony you highlight the success that we have had with PEPFAR and the President's Malaria Initiative. You put together your budget or the administration put together its budget before the dimensions of this COVID crisis was known and suggested a 34 percent reduction in global health programs.

Now that we see that what happens there affects us here, and now that we see how terrible COVID is affecting there and here, do you think we should cut PEPFAR and the Malaria Initiative and other global health programs by 34 percent?

Mr. MALONEY. As I said, the needs in Africa are great and they are well beyond just the capacity of the United States. It is key to think through burden sharing, our other donors and also what our African partners can do, and so I think that is a key piece of the story. Certainly, as USAID, we commit to doing as best we can with whatever is generously appropriated to us in this response.

Mr. SHERMAN. And I do want to point out that many of our allies are providing a much higher percentage of their GDP to aid, development aid for Africa and disaster aid to Africa and health aid Africa than we are.

Ambassador Nagy, did you have any comment?

Mr. NAGY. Yes, sir. If I could just add one point. One of the considerations we always have to think about in Africa also is the absorptive capacity of various countries because some countries can use that money efficiently, others, obviously, cannot. And I know that that is one of the considerations that went into the formulation of the individual country grants for COVID because as much as it would be wonderful to just be able to throw money at a problem in some countries, we throw money at it and a lot of the percentage is going to end up in the pocket of somebody as opposed to where it should go. Unfortunately.

Mr. SHERMAN. And I would point out that the disaster relief in the World Food Program, which I think has done a good job in general, makes sense. This COVID crisis is making millions of people hungry and perhaps starving, and I do not think there is any doubt that the World Food Program can use that billion dollars effectively.

And I yield back.

Ms. WILD. Apologies for the oversight, Representative Houlahan, who is a member of the subcommittee, I now recognize you for 5 minutes.

Ms. HOULAHAN. Not a problem and thank you, Madam Chair. My questions actually follow along Mr. Sherman's questions pretty nicely.

As we all know, the United States is not alone in fighting this pandemic and so long as the virus does remain a threat in one cor-

ner of the world it remains a threat to all of us. And I was disappointed to see that the HEROES Act, which we passed in May, did not include any foreign assistance or funding which is crucial in fighting this pandemic and I am hopeful that the Senate version does include some foreign assistance. But it is not enough, in my opinion, and so we do not have to have the conversation necessarily about whether you are for or against it.

But I would like to know, assuming that we should have a foreign assistance response and a large one, what are the most important international assistance programs for which we should provide emergency supplemental funding in an effort to be able to support COVID response globally and in Africa specifically? And I leave that to either of you gentlemen to help me answer.

Mr. MALONEY. And, sorry. Just to clarify, which of the—are you asking specifically about international organizations?

Ms. HOULAHAN. Exactly, assuming that there were funding that were decided upon wisely by both the House and the Senate in a very short amount of time.

Mr. MALONEY. Exactly. So, first, I would say, I would want to get back to you to be very specific to make sure I am not giving you an incorrect answer. But I would look again very clearly at who our key partners have been along the three lines of work, so that again begins with PEPFAR, PMI, and those backsliding issues. I think WFP, particularly when we are looking at what is going on in the food insecurity piece, they are a crucial partner and they have been thinking out of the box with us in particularly this urban food insecurity space which has been quite important.

Also, of course, Red Cross and UNICEF, crucial partners, and particularly since in numerous cases around Africa we are having to do interventions in places where we do not traditionally work. A lot of the smaller States where we do not have a presence, UNICEF in particular has been a critical partner for us too. So again, I would say it is parts of the United Nations, certainly WFP, FAO when we are talking about the locusts as well, all key with us.

Ms. HOULAHAN. And going back to Mr. Sherman's line of questioning, you know, I think one of the frustrations as a new member of this body that I have is that help us help you. We need you to be able to articulate that you need help and that dollars matter and that funding matters. And it is very frustrating to sit here in my capacity and my position and have you not be able to answer whether help would be helpful and that is a little bit constricting.

Mr. MALONEY. The help is definitely helpful. I just want to make sure we are giving you the very specific results.

Ms. HOULAHAN. No, I appreciate that. And I will move on to my second question. Obviously, one of the most important pieces of our COVID response is the vaccine development, and I am definitely disappointed that this administration has started the process to withdraw from the WHO or the World Health Organization and we are declining to participate in many international efforts to coordinate vaccine development, production, and distribution.

So as we are making progress on our COVID-19 vaccine response and others around the world are as well, what do you view as the greatest barriers to equitable vaccine distribution and access

across sub-Saharan Africa and how can we build on programs that you just mentioned like PEPFAR as we prepare for a vaccine?

Mr. MALONEY. The good news is that we have, and we have shown through our COVID response, very strong platforms that can be leveraged for things like vaccines. So when it comes to supply chain, I would argue that the U.S. gets it more than many other players in the African health space, so I think leveraging those platforms will be key.

I would have to defer to my global health colleagues specifically on the nature of how and then when and if we get a vaccine how that would work in the African context. But, certainly, watching what has happened in terms of how we have been able to pivot these platforms for COVID and how well that has worked particularly under the circumstances, I think, gives me a lot of hope for when we get to that point.

Ms. HOULAHAN. Ambassador, do you have anything to add to that?

Mr. NAGY. Just to add to what Chris said earlier that Africa in many respects is a continent of paradoxes. You know, you have such a very young population, but because of the illnesses that most people have they are still very vulnerable. On the other hand, we have some very underdeveloped health systems in some countries, but some of those countries have done a phenomenal job on Ebola, for example, response.

