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

COVID-19: Audit of USAID's Rapid Response Efforts

Audit Report 4-936-24-004-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 Rapid Response Efforts (4-936-24-004-U)

Enclosed is the final audit report on USAID's COVID-19 rapid response funding efforts using American Rescue Plan Act of 2021 (ARPA) funding for activities identified by Congressional Notifications (CN) #41 and #165. The Office of Inspector General (OIG) contracted with the independent certified public accounting firm of Williams Adley & Company-DC LLP (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 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 determine to what extent (1) commodities, purchased under the rapid response funding stream, were used for intended purposes under the CNs; and (2) commodity purchases under the rapid response CNs aligned with host-government priorities and were coordinated with other donors.

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 as implementers), program beneficiaries, host government officials and other stakeholders. During the audit, Williams Adley also conducted field work in eight countries that were allocated just over $59 million in ARPA funding for COVID-19 activities as notified under CN #41 and #165. The field work took place between September 2022 and August 2023.

The audit firm concluded that the commodities purchased for COVID-19 rapid response efforts were used for their intended purposes under CNs #41 and #165, and aligned with host-government priorities. USAID also coordinated with other donors. As such, we have no recommendations.

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

US Agency for International Development

Audit of USAID's COVID-19 Rapid Response Efforts

March 26, 2024

March 26, 2024

Ms. Toayoa Aldridge
Assistant Inspector General for Audit, 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 U.S. Agency for International Development's (USAID) COVID-19 rapid response efforts. 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 (1) determine to what extent commodities purchased under the rapid response funding stream were used for their intended purposes, under Congressional Notifications (CN) #41 and #165, and (2) determine to what extent commodity purchases under the rapid response Congressional Notifications (CN) aligned with host-government priorities and were coordinated with other donors.

To accomplish our objectives, we interviewed personnel from the USAID's Bureau for Global Health as well as Mission personnel, project implementers, and project beneficiaries in eight 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 objectives, 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

Leah Southers, CPA, CISA, CGFM, CFE
Partner

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RESULTS IN BRIEF

We conducted an independent performance audit of USAID's implementation and monitoring of activities implemented with American Rescue Plan Act of 2021 (ARPA) funding notified for COVID-19 rapid response efforts. Our performance audit was conducted both remotely as well as at overseas Mission, implementer, and recipient locations in eight countries: Bangladesh, Eswatini, Lesotho, Malawi, Mozambique, Philippines, South Africa, and Vietnam.

We determined that the commodities purchased for COVID-19 rapid response efforts were used for their intended purposes, aligned with the illustrative activities described in CNs 41 and 165, and aligned with host-government priorities. We also determined that USAID coordinated with other donors.

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 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 pandemic.

USAID is also programming $800 million in PL 480 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").

Rapid Response Stream Background

The Biden Administration, under Objective 1 of the Response Framework, aimed to accelerate widespread and equitable access to safe and effective COVID-19 vaccinations. Under Objective 2, it 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 percent of the world's population against COVID-19 by September 2022.[1]

During the height of the pandemic, the spike in caseloads stressed already burdened health systems, as hospitals in several countries were rapidly approaching—or surpassing—capacity. National and provincial hospitals in some countries reported oxygen shortages, healthcare worker shortages and burnout, medical supplies and personal protective equipment on the verge of stockouts, and overloaded bed capacity. Slow vaccine rollout in sub–Saharan Africa resulted in populations that were susceptible to highly transmissible variants and severe illness.

To respond to this need, USAID sought to provide assistance and technical expertise to help control the pandemic, strengthen public health capacity, provide urgent relief, and address compounding impacts that imperiled recovery and previous gains in development. USAID's approach was to support a comprehensive public health response that aligned with WHO's COVID-19 response pillars, which included public health and case management interventions to stop transmissions and mitigate the impacts of current and future surges.[2]

As part of these efforts, on July 2, 2021, USAID notified Congress in CN # 165 that it intended to obligate $100 million for urgent emergency response activities related to the COVID-19 pandemic in low- and-middle income countries. CN #165 stated that "USAID [would use] ARPA

