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

Global Health: USAID Planned for Emergency Responses in Accordance With Best Practices but Gaps Remain

Audit Report 4-000-25-002-P
March 3, 2025

Audit

Office of Audits, Inspections, and Evaluations

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

DATE: March 3, 2025

TO: Nicholas Enrich
Acting Assistant Administrator
USAID/Bureau for Global Health

Lynn Winston
Acting Assistant Administrator
USAID/Bureau for Management

FROM: Toayoa Aldridge /s/
Assistant Inspector General for Audits, Inspections, and Evaluations

SUBJECT: Global Health: USAID Planned for Emergency Responses in Accordance With Best Practices but Gaps Remain

This memorandum transmits our final audit report. Our audit objective was to determine to what extent USAID developed plans to mobilize staff and funding and respond to global health emergencies in accordance with identified best practices. In finalizing the report, we considered your comments on the draft and included them in their entirety, excluding attachments, in Appendix E.

The report contains four recommendations to improve USAID's planning for global health emergencies. After reviewing information you provided in response to the draft report, we consider all four recommendations open and unresolved. As stated in your management response, please provide us with the corrective actions planned and a final action target date for each recommendation within 120 days of report issuance.

We appreciate the assistance you and your staff provided to us during this audit.

Contents

Report in Brief ... 1
Introduction ... 2
Background ... 3
USAID's Global Health Emergency Response Plans Aligned With the Majority of Identified Best Practices but Gaps Remain in Staffing, Testing, and Documenting Lessons Learned ... 5
Emergency Response Plans—Particularly by the Bureau of Humanitarian Assistance—Addressed Most Identified Best Practices ... 5
Agency Plans Did Not Contain Updated Rosters and Contingency Planning, and Global Health's Plan Lacked Staff Deployment Procedures ... 6
Plans by Global Health and the Agency Lacked Provisions for Periodic Testing and Documenting and Addressing Lessons Learned ... 9
Conclusion ... 11
Recommendations ... 11
OIG Response to Agency Comments ... 11
Appendix A. Scope and Methodology ... 12
Appendix B. Comparison of USAID's Global Health Emergency Response Plans to Identified Best Practices ... 14
Appendix C. Comparison of Identified Best Practices and GAO Internal Controls ... 15
Appendix D. Source Documents Used to Identify Best Practices ... 16
Appendix E. Agency Comments ... 17

Report No. 4-000-25-002-P
March 3, 2025

Report in Brief

Why We Did This Audit

USAID plays a key role in the United States' global response to health emergencies, sending staff and providing financial assistance to help manage infectious disease outbreaks such as Ebola, Zika, pneumonic plague, and COVID-19. According to the World Health Organization (WHO), in 2019 there were an unprecedented 55 active health emergencies around the world. However, just 4 years later, the number of health emergencies increased to 72. Thus, it is imperative that USAID remains prepared to simultaneously respond to multiple global health emergencies.

We conducted this audit to determine the extent to which USAID developed plans to mobilize staff and funding and respond to global health emergencies in accordance with identified best practices. We worked with a global health expert to identify 14 best practices that organizations used in their emergency response planning when responding to global health emergencies.

For this audit, we defined a global health emergency as a situation where the scale, timing, or unpredictability threatens to overwhelm routine capabilities and requires additional assistance to respond to health threats, crises, or health system instability, including public health emergencies of international concern as determined by the WHO.

USAID's *Revised Framework for USAID Response to Infectious Disease Outbreaks* outlines the Agency units that would lead the response to such global health emergencies. Our audit focused on the response plans of the Bureau for Global Health (GH), the Bureau for Humanitarian Assistance (BHA), and Agency-led task forces.

What We Recommend

We made four recommendations to improve the Agency's preparation for a global health response. USAID agreed with all of them.

What We Found

USAID plans for responding to global health emergencies aligned with most identified best practices. The three units that lead USAID's responses to global health emergencies developed plans that aligned with more than half of the identified best practices for staffing, plan content, planning process, and funding. Specifically, BHA's plans aligned with nearly all best practices that we identified (12 out of 14). GH's plans generally aligned with 10 of the 14 best practices while Agency task force-led plans generally aligned with 7 out of 11 best practices, excluding two financial and one staff deployment elements that did not apply to them.

Gaps remain in contingency planning, staffing, testing, and documenting lessons learned—which may hinder the Agency in responding to future global health emergencies. For example, Agency plans did not contain updated rosters of USAID staff with key skillsets. In addition, the plans lacked contingency planning for situations when not enough staff are available for a task force.

By failing to identify staffing needs and address gaps, task forces responding to global health emergencies may face challenges, such as those experienced with the Agency's two COVID-19 task forces, in recruiting and retaining sufficient staff with appropriate skills.

