

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

**COVID-19: Audit of
USAID's Use of ARPA
Funds For PEPFAR**

Audit Report 4-936-24-005-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 Use of ARPA Funds For PEPFAR (4-936-24-005-U)

Enclosed is the draft audit report on USAID's use of funds appropriated under the American Rescue Plan Act of 2021 (ARPA) for activities conducted as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). 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 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 the amount of, and basis for, ARPA allocations by country and the associated planned COVID-19-related activities; and (2) determine the extent to which those activities are on track to meet intended goals.

To answer the audit objectives, the audit firm assessed USAID guidance and directives; performed walkthroughs with Global Health and selected mission personnel to determine USAID's use of ARPA funds to mitigate the impact of COVID-19 on ongoing PEPFAR activities; and reviewed supporting documentation for the ARPA PEPFAR allocations made to each country and evidence that those allocations were obligated, and sub-obligated, as necessary, within the general recommended guidelines stipulated in the legislation and USAID guidance. During the audit, Williams Adley reviewed documentation in six countries that were allocated approximately \$47.8 million in ARPA funding to mitigate the impact of COVID-19 on PEPFAR. Williams Adley also conducted interviews with mission and country office personnel in nine countries. The field work took place between September 2022 and August 2023.

The audit firm concluded that USAID's obligations of ARPA funding for PEPFAR activities totaled nearly \$125.7 million over 46 countries, and those funds were allocated based on PEPFAR's annual planning process. Williams Adley also concluded that all activities, except one, had been funded and completed successfully within the recommended timeline set

forth in USAID policy. The sole activity pertained to a sub-obligation of roughly \$265,000 in Kenya that exceeded the Agency's general recommended guidelines. However, because USAID sub-obligated these funds before the audit firm completed its fieldwork we have no recommendations.

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



USAID
FROM THE AMERICAN PEOPLE

US Agency for International Development

Performance Audit of USAID's Use of ARPA Funds for PEPFAR

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 US Agency for International Development's (USAID) use of American Rescue Plan Act of 2021 (ARPA) funds for the President's Emergency Plan for Aids Relief (PEPFAR) during the COVID-19 pandemic. 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) describe the amount of, and basis for, ARPA allocations by country and the associated planned COVID-19-related activities; and (2) determine the extent to which those activities are on track to meet intended goals.

To accomplish our objectives, we interviewed personnel from the USAID Bureau for Global Health and Mission personnel in six recipient countries. We also reviewed documentation related to ARPA funding allocation and the monitoring of those funds and noted no findings. However, we noted one minor matter that we are bringing to management's attention. We conducted fieldwork from September 2022 through August 2023. Appendix 1 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.

A handwritten signature in cursive script that reads '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 use of American Rescue Plan Act of 2021 (ARPA) funds for PEPFAR during the COVID-19 pandemic. Our performance audit was conducted both remotely as well as at overseas Mission locations in the following six countries: Cote D’Ivoire, Kenya, Nigeria, South Africa, Tanzania, and Zimbabwe. Our audit objectives were to describe the amount of, and basis for, ARPA allocations by country and the associated planned COVID-19-related activities; and (2) determine the extent to which those activities are on track to meet intended goals.

We found that all uses of ARPA funds for PEPFAR, except the one item noted below, were funded and completed by the end of our fieldwork in August 2023. All funded activities were on track to meet their intended goals.

As described in the “Other Matter” section of this report, we noted that an immaterial amount of ARPA funds used for PEPFAR were not sub-obligated within the general recommended guidelines set forth in USAID policy. USAID/Kenya subsequently sub-obligated the remaining funds during the time of our audit. Therefore, this report contains no recommendation requiring actions by USAID management.

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”), that was 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

To conduct activities under the Framework, USAID received the following amounts 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, reconstruction, 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 Title II food aid appropriated under ARPA. In addition, the U.S. Department of State was appropriated \$3.75 billion, of which \$3.5 billion was contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria. A majority of the remaining funds have been apportioned to USAID (ARPA PEPFAR).