So they have the systems in place where logically they might not, but they will when it comes to something like that. So as Chris said earlier, I think it is very much a country by country analysis based on lots of factors, for example, the political systems, the availability of local NGO's, conflict zones, so it will take careful analysis to make those determinations.

Ms. HOULAHAN. Thank you.

And I know I only have 15 seconds. May I ask one more quick question?

Ms. WILD. Take your time, Representative.

Ms. HOULAHAN. Okay.

Ms. WILD. We are going to do a second round and you can just go ahead and use yours now.

Ms. HOULAHAN. Thank you. I will quickly ask this one.

I used to run a nonprofit that focused on early childhood literacy and had a very strong parental engagement component to it. And we have definitely seen here in the United States that parents are struggling with children being out of school during the pandemic, and I am very concerned not just here in the United States but also in the global south that we are going to lose a generation of kids who are not going to be able to achieve basic education because schools are closed.

So I was wondering if you could provide an overview of existing USAID efforts to address the learning loss that is inevitably happening in sub-Saharan Africa and specifically that loss for girls and other disadvantaged populations.

Mr. MALONEY. Thank you for that. So my understanding right now, I just wanted to get you the specific number, is that the pandemic has pushed about 279 million learners out of schools across the continent just to give you a sense of the scale. We were talking

earlier about the redirections that we have been able to do with current funding and in education, a large amount of that focus has been thinking through how to work both with Ministries of Education and our local partners who are doing education on how distance learning works in a given country.

Now in the United States we have the beauty of this technology. When we are out in the middle of South Sudan we do not. So how do we think through that? It has been really interesting to engage with my mission director in Juba. We have been working on television and radio. We have been doing the same thing in DRC.

So even in some of the most challenging environments that we are in, we have been able to pivot and develop curricula to at least again mitigate the backsliding. It is going to be no substitute for actual in-person teaching, so there is a lot of thinking going on. There has been some pivoting going on. The work continues, to be frank.

In terms of getting at the specifics in terms of how this is disproportionately impacting girls, it almost certainly is, but I would like to get back to you with the specific statistics.

Ms. HOULAHAN. I would very much appreciate that and very much like to be helpful in assisting in that area.

In my last few minutes, I will ask one last question. So as you know, I have been working with my Republican colleagues, two of them, on introducing the Women's Global Development and Prosperity Act. It is an important initiative started by this administration to support women in developing economies.

How have your agencies been able to make use of the WGDP initiative to support COVID response efforts? More specifically, how is the U.S. Government leveraging women entrepreneurs in its COVID response in Africa?

Mr. MALONEY. Sure. And I will get back to you with some even more specific examples, but I can think of off the top of my head, I believe, Kenya and Ghana. There is a couple of others, one also we have just seen in Cape Town of working with women-owned SMEs particularly on pivoting small-scale SME production of face masks.

It does not sound like much—it is critical. Absolutely critical. You know, from hand washing to face masks, that is really what is going to stop the spread, particularly in the urban slum environment, so that has been a key piece of the story. Also, of course, just the broad work of what WGDP does in terms of removing legal, cultural, and regulatory barriers. That is the lens through which all of our support that is being done in the SME space is being thought through.

And so again, it does not matter which sector we are talking about, those are the lenses that we will be looking through when we are looking at project design. But I will have to get you some more stories that we have from the continent in that space.

Mr. NAGY. May I add something on the State Department side? For State, one of the programs I mention in my remarks is the Young African Leaders Initiative and their very large network now in Africa of young leaders. That has a very heavy focus on making sure of large participation of women, and many of them now are in leadership positions on various COVID response projects from

the village level to entrepreneurs to leadership. So they are very, very much involved in that.

Ms. HOULAHAN. Thank you, gentlemen.

And I yield back the balance of my time and thank you, Chairwoman.

Ms. WILD. Thank you, Representative Houlahan.

I am going to hold my second round until after the other members have had the opportunity to ask their questions.

Representative Phillips, do you have a second round of questions that you would like to ask?

Mr. PHILLIPS. Yes. Thank you, Madam Chair.

I would like to direct my questions relative to elections. I am concerned about the status of elections in many countries around the world. In Mali, the government chose to hold long-delayed elections in late March and early April. Many voters stayed away from the polls not just due to violence, but also due to fears of the coronavirus.

Just before the elections, extremists kidnapped an opposition leader in the north of the country. And while the ruling government did quite well in the elections, protests have erupted in recent weeks as thousands have now taken to the streets calling for the President's resignation amid corruption scandals and lack of response to the kidnapping about which we are all aware.

So as we look forward, there are a lot of countries with upcoming elections—Niger, Cote d'Ivoire. The government of Burkina Faso suggested moving their November election to 2021, as our President may have suggested today. Elections in Ethiopia slated for the end of August have been postponed and have yet to be rescheduled. There is a lot of concern and I trust we all share it as free and fair and safe elections are integral to our mission, the United States of America, something that we have to commit to both domestically and internationally.

So my question to you, Ambassador Nagy, is quite simple. You know, what are we as the U.S. Government doing specifically, and the State Department more specifically, to support the efforts around the world to support free, fair, and safe elections?

Mr. NAGY. Super question, thank you so much. That is one of the key elements that we have asked each of our embassies in—around Africa to look at because as you mentioned, sir, there are quite a long list of very important elections coming up. And obviously, again, this is highly dependent on local circumstances.

Obviously, some governments will be trying to use COVID to delay elections unnecessarily or unreasonably, while others very justifiably may have to let them slip by a couple of months or 6 months so that they can have an environment that is conducive to credible elections.