Global Health's plan, on the other hand, lacked staff deployment procedures. While its plan indicates that the bureau could surge up to 30 full-time staff to the field, it had not developed details about how this could take place.

Finally, response plans by GH and Agency-led task forces lacked provisions for conducting periodic tests and documenting and addressing lessons learned—all of which could help improve USAID's preparation and effectiveness in a global health emergency.

Introduction

USAID provides assistance in managing infectious disease outbreaks, playing a key role in the United States' global response to health emergencies such as the Ebola outbreaks in West Africa and the Democratic Republic of the Congo, the Zika virus in the western hemisphere, the plague in Madagascar, and the worldwide COVID-19 pandemic.[1] The number of health crises continues to grow, with the World Health Organization (WHO) reporting an unprecedented total of 72 global health emergencies in 2023 versus 55 in 2019. According to USAID, these emergencies now occur more frequently, often overlap, and can spread very quickly from one country to the next.

Because future global health emergencies are not a matter of if, but when, USAID will continue to play a high-profile role. Planning is essential and rapid response is of the utmost importance. Through careful planning and developing comprehensive strategies before an emergency occurs, the Agency can ensure that it is ready to respond. To this point, in 2022 USAID and the Department of State issued a *Joint Strategic Plan* highlighting the need to take steps to respond to future pandemics and strengthen global health security.[2] In addition, USAID outlined units to lead responses to future health emergencies in its *Revised Framework for USAID Response to Infectious Disease Outbreaks*.

We conducted this audit to determine the extent to which USAID developed plans to mobilize staff and funding and respond to global health emergencies in accordance with identified best practices.[3] Our audit focused on the response plans of the Agency units responsible for managing global health crises: the Bureau for Global Health (GH), the Bureau for Humanitarian Assistance (BHA), and USAID-led task forces.

To answer the audit objective, we worked with a global health expert to identify 14 best practices and assessed USAID's plans against these practices. To perform this assessment, the team collected and reviewed documentation on how USAID would respond to a global health emergency like Ebola or COVID-19. This included a review of the Agency's outbreak response framework, BHA's Response Management System Doctrine, and GH's Emergency Management System procedures and guidance. We also interviewed officials from USAID headquarters who lead Agency efforts when global heath emergencies arise as well as staff who act in a support capacity. As part of our review, we judgmentally selected a sample of field locations based on geographic diversity and funding received for recent public health emergencies of international concern. We then met virtually with personnel from USAID missions in India, Honduras, and the Democratic Republic of the Congo to better understand the missions' involvement in and awareness of the Agency's global health emergency planning and available resources.

[1] USAID provided assistance for the Ebola outbreaks in West Africa from 2014–2016, and in the Democratic Republic of Congo from 2018–2021, for the western hemisphere Zika virus in 2016, for the plague in Madagascar in 2017, and for COVID-19 from 2020–2022.
[2] U.S. Department of State and USAID, *Joint Strategic Plan for FY 2022–2026,* March 2022.
[3] For this audit, we defined a global health emergency as a situation where the scale, timing, or unpredictability threatens to overwhelm routine capabilities and requires additional efforts to respond to global health threats, crises, or health system instability, including public health emergencies of international concern determined by the WHO.

Throughout, we conducted our work in accordance with generally accepted government auditing standards. Appendix A provides more detail on our scope and methodology.

Background

In 2018, the Agency developed its *Framework for USAID Response to Infectious Disease Outbreaks* (Framework) to help determine which USAID unit would spearhead the Agency's response to global health emergencies.[4] The Framework identifies three units that can lead the Agency's response:[5]

1. The Bureau for Global Health responds to the majority of infectious disease events on behalf of USAID. In these situations, GH utilizes its Outbreak Response Team and the Global Health Emergency Management System (GHEMS). While still under development, GHEMS establishes protocols for GH's emergency management practices and enables the bureau to support headquarters and mission personnel responding to large scale and concurrent emergencies. GHEMS also provides a roster of key leadership positions for responding to global health emergencies.
2. The Bureau for Humanitarian Assistance leads responses when a Chief of Mission makes a declaration of humanitarian need. BHA uses its Response Management System (RMS) to direct various BHA response teams, such as Disaster Assistance Response Teams and Response Management Teams. RMS incorporates lessons learned from previous responses to guide BHA's response to large international disasters.
3. In other cases, an Agency task force created by the Administrator under Automated Directives System (ADS), Chapter 112 (ADS 112) leads responses to large-scale, pandemic-type events.[6] Agency task forces for emergency responses are comprised of volunteers from throughout USAID with the Bureau for Management responsible for coordinating the activation and deactivation of task forces, which have a 1-year term unless extended by the Administrator. Upon activation, the Bureau for Management's Task Force Readiness Unit, in conjunction with the Office of Human Capital and Talent Management, facilitates the staffing of each task force. For example, the Agency created COVID-19 task forces in 2020 and 2021 to coordinate USAID's response to the worldwide pandemic.

