OFFICE OF INSPECTOR GENERAL
U.S. Agency for International Development

COVID-19: Audit of USAID's Global Health Response

Audit Report 4-936-24-002-U
April 3, 2024

Office of Audits, Inspections, and Evaluations

OFFICE OF INSPECTOR GENERAL
U.S. Agency for International Development

MEMORANDUM

DATE: April 3, 2024

TO: Bureau for Global Health, Assistant Administrator, Dr. Atul Gawande

FROM: Africa Regional Office, Audit Director, Rob Mason /s/

SUBJECT: COVID-19: Audit of USAID's Global Health Response (4-936-24-002-U)

Enclosed is the final audit report on USAID's global health response to COVID-19 using American Rescue Plan Act of 2021 (ARPA) funding for activities identified by Congressional Notification (CN) #164. The Office of Inspector General (OIG) contracted with the independent certified public accounting firm of Williams Adley & Company-DCLLP (Williams Adley) to conduct a performance audit. The contract required the audit firm to perform the audit in accordance with generally accepted government auditing standards.

In carrying out its oversight responsibilities, OIG reviewed the audit firm's report and related audit documentation and discussed the findings with the firm's representatives. The audit firm is responsible for the enclosed report and conclusions. That said, we found no instances in which Williams Adley failed to comply, in all material respects, with applicable standards.

The audit objectives were to (1) describe major activities, by country and objective, initiated with ARPA funding under CN #164; and (2) determine how, and to what extent, USAID monitored implementer performance in selected countries under this CN in accordance with the Agency's standard policies and procedures.

To answer the audit objectives, the audit firm assessed USAID guidance and directives; performed walkthroughs with the Bureau for Global Health and selected mission personnel; and spoke with select USAID-funded organizations (commonly referred to by USAID as implementers), program beneficiaries, host government officials and other stakeholders to determine the impact of USAID's global health response to COVID-19. During the audit, Williams Adley also conducted field work in 16 countries that were allocated $42 million in ARPA funding for COVID-19 activities under CN #164. The field work took place between September 2022 and August 2023.

The audit firm concluded that that the activities implemented with funds notified under CN #164 for USAID's global health response to COVID-19 were consistent with the CN and that USAID's monitoring of those activities complied with agency and federal standards. As such, we have no recommendations.

We appreciate the assistance provided to our staff and the audit firm's employees during the engagement.

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US Agency for International Development

Audit of USAID's Global Health Response to COVID-19

March 26, 2024

March 26, 2024

Ms. Toayoa Aldridge
Assistant Inspector General for Audits, Inspections, and Evaluations
Office of Inspector General
U.S. Agency for International Development

Dear Ms. Aldridge:

Williams, Adley & Company-DC, LLP performed an audit of the U.S. Agency for International Development's (USAID) Global Health response program for COVID-19 relief. We performed the audit in accordance with our Task Order No. 72001G22R00006, dated September 13, 2022. Our report presents the results of the audit.

We conducted our audit in accordance with applicable Government Auditing Standards, 2018 revision, technical update April 2021. The audit was a performance audit, as defined by Chapter 8 of the Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. The objectives of the audit were to describe major activities, by country and objective, initiated with obligated funding under Congressional Notification (CN) #164, and determine to what extent USAID is monitoring implementer performance of the activities in accordance with Agency criteria.

To accomplish our objectives, we interviewed personnel from the USAID Bureau for Global Health as well as Mission personnel, project implementers, and project beneficiaries in 16 recipient countries. We also reviewed documentation related to funding allocation and monitoring. We conducted fieldwork from September 2022 through August 2023. Appendix I provides a more detailed description of our objective, scope, and methodology. We appreciate the opportunity to have conducted this audit. Should you have any questions or need further assistance, please contact us at (202) 371-1397.

Leah Southers, CPA, CISA, CGFM, CFE
Partner

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RESULTS IN BRIEF

We conducted an independent performance audit of USAID's global health response to the COVID-19 pandemic under CN #164. Our performance audit was conducted both remotely as well as at overseas Mission, implementer, and beneficiary locations in 16 countries: Bangladesh, Brazil, Dominican Republic, Eswatini, Georgia, Ghana, Indonesia, Jordan, Lesotho, Malawi, Mozambique, Philippines, Senegal, South Africa, Tanzania, and Vietnam.

We determined the COVID-19 funding was allocated consistently with CN #164 and monitored in accordance with Agency criteria.

BACKGROUND

USAID is a U.S. international development and disaster assistance agency that works in over 130 countries to promote global health, support global stability, provide humanitarian assistance, catalyze innovation and partnership, and empower women and girls. Established in 1961, USAID's work advances U.S. foreign policy, demonstrates American generosity, and supports partners to become self-reliant. USAID's mission is to promote democratic values abroad and advance a free, peaceful, and prosperous world. USAID is headed by an Administrator appointed by the President and confirmed by the Senate. USAID manages more than $25 billion in combined annual appropriations. USAID plays a key role in the U.S. government's global response to the COVID-19 pandemic and its secondary impacts.

The U.S. COVID-19 Global Response and Recovery Framework ("Framework"), published in July 2021, outlines the U.S. government's lines of effort with the overarching goal to end the COVID-19 pandemic around the world, mitigate its impacts, support the global recovery, and strengthen international readiness for future biological threats. The Framework contains the following objectives:

1. Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations.
2. Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats.
3. Address acute needs driven by COVID-19, mitigate household shocks, and build resilience.
4. Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery.
5. Strengthen the international health security architecture to prevent, detect, and respond to pandemic threats.

American Rescue Plan Act Background

USAID received the following amounts for coronavirus response under the American Rescue Plan Act of 2021 (hereafter referred to as "ARPA"):

- $905 million for global health activities to prevent, prepare for, and respond to coronavirus, including a contribution to a multilateral vaccine development partnership to support epidemic preparedness.

- Approximately $3.1 billion to prevent, prepare for, and respond to coronavirus, including support for international disaster relief, rehabilitation, and reconstruction, for health activities, and emergency food security needs.
- $930 million to USAID to prevent, prepare for, and respond to coronavirus, including activities to address economic and stabilization requirements resulting from the coronavirus.

USAID is also programming $800 million in Title II food aid appropriated under ARPA. In addition, the U.S. Department of State was appropriated $3.75 billion to mitigate the effects of coronavirus on PEPFAR programs. $3.5 billion of that amount was for a required contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria. A majority of the remaining funds have been apportioned to USAID (referred to as "ARPA PEPFAR").