ARPA Funds to Support PEPFAR Activities

The U.S. government launched PEPFAR in response to the global AIDS crisis in 2003. Since then, PEPFAR has invested more than \$100 billion in the global AIDS response, the largest public health effort against a single disease by any country in history, saving more than 20 million lives, preventing millions of HIV infections, and accelerating progress toward controlling the global epidemic.

PEPFAR focuses on advancing global progress toward controlling the HIV epidemic and promoting the continuity of lifesaving HIV prevention, care, and treatment services. Although the program is active in over 50 countries, most PEPFAR activities center on a group of 25 countries that comprise roughly 65 percent of people living with HIV. In addition to its core HIV activities, PEPFAR also invests in health systems strengthening projects such as training healthcare workers and bolstering laboratory capability. PEPFAR’s lifesaving efforts are guided by country or regional operating plans.

The Department of State, Bureau of Global Health Security and Diplomacy, established August 1, 2023, includes functions previously performed by the Office of U.S. Global AIDS Coordinator (S/GAC), such as overseeing PEPFAR implementation across multiple agencies, including USAID, to include the process and systems for approving original and revised budgets.¹ Within USAID, the Bureau for Global Health’s (Global Health) Office of HIV/AIDS leads USAID’s efforts to control the epidemic, working in close collaboration with Missions and other Bureaus. The

¹ During the pandemic and through most of our audit period the responsible office was the State Department’s Office of the Global AIDS Coordinator. We will use S/GAC throughout this audit report because it is appropriate for the time period.

Office's mandate is to provide both technical support to the field and technical leadership within USAID, PEPFAR, and the global HIV/AIDS community.

COVID-19 created immense challenges for PEPFAR. First, while there is no evidence that people with HIV were at greater risk of COVID-19 infection, those with underlying health conditions, including uncontrolled HIV, were at greater risk of developing more severe disease if infected. Second, the health systems and services that PEPFAR utilizes were disrupted, affecting access to and continuity of critical medications, care, and other services. Third, lockdowns and other social distancing measures also affected the ability of those with HIV to access services and exacerbated factors that put people at risk for HIV. In the areas hardest hit, medical facilities were overwhelmed by large numbers of COVID-19 patients, increasing the strain on HIV services.

In response to these challenges, \$3.75 billion was appropriated under ARPA to the U.S. State Department to support PEPFAR programs to prevent, prepare for, and respond to COVID-19, including mitigating the impact of the pandemic on PEPFAR and supporting recovery from its effects. Of this amount, \$3.5 billion was for a required contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, while the remaining \$250 million was apportioned between USAID and the Centers for Disease Control and Prevention (CDC) via PEPFAR's annual planning process.

AUDIT RESULTS

Overall, we found that S/GAC made this allocation decision based on information obtained from the annual Country Operating Plan meeting between its office; USAID, CDC, and other PEPFAR implementing agencies headquarters; PEPFAR country teams, which include staff from USAID and all implementing agencies in country; and implementer representatives. Additionally, the use of ARPA PEPFAR funds met the intended goals of mitigating the impact of the COVID-19 pandemic on ongoing PEPFAR activities. However, as noted in the [Other Matters](#) section of this report, we found that one country did not sub-obligate PEPFAR ARPA funds within the general recommended timeframes stated in USAID policy.