Our Ambassadors are very much seized with this very issue. They are providing reporting analysis. They are engaging with their host governments whenever something appears unreasonable, and they are working very closely with their USAID missions to devise the kind of programs that would be supportive for elections in that particular circumstance.

One just came up within the last week when the very dynamic Somali Prime Minister was dismissed by the National Assembly be-

cause he had been very energized in trying to come to a national consensus on the type of elections to be held. So we are looking very carefully to make sure that those elections now are not unreasonably delayed with an excuse that—of the Prime Minister's departure.

So that, as you said, sir, it is very much a concern all around the continent and you can be assured that our embassies and Ambassadors especially are very seized with that issue.

Mr. PHILLIPS. I am glad to hear that, Mr. Ambassador. And if you could just also share with me what type of cooperation are you seeing from the international community, in particular our allies with shared interests?

Mr. NAGY. Excellent question also. It just so happens that last week I had a Quad meeting, you know, over—like this, video, with my British colleague, the United Nations, and the European Union having to do with Somalia. And we engage very heavily with the like-minded groups because what did we say, in unity there is strength?

Mr. PHILLIPS. Yes.

Mr. NAGY. So, you know, the international community at least part of it is very much seized with making sure that we have credible elections.

Mr. PHILLIPS. Okay, thank you, sir.

With my remaining time, I would like to just address misinformation. I do not think it has been covered yet. There is a lot of anecdotal evidence that suggests fake news and other misinformation is confusing people around the world. I know there is a report, a journalist in Burkina Faso said that many people he spoke with advised him that they did not think coronavirus affected Africans.

So both to you, Mr. Ambassador and Mr. Maloney, if we have a moment, how is the State Department and USAID responding to such disinformation?

Mr. NAGY. I will talk on the State side and leave it to Chris to talk about the USAID. Our Ambassadors, actually, have been very much in the forefront on going out on Twitter, Facebook, local TV, writing local articles about some of the correct practices. I remember when the pandemic first started a number of our Ambassadors became TV stars for being filmed washing their hands, the appropriate way to wash their hands.

So absolutely, sir, there is a lot of misinformation, but our missions through our public affairs offices and as I said many chiefs of missions are put to rest some of that misinformation.

And, Chris, anything for you?

Mr. MALONEY. Very, very quickly. We have two programs using the COVID supplemental, one in Littoral Africa in a number of States and another across the Sahel, where we have noticed this disinformation issue on COVID-19 to be particularly profound, that are working with local radio stations and local civil society groups specifically on this issue. Muslims do not get COVID-19 has been a message we have seen in different parts of Sahel, things like that.

Mr. PHILLIPS. Yes.

Mr. MALONEY. So that is something we are definitely working on right now.

Mr. PHILLIPS. Okay, gentlemen. Thank you both very much for your time. I am grateful. I yield back.

Ms. WILD. Thank you, Mr. Phillips.

Mr. Sherman, do you have a second round?

Mr. SHERMAN. I do and thank you so much for going last. As chair you could go first.

And, of course, the President of Madagascar was touting a particular local drink as a cure. I assume, Ambassador Nagy, we did what we could to respond to that?

Mr. NAGY. We did. Absolutely.

Mr. SHERMAN. Mr. Nagy, the most recent statistics in sub-Saharan Africa show that 60, almost 63 of the cases, 57 percent of the deaths, are all taking place in one country and that is the Union of South Africa. Is that because South Africa has really been hit harder, or is that because that is the country that is doing the testing, reporting the information—is COVID a big problem in the countries other than Union of South Africa?

Mr. NAGY. Absolutely. Thank you very much for pointing that out. Yes. As was said several times, South Africa is showing up on the statistics with having more than half the cases. That is because they are doing extensive testing. They have a developed world health system, although they still have some developing world vestiges left over from the long period of apartheid so that is why it is such a mixed bag there.

But then you look at other countries, South Africa is what, I think it is about 60 million people and you look at the number of cases, then you look at a country like Nigeria with 200 million people and the COVID cases are infinitesimal compared to that.

Mr. SHERMAN. Yes. So I mean to look at the statistics that have been reported, roughly 8 percent of ten thousand so that is less than a thousand—

Mr. NAGY. Yes.

Mr. SHERMAN [continuing]. Deaths in Nigeria.

Mr. NAGY. Yes.

Mr. SHERMAN. Would you believe there have been less than a thousand deaths in Nigeria?

Mr. NAGY. No. Absolutely not. It is a matter of, you know, people are dying. Unfortunately, in Africa people die quite frequently from serious diseases. But people die and the cause of death is not necessarily—

Mr. SHERMAN. So—

Mr. NAGY. Yes, sir. Absolutely.

Mr. SHERMAN. We in Congress want to reflect our values in the appropriations but we are not the experts at the program level. On the other hand, you work for an administration that may or may not share our values, may not have an official position. Can you provide us with some what-if guidance, like if you are hell-bent on spending five billion dollars to help the world, the underdeveloped world, deal with COVID, here are the programs? Could you perhaps give us percentages if not dollar amounts?

Clearly, the administration wants us to spend at least ten dollars on this so we could divvy up. What guidance can you provide us officially unofficially so that when we reflect our values and provide

the money, we give you the flexibility and the allocations that make sense?

Yes, what percentage, if we are trying to help Africa and the rest of the global south, what percentage would go to which programs if the focus here is on the health problems and the food security problems caused by COVID?