[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] USAID Implementation Plan for the U.S. COVID-19 Global Response and Recover Framework, October 2021, p.50. https://www.usaid.gov/sites/default/files/2022-05/USAID_COVID19_Implementation_Plan.pdf

funds to provide its Missions with the technical assistance and support required to effectively implement and oversee COVID-19 response programming […built] upon previous COVID-19 investments and existing USAID global health programs." These funds were intended to be used to address the most urgent needs in low- and-middle income countries to accelerate progress towards achieving the goals of objectives 1 and 2 of the Framework.[3] Despite global efforts, the scale of the pandemic required additional resources to effectively combat gaps in assistance. According to USAID, while the Agency "and the global community had made progress towards vaccinating the world, that progress was uneven with the majority of countries in Africa having less than ten percent coverage and many countries in Asia less than fifty percent."[4] The low vaccination rates left these areas "highly susceptible to community transmission from highly transmissible COVID-19 variants like Delta and Omicron," while Omicron threatened "to reduce immune protection [and] also raised concern at the time of a potential surge even among vaccinated populations."[5] Anticipating that widespread COVID-19 transmission would surge from December 2021 to March 2022 and again in July to September 2022, USAID submitted CN #41 on January 11, 2022, to notify Congress of its intent to obligate $50 million for necessary expenses to support health programs to prevent, prepare for, and respond to COVID-19. USAID thus submitted two notifications to Congress totaling $150 million in ARPA funds for rapid response efforts addressing urgent needs in low- and-middle income countries.

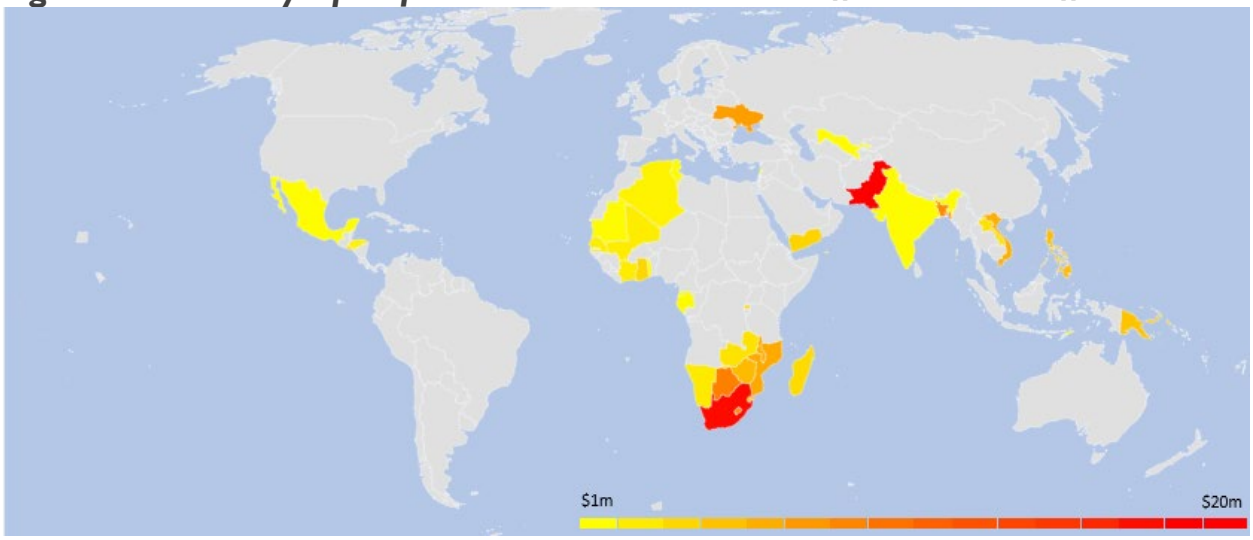
USAID prioritized rapid response interventions to mitigate and prepare communities in developing countries affected by and at-risk of COVID-19. As noted in CNs #165 and #41, factors considered in its funding allocation methodology included:

- Epidemiologic and social characteristics, population density, prior foreign assistance from the United States and other donors, and other variables;
- Low scores on the Global Health Security Index classification of health systems and Global Health Security Agenda Joint External Evaluation (which measures compliance with the International Health Regulations);
- Other vulnerabilities (e.g., unstable political situation, displaced populations);
- An assessment that USAID's resources could have an impact on containment, resolution, or mitigation of the disease.