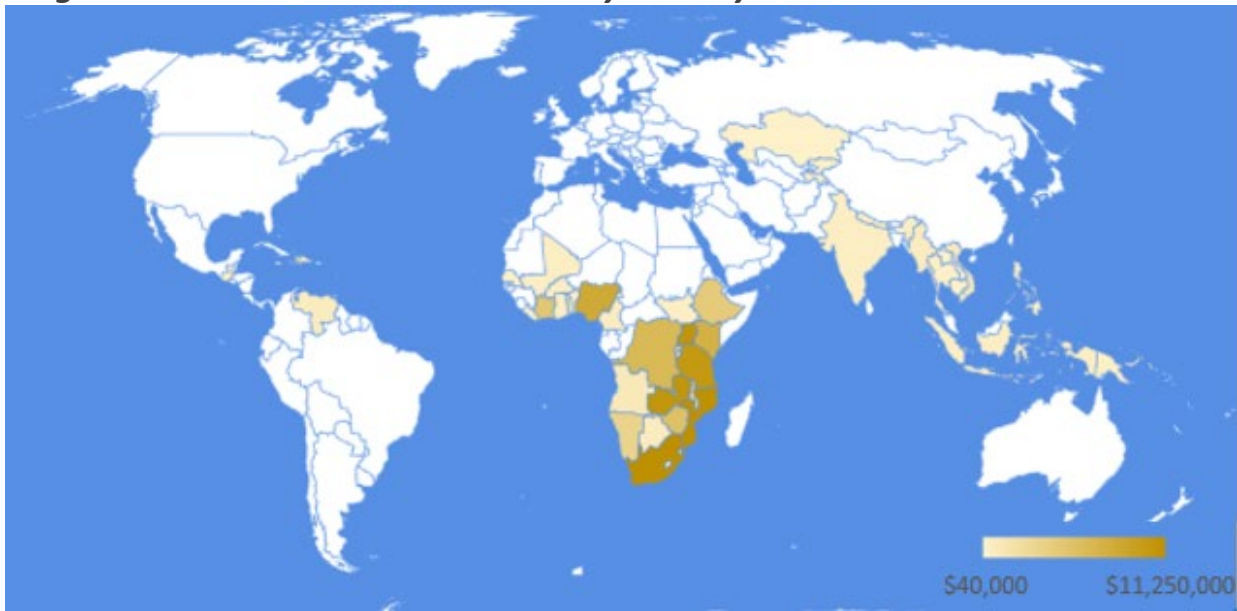
[Audit Objective 1: Amount of and Basis for ARPA PEPFAR Allocations by Country](#)

USAID's obligations of ARPA funding for PEPFAR totaled \$125,653,780 over 46 countries. Amounts ranged from a high of \$11.25 million for South Africa to a low of \$140,000 for Cambodia. The average obligation was roughly \$2.7 million, and the median obligation was \$750,000. See country allocation listing in [Appendix 3](#). ARPA PEPFAR allocations by country were made by S/GAC as part of PEPFAR's annual planning process. This process, culminating in country or regional operating plans, involved extensive coordination between S/GAC, Global Health, CDC and other PEPFAR implementing agencies, PEPFAR country teams, interagency partners, host government officials, and implementer representatives.

S/GAC used the Country Operational Plan (COP) process for 2021 (COP21) and the PEPFAR challenges resulting from the COVID pandemic included therein to decide which countries to fund. USAID's Country Operating Unit COP21 was based on collaboration between the PEPFAR country teams, the Government of that country, civil society organizations, S/GAC, and other PEPFAR implementing agencies. The COP21 approval memos, for countries and regions that received ARPA PEPFAR funds, stated that ARPA funds will be provided to address the intersection of HIV and COVID-19, specifically, to prevent, prepare for, and respond to COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff. Also, ARPA funds will be used to mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impact of coronavirus.

COP21 included a section describing challenges the PEPFAR program was facing due to the COVID pandemic. The PEPFAR teams, as part of the standard COP process, were then responsible for making the determination about which COVID-19 activities to fund in support of ongoing PEPFAR initiatives. In line with standard process, GHSD/PEPFAR subsequently approved these plans, for both COP20 and COP21 APRA funds, as part of the country's COP21.

Figure 1 - ARPA PEPFAR Allocations by Country



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

For the purposes of our audit, we selected six countries, listed in table 1 below, to conduct interviews and testing of USAID’s process to obligate and monitor ARPA PEPFAR funds received from S/GAC to mitigate the effects of the COVID-19 pandemic on ongoing PEPFAR activities.