Mr. MALONEY. So if we look at the way the current moneys have been split in Africa, and again the numbers sort of change a little bit by the day as things get obligated, but, roughly, right now, I would say it is about two-thirds on the humanitarian front, about 10 percent is in the second and third order effects fronts, and the remainder is—

Mr. SHERMAN. Ten percent is in the what?

Mr. MALONEY. In the second and third order effects, so things like democratic backsliding and economic support.

Mr. SHERMAN. Okay.

Mr. MALONEY. Things like that. And then the rest is global health, so about 20 percent, a little less.

Mr. SHERMAN. So considerably less on global health than on humanitarian.

Mr. MALONEY. That is correct.

Mr. SHERMAN. Whereas, the Senate proposal is three billion for global health and one billion for international disaster assistance. That is a different ratio than what you would suggest?

Mr. MALONEY. The only thing I would say is that humanitarian work is incredibly expensive and it is not going to be getting better anytime soon. So it is important to understand operationally what is behind those proportions, so that is why it is a little bit tricky to speak strictly in proportions in terms of what is going behind those figures.

I would say that in my opinion the economic support piece that right now is at about 10 percent is, certainly, in the African context, too small, so proportionately I would think there should be more in that space. We have talked about that before.

Mr. SHERMAN. More for economic support.

Mr. MALONEY. That is correct.

Mr. SHERMAN. Global health and humanitarian and second order. Give me percentages for those four.

Mr. MALONEY. Exactly.

Mr. SHERMAN. Please give me percentages.

Mr. MALONEY. Oh. Again, this is off of my top of my head.

Mr. SHERMAN. We could only be talking about ten dollars. Okay, go ahead.

Mr. MALONEY. The need here is great, right. So I think as we look forward I do not think the humanitarian or the health issues are going to be going anywhere anytime soon, so just as much is needed in those spaces as elsewhere and we take what we can have and we can maximize that accordingly. Ten to fifteen, 20 percent more on the economic growth front, I think that would be useful.

Mr. SHERMAN. Okay.

Mr. MALONEY. But that of course comes in tradeoffs, right? We are going to have tradeoffs in a world of fixed resources. I understand that. But if I look at where—

Mr. SHERMAN. Health?



Mr. MALONEY [continuing]. COVID-19 is—health, again I would put that at least at that same proportion, 20 percent. And so again, you would see reductions more on the humanitarian—

Mr. SHERMAN. Humanitarian?

Mr. MALONEY. And that is where I would take the cuts.

But again, that is—

Mr. SHERMAN. You mean spend less on humanitarian?

Mr. MALONEY. This is what I mean by tradeoffs. So in terms of where we see things going—

Mr. SHERMAN. OK.

Mr. MALONEY [continuing]. More than anything else. At the end of the day though, again those I do not want to see as official figures, I am just simply talking about a reportioning of where we are at a very, very high level.

But if I look forward in terms of where COVID-19 is going in Africa, it is—

Mr. SHERMAN. I will give you a call.

I yield back.

Mr. MALONEY. All right, thanks.

Ms. WILD. Mr. Sherman thinks I was being magnanimous, but I do not often get the opportunity to wield the gavel so I am going to take full advantage and actually ask the questions that I normally do not have time to ask.

But I would like to start with just—do not even put your mask back on, Mr. Maloney. If you could just finish that thought that you had that you were expressing with Mr. Sherman about where we are going with COVID in Africa.

Mr. MALONEY. So I am just going to go back to my testimony and that is where we do not know what we do not know. We know certain countries are getting hurt very hard. Just following up on that South Africa comment, I think it is important. South Africa got hit worse than everyone else because of what it is, right. It is the most globally exposed, it has an older population and it has the ability to test, so it is a mix.

Are we going to see a—it is not a second wave—are we going to see the wave just pitch later elsewhere in Africa? We do not know. We need to be prepared, but I do think that we are seeing signs that pieces of the continent may have dodged a bullet if they are able to keep things under control. I am very worried about—I think it is more about pivoting as the wave recedes in South Africa to where it is going to pick up, which is primarily Littoral, West Africa, so Cote d'Ivoire, Ghana, Nigeria, that area.

If we can keep everything else under control though, what really keeps me up at night are the second and third order effects and to some degree the humanitarian effects, because the humanitarian issues are always going to be there. The food insecurity is going to be there. But at the end of the day, it is the global economy as we saw today in the report to the United States that is going to hit Africa really, really hard.

So global supply chains are broken. Farmers cannot get their inputs. Farmers cannot get products to market. The urban poor cannot buy their products. So the food insecurity piece is very real. I saw a report yesterday that said 70 percent of households in Afri-

ca—this was specific to a Nigerian survey—are reporting income losses.

So when you mix all of that together, the real thing that we are going to see over the six to 12 months is a profound economic crisis, right. And so how that plays out, what those right issues are, that is what we are going to have to start thinking through which is a little bit different than sort of the classic health piece that we have been doing to date.

So again, it is hard for me to recalibrate the proportions so specifically only to say that, you know, and Tibor and I worked very closely on this, when we were looking at the proposals coming from the field in the second and third order space there are an amazing amount of ideas, but not enough funding for them. And that is where I think a lot of the long-term issues are going to come from.

Ms. WILD. Thank you. Before I get to my next question, go ahead, Ambassador.

Mr. NAGY. Can I answer that? With the secondary effects there are other things that very few people talk or think about. The large increase in violence against women, you know, a huge problem, but again not often talked about. So many African countries count on tourism for large portions of their gross domestic product. Tourists are not coming. The people who are engaged in tourism at these national parks are losing their livelihood. So what happens then? They start poaching animals.