[4] USAID's *Framework for USAID Response to Infectious Disease Outbreak* is reviewed annually. In 2023, the Agency released its revised framework, which we used for this report.
[5] The purpose of the Framework is to describe when and how USAID staff should notify USAID headquarters of outbreaks and how the Agency leads and manages coordination for outbreaks affecting human populations.
[6] USAID, Automated Directives System, Chapter 112, "Standard Operating Procedures for Task Forces," partial revision, May 12, 2023.

Table 1 shows the circumstances for which each unit is responsible, and the coordinating entities involved.

Table 1. USAID Response Leads for Global Health Emergencies

USAID Washington Response System*	General Circumstances	Response Coordination	
		USAID Washington Lead	USAID Coordinating Entities
GH-led Response	If determined the outbreak warrants additional support from USAID Washington, including but not limited to technical advice, financial resources, or surge staff, and does not require a BHA or Agency Task Force-led response.	GH	Regional bureaus, other bureaus/ independent offices, ACAT** if activated, USAID mission/office
BHA-led Response	If an outbreak event is within a humanitarian setting or a new Declaration of Humanitarian Need is issued identifying the outbreak as a humanitarian crisis and does not require an Agency Task Force-led response.	BHA	GH, regional bureaus, ACAT if activated, USAID mission/office
Agency Task Force-led Response	If the outbreak is unusually complex or large scale like a pandemic, exceeds the abilities of bureaus to coordinate normally, and requires significant interagency engagement.	Agency Task Force	Whole of Agency

*These systems describe which operating unit or central structure has the overall responsibility for leading and managing coordination in USAID Washington, with engagement and support from other bureaus/independent offices.
**An Administrator's Crisis Action Team (ACAT) is an advisory and coordination body of senior leaders that the USAID Administrator may activate to respond to an outbreak at the recommendation of bureau leadership.

Source: USAID's *Revised Framework for USAID Response to Infectious Disease Outbreak 2023*.

To assess USAID's Framework and corresponding emergency response systems, we worked with a contracted global health expert to identify 14 best practices that organizations use in their emergency response planning when responding to global health emergencies.[7] The best practices we identified align with the Government Accountability Office's (GAO) internal

[7] Practices based on analysis of documentation from organizations including the Federal Emergency Management Agency, Department of Health and Human Services, and World Health Organization. See Appendix D for the whole list.

control principles.[8] We used our professional judgment to group the 14 best practices into 4 categories described in Table 2: staffing, plan content, planning process, and funding.

Table 2. Fourteen Best Practices for Emergency Response Plans

Staffing	Plan Content	Planning Process	Funding
• Emergency staffing needs and contingencies • Staff rosters with necessary skills • Procedures for deployment of staff	• Goals and objectives • Process for data collection and assessment • Outline of triggers and scenarios for plan activation • Roles and responsibilities (to include authorities) • Lessons learned and after-action reports	• Planning rationale aligned with Agency and policy objectives • Involvement of relevant parties in plan development • Assessment of risks to inform the creation of plans • Testing of plans (emergency exercises)	• Identification and assessment of funding mechanisms • Identification and assessment of funding needs

Source: OIG analysis of emergency response planning practices. The list of documents we reviewed is included as Appendix D.

USAID's Global Health Emergency Response Plans Aligned With the Majority of Identified Best Practices but Gaps Remain in Staffing, Testing, and Documenting Lessons Learned

We found that the Agency units that lead global health emergency responses incorporated most of the 14 best practices for planning that OIG identified. However, gaps in contingency planning, staffing, testing of plans, and documenting lessons learned may hinder the Agency's response to future global health emergencies.

