



MEMORANDUM

DATE: June 24, 2026

SUBJECT: Oversight of U.S. Government Ebola Responses and Emerging Global Health Threats

Introduction

On May 18, 2026, the Department of State [announced](#) its initial response to the Ebola outbreak in the Democratic Republic of Congo and Uganda. Per the Department, “\$32 million in bilateral assistance [has been provided] to key existing partners on the ground, including the International Medical Corps (IMC), UNICEF, MedAir, the International Organization for Migration (IOM), the World Food Program (WFP), FHI 360, and Samaritan’s Purse.” In addition, the Department announced that \$300 million of the now \$3.8 billion U.S. contribution to the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) global pooled fund activities will be used to support “holistic humanitarian and logistics support for key partners as the response grows and evolves.” Recently, the Department announced \$240 million in humanitarian and disaster response assistance to Catholic Relief Services (CRS), which will “supplement CRS’s Ebola response activities and their work to address other humanitarian needs.”

The USAID Office of Inspector General (OIG), a statutorily independent law enforcement agency, continues to provide oversight of U.S. foreign assistance across multiple Federal agencies.¹ This memo highlights insights and lessons from OIG’s audits and investigations of American responses to the Ebola outbreaks in 2014 and 2019, which can inform the Department of State, Congress, and other key decision-makers in executing the current response.

OIG’s Oversight of U.S. Government Responses to the 2014 and 2019 Ebola Outbreaks

The influx of billions of American dollars to respond to humanitarian and global health crises creates opportunities for bad actors to (1) defraud and corrupt U.S. programming and (2) harm the communities that humanitarian assistance is designed to support.

OIG’s criminal investigators have extensive experience in conducting aggressive criminal, civil, and administrative investigations related to the United States’ past Ebola responses and is ramping up capacity to respond to the latest outbreak. OIG received over 80 allegations related to the past Ebola outbreaks, many involving sexual exploitation and abuse (SEA) of beneficiaries, theft, procurement fraud, false claims, kickbacks, and ethics violations. The complaints spanned six countries, including the Democratic Republic of the Congo (where most of the complaints originated), Liberia, Sierra Leone, Guinea, South Sudan, and Uganda. We opened 10 formal

¹ Our fiscal year 2026–2027 oversight [plan](#) continues critical audit, evaluation, and investigative work overseeing humanitarian and health funding when new global catastrophes arise.

investigations, including cases that resulted in referrals to USAID that led to seven-figure disallowances under awards to a major international NGO for procurement fraud and improper salary payments, among other misconduct. In addition, an OIG investigation into World Health Organization (WHO) staff, including doctors, resulted in USAID's debarments of WHO officials for sexually assaulting women and girls while performing USAID-funded Ebola work, the first known U.S. government debarments of UN officials determined to have engaged in SEA.

In addition, in 2014, when Ebola spread rapidly through multiple West African countries, the U.S. government declared an overseas contingency operation (OCO) from November 2014 to September 2015, with Congress providing \$3.7 billion in international emergency funds as part of the fiscal year 2015 omnibus appropriation.² Our office, along with the Offices of Inspector General from the Departments of Defense, State, and Health and Human Services (HHS), [coordinated](#) oversight efforts of the OCO and reported quarterly on the results of that work.³

Our experienced foreign service auditors, posted in and covering multiple African countries, completed 15 reviews on topics ranging from examining [costs](#) spent by major [nongovernmental organizations](#) (NGOs) to the effectiveness of U.S. government [health training programs](#) and [medical funding decisions](#) meant to mitigate the impact of the Ebola crisis. In total, we made approximately 80 recommendations to improve the U.S. government's Ebola response and ensure it is better prepared for future outbreaks. General themes and trends from our work are summarized below and are designed to inform administration and congressional decision-makers during the current Ebola outbreak.

Comprehensive Federal and External Foreign Aid Coordination Is Essential in a Global Health Emergency Response

Our oversight [work](#) highlights the importance of coordinating actions among key stakeholders supporting the American response. This includes developing data-sharing policies internal and external to the U.S. government and clearly defining roles, capabilities, and responsibilities. Adapting operations to conditions on the ground is also essential for an effective response. For example, the government's 2014 Ebola response did not adapt quickly enough to match the outbreak's shifting hotspots. When a response is slow or delayed, a disease outbreak can grow and more deaths will result. An overall strategic framework to guide a whole-of-government response to disease outbreaks is critical for mitigating challenges, reducing delays, and securing the resources needed to mobilize an effective response.

