CARE Written Testimony

"The Sustainable Development Goals and Recovery from the COVID-19 Pandemic: Implications for U.S. Policy"

House Foreign Affairs Subcommittee on International Development, International Organizations and Global Corporate Social Impact – *Thursday, September 15 at 10:00 am*

Introduction

Chair Castro, Ranking Member Malliotakis, and distinguished members of this House Foreign Affairs Subcommittee, I thank you for the opportunity to testify at this important hearing on recovering from the COVID-19 pandemic and meeting the UN Sustainable Development Goals.

CARE implements humanitarian and development programs in over 100 countries with a focus on women and girls, who are the most vulnerable in crisis but also the most powerful changemakers. CARE has also responded to the COVID-19 crisis directly in about 70 countries.

Throughout our more than 75 year history and especially while responding to COVID-19, we've learned quite a few things about what makes health response successful and sustainable:

1. Strengthening health systems, including by paying and supporting health workers;
2. Prioritizing gender-sensitive responses; and
3. Investing in local communities

We know that COVID response is about more than just responding to COVID itself. The long-term impacts of the COVID-19 pandemic are evident both from the number of deaths and from the lingering symptoms of those who have suffered from COVID-19, but also from the significant backsliding of other critical global health and international development priorities, particularly for SDG #5, "gender equality" and SDG #2, "zero hunger." Gender based violence increased, women's care burdens increased, and fewer women and girls returned to the workforce and to education. Empowering women should be central to recovery; it has positive impacts for entire communities. Additionally, food and nutrition security were already a challenge before COVID, but the economic losses and supply chain disruptions from the pandemic compounded by the conflict in Ukraine and climate shocks made nutritious food harder to access.

Over the last 2.5 years, American ingenuity, including generous funding early in the pandemic from Congress, resulted in incredibly effective vaccines that were developed at record speeds. Unfortunately, there continues to be dramatic inequality in access to vaccines, tests, and treatments around the world.

The disparities are clear: only 21% of people in low-income countries have received at least one dose of a COVID-19 vaccine while in high income countries it is close to 80%. These inequities are even worse in conflict, post-conflict, and humanitarian settings, where vaccine delivery is hampered by a lack of humanitarian access, fragile health systems, and vaccine hesitancy. As of February, fewer than 5% of vaccine doses had been administered in conflict and crisis-affected humanitarian settings, and low-income countries facing humanitarian crises accounted for fewer than 1% of vaccines administered at that time. Over and over again we saw that countries cannot

accept and distribute these vaccine doses if they do not have the resources and infrastructure in place to deliver them.

As CARE engaged in our *Fast and Fair* vaccination campaign, we documented community-wide inequality in vaccine uptake; 2021 data from South Sudan indicated that in the first months of the COVID vaccine roll out, women represented only 26% of those vaccinated while representing 70% of people testing positive for COVID. This is due to several factors: women are more likely take care of the sick and to wait at water points and other communal places where they could be exposed to COVID-19, which increases the rates of COVID-19 among women. Additionally, a combination of social norms put women last for access to services, mobility restrictions for women make it hard for them to travel to health centers, there is a mistaken but persistent belief that COVID-19 primarily affects men, which means that women have less access to vaccines, and many women are reluctant to get the COVID-19 vaccines because they are concerned it will make them infertile.

Even prior to the pandemic, South Sudan's health systems were fragile and overstretched, with 56% of people lacking adequate access to health care and many needing to walk miles to reach a clinic. The country also has a shortage of skilled healthcare workers, and before COVID-19, only 49% of children had received standard childhood vaccines. But even countries with strong health systems struggled to vaccinate hard to reach population until significant resources were dedicated to educating communities on vaccines, breaking down barriers to health system access, and supporting frontline health workers.

Comprehensive COVID-19 responses must include:

1. Building vaccine acceptance: Mobilizing community leaders and influencers to build vaccine acceptance and ensuring real-time data on vaccine myths is used to continuously adapt messages and address specific gender disparities in vaccine uptake.
2. Strengthening health systems: Working alongside government and U.N. partners to ensure they are resourced and equipped to roll-out the COVID-19 vaccine while sustaining essential health services, including training healthcare workers, ensuring access to PPE, strengthening surveillance, logistics and cold-chain, and data management.
3. Improving last mile distribution: Engaging communities, frontline health workers, and authorities to identify and address service barriers and bottlenecks in real-time. Flexible support to fill urgent gaps in vaccine delivery systems, including transport, fuel, and drivers, and making registration and vaccination mobile are also needed.
4. Local, national, and regional advocacy: Elevating real-world data on service bottleneck and equity gaps, and to establish policies and accountabilities that enable inclusive vaccine roll-out that reaches the most rural and marginalized communities.

With this work, CARE has been able to directly measure the specific per-person cost and full scope of successful COVID response in a number of countries including South Sudan, Nepal, and Zambia. We found that what made COVID vaccine campaigns successful would also create the same building blocks that make health systems stronger and more responsive not only to this pandemic and to future outbreaks, but also to the routine health challenges that disrupt the communities we work in on a daily basis.

So what is needed today to reverse the significant backsliding of decades of progress toward these development goals?

First – we cannot stop vaccinating the world. The Biden Administration has requested an additional $4 billion for vaccines and therapeutics to stop the suffering from COVID-19. I urge you to consider this request.