Emergency Response Plans—Particularly by the Bureau of Humanitarian Assistance—Addressed Most Identified Best Practices

The three units that lead USAID's responses to global health emergencies developed plans that aligned with most of the identified best practices.[9] Specifically, BHA's plans generally addressed 12 of the 14 best practices for staffing, plan content, planning process, and funding. GH's plans

[8] U.S. Government Accountability Office (GAO), *Standards for Internal Control in the Federal Government* (GAO-14-704G), September 2014. See Appendix C for the crosswalk between identified best practices and internal controls.
[9] See Appendix B for the complete analysis of USAID's response plans against identified best practices.

generally addressed 10 out of 14 best practices while Agency task force-led plans generally addressed 7 out of 11.[10]

Specifically, BHA and GH identified the staffing resources needed (e.g., roles, skills, competencies) and requirements for responding to a global health emergency. For example, BHA's RMS identifies standard position titles within a response team and states that BHA uses a system of competencies and qualifications for staff assigned to an emergency response to ensure a readiness to serve. Moreover, USAID/India staff we interviewed noted that GH maintained rosters of staff who could be called on when needed. USAID/Democratic Republic of the Congo staff said they relied on GH and BHA for staffing resources when responding to health emergencies, such as the Ebola outbreaks in 2018.

Agency Task Force-led plans generally addressed best practices related to plan content, such as an outline of roles and responsibilities, specified triggers and scenarios for plan activation, and provisions for lessons learned and after-action reporting. For example, USAID conducted an after-action review after each of its COVID-19 task forces and subsequently updated ADS 112, which governs USAID's task forces, to reflect lessons learned from those emergency responses.

Both BHA and GH generally addressed best practices for funding by identifying and assessing their respective funding mechanisms and documenting how they determine funding needs for responding to global health emergencies.[11] Additionally, staff at USAID/India and USAID/Honduras were aware of emergency funds that could be quickly mobilized for global health emergencies through BHA and GH. USAID/Democratic Republic of the Congo staff knew to contact USAID headquarters for funding support.

Agency Plans Did Not Contain Updated Rosters and Contingency Planning, and Global Health's Plan Lacked Staff Deployment Procedures

According to identified best practices, staffing plans should consist of three elements: updated staff rosters with necessary skills, the identification of emergency staffing needs (including contingency planning if sufficient staff are not available), and procedures for deploying staff. As

[10] We did not assess Agency Task Force-led plans against the two identified funding best practices because emergency funding is provided to bureaus and the authority over those funds remains with them. We also did not assess Agency Task force-led plans against procedures for deployment of staff to the field because task forces are not generally deployed to the field since a task force is considered a coordinating entity, not an implementing one. Consequently, these conditions reduced the number of best practices from 14 to 11 for Agency Task Force-led plans.

[11] Funding mechanisms identified include global health security funds, redirected program funds, international disaster assistance, and supplemental funds.

Table 3 shows, BHA generally addressed these best practices, while GH and Agency plans only partially addressed them.

Table 3. Staffing Best Practices in Emergency Plans

Best Practice	Bureau for Humanitarian Assistance	Global Health	Agency
Emergency staffing needs and contingencies	✓	✓	⚠
Staff rosters with necessary skills	✓	✓	⚠
Procedures for deployment of staff to the field	✓	⚠	Not Applicable
Legend: ✓ Generally addressed ⚠ Partially addressed			

Source: OIG assessment of agency practices against OIG-identified best practices.

Agency Task Force-Led Plans Did Not Have Updated Rosters and Contingency Planning

Agency task forces are comprised of volunteers from throughout USAID. In response to a 2018 OIG recommendation, the Agency created a survey for new employees, which it uses to establish a roster of staff to potentially serve on Agency-wide response teams in the event of a widespread health emergency.[12] However, USAID has not adequately maintained, updated, or regularly used the roster nor has it developed a contingency plan for when staff are unavailable.

For example, the Agency did not update the information collected from the survey to account for attrition or changes in duty station. Despite GH's leading role on Agency task forces, bureau staff stated that they would only use such a roster as a last resort because they have internally maintained rosters and other options. They explained that the Agency-wide roster is less feasible because it does not verify the accuracy of self-identified skillsets and obtaining approval from the supervisors of potential non-GH task force members would pose additional difficulties. Furthermore, Agency officials stated that, as of March 2024, USAID would no longer collect task-force related information from new employees.

However, the GHEM system has several shortcomings that limit its utility for staffing Agency task forces to respond to global health emergencies. The GHEMS roster does not include staff outside of GH, which limits its use for emergencies; core task force members generally include staff in the Agency's front office, the Bureau for Management, and the Office of Human Capital and Talent Management, among others. In addition, the GHEMS roster we reviewed listed only three senior positions, which is inadequate for Agency task forces because they require full-time core staff. Although USAID staff claimed it is not feasible to maintain an up-to-date roster

[12] Recommendation 9, Lessons from USAID Ebola Response Highlight the Need for a Public Health Emergency Policy Framework (9-000-18-001-P), January 24, 2018.

of Agency-wide staff, without such tools, USAID may risk delays in assembling task force personnel during future health emergencies.