Relatedly, an OIG audit [found](#) that USAID and the Centers for Disease Control and Prevention viewed response priorities differently, which adversely affected U.S. efforts to control the outbreak in West Africa. We reported that past efforts involved a clinical approach to prepare and deploy resources for a worst-case scenario, which resulted in many unused hospital beds and wasted time and money. A more effective intervention was community-based behavioral activities such as contact-tracing, infection prevention, and safe burials, which taken together

² USAID OIG and HHS OIG, "[Quarterly Progress Report on U.S. Government International Ebola Response and Preparedness Activities](#)," December 31, 2015.

³ Lead Inspector General, "[Quarterly Progress Report on U.S. Government Activities: International Ebola Response and Preparedness](#)," September 30, 2015.

significantly reduced Ebola cases without spending money on resources that would not be used. The lack of a government-wide framework leads to incomplete guidance for coordinating response efforts, forcing responders to recreate processes as emergencies evolve. As we reported, an effective framework would:

- Establish policies for needs assessments, award-making processes, and monitoring;
- Prepare an inventory of implementers by country who could respond to a health crisis;
- Establish procedures to facilitate the rapid deployment of staff to the field during health emergencies, including a plan for the identification, recruitment, and retention of skilled personnel and contingency measures to address staffing shortages;
- Develop and finalize a comprehensive Global Health Emergency Management System timeline, including provisions for periodic testing of plans and proactive exercises to evaluate procedures.

Vulnerabilities Impacting Cash-Based Assistance Must Be Addressed Early and Monitored in Humanitarian Assistance Activities

OIG has long identified risks within cash-based assistance as a means of supporting humanitarian and global health responses. This type of modality is often used to pay salaries or provide financial resources to beneficiaries in communities where access to modern banking is unavailable. Although providing cash can be flexible and more cost effective than providing in-kind commodities, it is also susceptible to fraudulent activity, such as misappropriation and theft. Having controls over cash assistance is important for mitigating risks of fraud in humanitarian aid programming, such as diversion to U.S.-designated terrorist organizations. During past Ebola responses, we identified that certain cash payments went to unverified individuals serving on Ebola burial and disinfection teams in Liberia. Our [audit](#) recommended that salary payments be deposited electronically in bank accounts and that all worker identities be verified against identification cards.

Similarly, another [audit](#) found that banking and information technology for cash-based assistance and beneficiary registration slowed the U.S. government's Ebola response, as local governments and organizations had little to no experience with cash transfers and food vouchers. And at least one large international NGO lacked proof that assistance went to those actually impacted by Ebola, which increased the risks of corruption and cash benefits going to those who did not need assistance. We recommended the establishment of procedures to verify the selection criteria each beneficiary must meet to qualify for program benefits to ensure that programs are helping those most in need.

USAID OIG Proactively Conducts Investigative Outreach Efforts

The need for proactive outreach to implementers, aid workers, and beneficiaries for reporting misconduct is essential to broadcast information and swiftly respond to and address all forms of misconduct impacting the response. OIG investigators deploy to activity locations and NGO local offices to conduct fraud awareness briefings on potential schemes that are likely to

compromise programming. Further, OIG having and amplifying a dedicated Ebola complaint hotline was effective in reaching affected communities and improving access to our services.

Additionally, we continue to partner with external parties to ensure that we are able to rapidly respond to allegations of criminal misconduct compromising U.S. foreign assistance. For example, in April, we [signed](#) a memorandum of understanding (MOU) with the National Association of Boards of Pharmacy, which strengthens our investigations into diversion, fraud, and other supply chain risks associated with U.S.-funded global health commodities. We have also previously signed MOU's with Gavi, the Vaccine Alliance, as well as the Global Fund's Office of Inspector General, to advance our oversight of USAID's global health activities and foster cooperation and information sharing.

Conclusion

As the Department of State's response to the current Ebola outbreak continues to evolve, Congress and the American people can rely on USAID OIG to provide experienced, timely, and independent oversight, while holding perpetrators accountable for defrauding both American taxpayers and beneficiaries that aid is intended to help. Please report any alleged misuse of U.S. taxpayer dollars impacting American foreign assistance to the OIG Hotline through <https://oig.usaid.gov/report-fraud>.