



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

July 30, 2025
Report E-000-25-007-M

Global Health: Lessons for the Future

Over the past decade, USAID has led global health efforts, investing \$85 billion to combat infectious diseases, control HIV/AIDS, and prevent child and maternal deaths. As the largest international donor, USAID played a critical role in responding to the 2014 Ebola outbreak that killed more than 11,000 people. The Agency has led the President's Malaria Initiative, which is the U.S. government's largest malaria control program. In addition, USAID has been a key Agency involved in implementing the President's Emergency Plan for AIDS Relief (PEPFAR), which has been central to U.S. global health policy. Beyond disease-specific efforts, USAID has provided healthcare commodities and technical assistance, working to improve supply chain reliability and ensuring an uninterrupted flow of quality health products and services worldwide. As diseases previously eliminated in the United States reemerge, outbreaks in remote regions of the world can spread quickly. In the past years, measles surged, mpox triggered a public health emergency, and dengue cases doubled, underscoring the urgent need for sustained global health interventions. As the administration determines the future of foreign assistance, we offer key lessons from our oversight of global health programs to enhance future efforts and avoid past mistakes.

Key Lessons Learned

Through our independent oversight of U.S. foreign assistance, OIG has identified numerous findings and made dozens of recommendations to strengthen global health programs. We have consistently found challenges that USAID has had with monitoring and sustaining its programs. Based on our reporting over the past 10 years, we have identified five key lessons. Applying these lessons to future U.S. foreign assistance is essential for continued success in delivering impactful, sustainable, and accountable global health programs.

What We Learned

How We Got There

Global health programs expanded access to clean water, vaccines, and HIV services.

Global health programs in areas of critical need can significantly improve access to essential services and improve health outcomes.

We reported that a USAID project in Indonesia increased access to clean water in East Java by 397 percent. In addition, we found that in response to the global COVID-19 pandemic, USAID allocated \$195 million to improve vaccine systems in 92 countries. Further, we reported that programs like USAID's HIV prevention activities in Zambia were responsible for a 58 percent reduction in HIV from 2001 to 2011.

Ineffective monitoring posed risks to global health programs.

Effective monitoring promotes accountability, informs decision making during project implementation, and helps adapt programming to achieve intended results.

USAID's Global Health Supply Chain Program was a \$9.5 billion activity focused on improving the provision of essential health commodities and strengthening in-country supply chains. However, we reported that neither the implementer nor USAID tracked orders filled from regional distribution sites. As a result, the Agency did not know how often it used these sites or if the distribution model worked as planned. In addition, we reported that while a health activity aimed at controlling the spread of malaria in the Mekong region of Southeast Asia achieved its main objectives, weak project monitoring increased the risk of making incorrect decisions about the activity at the regional, national, and local levels.

What We Learned

How We Got There

Lack of health program sustainability threatened continued success after U.S. funding ended. Sustainability helps ensure the long-term success of programs and is crucial for safeguarding U.S. financial investments and protecting important global health gains that the programs achieve.

We found that a USAID activity successfully increased access to safe drinking water and sanitation services in Indonesia, but the sole source of local sanitation operators' income came from the grant that funded the activity. It was unclear if the sanitation operators continued working after the grant ended due to a lack of local solutions to pay their salaries. In addition, we reported that a USAID activity in Haiti increased the number of people receiving HIV testing, results, and counseling services. However, the medical clinics responsible for testing had not developed a required plan for how the Haitian government would take over paying clinic staff once the activity ended, thereby risking the sustainability of the successes achieved.

Poorly designed awards created inefficiencies and mismanagement. Well-designed awards help to ensure programs have the resources needed to achieve objectives. When contracts lack well-defined goals and deliverables, they weaken oversight and hinder effective implementation.

We found that weak procurement controls in the Ebola response award process left \$11.5 million in unused funds after USAID terminated a multimillion-dollar contract to supply personal protective equipment to Ebola-affected areas. USAID failed to conduct the necessary administrative procedures to close out the contract and deobligate the funds. Similarly, we found that USAID/Rwanda's family health project had unclear goals and vague deliverables, which weakened accountability to guide implementation. Further, we reported that planning and evaluation weaknesses hindered USAID's ability to properly design and award a contract for the Global Health Supply Chain Program. These weaknesses included the lack of necessary documentation to support key decisions. Specifically, we found that USAID failed to verify the winning bidder's information management system and made errors in evaluating past performance. Additionally, significant delays in the award process pushed implementation back by nearly 3 years, further complicating project execution.

Poor coordination and documentation of health programs wasted resources, weakened transparency, and reduced effectiveness. Strong coordination among the U.S. government, host countries, and partner organizations is essential to enhancing the effectiveness and accountability of global health programs. Furthermore, inadequate documentation weakens contract management and transparency.

We found that poor coordination led to unmet demand for circumcision at a Zambian prison as multiple organizations provided counseling, but only one offered the procedure. Male circumcision provides significant protection against HIV infection. Further, we found that stakeholders in the President's Malaria Initiative struggled to connect USAID's budget outcomes with the Agency's malaria strategy, which sought to reduce deaths and cases in high-burden countries. The absence of a documented budget plan tied to strategic goals increased the risk of unmet objectives and limited transparency for stakeholders, including Congress.

Scope and Methodology

We conducted this work under the Council of the Inspectors General for Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*. Our objective was to identify key lessons from our prior oversight work that are relevant for the planned realignment of USAID programming. Our review focused on OIG's oversight of USAID's global health programming from fiscal years 2015–2025, encompassing 30 relevant audits and 1 evaluation. We analyzed each report's findings and recommendations to identify and summarize key themes and inform the lessons learned.

Related OIG Products

Improved Global Health

- [Audit of USAID/Indonesia's Urban Water, Sanitation and Hygiene Project](#) (5-497-15-002-P), January 2015.
- [COVID-19: Audit of USAID's Vaccine Readiness Efforts](#) (4-936-24-001-U), April 2024.
- [COVID 19: Audit of USAID's Use of PEPFAR Funds for COVID-19 Response](#) (4-936-24-003-U), April 2024.

Monitoring

- [Award Planning and Oversight Weaknesses Impeded Performance of USAID's Largest Global Health Supply Chain Project](#) (9-000-21-004-P), March 2021.
- [Audit of USAID/Regional Development Mission for Asia's Greater Mekong Subregion Malaria Control Project](#) (5-486-15-004-P), March 2015.

Sustainability

- [Audit of USAID/Indonesia's Urban Water, Sanitation and Hygiene Project](#) (5-497-15-002-P), January 2015.
- [USAID/Haiti Needs to Improve Oversight of the Quality Health Services for Haiti Central and South Project to Better Ensure Sustainability](#) (1-521-16-006-P), July 2016.

Coordination, Award Design, and Documentation

- [Audit of USAID/Zambia's HIV Prevention Activities](#) (4-611-15-001-P), February 2015.
- [Ebola Experience Highlights Opportunities To Strengthen USAID's Award Process and Reprogram Funds](#) (9-000-17-001-P), December 2016.
- [President's Malaria Initiative in Africa: USAID Did Not Implement Its Strategy to Prioritize High-Burden Countries](#) (4-000-25-001-P), February 2025.