And because we know there is a market for ivory and pangolin scales and things, so those could again become embedded in the systems. And we have spent such efforts to get that out of there, to get people to be park rangers instead of poachers, but they can revert very quickly. So there are a whole lot of these secondary cases.

More than official statistics, one of the things I am depending on to kind of get a sense of where countries are, our embassies overseas follow a phase system kind of like we did here, you know, phase 0 to phase 3 is normal, and in Africa right now about a third of our embassies are still in phase 0. About half now have gone to phase 1 and about a handful are phase 2. So our embassies take a really good look at the local circumstances and make their recommendations based on that.

So I look at that a lot more credibly than some of the statistics coming out like, you know, Tanzania stopped counting on April 29th, so.

Ms. WILD. So I just need you to explain the phase 0 to 3.

Mr. NAGY. Phase 0 is basically the embassy is open but most people are telecommuting.

Ms. WILD. Okay.

Mr. NAGY. And then phase 1 it goes up to more activity and more activity and more.

Ms. WILD. So the lower the number the—

Mr. NAGY. The more difficult the circumstances.

Ms. WILD. Got it. That is what I needed the clarification on.

Switching gears, I wanted to talk about how foreign assistance funds that are appropriated by Congress, and specifically of late under Public Law 116–123 and Public Law 116–136, how are they being allocated in Africa? Some people have alleged, observers have

alleged that the bulk of these appropriations remain undisbursed and that aid pledges have outstripped deliveries.

So if each of you could just address what bottlenecks, if any, may be hindering disbursement in Africa.

Mr. MALONEY. So, first of all, thank you for the question. So to get this much money out the door this fast is a mammoth task and so I would certainly say in the early days that criticism is very valid. I do not have the specific statistics right now and I am happy to get it for you. My understanding is we have been able to obligate now, I think, about 70 percent, and my understanding is of the humanitarian IDA funding it is supposed to be all obligated by tomorrow, which is great.

So at the end of the day though we are trying to balance two things. One, the incredible urgency of getting that money out the door to real fires and real needs around the world, but we have to be responsible to the U.S. taxpayer. We have to make sure we are being accountable for that. So all of those structures, all of that coordination we need to do with State and the rest of the agencies to make sure that we are not duplicating efforts, that we are all aligned, that just takes time. And I think at the end of the day though, it is remarkable how much we have been able to do in two or 3 months, 4 months at this point, so.

Ms. WILD. Ambassador, did you want to say anything further on that? Okay.

And then I wanted to ask you about ventilators. You talked about financial assistance, but there has also been specific pieces of medical equipment. As we move forward, hopefully there will be tests developed that will be distributed within Africa. In my district we have an excellent company that actually has rapid tests for Ebola and HIV that have been distributed in Africa. They are working on one now for COVID.

And so I guess my question to you is—well, let's talk, just stay with the ventilators for now. Which countries have received or are slated to receive ventilators, if you know? And as long as we are—I will ask you the whole question. Also I wanted to have you address PPE aid.

Mr. MALONEY. Sure. So to date we have nine countries that have been slated to receive ventilators. It is important to understand that ventilators are very complicated pieces of equipment. So to date deliveries, my understanding, so far is really only South Africa and Rwanda, but literally over the next coming weeks, this list, the deliveries themselves will grow.

But the nine countries are Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Mozambique, Nigeria, Rwanda, South Africa, and Zimbabwe. These were all requests between heads of State. This was not a process by USAID, this was led by the White House as gifts from the United States to these requests to these governments in Africa.

I will say personally having overseen this because USAID is delivering these ventilators, we have done a huge amount of work to ensure that these ventilators are successes in these countries. That is in two fronts. One is, we have been doing what are called oxygen ecosystem assessments. So a ventilator is one piece of the broader oxygen story, so you need to look at where these things can go, the

availability of durables and consumables, the technical systems of that piece of the story. So we are doing full assessments in our countries so that we can make sure the wraparound support that USAID can provide is there with the ventilators.

The second piece is what we call facility level assessment, so where does the ventilator actually go. That is another piece of the story that I have been working closely on so that we are working hand in glove with the Ministries of Health on that piece of the story, again so that these gifts are a success.

But I think what is interesting that has come out of this is, as we look forward I think there is a real need for potential oxygen investments in Africa, so production of oxygen, the TA for the oxygen—sorry, technical assistance for the oxygen—and again, the sort of durables and consumables that go around it like the tubes that would go in your nose and that sort of thing.

I think as we have watched this crisis play out, we have learned a lot about the role of ventilators versus oxygen and this might be an interesting thing to explore as we look forward.

Ms. WILD. Thank you.

Ambassador, did you want to add anything to that?

And you mentioned that these ventilators, have they all been gifts from the United States to these countries at the request of heads of State?

Mr. MALONEY. In Africa they are gifts, yes.

Ms. WILD. And do you have any idea what the value of these gifts are?

Mr. MALONEY. I would have to get back to you on that number.

Ms. WILD. That is Okay. I just wondered if you did.

So my last question to both of you, it is going to be kind of a simplistic question that I suspect does not have a simple answer, but it is something that we in Congress always have to answer for and I think it is a very important question. And that is, why should the United States taxpayer be concerned about what is happening with COVID in Africa?

Ambassador?

Mr. NAGY. Can I start? I think that question also is why should the United States taxpayer be concerned with Africa?

Ms. WILD. Of course, yes.

Mr. NAGY. Because everything—one, as I mentioned, I think, earlier, Africa's population is going to double between now and 2050. It has forever been seen as a problem in our policy, you know, since we recognized relations with the decolonized countries in Africa. Now I think people are seeing it finally as an opportunity. Certainly, our global competitors see it as an opportunity.