Response to COVID-19 Background

The Biden Administration, under Objective 1 of the Response Framework, aimed to accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations and, under Objective 2, committed to reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats. At the first Global COVID-19 Summit, conducted on September 22, 2021, President Biden announced his support of the World Health Organization's (WHO's) strategy to vaccinate at least 70% of the world's population against COVID-19 by September 2022.[1]

While vaccine supply shortages were the biggest constraint at the time of the first Global COVID-19 Summit, the White House predicted that on-the-ground uptake would soon become the most critical constraint. A significant ramp-up of support was required to meet the 70 percent target by supporting countries to increase COVID-19 vaccine access and uptake, with particular focus on addressing challenges around vaccine confidence and demand. While many lower-income countries had experience delivering childhood vaccinations, successful, "COVID-19 vaccine deployment required new strategies…to reach new populations, development of new data tools and systems, management of complex supply and cold chain requirements, and combat vaccine hesitancy and misinformation."[2] Countries also needed technical support in determining appropriate vaccines for "their target populations, preparing the health workforce, navigating complex regulatory and registration processes, and ensuring proper systems were in place to detect and respond to adverse events following immunization."[3] As many countries were preparing to receive vaccines, they needed support to control the spread of COVID-19, mitigate the impact of cases through the implementation of public health interventions, and provide access to care and treatment for moderate to severe COVID-19 patients. Simultaneously, risks to global health security remained, including the potential for variants or new viruses to emerge. Ending this pandemic and averting future ones depended on improving the resilience of health systems and programs, and building capacity to prevent, detect, and respond to new threats.

Under Objective 2 of the Framework, USAID sought to mitigate the impact of COVID-19 through public health interventions and by providing access to care and treatment for

[1] The White House (2021, September 24). Global COVID-19 Summit: Ending the Pandemic and Building Back Better. Retrieved July 3, 2023, from https://www.whitehouse.gov/briefing-room/statements-releases/2021/09/24/global-covid-19-summit-ending-the-pandemic-and-building-back-better/.

[2] Congressional Notification 164, page 3

[3] Congressional Notification 164, page 3

moderate-to- severe COVID-19 patients. In addition, to end the COVID-19 pandemic and avert future ones, funding was intended to improve the resilience of health systems and programs and to build capacity to prevent, detect and respond to new threats.

To address these issues, USAID notified Congress (CN #164) in June 2021 that $400 million in ARPA funds would be allocated for health programs to prevent, prepare for, and respond to the COVID-19 pandemic and to achieve the Framework's Objectives 1 and 2, with approximately $115 million for Objective 1 and $285 million for Objective 2. Given the scope of the pandemic and the urgent needs that were seen across many countries at the time, USAID's COVID-19 Task Force (CTF) opted for a broad allocation strategy for funds, understanding that more targeted allocations to countries with persistent gaps would be possible with future funding tranches.

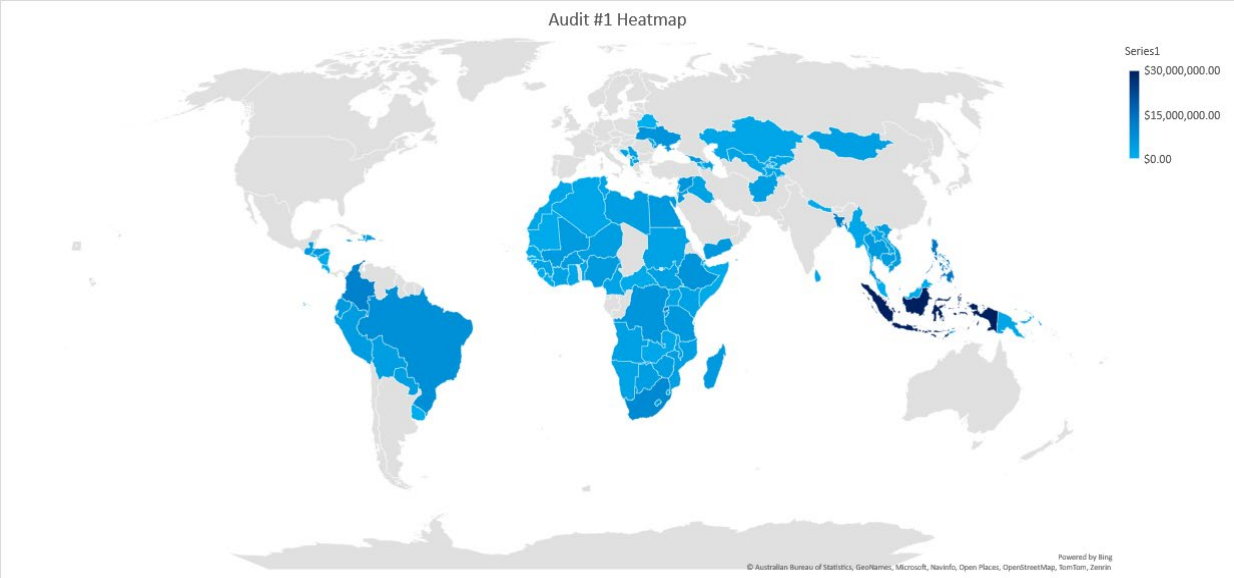
Boxes of USAID- and WHO-funded waste management supplies at warehouse in Tbilisi, Georgia (photo by Williams Adley)

Initial regional funding levels were determined based on criteria including number of countries in the region; regional population; income levels; health system strength; COVID-19 burden; and vaccine readiness in the region. Factors considered in country funding allocation, in no particular order, were as follows:

- Epidemiological data trends such as COVID-19 burden, diagnostic/patient management capability, and vaccine readiness.
- Income classification.
- Availability of previous USAID COVID-19 funding and complementary external funding.
- Strength of health systems, including ability to support critically ill patients and manage vaccine distribution.
- Challenges to vaccination, including historical vaccine hesitancy, misinformation campaigns, and lack of public trust in government and public health institutions.
- Need for vaccine diplomacy to counter possible malign influence by other actors.
- Contextual factors such as political instability and adverse weather events.

Using these factors, USAID used ARPA funds to provide support to 101 different countries and USAID region's as shown below.

Figure 2 - Country-Specific Allocations Under CN #164



Source: Map created by auditors based on funding allocation documentation provided by the Bureau for Global Health.

To facilitate support for Framework Objectives 1 and 2, USAID focused on the following activities:

Objective 1: [4]

- **Policy, planning, and coordination:** Technical assistance helped countries establish policies, plans, and coordination arrangements to facilitate the delivery of COVID-19 vaccines.
- **Pharmacovigilance and monitoring adverse events following immunization (AEFI)**: Technical assistance supported countries to develop and tailor guidelines, procedures and tools for planning and conducting vaccine pharmacovigilance activities. Such activities included reporting and investigation of AEFI.
- **Supply chain and logistics**: Given the complex supply and cold chain requirements, technical assistance was needed to strengthen countries' national logistics working groups with appropriate terms of reference and standard operating procedures to coordinate COVID-19 vaccines and ancillary products deployment.
- **Service Delivery**: To reach the target populations (including older populations and those with underlying medical conditions) with COVID-19 vaccines, new and novel service delivery approaches were required and planned with community members.
- **Human resources for health, including training and supervision**: To ensure correct protocols are followed, training materials were developed, incorporating digital based learning processes where feasible.
- **Communications and advocacy**: Technical assistance equipped decision-makers with the information they needed to provide sufficient human, financial, and technical support to COVID-19 vaccine readiness and deployment efforts.