Second – strengthen health systems. As important as it is to deal with COVID and other diseases head-on, we know that health systems strengthening must remain an important priority to help end this pandemic and respond to future pandemics. Weak health systems, a lack of testing capacity, and insufficient support for frontline healthcare workers hampered the pandemic response every step of the way, and these issues will continue to complicate vaccine delivery and the response to any future health crises if left unresolved. Responses that utilize vaccine delivery as an opportunity to improve the capacity of local institutions, support community structures and local leadership, and bolster systems that improve healthcare in the long-term will be more efficient and effective and contribute to better health security.

Even before COVID-19, investments in health systems—and especially in frontline health workers—were too low. About 70% of these health workers are women, and many are unpaid underpaid, and under-supported. Even prior to the pandemic, the World Health Organization estimated there were about 18 million fewer health workers than needed globally, which severely complicated the ability to meet the world's health needs, particularly in low- and middle-income countries. After two years and 15 million deaths over the course of the COVID-19 pandemic, this gap has dramatically increased. The gap in health workers weakens global health systems by leaving us unable to address ever increasing health crises and leaves us severely underprepared for future pandemics and other major shocks to the health system, including conflict and climate change.

There are many examples I could point to where our prior investments in health workers there are what made all the difference when COVID hit. Just a few: In Bangladesh, Skilled Health Entrepreneurs who were trained as birth attendants before the pandemic became certified vaccinators during the pandemic to get COVID-19 vaccines to the last mile. In Cameroon, peer educators provided health consultations and services for people living with HIV using WhatsApp, SMS, and other online platforms when movement to health centers was restricted. In Niger, women in solidarity groups negotiated for lower rates for women's services at health centers so that the economic impacts of COVID-19 wouldn't prevent refugee and host women from getting the services they needed most.

In May of this year, CARE released its Women at the Last Mile report, an analysis of studies and lessons learned from 20 countries during COVID-19. We found that focusing on health workers within the formal health system is essential, but it is not enough; we must also focus on gender equality, which raises life expectancies within countries.

Third – prioritize gender-sensitive responses. Pandemic responses should consistently collect and use sex, age, and disability disaggregated data to understand the unique barriers faced by men, women, boys, girls, and historically marginalized groups; and proactively take steps to address these barriers.

In the wake of humanitarian emergencies and development challenges, CARE conducts Rapid Gender Analysis (or RGAs) to provide information about the different needs, capacities, and coping strategies of women, men, boys, and girls in a crisis situation. We conducted dozens of country level RGAs related to COVID-19, and in March we released a global rapid gender analysis which noted that ignoring the voices of women, girls, and other historically

marginalized groups worsened the situation for women themselves, and for their families and their entire communities.

From 2020 to 2022, the percentage of women reporting food insecurity jumped from 41% to 66%, and these numbers preceded the impact of the conflict in Ukraine. Women and girls with whom CARE works globally have said that rising health costs, mobility restrictions, and overwhelmed health systems have limited their access to health services. Significant gender gaps persist even more than 2 years into the pandemic: women's care burden have increased exponentially, and while men's employment levels have returned to pre-pandemic levels, 13 million fewer women have formal jobs compared to February 2020. Gender disparities in vaccination rates in many humanitarian contexts have also been exacerbated by misinformation, social and cultural norms, and other systemic factors. Pandemic preparedness requires gender equality, and there is a clear need to prioritize gender-responsive approaches.

Fourth – invest in local communities. Partnerships with local organizations are key to success in humanitarian and fragile contexts, and a particular focus is needed on local and women-led organizations in order to manage successful pandemic response. This is especially true in conflict-affected and fragile settings where trust in authorities has been eroded, and barriers to vaccination exist including lack of information, inaccessible health centers, and poverty. Local NGOs complement and amplify the work of the United Nations and other government authorities because they often have the communities' trust since they themselves are members of the community. Local and women-led organizations are often able to reach more remote and underserved areas, and are most attuned to community needs and community-specific solutions.

In conclusion

Today, Françoise Mbweki (mih-BWEH-kee) from the DRC is on my mind. Françoise was a seamstress and saw a decline in business at the beginning of the pandemic. She started making fabric masks, when she saw that disposable ones were too expensive for her neighbors. To access capital, Françoise joined a savings group, run by CARE, where members pool their savings to invest in themselves and their communities. This group also offered training in leadership, financial management, fighting gender-based violence, and provided psychological support - all of which have been critical throughout the pandemic. Members of the group produced masks and the manufactured soaps and disinfectants, both helping their community fight against the pandemic and generating income for their family, while providing themselves more decision making power in their households.

Adequately responding to COVID – plus addressing the compounding impacts of the pandemic like rising rates of global hunger and gender-based violence – require continued U.S. leadership and catalytic investments in the U.S. foreign aid budget. Supporting, protecting, paying, and training women health workers is the linchpin of effective pandemic response, and also makes us more able to prepare for and prevent future pandemics and other health challenges. Working in true partnership with local and women-led organizations makes our work more accountable to the people we service. And paying particular attention to the needs of women and girls and other marginalized communities is the catalyst for lifting communities as a whole. Doing these ensures we can finally truly recover from COVID, prevent future pandemics, and now turn toward getting back on track to achieving the sustainable development goals.

Over the last two and half years we have seen decades worth of loss, all felt deeply in the lives of families around the world. I hope Françoise's story will remind us all that the consequences of this pandemic are not insurmountable, but they require investment and trust in changemakers around the world.

Once again, I thank you for the opportunity to testify, and I look forward to your questions.