Using these factors, USAID provided rapid response assistance to approximately 39 different countries as shown below.

[3] Congressional Notification #165, page 2
[4] Congressional Notification #41, page 2
[5] Congressional Notation #41, page 4

Figure 1 - Country-Specific Allocations Under CNs #165 and CN #41



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

To facilitate support for objectives 1 and 2, USAID focused on the following priority areas:[6]

1. Accelerating the supply and manufacturing of COVID-19 vaccines and consumables and expanding fill-finish capacity;
2. Supporting 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;
3. Expanding equitable access to, financing for, and timely delivery of vaccines, including through collaboration with COVAX Facility;
4. Supporting public health interventions to manage COVID-19; and
5. Supporting the delivery of evidence-based clinical interventions and expanding access to diagnostics and therapeutics to detect, manage, and treat COVID-19.

Of the $150 million notified under CNs #165 and #41, USAID approved $75.74 million to directly fund urgent emergency response activities in low-and-middle income countries, $69.73 million was pre-positioned for rapid response in awards administered by the Bureau for Global Health, $4.18 million for global support, and the remaining $350,000 was transferred to the Department of State to procure COVID-19 test kits for donation to the Government of Mexico. USAID funds were allotted to the Regional Bureaus for programming through Missions and allocated from the pre-positioned funds utilizing the process described below:

1. Initial discussions about potential need for rapid response funds were flagged by USAID Missions through a Regional Bureau health contact, who then raised it with pillar one of the COVID-19 Task Force (CTF), which at that time oversaw programs and strategic planning.
2. Needs were also raised on an ad hoc basis or during one of the weekly meetings that the then-CTF held with Regional Bureaus. These meetings looked closely at the

[6] USAID Implementation Plan For the U.S. COVID-19 Global Response Recovery Framework

epidemiologic trends and hotspots which determined if further conversations with Missions were needed to discuss the potential use of the Rapid Response Fund.

Upon determination of final country allotments, the Regional Bureaus/Missions were notified of the available funding. Based on their knowledge of the countries' current needs and gaps, the Regional Bureaus/Missions determined the activities and developed Award Justification Forms. The Award Justification Forms were submitted to Regional Bureaus who assisted with getting programmatic (agreement and contract officer representatives (A/COR)) and technical approval from Global Health. Upon final approval, the funding was obligated to the selected implementing partner to develop detailed workplans in collaboration with the local government and Ministry of Health, as applicable. After approval by Global Health programmatic and technical staff, activities began.

AUDIT RESULTS

Overall, we found that the activities implemented with funds notified under CNs #165 and #41 for rapid response efforts were consistent with the justification provided in those CNs and complied with agency and federal standards. The results related to each of our audit objectives are described below.

Audit Objective 1: Determine Extent to Which Commodities Purchased with Rapid Response Funding Were Used for Intended Purposes

One of the primary purposes of rapid response funding was to help prevent, respond, and mitigate the impact of uncontrolled COVID-19 transmission in a country while ensuring more equitable access to tools to counter COVID-19. To accomplish this goal, several activities were implemented to help communities at risk of COVID-19. Illustrative activities listed in CNs #165 and #41 included:

- the prevention and control of infections in critical health facilities;
- the ability and readiness to identify, diagnose, report, assess, manage, and treat COVID-19 cases rapidly;
- the strengthening of underdeveloped, deficient, or absent components of health institutions and networks, especially those that can be repurposed for the COVID-19 crisis;
- contact tracing and follow-up; social and behavioral change in populations through accurate risk-communications and community engagement;
- adding or improving water and sanitation in health facilities;
- the implementation of health measures for travelers;
- service delivery, logistics and supply-chain management, including for pharmaceuticals and key health commodities;
- addressing bottlenecks to the preparation, planning, distribution, and administration of COVID-19 vaccines;
- the purchase and/or distribution of pharmaceuticals and key health commodities (e.g., diagnostic equipment and reagents, therapeutics, COVID-19 vaccines and related ancillary materials, commodities and equipment for patient care, disinfectants, and sanitizers);
- global and regional coordination;
- the education and training of health workers; and
- country-level readiness and response.