[4] List of activities supported with funding notified under Congressional Notification 164

- **Community engagement, and demand**: To generate confidence, acceptance, and demand for COVID-19 vaccine, technical assistance included the following activities: social mobilization, risk and safety communication, community engagement, and training.
- **Evaluation and health information systems**: Technical assistance helped develop or adapt existing data tools and health information systems to collect and analyze information for tracking and decision-making; develop or adapt surveillance and monitoring frameworks with a set of recommended indicators (coverage, acceptability, disease surveillance, etc.); and implement monitoring and evaluation frameworks for COVID-19 vaccine deployment.

Objective 2: [5]

- **Risk communication and community engagement:** Technical assistance supported coordination with host governments and partners working at the community level to: develop risk communication plans and strategies, strengthen trust and collaboration between governments and communities, manage misinformation, build local capacity to inform and adapt response measures as necessary to promote social and behavioral change in vulnerable populations.
- **Surveillance, rapid response teams, and case investigation:** USAID partnered with countries to detect individual cases of COVID-19 for isolation and contact tracing as well as local community transmission and active case findings.
- **Laboratory systems:** USAID coordinated and supported host governments to better prepare their laboratory system for the large-scale testing of COVID-19. Technical assistance expanded testing and laboratory infrastructure to increase testing, laboratory capacity to test for SARS-CoV-2, gene sequencing (where appropriate), and training staff on diagnostic procedures and biosafety, specimen collection and transport, the improvement of quality control and assurance, and the provision of primers, reagents, and laboratory equipment.
- **Infection prevention and control (IPC):** USAID sought to prevent health care-associated transmission of COVID-19 among health care workers and patients, coordinated with governments and partners to ensure the availability and appropriate use of personal protective equipment (PPE), and ensured facilities were equipped to meet primary IPC needs, including triage, isolation, and waste management. Technical assistance expanded IPC and water, hygiene, and sanitation in local health facilities that treated large numbers of COVID-19 patients.
- **Case management:** USAID strengthened rapid diagnostic capacity, management, and treatment of COVID-19 cases. Technical assistance supported community level case management and referral as well as facility based delivery of clinical interventions, such as providing oxygen and dexamethasone to manage patients with moderate to severe COVID-19. USAID supported clinical assistance to ensure the appropriate availability of oxygen and related supplies for COVID-19 patients, and procured pharmaceuticals and key health commodities and equipment.

[5] List of activities supported with funding notified under CN #164

AUDIT RESULTS

Overall, we found that the activities implemented with funds notified under CN #164 for global health response to COVID-19 were consistent with the CN and that USAID's monitoring of those activities complied with agency and federal standards. The results related to each audit objective are described below.

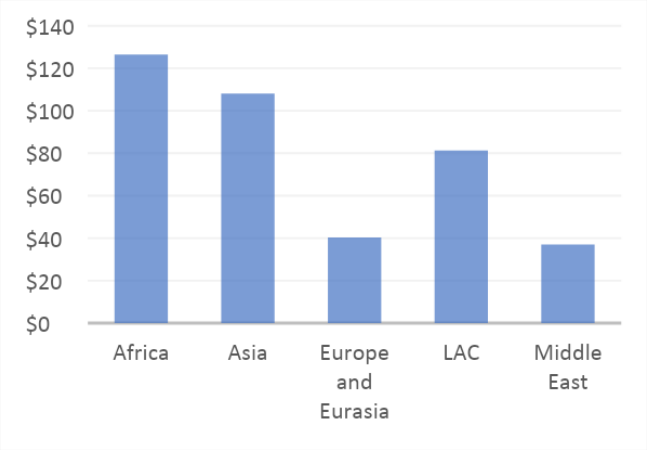
Audit Objective 1: Describe Major Activities by Country

Of the total $400 million notified funding under CN #164, $397 million was obligated to fund activities focusing on 1) the most urgent vaccine delivery and country readiness needs in low and lower-middle income countries; 2) developing, distributing, and scaling diagnostics and therapeutics critical for controlling the spread of COVID-19 and managing patients with moderate to severe COVID-19; and 3) gaps in country level response efforts from national governments and other donors in alignment with the WHO COVID-19 Strategic Preparedness and Response Plan.

Given the scope of the pandemic and the urgent needs seen across many countries at the time, the CTF opted for a broad allocation strategy for CN #164 funds, understanding that more targeted allocations of support to countries with persistent gaps would be possible with future funding tranches. The amounts were allotted to the Regional Bureaus for programming through their Missions utilizing the process described below:

1. CTF determined initial regional levels based on criteria including number of countries, population, income levels, health system strength, COVID-19 burden, and vaccine readiness.
2. CTF, in collaboration with Regional Bureaus, reviewed available country-level data and held informal consultations with USAID and Department of State field staff to determine urgent needs and gaps in response.
3. Country allocation was finalized through the Bureau for Global Health (Global Health), Regional Bureau and CTF consultation.

Funding Allocation by Region



Funding was allocated to 101 countries. See Appendix 4 for country-specific funding allocations under CN #164.

Upon determination of final amounts for each country, the Regional Bureaus and Missions were notified of the available funding. Based on their knowledge of the countries' current needs and gaps, the Regional Bureaus and Missions determined the applicable activities and developed detailed implementation plans in collaboration with the local government, Ministry of Health, and/or implementing partner, as applicable. The implementation plans and Award Justification Forms were submitted to the Regional Bureaus who then coordinated programmatic (agreement and contract officer's representatives (A/COR) and technical (Global Health COVID technical teams)) clearances. Upon final

programmatic and technical clearance, the funding was allowed to the USAID Missions or operating unit and subsequently obligated to the selected implementing partner to develop workplans and initiate the activities.

USAID-funded boats used to administer vaccine to an Amazonian community in the Macapa region of Brazill (photo by Williams Adley).

For Objective 1 of the Framework, USAID provided approximately $115 million in funding to address the most urgent vaccine delivery and country readiness needs in low and lower-middle income countries. These activities generally included supporting vaccination sites and campaigns to stimulate vaccine demand. Funding was also provided for cold chain storage and other equipment necessary for safe vaccine storage and delivery.

For Objective 2 of the Framework, USAID provided approximately $285 million to fund a variety of health system strengthening activities designed to improve the resilience of health systems and programs while building capacity to prevent, detect, and respond to new threats. These activities included a wide range of capacity-building services such as critical case management training, infection prevention training, and syndromic surveillance.

USAID-funded liquid oxygen system located at Long Khanh Regional General Hospital in Dong Nai, Vietnam (photo by Williams Adley).