We also found that the Agency did not develop plans for recruiting additional staff to serve on task forces to address potential staffing shortfalls. As a part of identifying emergency staffing needs, best practices suggest that plans include contingencies for a lack of staff when the Agency has few volunteers for task forces. However, we found that Agency plans lacked contingency planning for such situations. Indeed, the Framework notes that in the event of a disease outbreak, gaps in GH and regional bureau resources could necessitate additional support from other units. ADS 112 echoes the Framework in stating that task forces must have enough staff to "facilitate or ensure sufficient reporting and documentation of key management, financial, programmatic, and policy decisions and actions." However, the Framework and the ADS fall short of meeting the best practice because they do not address how potential staffing gaps would be mitigated or how the Agency would recruit and retain sufficient task force members during a global health emergency.

In response to our requests for information on contingency planning for staffing shortages, the Agency provided the Task Force Staffing Actions Roadmap, which discusses the different hiring options for task forces. Although the Roadmap describes human resource responsibilities and onboarding time for each option, it does not detail how staff within each of these hiring types will be identified and recruited. The Roadmap also does not explain how the task force will manage staff rotations, the voluntary nature of task forces, or its reliance on supervisor approval for participation.

Overall, by failing to identify staffing needs and address gaps, task forces responding to global health emergencies may face challenges—such as those experienced with the Agency's two COVID-19 task forces—in recruiting and retaining sufficient staff with appropriate skills. According to the Agency's after-action report, USAID officials found that staffing the first COVID-19 Task Force through details exacerbated staffing challenges elsewhere in the Agency. As a result, operating units did not have enough staff to cover normal duties and support the Task Force at the same time. The second COVID-19 Task Force also experienced staffing shortages and problems obtaining access to subject matter experts. In addition, it struggled with hiring mechanisms that did not meet the task force's needs. For example, use of temporary hiring tools led to significant turnover, which negatively affected task force efficiency.

Global Health's Plan Did Not Have Procedures for Deploying Staff

Although GH drafted standard operating procedures for standing up and standing down a GHEMS team, it did not specify how the bureau would send staff to the field to meet mission requests for support. GH's plan indicates that the bureau could surge up to 30 full-time equivalent staff to be sent to the field when GHEMS is activated, but the bureau did not have details about how this will take place or other factors to consider.

The GH plan states that the bureau intends to use existing staffing mechanisms to rapidly deploy GH staff, personal services contractors, and consultants to the field as needed.[13] However, the bureau has not established specific guidance or procedures for such deployments. GH officials said they do not expect to deploy staff to the field for every health emergency but added that if they did, they would follow the Agency's regular temporary duty travel procedures.

Guidance in line with best practices is important for addressing the risks associated with deploying staff in response to health emergencies, including the safety of deployed personnel. Unlike GH, BHA developed guidance for deploying its staff to the field that includes predeparture safety and security briefings, along with discussions of the risks and benefits of deployment, mitigation of those risks, and the likelihood that a field presence will enable BHA to accomplish its mission. BHA also issued guidance in its RMS doctrine stating that to ensure safety of all personnel, the RMS includes accountability procedures to monitor or track personnel locations, well-being, and security. Although BHA deploys personnel to a wide range of nonpermissive environments affected by conflict and natural disasters, the secondary effects of pandemics can also create dangerous security situations for GH personnel. Further, the lack of deployment guidance limits GH's ability to address the risks related to deploying staff in areas experiencing disease outbreaks.

Plans by Global Health and the Agency Lacked Provisions for Periodic Testing and Documenting and Addressing Lessons Learned

Provisions for testing response plans through periodic exercises, training, or evaluation activities, as well as for conducting after-action reports and implementing lessons learned, were among the 14 best practices we identified. We found that BHA generally addressed best practices for testing response plans and incorporating lessons learned. However, GH and Agency plans only partially addressed the best practices (Table 4).

Table 4. Planning Process and Content Best Practices in Emergency Plans

Best Practice	Bureau for Humanitarian Assistance	Global Health	Agency
Testing of plans (emergency exercises)	✓	△	△
Lessons learned and after-action reports	✓	△	✓
Legend: ✓ Generally addressed △ Partially addressed			

Source: OIG assessment of agency practices against selected best practices.

[13] Global Health's Outbreak Response Team maintains a surge support consultant database through the Global Health Technical Assistance and Mission support contract. The bureau also has personal service contractors, known as Firehouse PSCs, but they are not normally used for emergency response.