USAID-approved high-demand commodities and other essential supplies needed to curb COVID-19 transmission for rapid deployment were as follows:

- **Diagnostics:** Critical supplies to meet urgent COVID-19 prevention and response needs support, such as commodities like COVID-19 test kits and reagents.
- **Therapeutics:** USAID prioritized equipment and supplies needed for oxygen production, distribution, and monitoring, delivery of oxygen to patients, and related

engineering support/repairs of existing oxygen generating equipment. This also includes other USAID-prioritized/approved equipment and supplies, such as therapeutics to meet urgent needs to help improve survival and benefit the most people affected by COVID-19.

- **Infection Prevention and Control (IPC):** Critical hygiene and prevention supplies, including personal protective equipment, chlorine, soap, hygiene kits, hand-sanitizer, water purification tablets, and disinfectants. Urgent materials to support risk communication and community engagement, e.g., print and training materials.
- **Vaccine delivery:** Critical supplies to support the in-country delivery of COVID-19 vaccines, such as safety boxes, cold chain equipment and ancillaries (e.g., refrigerators and air conditioners) and vaccination cards. In some cases, with prior USAID approval, this included delivery of already procured COVID-19 vaccines.

We reviewed documentation, interviewed Mission personnel and other stakeholders, and performed physical verification of CN #165 and #41 activities in eight countries (South Africa, Vietnam, Bangladesh, Philippines, Lesotho, Eswatini, Mozambique, and Malawi). We found that activities varied widely between countries and that decisions of which activities to implement were largely tailored to the specific needs of each country.

For example, $3.5 million in CN #165 notified funding was used for activities in Vietnam to enhance liquid oxygen capabilities and provide medical equipment and personal protective equipment to hospitals through an agreement with FHI 360. With funds notified under CN #165, FHI 360, in collaboration with three sub-implementers, installed nine liquid oxygen systems[7] and related equipment at hospitals throughout the country. In addition, funding was used to provide injection pumps, pulse oximeters, and masks to medical facilities serving COVID-19 patients. Lastly, CN #165 notified funding was used to provide break rooms for medical personnel to support their mental health and well-being during the COVID-19 surges. During our site visits, we met with hospital personnel and observed the commodities purchased and confirmed that they were being used for their intended purposes.

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

In Lesotho, $2.4 million of CN #165 notified funding was used for the Reaching Impact, Saturation, and Epidemic Control (RISE) project, which supported the government's vaccination plan. RISE worked with Ministry of Health officials to provide technical assistance to Ministry of Health employees, support village-to-village vaccination campaigns in hard-to-reach areas, strengthen case management efforts, and furnish other vaccination-related assistance.

Based on our review of documentation (e.g., award justification forms, activity plans, contract modifications, grant awards and amendments, approved action memos), rapid response activities with funds notified in CNs #165 and #41 were programmed as shown in the table below.

[7] Oxygen activities in Vietnam were funded under CNs 164 and 16 as well as 165.

Table 1 – Funded Activities Notified Under CN #41 and #165

Funded Activity	Implementing Partners	Total Obligation
Efficiencies for Clinical HIV Outcomes (ECHO)	Abt Associates, Inc.	$400,000
Mexico's Institute for Epidemiologic Diagnostic and Reference (INDRE)	Allotment to the Department of State	$350,000
Karabo ea Bophelo (KB)	Baylor College of Medicine Children's Foundation - Lesotho	$150,000
Community Health System Strengthening (CHSS)	BRAC	$3,500,000
Accelerating Program Achievements to Control the Epidemic (APACE)	BroadReach Healthcare	$2,000,000
Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM)	Chemonics	$19,480,000
Providing Universal HIV/AIDS Services (PUSH)	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	$450,000
Meeting Targets and Maintaining Epidemic Control (EpiC)	Family Health International (FHI) 360	$975,000
Global Health Supply Chain-Quality Assurance (GHSC-QA)	Family Health International (FHI) 360	$17,450,000
Alcancar	Family Health International (FHI) 360	$200,000
Botswana Comprehensive Care and Support for Orphans and Vulnerable Children Project (OVC)	Global Communities	$1,635,000
Next Mile Mzansi	Global Environment and Technology Foundation	$1,000,000
Global Health Technical Assistance and Mission Support (GH-TAMS)	IBTCI	$150,000
Infectious Disease Detection and Surveillance (IDDS)	ICF Incorporated	$1,500,000
Reaching Impact, Saturation, and Epidemic Control (RISE)	Jhpiego	$12,935,000
Breakthrough Action	John Hopkins University	$850,000
Integrated Health Systems Strengthening and Service Delivery (IHSS)	JSI Research and Training Institute, Inc.	$5,000,000
JSI Discover Health	JSI Research and Training Institute, Inc.	$1,000,000
Accessible Continuum of Care Essential Services Sustained (ACCESS)	Management Sciences for Health, Inc.	$600,000
Pact, Inc. Triple R	Pact	$100,000
Sustaining Technical and Analytic Resources (STAR)	Public Health Institute (PHI)	$1,100,000
PIRCOM	PIRCOM	$125,000
Improving Market Partnerships and Access to Commodities Together (IMPACT)	Population Services International (PSI)	$200,000
Going the Last Mile	Population Services International (PSI)	$450,000