Table 1 - Country PEPFAR ARPA Allocations

Country/Global	Total Allocation
Cote d'Ivoire	\$4,993,846
Kenya	\$7,447,149
Nigeria	\$8,308,250
South Africa	\$11,250,000
Tanzania	\$10,248,436
Zimbabwe	\$5,569,667
Total Sampled	\$47,817,348

Source: Allocation information provided by Global Health

Based on the testing performed, we found that all the selected COVID-19 activities, except one, were funded and completed by the end of our fieldwork in August 2023 (see [Other Matter](#) below).

Audit Objective 2: Extent to which Activities are on Track to Meet Intended Goals

To address this objective, we met with Mission personnel and discussed the status of the COVID-19 activities funded by the ARPA PEPFAR allocations, most of which had ended by the time of our fieldwork. Based on our interviews with Mission officials and examination of documents received, we concluded that the activities met their intended goals of mitigating the impact of the COVID-19 pandemic on ongoing PEPFAR activities. In the six countries sampled, ARPA PEPFAR funds were used for PEPFAR implementing partners to: (1) provide HIV patients with three-month supply of antiretroviral therapy as opposed to the previous one month supply; (2) conduct tele-med virtual visits for HIV patients to limit the number of patients' visits to clinics; (3) train laboratory staff; and (4) institute a virtual case management approach for orphans and vulnerable children living with HIV.

For example, the Vietnam Mission, in collaboration with one of its implementing partners, Centre for Promotion of Quality of Life (Life Centre), used \$269,000 in ARPA PEPFAR funds to deliver antiretroviral therapy to over 2,000 clients and pre-exposure prophylaxis to nearly 200 clients in isolated areas. In addition, during COVID-19 lockdowns, the Life Centre provided food aid, health care, and essential items to 5,484 clients in Ho Chi Minh City and Dong Nai. Furthermore, they provided numerous trainings, COVID-19 alerts, medication reminders, and numerous other services to help address emerging needs within the country related to HIV and COVID-19.

Although overall we found that the activities reviewed were successfully implemented by the respective implementing partners, we identified a minor portion of the ARPA PEPFAR allocation in Kenya – roughly 4 percent – was not sub-obligated within the general recommended guidelines stipulated in the USAID Automated Directive System (ADS). Since the dollar value of the late sub-obligation is immaterial, we do not consider this a finding but still believe it is important enough for management's attention.

Other Matter: PEPFAR ARPA Obligations Were Not Timely in Kenya

ADS 621, *Obligations*, section 3.7.1, *Obligation Lead Times*, states that sub-obligations from Strategic Objective Grant Agreements (SOAGs) or Development Objectives Agreement Grants (DOAGs)² for new awards should generally be made within 12 months and for incremental funding within three months. However, USAID/Kenya did not sub-obligate all of the PEPFAR ARPA funds to implementing partners for COVID-19 related activities within those general timeframes.

Overall, USAID/Kenya was allocated \$7.4 million in ARPA funds for PEPFAR, all of which was initially obligated into a DOAG in September 2021. The Mission sub-obligated \$7.1 million from the DOAG within the generally recommended timeframe. However, it did not sub-obligate the remaining \$264,765 until July 2023, ten months after the general recommended guidelines stipulated in the ADS. Because USAID/Kenya sub-obligated the remaining \$264,765

² A DOAG is a bilateral obligating document under which a USAID Mission may make sub-obligations for contracts, grants, and cooperative agreements; bilateral project agreements; etc. It generally sets forth a mutually agreed-upon understanding between USAID and the partner government of the timeframe; results expected to be achieved and the means of measuring them; and the resources, responsibilities, and contributions of participating entities for achieving a clearly defined objective.

in July 2023, this report contains no recommendation requiring actions by USAID management.

APPENDIX 1: OBJECTIVES, SCOPE AND METHODOLOGY

Our audit objectives were to (1) describe the amount of, and basis for, ARPA allocations by country and the associated planned COVID-19-related activities; and (2) determine the extent to which those activities are on track to meet intended goals.