Global Health and Agency Plans Did Not Address Periodic Testing

Global Health's GHEMS did not contain guidance for periodic testing of its response system. GH conducted one tabletop exercise with GHEMS in November 2023 that covered scenarios with a humanitarian emergency and an infectious disease outbreak. However, its emergency response planning documents did not contain any details on whether and how often tabletop exercises or similar testing would be conducted in the future. GH personnel noted that they intend to incorporate regular tabletop exercises into their plans. However, GH had not yet updated its emergency response plans with that information at the time of our audit. Additionally, staff from three of the five regional bureaus we interviewed were not aware of any testing completed on GHEMS or on Agency-led response plans. Without a plan for periodic testing of GHEMS, Global Health may be limited in its ability to identify and remediate issues that could arise in the system under emergency conditions.

Similarly, emergency response plans for Agency task forces did not detail if, how, or when testing would occur nor were there provisions for periodically testing USAID's ability to effectively assemble a task force. Furthermore, some of the staff we interviewed at GH, BHA, Bureau for Management, Human Capital and Talent Management, and Policy, Planning, and Learning were not aware of any testing conducted on ADS 112 or the Framework.[14] They stated that Agency task force-led plans are tested when a task force responds to an emergency. For example, two regional bureaus considered the Framework to have been tested during previous outbreak responses because officials consulted it to determine which unit would lead the response.

However, best practices recommend that plans be tested periodically to validate and improve plans and capabilities outside of an actual emergency situation. For instance, during the initial COVID-19 response, BHA did not understand and was not familiar with the communication protocols, authorities, roles, and responsibilities for an Agency task force. This affected several response operations, such as the Task Force taking on roles normally filled by BHA's response management team members. In addition to duplicative efforts, BHA had to justify its funding decisions to the COVID-19 Task Force, which delayed programming efforts. USAID officials said Agency-wide testing exercises for assembling a task force may require an excessive amount of time and resources. However, without a plan for such periodic testing, USAID may risk encountering the same challenges previous task forces faced.

Global Health's Emergency Plan Did Not Fully Address Lessons Learned

Although GH used past lessons learned to develop its emergency management system, the bureau's emergency response plan only partially addressed how it would incorporate future lessons learned. GHEMS notes that staff could produce lessons learned and after-action reports after a response effort. However, we found that these deliverables were not explicitly required, and GH did not provide guidance on using lessons learned and after-action reports. An audit by GAO also found that GH did not document lessons learned from its COVID-19 response.[15]

[14] The Bureau for Policy, Planning, and Learning is now known as the Bureau for Planning, Learning, and Resource Management.

[15] GAO, "Management Improvements Needed to Better Meet Global Health Mission" (GAO-23-1051/78), June 2023.

Without a plan or process for identifying and implementing lessons learned, GH may be limited in its ability to remediate issues that arose during prior global health emergencies and improve future responses. GH personnel noted that they intend to incorporate an after-action process in the bureau's plans. However, this work is not yet completed, and officials did not offer a timeline for its completion.

Conclusion

As COVID-19 and other infectious disease outbreaks have demonstrated, global health emergencies and challenges are a recurring aspect of modern life. USAID has begun to address the challenges by identifying the two bureaus and an Agency-wide task force that will lead its global health response. While these units' efforts aligned with most of the best practices we identified, gaps remain. Without improved procedures for deployment of staff, proactive testing of emergency response plans, and conducting contingency planning to ensure staff are available when they are needed, USAID risks not providing the most effective response it can during a global health emergency.

Recommendations

We recommend that the Bureau for Global Health take the following actions:

1. Establish procedures to facilitate the deployment of staff to the field when needed during a health emergency.
2. Develop a timeline for finalizing all aspects of its Global Health Emergency Management System, including provisions for periodic testing of plans and for documenting and incorporating bureau-specific lessons learned.

We recommend that the Bureau for Management take the following actions:

3. Develop a plan for the identification, recruitment and retention of skilled personnel to task forces in the event of a global health emergency, including contingency planning for a lack of available staff.
4. Develop a plan to periodically test procedures in Automated Directives System, Chapter 112 through proactive exercises and evaluation activities and integrate lessons learned into the chapter.

OIG Response to Agency Comments

We provided our draft report to USAID on December 27, 2024. On February 7, 2025, we received the Agency's response, which is included as Appendix E of this report.

The report included four recommendations. We consider all of them open and unresolved. Although the Agency agreed with all four recommendations, all elements for a valid management decision were not provided. The Agency response notes that a corrective action plan will be developed in the next 120 days.

Appendix A. Scope and Methodology

We conducted our work virtually from October 2022 through December 2024 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 basis for our findings and conclusions based on our audit objectives.

We conducted this audit to determine the extent to which USAID developed plans to mobilize staff and funding and respond to global health emergencies in accordance with identified best practices.