Accelerating Development Against Pandemic Threats (ADAPT)	Right to Care	$18,750,000
EQUIP	Right to Care	$4,900,000
Market Access and Innovating Financing (MAIF)	Rios Partners	$500,000
ReachHealth	RTI International	$3,000,000
MaMoni Maternal and Newborn Care Strengthening Project	Save The Children	$1,500,000
Integrated Treatment Care and Prevention Services for Vulnerable Populations	The Luke Commission Swaziland	$1,000,000
Tuberculosis Local Organizations Network (TBLON)	Center for Infectious Diseases Research in Zambia (CIDRZ)	$1,000,000
UNICEF Polio & Immunization II	United Nations Children's Fund (UNICEF)	$19,320,000
UNICEF Umbrella Agreement II	United Nations Children's Fund (UNICEF)	$2,930,000
US Pharmacopeial Convention (USP)	Promoting the Quality of Medicines (PQM+)	$1,000,000
WHO Consolidated Agreement	World Health Organization (WHO)	$9,500,000
Total Obligation		**$135,000,000** [8]

Source: Allocation information provided by Global Health

We determined the funds for the selected activities in the eight countries visited were appropriately used for their intended purpose, consistent with the justifications in the CNs, and they did not exceed the notified funding.

[8] The difference from the $150 million approved to be obligated under CN #165 and #41 relates to the $20 million obligation in USAID/Pakistan's bilateral agreement with the Government of Pakistan, of which $15 million remains to be sub-obligated.

Audit Objective 2: Determine Extent to Which Commodity Purchases with Rapid Response Funding Aligned with Host-Government Priorities and Were Coordinated with Other Donors

WHO determined that the COVID-19 outbreak was a Public Health Emergency of International Concern on January 30, 2020. USAID shortly after initiated its protocols for responding to infectious disease outbreaks and designated the Bureau for Global Health as the technical lead for the COVID-19 response. The agency stood up multiple internal coordination groups that year, including the:

- Administrator's Crisis Action Team (activated in January)
- Global Health Technical Working Group (February)
- First COVID-19 Task Force (March)
- Global Health Sustained Crisis Response Team (April)

These internal coordination groups consisted of subject matter experts, including medical doctors, public health and disaster response experts, and supply chain specialists, to contribute to USAID's COVID-19 response. We interviewed a number of staff both in-person during site visits and virtually for non-travel countries. These individuals had experience in prior public health emergencies and disaster responses. See list of stakeholder interviews conducted in Appendix 3.

USAID coordinated externally and internally to conduct needs assessments to identify and fund priority countries. USAID has long-standing relationships with partner governments, local private sector, civil society groups, non-governmental organizations and multilateral institutions that were essential to an effective response. USAID and the CDC regularly worked hand-in-hand on a range of topics, including developing criteria for and shaping the contours of the U.S. government's global COVID-19 response, tracking global trends, and ensuring that efforts are complementary and elevated respective agency expertise.

Based on the results of interviews and review of documentation, we conclude USAID conducted needs assessments and gathered comprehensive data from its missions to understand countries' needs and informed decisions on the use of COVID-19 supplemental funds. Critical areas were also considered for COVID-19 response and country readiness aiming to identify priority countries ranked using evidence-based modeling. Using this approach, USAID was able to fund a number of rapid response activities in Table 2, which aligned with host-government priorities.

