

Informal oral remarks of Dr. Michael Ryan, Executive Director of the WHO Health Emergencies Programme before the U.S. Senate Appropriations Subcommittee on State, Foreign Operations, and Related Programs

Together with the informal oral remarks of Dr. Michael Ryan, Executive Director of the WHO Health and Emergencies Programme, the following background documents are submitted for the Sub-Committee's reference:

- 1) *Strategic preparedness, readiness and response plan to end the global COVID-19 emergency in 2022*
- 2) *WHO COVID-19 SPRP: Updated Appeal September 2021 - March 2022*
- 3) *Coronavirus Disease (COVID-19) Situation Reports (who.int)*
- 4) *ACT-Accelerator Strategic Plan & Budget: October 2021 to September 2022*
- 5) *Consolidated Financing Framework for ACT-A Agency & In-Country Needs*
- 6) *ACT-A two year impact report (published 26 Apr 2022)*

Good afternoon, Chairman Coons, Ranking Member Graham, Distinguished Members of the Subcommittee,

Thank you for the opportunity to speak with you today. As agreed, this will be an informal briefing.¹

I am the Executive Director of the Health Emergencies Programme of the World Health Organization. Over twenty-five years, I have worked on the frontline in epidemics, conflicts and natural disasters all over the world.

I have just returned from Ukraine, where I saw first-hand the work of frontline health workers and witnessed the power of resilience in the face of horror.

This is the same resilience, compassion and dedication that we have and continue to witness in our frontline workers around the world against COVID-19 in their determination to protect communities, save lives and deliver to the last mile.

COVID-19 has infected billions and killed millions. However, every single person on the planet has been impacted by this virus...with health weakened, loved ones lost, futures stolen and livelihoods destroyed.

This virus has ripped through our communities like a tornado and like that tornado remains highly unpredictable in its course and intensity.

While global reported cases are declining, the virus continues to evolve and evade leaving our interlinked communities highly vulnerable everywhere especially in areas with low vaccination, high rates of people with underlying conditions and limited access to health systems.

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Continued major disruptions in vital programmes for HIV/AIDS, malaria, Tuberculosis, maternal health and immunization and others threaten decades of progress.

Intense circulation of this virus has resulted in many variants of concern each more transmissible than the last. All these variants have emerged outside the United States and all have reached the United States.

Yet, testing, sequencing, and surveillance activities in many countries are falling, blinding us to potentially dangerous new variants.

However, in a world of intractable problems, COVID has solutions.

This is thanks to the scientists who have developed the life-saving interventions and the public health and frontline workers who deliver them. This is in great part due to the leadership of the United States and other countries supporting a global effort led by WHO and its partners.

But massive disparities in access to vaccines, antivirals, oxygen and other lifesaving tools and interventions threatens to undermine all we have achieved in the fight against COVID.

While almost 12 billion doses of COVID vaccines have been administered around the world, nearly one billion people in lower income countries have not been vaccinated against COVID. That number includes more than two-thirds of health care workers and older people in those countries.

We can end the emergency phase of this pandemic but will not do so unless we deliver these lifesaving interventions to everyone everywhere.

This will not happen with vaccines alone. It also requires surveillance, testing and sequencing, protective gear, and therapeutics, and most of all effective community engagement and empowerment. It requires that these are delivered to the last mile and administered by well trained and equipped workers.

The funding you are considering today is critical to help us to getting these lifesaving tools to the people that need them the most everywhere.

WHO's Strategic Preparedness, Readiness and Response Plan details how to achieve this but remains underfunded by over \$500M.

WHO also coordinates the Access to COVID Tools (or ACT) Accelerator and is shipping millions of vaccines, test kits, and therapeutics, to lower income countries. The ACT's COVAX pillar has delivered 1.42 billion vaccine doses so far. However, the ACT A is facing a nearly US\$ 15 billion funding gap. This money is needed to purchase nearly 700 million tests, treatment for 120 million patients, protective equipment for 1.7 million health workers, and 600 million doses of vaccine.

In summary:

As long as the virus is circulating widely anywhere in the world, we are all at risk. We have to act now, to save lives and enable the global economy to get back on track.

We need to track this virus, we need to vaccinate the world, we need to diagnose and treat patients quickly and we need to communicate with and engage our communities deeply.

We need scaled up investment in the solutions that are so badly needed to end this pandemic.

The world has long looked to the US for global health leadership. It was nearly twenty years ago that the US introduced the PEPFAR program, a bipartisan effort, which saved the lives of 20 million people from AIDS.

Today the leadership of the United States is more vital than ever. The funding you are considering today will be a major contribution towards ending the acute phase of the pandemic and making the world better prepared for the next global threat.

Thank you.