With that many young people they could either be—they are going to be there. They could either become a tremendous, unfortunately, force for global instability, fodder for violent extremist organizations, millions migrating to Europe, or they could become a tremendous force dynamic for global economic growth and they could be billions of customers instead of problems.

And the truth is that African young people have access to mass communications and they have exactly the same dreams as young people anywhere else in the world—a good job, a good home, being able to support their families, opportunities, educational opportuni-

ties. And the elites who have been running Africa, often in a very corrupt way, are on the way out and the young people are going to be there.

And it represents a tremendous opportunity for U.S. prosperity and security, frankly, to be engaged there, because as I said, if we are not there, the vacuum will be filled up by other people. And we also have to remember that in international organizations, a country like the Seychelles has the same vote as the United States of America and there is at least 50 whatever votes that Africa can provide.

Over to you, sir.

Ms. WILD. Thank you very much, Ambassador.

Mr. Maloney.

Mr. MALONEY. Thank you. The way I look upon this is I go back to our national security and our national security strategy where our key pillar is advancing American influence. And it sounds strange to say, but if ever there was an opportunity to advance American influence it would be through what is happening right now with COVID-19 in Africa.

And I look upon that in three lenses. The first is the American taxpayer should want to protect their \$100 billion of investments in basically stopping the tidal wave of HIV/AIDS. I am just thinking back to grad school 25 years ago and what was happening in Africa with HIV/AIDS and where we are today, and that is all because of PEPFAR and the American taxpayer. This is an opportunity to protect that investment. Second, to demonstrate American leadership countering malign influence is critical. We have already talked about China with Congressman Burchett's comments and I completely second those and this is a key opportunity to do that.

And then, finally, I just want to speak to the moral imperative. America stands up for the most vulnerable and there is no more vulnerable place in the world, I would argue, than the African continent and this is our chance to do that.

Ms. WILD. Thank you very much.

Do any members have any additional questions?

Hearing none, member questions are now concluded.

I once again want to thank our witnesses for being with us today to discuss what I consider to be an extremely important issue. As countries—and you obviously have demonstrated your tremendous knowledge in this area. I suspect we could have continued this conversation for a couple of days.

As countries around the world grapple with the COVID-19 pandemic, we want to be certain that the United States is playing a constructive role in doing everything that we can to address and assist other countries as they respond to this pandemic. And we also want to make sure as you referenced, Mr. Maloney, that countries do not lose many of the gains made in the last few years, many of which have been gains made with the assistance of the United States and our investments. So thank you very much to both of you.

This meeting is adjourned.

[Whereupon, at 2:40 p.m., the subcommittee was adjourned.]

APPENDIX

**SUBCOMMITTEE HEARING NOTICE  
COMMITTEE ON FOREIGN AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES  
WASHINGTON, DC 20515-6128**

**Subcommittee on Africa, Global Health, Global Human Rights, and International  
Organizations  
Karen Bass (D-CA), Chairman**

July 30, 2020

**TO: MEMBERS OF THE COMMITTEE ON FOREIGN AFFAIRS**

You are respectfully requested to attend an OPEN hearing of the Committee on Foreign Affairs to be held in Room 2172 of the Rayburn House Office Building. Pursuant to H. Res. 965, Members who wish to participate remotely may do so via Cisco WebEx. The hearing is available by live webcast on the Committee website at <https://foreignaffairs.house.gov/>.

**DATE:** Thursday, July 30, 2020  
**TIME:** 1:00 p.m., EDT  
**SUBJECT:** Update on the COVID-19 Pandemic Response in Africa  
**WITNESS:** The Honorable Tibor P. Nagy, Jr.  
Assistant Secretary  
Bureau of African Affairs  
United States Department of State  
  
Mr. Christopher Maloney  
Acting Assistant Administrator  
Bureau for Africa  
United States Agency for International Development

**By Direction of the Chairman**

*The Committee on Foreign Affairs seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202-225-5021 at least four business days in advance of the event, whenever practicable. Questions with regard to special accommodations in general (including availability of Committee materials in alternative formats and assistive listening devices) may be directed to the Committee.*

COMMITTEE ON FOREIGN AFFAIRS

MINUTES OF SUBCOMMITTEE ON Africa, Global Health, Global Human Rights, and International Organizations HEARING

Day Thursday Date 07/30/2020 Room 2172

Starting Time 1:05pm Ending Time 2:40pm

Recesses 0 ( \_\_\_ to \_\_\_ ) ( \_\_\_ to \_\_\_ ) ( \_\_\_ to \_\_\_ ) ( \_\_\_ to \_\_\_ ) ( \_\_\_ to \_\_\_ ) ( \_\_\_ to \_\_\_ )

Presiding Member(s)

*Rep. Susan Wild*

Check all of the following that apply:

Open Session

Electronically Recorded (taped)

Executive (closed) Session

Stenographic Record

Televised

TITLE OF HEARING:

*Update on the COVID-19 Pandemic Response in Africa*

SUBCOMMITTEE MEMBERS PRESENT:

*See Attached.*

NON-SUBCOMMITTEE MEMBERS PRESENT: (Mark with an \* if they are not members of full committee.)

HEARING WITNESSES: Same as meeting notice attached? Yes  No

(If "no", please list below and include title, agency, department, or organization.)

STATEMENTS FOR THE RECORD: (List any statements submitted for the record.)