APPENDIX 1: OBJECTIVES, SCOPE AND METHODOLOGY

Our audit objectives were to determine to what extent:

1. Commodities purchased under the rapid response funding stream were used for intended purposes under CN #165 and #41; and
2. Commodity purchases under the rapid response CNs aligned with host-government priorities and were coordinated with other donors.

Our scope was activities conducted with ARPA funds notified in CNs #165 and #41.

To accomplish the objectives of the audit, Williams Adley identified the applicable criteria against which to assess USAID's country selection, use, and needs assessment related to CNs #165 and #41. In addition, we met with USAID Bureau for 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 objective, and (3) reviewed the applicable internal policies and procedures.

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

We reviewed all global technical assistance activities initiated under CN #41 and #165 to determine whether the activities were in alignment with the three areas identified in the CNs: reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats. In addition, we reviewed the allocation methodology used by Global Health in determining the assistance that would be provided in countries to determine whether all key metrics identified in the CNs were considered.

We selected seven countries where rapid response assistance was provided as notified in CN #41 and #165 for on-site visits: Bangladesh, Lesotho, Malawi, Mozambique, Philippines, South Africa, and Vietnam. Due to Country Office unavailability during the visit timeline, we conducted virtual testing for Eswatini. See our Country Selection Methodology in Appendix 2. The total amount obligated to these eight countries as notified in CN #165 and #41 was $59.3 million which represents 39.5% of the $150 million notified under these CNs.[9]

For each country selected, we conducted interviews with Mission personnel, implementer personnel, beneficiaries (such as 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 rapid response funding and to gain a better understanding of the initiated activities, their intended purposes, host government priorities, and USAID's coordination with other donors. These interviews were primarily conducted in-person, with the exception of

[9] Sample and total numbers include both country allocations and Global Health allocations.

interviews in Eswatini, which were virtual. See list of stakeholder interviews conducted in Appendix 3.

In addition to the interviews above, we reviewed supporting documentation for rapid response activities in each country such as the award justification form, award document and/or modifications, and workplan. We also reviewed select monitoring documentation and progress reports. As multiple awards for rapid response efforts were made in each country, we selected the activities that received the largest funding amount under CN #165. Selected activities are shown in below:

Table 2 – Rapid Response Projects Selected and Amounts Obligated

Mission	Activity Name	Total Obligations
South Africa	Accelerating Development Against Pandemic Threats	$16,000,000
Vietnam	Meeting Targets and Maintaining Epidemic Control	$3,500,000
Bangladesh	Community Health System Strengthening	$3,500,000
Philippines	ReachHealth	$3,000,000
Lesotho	Reaching Impact, Saturation, and Epidemic Control	$2,475,000
Eswatini	Integrated Treatment Care and Prevention Services for Vulnerable Populations	$1,000,000
Mozambique	Efficiencies for Clinical HIV Outcomes	$400,000
Malawi	Breakthrough Action	$150,000
	Total Selected Activities	**$30,025,000**

Source: Auditor generated list. Activity name and obligated funding amounts are based on the award justification forms 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 also 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 from September 2022 through August 2023. 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.

APPENDIX 2: COUNTRY SELECTION METHODOLOGY

We visited seven overseas Missions to conduct our audit of rapid response efforts. In addition to the seven Missions visited in-person, we also held virtual interviews with one Mission due to issues that made a visit 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 countries 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 in comparison to all other missions.

Our country selection yielded 16 countries, of which eight received support from funding notified in CN #165 and #41 for rapid response related projects, as shown below.