For example, in Vietnam, $2 million in funds notified under CN #164 were used for liquid oxygen support and providing medical equipment to hospitals treating COVID-19 patients through an agreement with FHI 360 under its Meeting Targets and Maintaining Epidemic Control (EpiC) activity. This included the installation of four liquid oxygen systems at major hospitals. In addition, the activity provided 90 patient monitors and 265 injection pumps to hospitals and other medical facilities.

In Bangladesh, some of the funding notified under CN #164 was used in the Community Health Systems Strengthening (CHSS) activity to mobilize Community Support Groups in local communities. These groups, comprised of respected members of the local community, were trained in mask usage, hand washing, social distancing, and other infection prevention methods. The community groups helped increase knowledge of infection control and prevention throughout the community. In addition, some CN #164 funding was used to implement syndromic surveillance, where community health workers were trained on how to identify and monitor potential COVID-19 cases in the community.

Lastly, in Brazil, the New Partnerships Initiative EXPAND (NPI EXPAND) activity supported 21 NGOs to strengthen local health systems throughout the Brazilian Legal Amazon, which covers nine states. Grupo Mulheres do Brasil was one of the NGOs that utilized some of the $7.5 million funding under CN #164 to purchase, adapt and fully equip a motorboat to administer vaccines to remote communities. The boat was donated to the Council of Municipal Health Departments in the state of Amapá. Medical groups in the Macapa region worked with Grupo Mulheres do Brasil to use this boat to meet with beneficiaries to discuss their health concerns and ensure their families were vaccinated. Additionally, some of the CN #164 funding was allocated to visiting other remote areas within the Amazon region,

equipping the community leaders with materials to vaccinate their communities and conduct continual screenings.

Based on the testing conducted, we determined:

- funding was allocated in accordance with CN #164 and was reasonable;
- the sampled activities (identified in Table 1) appropriately focused on providing support for the country gap/need identified and the identified gap/need was consistent with the priorities identified in CN #164; and
- sampled activities were conducted within the identified period of performance and sufficiently met the needs of the recipients.

As noted in Appendix 4 below, the total funding obligated to country-specific activities did not exceed the $400 million notified under CN #164, and funded activities were related to either objective 1 or 2 identified in the CN.

Audit Objective 2: Monitoring

Performance monitoring is critical to USAID's ability to track progress and determine whether the funding is accomplishing what it was intended to achieve. However, the COVID-19 pandemic created challenges to performance monitoring efforts, including movement restrictions and technology challenges faced by both Mission and implementing partner staff.[6] To assist Missions in performance monitoring during the pandemic, Global Health provided monitoring policy flexibilities related to remote monitoring and site visits, as well as other guidance designed to help missions. Key guidance issued during the audit period related to performance monitoring included:

- COVID-19 Monitoring, Evaluation, and Learning Plan (first issued on July 2, 2021, updated on October 25, 2021): This guidance outlined the indicators and data to be collected for the activities implemented with ARPA funding.
- Global Health COVID-19 Indicators (published in August 2020, last updated on October 4, 2021): This guidance provided standard indicator definitions and was updated throughout the pandemic to reflect changing circumstances.
- USAID ARP Health Funding Vaccine Implementation Guidance (issued December 20, 2021; last updated January 5, 2022): This document provided additional technical and operational guidance for Operating Units (OU).

A detailed monitoring, evaluation, and learning (MEL) plan was created for each sampled activity where a MEL plan was required.[7] Although each MEL plan was unique and tailored to the specific activities, they all contained the standard performance monitoring requirements per ADS 201, *Program Cycle Operational Policy*, as well as the reporting requirements for the applicable COVID-19 indicators.

Per review of the activity specific MEL plans and the results of the interviews conducted (see Appendix 3), the primary way in which the Missions adapted their monitoring process was by

[6] USAID OIG, *USAID Adapted to Continue Monitoring During COVID-19, But the Effectiveness of These Efforts Is Still to Be Determined* (9-000-21-007-P), May 21, 2021.

[7] Under ADS 201, Operational Policy, certain activity types do not require a MEL plan. These include project and general contributions to Public International Organizations or bilateral donors; U.S. Development Corporation transaction agreements; program assistance-type G2G agreements; and activities exempted from activity design requirements, as outlined in section 201.3.4.2.

significantly increasing the frequency of their communication with stakeholders (e.g., partner, local government, ministry of health, other donors, etc.). For example, personnel from USAID/Mozambique, Global Health, and Jhpiego (implementer of the Reaching Impact, Saturation, and Epidemic Control activity in Mozambique) met weekly and communicated almost daily to address issues, respond to changing needs, and develop solutions. These discussions were in addition to various other weekly, monthly, and quarterly meetings conducted.

Another change in the monitoring process was the addition of the voluntary reporting of various COVID-19 indicators. Given the evolving nature of the pandemic, Global Health determined it important to have real-time tracking of results and the ability to make course corrections based on available data. As such, it was Global Health's goal to collect, process, and analyze data from various Missions and implementing partners on a more frequent basis to strategically direct its resources and interventions.[8] Beginning in September 2021, Global Health requested its implementing partners to voluntarily submit data, including both quantitative and narrative results, on the activities supported by ARPA funding. The guidance issued by Global Health identified the indicators to be reported on, the frequency of reporting and defined the indicators. In response to the evolving nature of the pandemic, Global Health revised the indicators at least twice throughout the pandemic. The results of our audit indicated that the frequency of voluntary performance indicator data such as information on commodities, cold chain management, and other key metrics were reported inconsistently by some particularly small, local partners, although compliance by the major implementing partners was regular and allowed sufficient information to assess progress and make program adjustments. In addition, Global Health had other mechanisms in place to monitor the use of funds.

Due to the nature of the pandemic, funding was being obligated and changes were occurring at a rapid pace and the Missions felt the increased communication was the best way to ensure challenges were resolved timely. As the funding related to CN #164 was not available for obligation until December 2021, most movement restrictions had been lifted prior to activity implementation. As such, there were no identified instances in which either the Mission and/or partner personnel were unable to conduct in-person site visits.

Based on the results of our testing, we determined that the performance monitoring performed by Global Health and at the Mission/Regional Bureau level was in accordance with Agency requirements.

[8] USAID American Rescue Plan Health Funding Vaccine Implementation Guidance (first issued December 20, 2021; last updated, February 28, 2022).

APPENDIX 1: OBJECTIVES, SCOPE AND METHODOLOGY

Our audit objectives were to:

1. Describe major activities, by country and objective, with obligated funding under CN #164;
2. Determine how, and to what extent, USAID is monitoring implementer performance in selected countries under this CN in accordance with the Agency's standard policies and procedures.

The scope of our audit was activities conducted using ARPA funding notified under CN #164.

To accomplish the objectives of the audit, Williams Adley identified the applicable criteria against which to assess USAID's activities and monitoring. In addition, we (1) met with USAID Global Health management and the USAID Office of Inspector General to conduct an entrance conference, (2) inquired about investigations or legal proceedings involving the audit objectives, and (3) reviewed the applicable internal policies and procedures.