*Rep. Omar, QFR*

*Rep. Burchett, QFR*

TIME SCHEDULED TO RECONVENE \_\_\_\_\_

or

TIME ADJOURNED 2:40pm

Naomia A. Suggs-Brigety

**Subcommittee Staff Associate**

**HOUSE COMMITTEE ON FOREIGN AFFAIRS**  
*SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH, GLOBAL HUMAN RIGHTS, AND  
 INTERNATIONAL ORGANIZATIONS*  
 COMMITTEE HEARING

<i>PRESENT</i>	<i>MEMBER</i>
	Karen Bass, CA
X	Susan Wild, PA
X	Dean Phillips, MN
	Ilhan Omar, MN
	Chrissy Houlahan, PA

<i>PRESENT</i>	<i>MEMBER</i>
X	Christopher H. Smith, NJ
	James F. Sensenbrenner, Jr., WI
X	Ron Wright, TX
X	Tim Burchett, TN



## RESPONSES TO QUESTIONS SUBMITTED FOR THE RECORD

**Questions for the Record to  
USAID Bureau for Africa Acting Assistant Administrator Chris Maloney by  
Representative Tim Burchett  
Subcommittee on Africa, Global Health, Global Human Rights,  
and International Organizations  
House Committee on Foreign Affairs  
Thursday, July 30, 2020**

**Question**

I am particularly concerned about developments in South Africa which appear to be impeding South Africa's efforts to mobilize domestic resources to fund the COVID-19 response. South Africa has imposed significant economic lock-down measures, including a prohibition on sales of excisable products which have created a huge illicit market and caused the government to lose billions in tax revenues since the beginning of the pandemic. How is USAID and the Department of State working with countries like South Africa to mobilize and manage their own domestic resources to respond to the Covid-19 pandemic?

**Answer:**

South Africa lock-down measures in effect from March through July had a negative economic impact on the country. The World Bank forecasts the extreme poverty rate in South Africa will increase from 19.9 percent (pre-COVID) to 22.4 percent in 202 --an increase of 1.5 million people. As a result of the sharp increase in the poverty rate, South Africa faces a difficult and prolonged economic recovery.

The Department of State and USAID values the principles of financing self-reliance and has a long history of providing health systems strengthening support to the Government of South Africa, particularly through the President's Emergency Plan for AIDS Relief (PEPFAR), leading up to the COVID-19 lockdown. With funding from the PEPFAR, the U.S. Government (USG), including USAID provides technical assistance on health care financing to the South Africa National Department of Health and National Treasury. USG assistance improves budget

planning, public financial management, and cost-effectiveness analysis to further South Africa's increasing trend in domestic investment to finance its HIV/AIDS program.

From the most recent data on expenditure available, the Government of South Africa has increased its domestic investment in the HIV/AIDS program from ZAR5.6 billion in 2009/2010 to over ZAR20 billion in 2017/2018. It has nearly tripled its domestic budget for HIV treatment per Health Economics and Epidemiology Research Office analysis of Mid-Term Expenditure Framework and National AIDS Spending Assessment from 2009/2010 to 2017/2018.

In light of COVID-19, USAID assists with health financing through epidemiological modeling and forecasting the demand for resources (i.e. medical commodities, personal protective equipment, health workers, oxygen supplies and consumables). USAID assists in preparing the necessary audits and analysis to support South African government procurements for infrastructure improvements for 150 hospitals to prepare for oxygen tubing equipment and supplies. In addition, USAID facilitates partnerships with the private sector to mobilize additional resources (e.g. USAID supports grants to local manufacturers of personal protective equipment to mobilize more private investment into supplies and equipment required for the COVID response.) Such technical assistance mobilizes domestic funding in a focused and efficient way. In 2020, the Government of South Africa has approved a supplemental budget allocation of US\$1.9 billion for the COVID-19 health and social response.

The Government of South Africa will face increased challenges as the country recovers from the detrimental effects of COVID on its health system and economy. According to official projections by the Ministry of Finance, the government anticipates a \$17 billion tax shortfall, and debt is now expected to be 82 percent of GDP by the end of 2020. South Africa National

Treasury now expects a 7.2 percent contraction of gross domestic product in contrast to a 3.3 percent growth expected in February before the lockdown. Twenty-one percent of tax revenue goes to debt interest payment--this is approximately the same amount expended on the total public health sector.

**Questions for the Record to  
USAID Bureau for Africa Acting Assistant Administrator Chris Maloney by  
Representative Ilhan Omar  
Subcommittee on Africa, Global Health, Global Human Rights,  
and International Organizations  
House Committee on Foreign Affairs  
Thursday, July 30, 2020**

**Question:**

**How much have you referred to the Obama Administration's pandemic playbook in your response to COVID-19 in Africa?**

**What do you see as differences between our response to Ebola under the Obama Administration and our response to COVID-19 in Africa?**

**Answer:**

The Obama's Administration pandemic playbook has been a useful reference, along with other pre-existing preparedness documents, in guiding our response to COVID-19 in Africa. However, COVID-19 is an extraordinary pandemic event and an unprecedented crisis. Not only were previous outbreaks and pandemics more limited geographically, but we knew more about the pathogens and their epidemiology. COVID-19 is vastly different: an unknown and rapidly spreading pathogen, with a higher mortality rate compared to the previous H1N1 pandemic (a zoonotic influenza) and with a wide range of clinical manifestations (from asymptomatic to requiring intensive care and invasive respiratory support). Because of these factors, it is difficult to draw a comparison between responses to prior epidemics and our effort to deal with COVID-19. However, the pandemic playbook did provide a valuable framework for managing the components of responding to epidemics that are common across all outbreaks: the development of countermeasures, the prevention and control of infections in health facilities, laboratory detection, risk-communications and community-engagement practices, and preparing for vaccination campaigns.