APPENDIX 2: COUNTRY SELECTION METHODOLOGY

Table 3 – List of Countries Selected and Amounts Obligated for Select Activities Notified in CN #41 & #165

Mission	Region	Total Obligated[10]	Interviews Conducted Person or Virtually
Eswatini	Africa	$3,950,000	Virtual
Lesotho	Africa	$7,469,600	In Person
Malawi	Africa	$5,507,457	In Person
Mozambique	Africa	$5,698,300	In Person
Philippines	Asia	$4,500,000	In Person
South Africa	Africa	$19,000,000	In Person
Vietnam	Asia	$5,349,964	In Person
Bangladesh	Asia	$7,838,156	In Person
Total:		**$59,313,477**	

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

[10] Includes Mission obligations as well as Global Health obligations

APPENDIX 3: STAKEHOLDER INTERVIEWS

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

Table 4 - List of Interviews Conducted

Country	City or Province	Organization(s) Interviewed/Visited	In-Person/ Virtual	Type
Bangladesh	Dhaka	Mission	In Person	Mission
Bangladesh	Dhaka	Expanded Programme on Immunization (EPI)	In Person	Host Country Government
Bangladesh	Dhaka	Building Resources Across Communities (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 Government
Bangladesh	Dhaka	Director General of Health Services (DGHS)	Virtual	Host Country Government
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
Mozambique	Maputo	USAID Mission - Office Chief, Integrated Health Office	Virtual	Mission

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Mozambique	Maputo	USAID Mission (RISE Project)	In Person	Mission
Mozambique	Maputo	USAID Mission (PSM Project)	In Person	Mission
Mozambique	Maputo	Jhipego (RISE Project)	In Person	Implementer
Mozambique	Maputo	Chemonics (PSM Project)	In Person	Implementer
Mozambique	Maputo	Maputo Central Hospital (RISE Project)	In Person	Healthcare Facility
Mozambique	Maputo	Zimpeto Warehouse	In Person	Storage Facility
Mozambique	Maputo	FHI360/ePIC	Virtual	Mission
Mozambique	Maputo	FHI	Virtual	Implementer
Vietnam	Hanoi	USAID Mission	In Person	Mission
Vietnam	Hanoi	FHI 360 (EpiC)	In Person	Implementer
Vietnam	Hanoi	Ministry of Health	In Person	Host Country Government
Vietnam	Hanoi	Bach Mai Hospital	In Person	Healthcare Facility
Vietnam	Đồng Nai	Long Khanh Regional General Hospital	In Person	Healthcare Facility
Vietnam	Hồ Chí Minh	Ho Chi Minh City University of Medicine and Pharmacy (UMP)	In Person	Other Stakeholder
South Africa	Pretoria	USAID Mission	In Person	Mission
South Africa	Pretoria	Right to Care (ADAPT Project)	In Person	Implementer
South Africa	Gauteng Province	Esangweni CHC	In Person	Healthcare Facility
South Africa	Gauteng Province	Winnie Mandela Clinic	In Person	Healthcare Facility
South Africa	Gauteng Province	Kopanong Old Age Home	In Person	Other Stakeholder
South Africa	KwaZulu Natal Province	Prince Mshiyeni Gateway Clinic - Umlazi	In Person	Healthcare Facility
South Africa	KwaZulu Natal Province	Umlazi N Clinic/Outreach Site Umzali N	In Person	Healthcare Facility
Philippines	Manila	USAID Mission - Health Office Director	Virtual	Mission
Lesotho	Teyateyaneng, Lesotho	Berea Hospital (RISE Activity)	In Person	Healthcare Facility
South Africa	Cape Town	Gustrouw CHC (ADAPT Activity)	In Person	Healthcare Facility

APPENDIX 3: STAKEHOLDER INTERVIEWS

South Africa	Cape Town	Nomzamo CHC & Outreach (ADAPT Activity)	In Person	Healthcare Facility
South Africa	Cape Town	Michael Mapongwana CHC (ADAPT Activity)	In Person	Healthcare Facility
Lesotho	Maseru	USAID Mission (RISE Project)	Virtual	Mission
Lesotho	Maseru	Jhpiego (RISE Project)	Virtual	Implementer
Malawi	Lilongwe	USAID Mission Activity Manager - Breakthrough ACTION	In Person	Mission
Malawi	Lilongwe	Breakthrough Action	In Person	Implementer
Malawi	Lilongwe	Malawi Ministry of Health HES	In Person	Host Country Government
Philippines	Caloocan City	Llano Elementary School	In Person	School
Philippines	Quezon City	City Epidemiological Surveillance Unit (CESU)	In Person	Host Country Government
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 Government
Philippines	Cebu Province	Emergency Rescue Unit Foundation (ERUF)	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 Department of Health - Assistant Secretary	In Person	Host Country Government
Philippines	Manila	Philippines Department of Health - BIHC Director	In Person	Host Country Government
Philippines	Rizal	Casimiro Ynares Sr. Memorial Hospital	In Person	Healthcare Facility