In planning and performing the audit, we identified established best practices supported by GAO's internal controls. To identify the best practices, a subject matter expert reviewed 18 documents from the U.S. government and public international organizations, including the National Security Council, the Federal Emergency Management Agency, the Department of Health and Human Services, the Centers for Disease Control and Prevention, the World Health Organization, and the White House. The review focused on global health emergency response operations and planning, particularly elements related to administration, funding, and staffing. Based on review of documents and professional judgment, we developed a list of thematic categories to group best practices for global health emergency plans and planning. We compared the list of best practices to GAO's internal controls and presented it to the Agency at a meeting on July 26, 2023, to gain concurrence on the audit criteria. The Agency raised no objections.

We designed and conducted procedures related to all five components of internal control as defined by GAO. These included Control Environment (Principles 3, 4), Risk Assessment (Principles 6, 7, 9), Control Activities (Principles 10, 12), Information and Communication (Principle 14), and Monitoring (Principle 17). We relied on documentary evidence and testimonial evidence from USAID officials to support our findings, results, and conclusions. We did not rely on computer-processed Agency data to answer the audit objective because we did not identify any sources necessary to support our audit conclusions.

To answer the audit objective, the team collected documentation related to overall planning as well as planning to mobilize staff and funding in response to global health emergencies. Documentation reviewed included ADS guidance on task forces, the *Framework for USAID Response to Infectious Disease Outbreaks*, and BHA's Response Management System Doctrine. We also reviewed documentation related to the development of GHEMS, identification and assessment of funding mechanisms and needs, and mobilization of staff for a global health emergency. The Agency's Outbreak Response Framework is reviewed and revised, if needed, annually. For our audit, we used the revised framework that was issued in 2023. Information related to the procurement, stockpiling, or distribution of medical material such as vaccines, ventilators, and personal protective equipment was outside the scope of this audit.

The team developed a data collection instrument and tested the obtained documentation against the identified best practices. This testing was conducted independently by two auditors

who determined whether the documentation "generally addressed," "partially addressed," "did not address," or was "not applicable" to the identified best practices. The two auditors then met to reconcile their findings.

The audit team conducted interviews virtually with staff from the Bureau for Global Health, the Bureau for Humanitarian Assistance, the Bureau for Management, the Office of Human Capital and Talent Management, the Office of Budget and Resource Management, and the Office of Planning, Learning, and Resource Management. The audit team also interviewed staff from the bureaus for Europe and Eurasia, the Middle East, Latin America and the Caribbean, Africa, and Asia.

The audit team judgmentally selected three missions to interview based on the highest level of past funding received for public health emergencies of international concern, funding received for at least two public health emergencies of international concern from fiscal years 2015–2021, and geographic diversity. We selected a nonstatistical sample consisting of USAID/India, USAID/Democratic Republic of the Congo, and USAID/Honduras. The audit team asked a standard set of questions related to planning, mobilizing staff, and funding in response to a global health emergency. The answers informed the team on mission involvement in the emergency planning process and missions' awareness of staffing and funding resources and plans in the event of a disease outbreak.

Appendix B. Comparison of USAID's Global Health Emergency Response Plans to Identified Best Practices

Category	Best Practice	GH	BHA	Agency Task Force-Led
Staffing	Emergency Staffing Needs and Requirements	✓	✓	△
	Staff Rosters With Necessary Skills	✓	✓	△
	Procedures for Deployment of Staff to the Field	△	✓	**N/A**
Content of Plan	Goal and Objectives	✓	✓	✓
	Process for Data Collection and Assessment	✓	△	✓
	Outline of Triggers and Scenarios for Plan Activation	✓	✓	✓
	Role and Responsibilities (to include authorities)	✓	✓	✓
	Lessons Learned and After-Action Reports	△	✓	✓
Funding	Identification and Assessment of Funding Mechanisms*	✓	✓	**
	Identification and Assessment of Funding Needs	✓	✓	**
Planning Process	Planning Rationale Aligned With Agency and Policy Objectives	△	✓	✓
	Involvement of Relevant Parties in Plan Development	✓	△	△
	Assessment of Risks to Inform the Creation of Plans	✓	✓	✓
	Testing of Plans (Emergency Exercises)	△	✓	△

Legend: ✓ Generally addressed △ Partially addressed

* For the purposes of this audit, funding mechanisms are the emergency funding sources available that the Agency can mobilize for global health emergencies.