We reviewed agency directives, such as the USAID Operational Policy (ADS) and Mission guidance. We performed walkthroughs with Global Health and selected Mission personnel. We also spoke with select implementers, beneficiaries, host government officials and other stakeholders to determine the impact of USAID's global health response to COVID-19.

We also selected sixteen countries that received support from funding notified in CN #164 for on-site visits: Bangladesh, Brazil, Dominican Republic, Eswatini, Georgia, Ghana, Indonesia, Jordan, Lesotho, Malawi, Mozambique, Philippines, Senegal, South Africa, Tanzania, and Vietnam. Due to Mission availability, we conducted some testing virtually. The total amount obligated to these 16 countries under CN# 164 was $110 million. For the selected activities in these 16 countries $42 million was obligated, which represents 10.6 percent of the $397 million obligated. See our Country Selection Methodology in Appendix 2.

For each country selected, we conducted interviews with Mission personnel, implementer personnel, hospitals), host government officials (such as Ministries of Health), and other stakeholders. The purposes of these interviews were to identify the successes and challenges of USAID's COVID-19 response using ARPA funds and to gain a better understanding of USAID's activities and oversight. These interviews were primarily conducted in-person, with the exception of interviews in Eswatini, Indonesia and Tanzania, which were conducted virtually. See list of stakeholder interviews conducted in Appendix 3.

In addition to the interviews above, we reviewed supporting documentation for one global health response award in each country, such as the award justification form, award document and/or modifications, and workplan. We also reviewed monitoring documentation and progress reports. As multiple awards were made for global health response efforts in each country, we selected the activity that received the largest funding amount. Selected activities are shown below:

APPENDIX 1: OBJECTIVES, SCOPE AND METHODOLOGY

Table 1 - Global Health Response Activities Selected and Amount Obligated

Country	Activity Name	Obligated Funding
Bangladesh	Community Health System Strengthening (CHSS) Activity/MaMoni Maternal and Newborn Care Strengthening Project	$ 2,500,000
Brazil	New Partners for Better Health	$ 7,500,000
Dominican Republic	PAHO Umbrella Grant	$ 3,605,000
Eswatini[9]	Integrated Treatment Care and Prevention Services for Vulnerable Populations	$ 400,000
Georgia	USAID WHO COVID-19 Response program	$ 1,500,000
Ghana	Reaching Impact, Saturation, and Epidemic Control	$ 600,000
Indonesia	Enhanced Multi Drug Resistant Tuberculosis (MDR-TB) Services through Network of Private Hospital (USAID Mentari-TB)	$2,500,000
Jordan	Jordan Health Fund for Refugees	$ 2,300,000
Malawi	Global Health Supply Chain Program-Procurement and Supply Management	$ 600,000
Mozambique	Reaching Impact, Saturation, and Epidemic Control (RISE)	$ 1,150,000
Lesotho[10]	Reaching Impact, Saturation, and Epidemic Control	$ 2,550,000
Philippines	ReachHealth	$ 4,000,000
Senegal	EpiC-Meeting Targets and Maintaining Epidemic Control	$ 2,450,000
South Africa	EQUIP and APACE-Anova	$ 6,500,000
Vietnam	Epic – Meeting Targets and Maintaining Epic Controls	$ 2,000,000
Tanzania	Momentum country & Global Leadership (MCGL)	$ 1,350,000
Tanzania	EpiC-Meeting Targets and Maintaining Epidemic Control	$500,000
Total:		**$ 42,005,000**

Source: Auditor generated list. Obligated funding totals are based on allocation tables provided by Global Health.

We assessed the reliability of the data provided by (1) performing testing of certain data elements, (2) reviewing existing information about the data, and (3) interviewing Agency and implementer officials knowledgeable about the data. In addition, we traced a sample of data to source documents. We determined the data was sufficiently reliable for the purposes of this report.

We assessed the significance of internal controls by (1) reviewing USAID's standard operating procedures; and (2) performing walkthroughs with Global Health personnel to get an understanding of controls over the process.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain

[9] Eswatini is a non-presence country. Personnel for this Mission are located in the South Africa Mission.

[10] Lesotho is a non-presence country. Personnel for this Mission are located in the South Africa Mission. We visited project recipients in Lesotho and spoke with implementer and Mission personnel in South Africa.

sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX 2: COUNTRY SELECTION METHODOLOGY

We visited 13 overseas Missions to conduct our audit. In addition to the 13 Missions visited in-person, we also held interviews with three Missions virtually due to Mission availability and other issues that made in-person visits impractical.

Our contract with U.S. Agency for International Development (USAID) Office of Inspector General required us to conduct six separate audits of American Rescue Plan Act of 2021 funding notified in various Congressional Notifications (CN) and U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (herein referred to as "funding streams"):

- CN #16 – Oxygen Ecosystem
- CN #18 – Vaccine Readiness
- CN #41 – Rapid Response (2)
- CN #164 – Global Health Security
- CN #165 – Rapid Response (1)
- ARPA PEPFAR

For efficiency, we utilized a holistic approach to country selection, taking into consideration which countries would allow us to perform testing for multiple audits in one visit. Therefore, countries where activities were notified under numerous funding streams were more likely to be selected than those that had activities with small amounts of funding notified under one funding stream.

To determine which countries would be selected for in-person or virtual visits, we obtained a universe of the countries receiving support from funds notified in CNs #16, 18, 41 164, 165, as well as ARPA PEPFAR. We then utilized the following data points to determine which locations to visit:

- **Travel Advisories.** Countries that received a State Department Travel Advisory rating of *3-Reconsider Travel* or *4-Do Not Travel* were excluded from our sample selection.
- **Received Funding Under At Least One Allocation.** To be eligible the country must have received support from funds notified in CNs 164, 165, 41, 18, 16, or ARPA PEPFAR.
- **Total Dollar Amount Allocated.** We obtained a listing of allocations by country for each CN and ARPA PEPFAR. Countries that received support from the highest amount of total funding were more likely to be selected.
- **Total Number of CNs and ARPA PEPFAR Allocations.** To ensure our sample of countries is sufficient to achieve our audit objectives for all six audits under our contract, we gave greater weight to countries that received support from funding under multiple CNs and ARPA PEPFAR.
- **Whether the Mission Oversaw a Non-Presence Country.** We received a listing of non-presence Missions from Global Health and the Mission that was responsible for their oversight. Missions that oversaw activities in non-presence countries had a higher probability of being selected.

APPENDIX 2: COUNTRY SELECTION METHODOLOGY

Our country selection yielded 16 countries, of which all received support from funding notified in CN #164 for the global health response to COVID-19, as shown below.