APPENDIX 3: STAKEHOLDER INTERVIEWS

Philippines	Cebu City	ReachHealth - Visayas Team	In Person	Implementer
Philippines	Cebu City	Philippines Department of Health - Region 7	In Person	Host Country Government
Eswatini	Mbabane	USAID Mission – Country Director	Virtual	Mission
Eswatini	Mbabane	The Luke Commission	Virtual	Implementer

Source: Auditor generated based on interviews performed.

APPENDIX 4: MANAGEMENT RESPONSE

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

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

DATE: March 4, 2024

SUBJECT: Management Comment(s) to Respond to the Final Audit Report

Produced by the Office of the Inspector General (OIG) titled, Audit of USAID's Rapid Response Efforts (4-936-24-004-U)

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.

Due to the emergence of geographical variants of COVID-19 and epidemic surges at regional and country levels, USAID established a Rapid Response Fund (RRF) of prepositioned funds to facilitate a more proactive capacity for responding to emerging COVID-19 needs. Through American Rescue Plan Act of 2021 (ARPA) funding notified under Congressional Notifications

(CN) #165 and #41, USAID's RRF supported assistance and technical expertise to help control the pandemic, strengthen public health systems capacity, provide urgent relief, and address compounding impacts of the pandemic that imperil recovery and sustained development. In order to ensure a needs-based, evidence-driven approach to utilizing these resources, USAID used a range of criteria in assessing country specific needs and determining RRF allocation levels, including but not limited to: epidemiologic and social characteristics, population density, prior foreign assistance from the United States and other donors, and other variables; evidence of local transmission of the novel coronavirus and rapid increases in confirmed cases of COVID-19, especially in combination with mobile populations and porous borders; and an assessment that USAID's resources could have an impact on containment, resolution, or mitigation of the disease.

The impact of USAID's RRF on countries' abilities to rapidly respond to shifts in the COVID-19 pandemic was demonstrated clearly during the rise of the Omicron variant between November 2021 and January 2022. During this period, the majority of countries in sub-Saharan Africa (SSA) experienced a major surge in COVID-19 cases fueled by the surge of the first Omicron variant, with many of these cases concentrated in the Southern Africa region. South Africa, in particular, continued to report the highest number of COVID-19 cases in SSA and a majority of deaths during this period. Twenty-six countries in SSA experienced historic peaks in weekly reported case counts during this Omicron surge period.

In response to this Omicron-fueled surge in cases, USAID quickly provided additional funding to ten countries in southern Africa–including Botswana, Eswatini, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe–to strengthen oxygen systems, improve testing, train health care workers, hire additional staff, improve case management, and provide urgent medical commodities.

With RRF support, countries implemented a range of high impact COVID-19 response activities. In South Africa, for example, activities included: supporting hospitals to manage surging cases through improved infection prevention and control, facility level incident management, and expansion of beds and critical treatment resources such as oxygen, therapeutics and staff; national level coordination of COVID-19 programs and incident management teams; and expanded surveillance and laboratory capacity to track transmissions and identify and manage cases. In Eswatini, a country that experienced severe shortages in therapeutic oxygen supply in the past, the RRF supported expanding oxygen supply and capacity utilization, and ensuring oxygen infrastructure supported uninterrupted supply for COVID-19 patients in need of oxygen. In Lesotho, funding bolstered data-driven commodity management by supporting the development of district-level dashboards to track medical commodities. In Botswana, funding addressed critical gaps in COVID-19 vaccine related commodities, cold chain management, and data management systems, and supported community engagement and communications to combat misinformation and address vaccine hesitancy and low uptake.

With the RRF, USAID was able to rapidly meet the needs of countries with increasing COVID-19 transmission, strengthen public health capacities, and address compounding impacts that imperiled recovery and sustained development in the wake of the pandemic. As the world moves into the next phase of the pandemic, USAID is focused on turning COVID-19 into a manageable respiratory illness, and reinforcing successes from RRF supported activities to ensure that countries remain ready and able to respond to a future COVID-19 wave or pandemic.