** Funding authorities remain with respective bureaus/independent offices.

Appendix C. Comparison of Identified Best Practices and GAO Internal Controls

Category	Best Practice	GAO Standards for Internal Controls
Staffing	Emergency Staffing Needs and Requirements	Demonstrate Commitment to Competence (Principle 4)
	Staff Rosters With Necessary Skills	
	Procedures for Deployment of Staff to the Field	
Content of Plan	Goal and Objectives	Define Objectives and Risk Tolerances (Principle 6)
	Process for Data Collection and Assessment	Use Quality Information (Principle 13)
	Outline of Triggers and Scenarios for Plan Activation	Identify, Analyze, and Respond to Change (Principle 9)
	Role and Responsibilities (to include authorities)	Establish Structure, Responsibility, and Authority (Principle 3) Implement Control Activities (Principle 12)
	Lessons Learned and After-Action Reports	Evaluate Issues and Remediate Deficiencies (Principle 17)
Funding	Identification and Assessment of Funding Mechanisms	Design Control Activities (Principle 10)
	Identification and Assessment of Funding Needs	
Planning Process	Planning Rationale Aligned With Agency and Policy Objectives	Design Control Activities (Principle 10)
	Involvement of Relevant Parties in Plan Development	Establish Structure, Responsibility, and Authority (Principle 3)
	Assessment of Risks to Inform the Creation of Plans	Identify, Analyze, and Respond to Risks (Principle 7)
	Testing of Plans (Emergency Exercises)	

Appendix D. Source Documents Used to Identify Best Practices

Document Title	Date of Report	Type of Document	Author
Playbook for Early Response to High-Consequence Emerging Infectious Disease Threats and Biological Incidents	Not dated	Report	U.S. National Security Council
Developing and Maintaining Emergency Operations Plans	September 2021	Plan	FEMA
Pandemic Influenza Plan	2017	Plan	HHS
National Health Security Strategy 2015–2018	Not dated	Strategy	HHS
2009 H1N1 Influenza Improvement Plan	May 29, 2012	Plan	HHS
National Biodefense Strategy and Implementation Plan for Countering Biological Threats, Enhancing Pandemic Preparedness, and Achieving Global Health Security	October 2022	Strategy	White House
Pandemic Influenza Risk Management	May 2017	Guide	WHO
Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health	October 2018	Plan	CDC
WHO Emergency Response Framework	June 13, 2017	Framework	WHO
WHO Handbook for Developing a Public Health Emergency Operations Centre: Part A (Policies, Plans and Procedures)	August 24, 2018	Handbook	WHO

Appendix E. Agency Comments

MEMORANDUM

TO: Toayoa Aldridge, Assistant Inspector General for Audits, Inspections, and Evaluations

FROM: Nicholas Enrich, Acting Assistant Administrator, Bureau for Global Health

DATE: January 28, 2025

SUBJECT: USAID's Response to the Draft Audit Report Entitled "Global Health: USAID Planned for Emergency Responses in Accordance With Best Practices but Gaps Remain" (4-000-25-00X-P)

Dear Toayoa Aldridge,

I am pleased to provide the formal response of the U.S. Agency for International Development (USAID) to the draft report produced by the Office of Inspector General (OIG) titled "USAID Planned for Emergency Responses in Accordance With Best Practiced but Gaps Remain," (4-000-25-00X-P).

USAID would like to thank OIG for the opportunity to respond to this draft report. The Agency agrees with the four recommendations as stated in the draft report, some of which have been partially addressed since the drafting of the report. We are sharing these updates as we think they provide important additional context for the report. USAID will develop a corrective action plan, which will be completed within 120 days of the filing of this report.

The Bureau for Global Health responds to the majority of infectious disease events on behalf of USAID. Formally establishing the Outbreak Response Team (ORT) in August of 2022 was a major step in institutionalizing prior experience, best practices, and procedures in outbreak monitoring and response. The ORT includes 14 full time staff dedicated to coordinating emergency response and is codified in an addendum to the ADS. The ORT manages the Global Health Emergency Management System (GHEMS). While the GHEMS concept was formally approved by the USAID Administrator in June 2023 – and some procedures are still under development – GHEMS establishes protocols for GH's emergency management practices and enables the bureau to support headquarters and mission personnel responding to large scale and concurrent emergencies. In addition to its fulltime staff, the ORT

also manages a roster of trained mid- and senior- level staff that can serve in key leadership positions for responding to global health emergencies.

I am transmitting this letter from USAID for inclusion in the OIG's final report. Thank you for the opportunity to respond to the draft report, and for the courtesies extended by your staff while conducting this engagement. We appreciate the opportunity to participate in the complete and thorough review of our emergency response systems.

Visit our website at oig.usaid.gov and
follow us on social media.

X (formerly Twitter): @USAID_OIG
LinkedIn: USAID Office of Inspector General
Instagram: @usaid.oig

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

Report Waste, Fraud, and Abuse
Online Complaint Form