Our scope was USAID's allocation and use of ARPA funds for PEPFAR to lessen the impact of the COVID-19 pandemic on PEPFAR programs.

To accomplish the objectives of the audit, Williams Adley identified the applicable criteria against which to assess USAID's allocation and monitoring. In addition, we met with USAID Global Health management and the USAID Office of Inspector General to conduct an entrance conference. As part of gaining an understanding of the organization, we inquired whether there were any investigations or legal proceedings involving the audit objectives and reviewed the applicable internal policies and procedures.

To answer the audit objectives, we reviewed agency directives, such as the ADS and Mission guidance. We performed walkthroughs with Global Health and selected Mission personnel to determine USAID's use of ARPA funds to mitigate the impact of COVID-19 on ongoing PEPFAR activities.

We selected six countries that received support from ARPA funds for PEPFAR during the COVID-19 pandemic: Cote D'Ivoire, Kenya, Nigeria, South Africa, Tanzania, and Zimbabwe. We reviewed allocation and obligation information for these countries. See our Country Selection Methodology in [Appendix 2](#). The total ARPA funds for PEPFAR allocated to these six countries was about \$47.8 million which represents 38 percent of the more than \$125.6 million ARPA funds for PEPFAR funds allocated to USAID Missions.

In addition to the countries selected for documentation review, we also conducted interviews at nine Missions and Country Offices. The purpose of these interviews was to identify the activities implemented to lessen the impact of the COVID-19 pandemic on ongoing PEPFAR activities. These interviews were primarily conducted virtually.

In addition to the interviews described above, we reviewed supporting documentation for the ARPA PEPFAR allocations made to each country and evidence that those allocations were obligated within the timelines stipulated in the ARPA and USAID Automated Directive System.

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 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 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

APPENDIX 1: OBJECTIVES, SCOPE AND METHODOLOGY

basis for our findings and conclusions based on our audit objectives.

APPENDIX 2: COUNTRY SELECTION METHODOLOGY

Our country sample selection was comprised of two separate samples, one for documentation review (i.e., review of obligation documentation, etc.) and a second sample of Missions for interview. The methodology for selecting each sample is below.

Countries Selected for Documentation Review

To select countries for documentation review, we obtained a population of ARPA PEPFAR allocations and summarized this list by country. From the summarized list, we selected six countries with large ARPA PEPFAR allocations for documentation review testing.

Countries Selected for Interviews Only

Our contract with USAID Office of Inspector General required us to conduct six separate audits of ARPA funding issued under various Congressional Notifications and the 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 which received fundings under numerous funding streams, including ARPA for PEPFAR, were more likely to be selected than those who received small amounts of funding 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 funding under Congressional Notifications #16, 18, 41, 164, 165, as well as ARPA PEPFAR funds appropriated for HIV activities to address the impact of COVID-19 issued under ARPA. 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 ARPA funding under 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 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 who 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

APPENDIX 2: COUNTRY SELECTION METHODOLOGY

oversight. Missions that oversaw activities in non-presence countries had a higher probability of being selected.

Our country selection for interviews yielded nine countries. Table 2 below shows the 14 total countries selected – five for document review, eight for interviews only, and one for both document review and interview (South Africa).

Table 2 - List of Missions Selected and Allocated PEPFAR ARPA Funds

Mission/Country Office	Region	Obligated Funding	Document Review or Interview Only	Interviews Conducted Person or Virtually
Cote D'Ivoire	Africa	\$4,993,846	Document Review	Virtual
Dominican Republic	Latin America	\$625,000	Interview Only	In-Person
Ghana	Africa	\$539,750	Interview Only	In-Person
Kenya	Africa	\$7,447,149	Document Review	Virtual
Lesotho (Country Office)	Africa	\$2,370,000	Interview Only	In-Person
Malawi	Africa	\$4,461,139	Interview Only	In-Person
Mozambique	Africa	\$11,136,904	Interview Only	In-Person
Nigeria	Africa	\$8,308,250	Document Review	Virtual
Philippines	Asia	\$500,000	Interview Only	In-Person
Senegal	Africa	\$322,000	Interview Only	In-Person
South Africa	Africa	\$11,250,000	Document Review & Interview	In-Person & Virtual
Tanzania	Africa	\$10,248,436	Document Review	Virtual
Vietnam	Asia	\$960,000	Interview Only	In-Person
Zimbabwe	Africa	\$5,569,667	Document Review	Virtual
Total:		\$68,732,141		