Table 2 - List of Countries Selected and Amounts Obligated for Select Activities Notified in CN #164

Country	Region	Obligated Funding Under CN #164	Interviews Conducted Person or Virtually
Bangladesh	Asia	$ 2,500,000	In Person
Brazil	LAC	$ 7,500,000	In Person
Dominican Republic	LAC	$ 3,605,000	In Person
Eswatini	Africa	$ 400,000	Virtual
Georgia	E&E	$ 1,500,000	In Person
Ghana	Africa	$ 600,000	In Person
Indonesia	Asia	$2,500,000	Virtual
Jordan	MENA	$ 2,300,000	In Person
Lesotho	Africa	$ 2,550,000	In Person
Malawi	Africa	$ 600,000	In Person
Mozambique	Africa	$ 1,150,000	In Person
Philippines	Asia	$ 4,000,000	In Person
Senegal	Africa	$ 2,450,000	In Person
South Africa	Africa	$ 6,500,000	In Person
Tanzania	Africa	$ 1,850,000	Virtual
Vietnam	Asia	$ 2,000,000	In Person
Total:		**$ 42,005,000**	

Source: Auditor generated list. Obligated funding totals are based on allocation tables provided by Global Health.

APPENDIX 3: STAKEHOLDER INTERVIEWS

As described in the Objectives, Scope and Methodology section in Appendix 1, we conducted various interviews with Mission personnel, project implementers, project beneficiaries, and other stakeholders. These interviews are listed below.

Table 3 - List of Interviews Conducted

Country	City or Province	Organization(s) Interviewed/Visited	In-Person/ Virtual	Type
Vietnam	Hanoi	USAID Mission	In Person	Mission
Vietnam	Hanoi	FHI 360 (EpiC)	In Person	Implementer
Vietnam	Hanoi	Ministry of Health	In Person	Host Country Gov.
Vietnam	Hanoi	Bach Mai Hospital	In Person	Healthcare Facility
Vietnam	Đồng Nai	Long Khanh Regional General Hospital	In Person	Healthcare Facility
South Africa	Pretoria	USAID Mission (EQUIP Project)	In Person	Mission
South Africa	Pretoria	Right to Care (EQUIP Project)	In Person	Implementer
South Africa	Gauteng Province	Helen Joseph Hospital	In Person	Healthcare Facility
South Africa	Gauteng Province	Discoverer's CHC	In Person	Healthcare Facility
Mozambique	Maputo	USAID Mission (RISE Project)	In Person	Mission
Mozambique	Maputo	Jhpiego(RISE Project)	In Person	Implementer
Mozambique	Maputo	Maputo Central Hospital	In Person	Healthcare Facility
Bangladesh	Dhaka	USAID Mission	In Person	Mission
Bangladesh	Dhaka	BRAC	In Person	Implementer
Bangladesh	Dhaka	Save the Children International	In Person	Implementer
Bangladesh	Dhaka	Dhaka Dental Medical College and Hospital	In Person	Healthcare Facility
Bangladesh	Dhaka	Ministry of Health	In Person	Host Country Gov.
Bangladesh	Dhaka	Directorate General of Health Services	Virtual	Host Country Gov.
Bangladesh	Chittagong	Chattogram Medical College Hospital	In Person	Healthcare Facility
Bangladesh	Hathazari	Hathazari Upazila Health Complex	In Person	Healthcare Facility
Bangladesh	Hathazari	Jobra Community Clinic	In Person	Healthcare Facility
Jordan	Amman	Ministry of Health	In Person	Implementer
Jordan	Amman	USAID Mission - Activity AOR/COR	In Person	Mission
Jordan	Amman	USAID Mission - Public Health Director	In Person	Mission
Jordan	Amman	Ministry of Planning & International Cooperation	In Person	Host Country Gov.

Country	City or Province	Organization(s) Interviewed/Visited	In-Person/ Virtual	Type
Jordan	Amman	Central Public Health Lab	In Person	Healthcare Facility
Jordan	Amman	USAID Mission - Acting Mission Director	In Person	Mission
Jordan	Amman	USAID Mission - Resident Legal Officer	In Person	Mission
Ghana	Accra	USAID Mission	In Person	Mission
Ghana	Accra	Jhpiego (RISE Project)	In Person	Implementer
Ghana	Accra	Ghana Health Services (GHS)/Public Health Division	In Person	Host Country Gov.
Ghana	Accra	Nsawam Government Hospital	In Person	Healthcare Facility
Ghana	Accra	GHS/ Institutional Care Division	In Person	Host Country Gov.
Ghana	Kumasi/Ashanti Region	GHS/Regional Health Directorate (RHD)	In Person	Host Country Gov.
Ghana	Kumasi/Ashanti Region	GHS/Kumasi Metropolitan Health Department	In Person	Host Country Gov.
Ghana	Kumasi/Ashanti Region	Manhyia District Hospital	In Person	Healthcare Facility
Ghana	Accra	GHS/Greater Accra Regional Health Directorate	In Person	Host Country Gov
Georgia	Tbilisi	USAID Mission - Deputy Mission Director	In Person	Mission
Georgia	Tbilisi	USAID Mission - AOR, SPO, Finance Team	In Person	Mission
Georgia	Tbilisi	WHO Country Office Team	In Person	Implementer
Georgia	Tbilisi	WHO Country Office Director	Virtual	Implementer
Georgia	Tbilisi	GeoGraphic, National Family Medicine Training Center	In Person	Contractor
Georgia	Tbilisi	Health Geo-Information Capacity Development for Improved Health Service Delivery training	In Person	Implementer
Georgia	Tbilisi	MOH warehouse	In Person	Storage Facility
Georgia	Tbilisi	Ministry of Internally Displaced Persons, Labour, Health and Social Affairs, Georgian Medical Holding, Information Technology Agency	In Person	Other Stakeholder
Indonesia	Jakarta	United Nations International Children's Emergency Fund (UNICEF) Health Staff	Virtual	Implementer
Indonesia	Jakarta	Mentari TB	Virtual	Implementer
Indonesia	Jakarta	UNICEF COVID Team IP	Virtual	Implementer