**Question:**

How has the U.S. withdrawal from the World Health Organization impacted your ability to coordinate resources in Africa?

**Answer:**

The President's decision to terminate our relationship with the World Health Organization (WHO) in no way diminishes U.S. leadership on global health and combating the pandemic of COVID-19. The U.S. Agency for International Development (USAID) is working with a wide range of trusted partners, including several American non-profits and faith-based organizations and other United Nations (UN) agencies to ensure the continuity of programming previously implemented by the WHO. We also are leveraging new and existing partnerships with local non-governmental organizations and civil society to implement activities traditionally undertaken by the WHO. For example, the UN Children's Fund (UNICEF) is implementing key interventions in risk-communications, community prevention, water, sanitation, and hygiene in several African countries, including the Republics of Cameroon and Niger and the Democratic Republic of Congo (DRC). In addition, the International Federation of Red Cross and Red Crescent Societies (IFRC) is implementing risk-communication and community-level prevention activities in the DRC and the Republic of Mauritius through local chapters of the Red Cross. In some African countries with a limited presence of non-governmental organizations ready to receive funds immediately, we made modifications to activities that we funded to match the capacity of a new partner that we chose as an alternative to the WHO.

**AGH Subcommittee Hearing Remarks**  
**“COVID-19 Pandemic Response in Africa”**  
**July 30, 2020**

**Chair (countdown):** Five, four, three, two, one.

*\*\*[Pause for three seconds, bang gavel]\*\**

**Chair:** The Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations will come to order. Without objection, the Chair is authorized to declare a recess of the Subcommittee at any point and all members will have five days to submit statements, extraneous material and questions for the record, subject to the length limitation in the rules. To insert something into the record, please have your staff email the previously mentioned address or contact full committee staff.

As a reminder to Members, please keep your video function on at all times, even when you are not recognized by the Chair. Members are responsible for muting and unmuting themselves and please remember to mute yourself after you finish speaking. Consistent with the H.Res. 965 and the accompanying regulations, staff will only mute members and witnesses as appropriate when they are not under recognition to eliminate background noise.

I see that we have a quorum and will now recognize myself for opening remarks.

Pursuant to notice, we are holding a hearing on COVID-19 Pandemic Response in Africa.

Today, we are hearing testimony on the COVID-19 response in Africa, and what the international community can do, particularly the United States, in light of facing our own health care crisis....We hope the panel today has policy recommendations that can help the international community slow the spread of the pandemic in Africa—places where health institutions and economic systems might never fully recover. Even though our own country is being hit hard by the pandemic, ignoring the continent’s plight will affect our national security and the ability to trade in the long and short-term.

South Africa is viewed as the best prepared of any country in sub-Saharan Africa to battle COVID-19, and they have more than 400k cases (well over half of the

continent's total per the AP). Surely, it will be a ripple effect for countries with fewer resources, weak governance, and economic institutions.

However, several countries have pursued innovative pandemic responses. Senegal is developing an affordable, rapid COVID-19 test kit, while Rwanda and Ghana pioneered the use of drones to deliver medical supplies to rural areas. But there are countries such as Zimbabwe and Guinea that use COVID-19 to restrict press freedoms and free speech, and arrest and detain people who oppose the government.

Therefore, my colleagues and I would like to know how we can deter governments from using this very serious pandemic for their own political gains; how U.S. foreign assistance can continue to strengthen the efforts of countries that are developing preventative measures; and what is the long-term impact on the United States if Africa does not receive timely resources to combat COVID-19.

I would like to thank our witnesses for taking the time to meet with us, especially in person, on this critical issue that affects all of us. Unlike Ebola, which only affected certain countries within the continent, COVID-19 has spread transnationally—and so we are all in this together. Assistant Secretary Nagy (Nagy) I look forward to your remarks and analysis of what we can do legislatively to ensure the continent does not have an economic collapse, but thrives for the next generation... Mr. Maloney thank you as well for your time, I understand you led the development of the USAID's new strategic approach focused on building countries' abilities to plan, finance, and implement solutions to solve their own development challenges—so I am very interested to hear your thoughts on the response to COVID-19 in Africa with its many challenges.

Many African governments lack resources to stockpile food, import medical equipment, and protect their local informal economies. This has caused leaders to seek international aid, and the most vulnerable seek debt relief.

COVID-19 will also have an impact on elections in Africa, and free and fair elections are vital to a strong democracy. With scheduled elections coming up for Tanzania, Côte d'Ivoire, Burkina Faso, Ghana, Central African Republic, and Niger, COVID-19 could impact the perceived fairness and legitimacy of those elections. This means that countries will have to be transparent with citizens during the electoral process.

My colleagues and I in Congress want to continue supporting Africa's health systems, humanitarian needs, encouraging free trade, bolstering food security, promoting democracy, and countering China's influence. Although the United States has pledged more than 400 million dollars to Africa for health, humanitarian, economic, and governance assistance to respond to COVID-19, we want to make sure there is sufficient funding and it is being implemented in the right places. COVID-19 has caused national lockdowns, border closures and restrictions, which has destroyed the tourism sector, ultimately disrupting Africa's intra-regional and global economy. It will benefit our national security and economic interest to support the continent and help sustain its economy and health infrastructures, or somebody else will....

I look forward to hearing your testimony and what Congress can continue to do to help millions of people from falling into deep poverty from the impact of COVID-19 in Africa. I now recognize the ranking member for the purpose of making an opening statement.

**CHAIR:** Thank you very much, Ranking Member.