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

APPENDIX 3: ARPA PEPFAR COUNTRY ALLOCATIONS

ARPA PEPFAR Allocations by country is shown below.

Country	Amount
Angola	\$1,110,000
Benin	\$299,655
Botswana	\$708,099
Burkina Faso	\$540,000
Burma	\$763,050
Burundi	\$1,400,736
Cambodia	\$140,000
Cameroon	\$750,000
Cote d'Ivoire	\$4,993,846
Democratic Republic of the Congo	\$6,496,920
Dominican Republic	\$625,000
Eswatini	\$4,310,866
Ethiopia	\$4,500,000
Ghana	\$539,750
Guatemala	\$500,000
Haiti	\$2,430,000
India	\$500,000
Indonesia	\$475,000
Jamaica	\$245,581
Kazakhstan	\$143,000
Kenya	\$7,447,149
Kyrgyzstan	\$156,250
Laos	\$40,000
Lesotho	\$2,370,000

APPENDIX 3: ARPA PEPFAR COUNTRY ALLOCATIONS

Country	Amount
Liberia	\$400,000
Malawi	\$4,461,139
Mali	\$500,000
Mozambique	\$11,136,904
Namibia	\$3,500,000
Nepal	\$520,000
Nigeria	\$8,308,250
Papua New Guinea	\$317,500
Philippines	\$500,000
Rwanda	\$2,009,490
Senegal	\$322,000
South Africa	\$11,250,000
South Sudan	\$378,000
Tajikistan	\$155,000
Tanzania	\$10,248,436
Thailand	\$260,000
Togo	\$1,390,000
Uganda	\$10,632,492
Venezuela	\$750,000
Vietnam	\$960,000
Zambia	\$10,600,000
Zimbabwe	\$5,569,667
Total:	\$125,653,780

APPENDIX 4: MANAGEMENT RESPONSE



USAID
FROM THE AMERICAN PEOPLE

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

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

DATE: March 8, 2024

SUBJECT: Management Comment(s) to Respond to the Draft Audit Report
Produced by the Office of the Inspector General (OIG) titled, COVID-19: Audit of USAID's Use of ARPA Funds For PEPFAR (4-936-24-005-U) (Task No. 441V0822)

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. During the COVID-19 pandemic, USAID programmed Economic Support Funds (ESF) appropriated under the American Rescue Plan Act of 2021 (ARPA) to support countries to build upon and adapt existing systems to respond to the pandemic and help save lives. For example, global and country supply chains that had been strengthened by PEPFAR and other USAID Global Health investments were rapidly leveraged to procure and ship COVID-19 commodities, including oxygen concentrators, personal protective equipment (PPE), and lab tests for 43 countries. Additionally, USAID supported health workers and PEPFAR implementing partner staff to help health facilities and communities that serve people living with HIV to manage the dual pandemics of HIV and COVID-19. Some examples of USAID support include ensuring sufficient PPE was available for health workers; providing transportation assistance and in some cases accommodation for health workers; prioritizing health workers for COVID-19 vaccinations; identifying health workers at high risk for complications of COVID-19 and shifting those staff to telehealth or less patient-facing activities; providing mental health and

psychosocial support services for health workers; and helping to make sure health workers were paid consistently and on time.

USAID agrees with the audit conclusions regarding the funding of activities being on track to meet intended goals, and acknowledges the report contains no management recommendations. USAID will continue monitoring all funds consistent with the guidance on obligation lead times listed in ADS 621.3.7.1 .