Country	City or Province	Organization(s) Interviewed/Visited	In-Person/ Virtual	Type
Indonesia	Jakarta	UNICEF Activity Manager & Health COVID Team	Virtual	Mission
Lesotho	Teyateyaneng	Berea Hospital (RISE Activity)	In Person	Healthcare Facility
Lesotho	Maseru	USAID Mission (RISE Project)	Virtual	Mission
Lesotho	Maseru	Jhpiego (RISE Project)	Virtual	Implementer
Brazil	Manaus	Fiotec & Fiocruz Amazonia	In Person	SubGrantee
Brazil	Manaus	Caritas Arquidiocesana de Manaus	In Person	SubGrantee
Brazil	Belem	Instituto Beraca	In Person	SubGrantee
Brazil	Belem	Instituto Internacional de Educação do Brasil	In Person	SubGrantee
Brazil	Belem	Palladium NPI EXPAND	Virtual	Implementer
Brazil	Macapa	Grupo Mulheres do Brasil	In Person	SubGrantee
Dominican Republic	Santo Domingo	USAID Mission	In Person	Mission
Dominican Republic	Santo Domingo	USAID Mission	In Person	Mission
Dominican Republic	Santo Domingo	PAHO (Pan American Health Organization)	In Person	Implementer
Dominican Republic	Santo Domingo	National Lab	In Person	Healthcare Facility
Dominican Republic	Santo Domingo	USAID Mission	In Person	Mission
Dominican Republic	Santo Domingo	Epidemiology General Directorate	In Person	Healthcare Facility
Dominican Republic	Santo Domingo	Ministry of Health	In Person	Healthcare Facility
Malawi	Lilongwe	USAID Mission - Activity Manager - PSM	In Person	Mission
Malawi	Lilongwe	GHSC-PSM	In Person	Implementer
Malawi	Lilongwe	National Vaccine Store/PSM	In Person	Implementer
Malawi	Kasungu	Kasungu District Hospital	In Person	Healthcare Facility
Malawi	Lilongwe	Malawi Ministry of Health HES	In Person	Host Country Gov.
Senegal	Dakar	USAID Mission	In Person	Mission
Senegal	Fatick	Niakhar District Medical Center	In Person	Healthcare Facility
Senegal	Dakar	Directorate of Laboratories	Virtual	Healthcare Facility
Senegal	Dakar	Ministry of Health (MOH)/ Department of Equipment, Infrastructure	In Person	Host Country Gov.
Philippines	Caloocan City	Llano Elementary School	In Person	School
Philippines	Quezon City	City Epidemiological Surveillance Unit	In Person	Host Country Gov.

Country	City or Province	Organization(s) Interviewed/Visited	In-Person/ Virtual	Type
Philippines	Quezon City	Quezon City Vaccination Site at Philippine Medical Association	In Person	Healthcare Facility
Philippines	Cebu City	Cebu Province Local Government Team	In Person	Host Country Gov.
Philippines	Cebu Province	Emergency Rescue Unit Foundation	In Person	Other Stakeholder
Philippines	Caloocan City	Llano Health Center	In Person	Healthcare Facility
Philippines	Manila	ReachHealth - Team	In Person	Implementer
Philippines	Manila	USAID Mission	In Person	Mission
Philippines	Manila	Philippines Dept. of Health - Assistant Secretary	In Person	Host Country Gov.
Philippines	Manila	Philippines Dept. of Health - BIHC Director	In Person	Host Country Gov.
Philippines	Rizal	Casimiro Ynares Sr. Memorial Hospital	In Person	Healthcare Facility
Philippines	Cebu City	ReachHealth - Visayas Team	In Person	Implementer
Philippines	Cebu City	Philippines Department of Health - Region 7	In Person	Host Country Gov.
Philippines	Manila	USAID Mission - Health Office Director	Virtual	Mission
Tanzania	Dar-es salaam	USAID Mission	Virtual	Mission
Eswatini	Mbabane	Luke Commission	Virtual	Implementer

Source: Auditor generated based on interviews performed.

APPENDIX 4: FUNDING ALLOCATION BY COUNTRY OR REGIONAL MISSION

Countries 1-33	Total Obligation
1. Indonesia	$30,000,000
2. Peru	$13,350,000
3. Bangladesh	$11,400,000
4. Philippines	$11,300,000
5. Columbia	$11,000,000
6. Europe & Eurasia Regional[11]	$9,900,000
7. South Africa	$9,000,000
8. Brazil	$7,500,000
9. Ethiopia	$6,500,000
10. Ukraine	$6,300,000
11. Democratic Republic of the Congo[12]	$6,000,000
12. Haiti	$6,000,000
13. Syria	$6,000,000
14. Honduras	$5,700,000
15. Yemen	$5,599,245
16. Jamaica	$5,500,000
17. Tanzania	$5,500,000
18. Georgia	$5,400,000
19. Madagascar	$5,100,000
20. Egypt	$5,050,000
21. Ecuador	$5,000,000
22. Guatemala	$5,000,000
23. Mali	$5,000,000
24. Nigeria	$5,000,000
25. Thailand	$5,000,000
26. West Bank and Gaza	$5,000,000
27. Jordan	$4,700,000
28. Burkina Faso	$4,500,000
29. Dominican Republic	$4,500,000
30. Paraguay	$4,500,000
31. Vietnam	$4,500,000
32. Afghanistan	$4,000,000
33. Bolivia	$4,000,000

Countries 34-66	Total Obligation
34. Botswana	$4,000,000
35. Cambodia	$4,000,000
36. Libya	$4,000,000
37. Niger	$4,000,000
38. Zimbabwe	$4,000,000
39. Papua New Guinea	$3,800,000
40. Senegal	$3,750,000
41. Mongolia	$3,700,000
42. Mozambique	$3,700,000
43. Serbia	$3,700,000
44. Western Africa Regional[13]	$3,550,000
45. Angola	$3,500,000
46. Azerbaijan	$3,500,000
47. Pacific Islands Regional	$3,500,000
48. South Sudan	$3,500,000
49. Lesotho	$3,400,000
50. Burundi	$3,000,000
51. Cote D'Ivoire	$3,000,000
52. Iraq	$3,000,000
53. Kenya	$3,000,000
54. Namibia	$3,000,000
55. Sudan	$3,000,000
56. Cameroon	$2,900,000
57. Kyrgyz Republic	$2,800,000
58. Malawi	$2,800,000
59. Moldova	$2,800,000
60. Tajikistan	$2,800,000
61. Tunisia	$2,800,000
62. Bosnia	$2,700,000
63. Guinea	$2,700,000
64. North Macedonia	$2,700,000
65. East & Southern Caribbean	$2,500,000
66. Kosovo	$2,500,000

[11] Funds allowed to the Europe & Eurasia Regional Mission supported activities in Bulgaria, Montenegro, and Romania

[12] Includes funds allowed to Congo (Brazzaville) in the amount of $1,500,000.

[13] Funds allowed to the West Africa Regional Mission supported activities in Equatorial Guinea, Gabon, Sao Tome and Principe, and Togo

APPENDIX 4: FUNDING ALLOCATION BY COUNTRY

Countries 67-99	Total Obligation
67. Sri Lanka	$2,500,000
68. Timor-Leste	$2,500,000
69. Uganda	$2,500,000
70. Uzbekistan	$2,500,000
71. Kazakhstan	$2,400,000
72. Laos	$2,400,000
73. Panama	$2,250,000
74. Armenia	$2,100,000
75. Algeria	$2,000,000
76. Benin	$2,000,000
77. Burma	$2,000,000
78. El Salvador	$2,000,000
79. Gambia	$2,000,000
80. Ghana	$2,000,000
81. Maldives	$2,000,000
82. Morocco	$2,000,000
83. Zambia	$2,000,000
84. Rwanda	$1,700,000
85. Albania	$1,500,000
86. Central African Republic	$1,500,000
87. Mauritania	$1,500,000
88. Nepal	$1,500,000
89. Somalia	$1,500,000
90. Djibouti	$1,400,000
91. Southern Africa Regional[14]	$1,200,000
92. Costa Rica	$1,000,000
93. Eswatini	$1,000,000
94. Liberia	$1,000,000
95. Nicaragua	$1,000,000
96. Sierra Leone	$1,000,000
97. Lebanon	$850,755
98. Malaysia	$800,000
99. Cabo Verde	$500,000

Countries 100-101	Total Obligation
100. Uruguay	$500,000
101. Guinea-Bissau	$200,000
Total Obligated Funding Notified in CN #164:	$397,200,000

Source: Allocation information provided by Global Health

[14] Funds allowed to the Southern Africa Regional Mission supported activities in Comoros, Mauritius, and Seychelles

APPENDIX 5: MANAGEMENT RESPONSE

TO: Rob Mason, Audit Director, USAID OIG Africa Regional Office

FROM: Dr. Atul Gawande, Assistant Administrator, Bureau for Global Health /s/

DATE: February 26, 2024

SUBJECT: Management Comment(s) to Respond to the Draft Audit Report Produced by the Office of the Inspector General (OIG) titled, Audit of USAID's Global Health Response (4-936-24-002-U) (Task No. 441V0422)

The U.S. Agency for International Development (USAID) would like to thank the Office of the Inspector General (OIG) for the opportunity to respond to this final report, which contains no recommendations for the Agency. We appreciate the extensive work of the OIG's engagement team, and the specific findings that will help USAID capitalize on lessons learned during the COVID-19 pandemic and achieve greater effectiveness during future pandemics.

For more than half a century, the United States has been the largest contributor to global health security and humanitarian assistance. Investments by USAID and other U.S. Government Departments and Agencies in global health substantially advance U.S. foreign-policy and national-security interests by protecting Americans at home and abroad, promoting social and economic progress, and supporting the rise of capable partners better able to solve regional and global problems.

In order to combat the deadly impact of the COVID-19 pandemic, the U.S. stepped up as a bold leader of the global COVID-19 response, advancing both U.S. foreign policy and national security interests. The U.S. government's commitment to battling COVID-19 is outlined in the Global Response and Recovery Framework (GRRF), first published in 2021 and revised in 2022. The framework presents the government's three objectives in the global COVID-19 response: vaccinate those at highest risk and those who are hardest to reach; scale and integrate testing and treatment; and prepare for future COVID-19 variants and pandemic threats.

The American Rescue Plan Act of 2021 (ARPA) provided funding for USAID to urgently address challenges related to COVID-19 in line with the GRRF. On June 22, 2021, USAID transmitted Congressional Notification (CN) #164, notifying Congress that $400 million in ARPA funds would be allocated for health programs to prevent, prepare for, and respond to the COVID-19 pandemic. These activities were to build upon previous COVID-19 investments and existing USAID global health programs to address the most urgent needs in low- and-middle income countries to accelerate progress towards achieving objectives 1 and 2 of the GRRF. Those objectives are (1) accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations and (2) reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats.

Under objective 1, funds notified in CN #164 supported comprehensive country readiness to administer COVID-19 vaccines, including efforts to ensure uptake and access among all eligible populations, address vaccine hesitancy, and combat mis- and disinformation. These activities were designed to be catalytic and fill key gaps in countries' National Deployment and Vaccination Plans. Specific lines of efforts included monitoring adverse events following immunization, strengthening vaccine supply chains and logistics, training of healthcare workers, communication, community engagement, and strengthening of health information systems to track vaccine supply and vaccinations. Many of these activities began before vaccines were widely available and were used to accelerate planning and coordination in advance of vaccine arrival to ensure that vaccines were delivered to populations who most needed them.

Under objective 2, funds notified in CN #164 supported public health interventions to manage COVID-19, including the delivery of evidence-based clinical interventions and expanded access to diagnostics and therapeutics to detect, manage, and treat COVID-19. Priority interventions were those that reduced transmission, provided life-saving assistance, and minimized the impact of the virus in the immediate term. USAID-funded activities ensured countries were implementing a comprehensive public health strategy to prevent transmission and expand access to evidence-based, high-quality care and treatment for patients with moderate to severe COVID-19 infection.

In **Botswana,** USAID supported the implementation of the COVID-19 vaccination roll-out program across 11 districts by providing direct vaccination service delivery and setting up vaccine sites. USAID supported implementation of the risk communication and community engagement strategy through social media campaigns, use of newspapers, radios and TV media platforms to create awareness and public education and mobilization activities conducted by community health workers in 10 districts.

New medical liquid oxygen systems supported by USAID brought lifesaving therapy to 4 facilities in **Vietnam,** including associated infrastructural improvements needed to operate the systems (four foundations, four fences, piping, and installation of 235 oxygen outlets in total). Medical liquid oxygen provides lifesaving therapy to patients in respiratory distress. Before USAID support, many provincial and district facilities in Vietnam lacked the infrastructure to store and pipe liquid oxygen to patient beds. To address this gap, USAID directed funds to build liquid oxygen systems and install piping to deliver oxygen to patients in need. Funds also supported

technical supervision and inspection for each of these systems and auxiliary equipment like flow meters and humidifiers. In addition to the liquid oxygen systems, 80 multiparametric patient monitors and 265 electronic syringe pumps were provided. Funds also supported the creation of two online courses for hospitals receiving oxygen systems, one on the basics of medical oxygen and a second on safety and regulations for medical oxygen systems.

In **Mongolia**, in coordination with the MOH, USAID supported creation of a technical working group consisting of primary health care experts and clinical consultants. The group reviewed and adapted a COVID-19 clinical training package to the local primary health care context and incorporated the latest global COVID-19 care guidelines. Training materials translated into Mongolian included information on triage, patient referrals and transfer, emergency oxygen therapy, and safe handling of oxygen cylinders and consumables, as well as a handbook on navigating COVID-19 clinical care pathways. Technical materials then were printed and disseminated to primary health care providers across the country.

USAID funding supported the Ministry of Health in **Senegal** to upgrade 21 hospitals across 11 regions through the installation of new medical gas piping systems. Those hospitals were selected as they served as buffer sites during the COVID-19 crisis to support regional referral centers. Through USAID support, 440 new oxygen outlets were installed across the 21 hospitals, as well as oxygen manifold rooms at each hospital, and 299 national trainers were trained on maintenance and audit of Oxygen quality. Two hundred oxygen cylinders (8 per hospital) were donated, as well as oxygen-related consumables, such as oxygen analyzers, flowmeters, adult and pediatric masks.

USAID and our implementing partners, with ARPA funding notified under CN #164, worked closely with host country governments, other partners, and local experts to prioritize the support and approaches that would best enhance country-led programs and work toward country goals for vaccinating those at highest risk of COVID-19 and reducing morbidity and mortality from COVID-19. By partnering with governments in this way, USAID supported countries in strengthening local planning and leadership, helping to streamline coordination, and creating effective programs that helped people with immediate needs while also bolstering national health systems over the long term.