USAID COVID-19 Activity Update

January - August 2020

INTRODUCTION

The World Health Organization (WHO) declared the novel coronavirus SARS-CoV-2 (COVID-19) outbreak, which emerged in the People's Republic of China in December 2019, to be a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on March 11, 2020.[1] USAID plays a key role in the United States' international efforts to prevent and respond to the pandemic and mitigate its economic, social, and development effects.[2]

Congress has appropriated approximately $1.34 billion in supplemental funding for USAID programming and operations, including $250 million in Economic Support Fund co-managed with the State Department, and $1 million for USAID Office of Inspector General (OIG) oversight.[3] In addition, USAID reported the redirection of nearly $424.4 million in funding from pre-existing development programs toward COVID-19 preparedness, response, and mitigation activities as of August 30, 2020.[4]

According to data compiled by the Johns Hopkins University Center for Systems Science and Engineering, the total number of reported confirmed COVID-19 cases worldwide was 25.5 million and the fatality count was 850,535, as of August 31, 2020.[5] As figure 1 on the following page illustrates, COVID-19 hotspots began appearing in Asia in January 2020, and the pandemic then migrated to countries in Europe and North America.[6]

About This Brief

This brief provides information on USAID's response to the COVID-19 pandemic and associated challenges, as well as related oversight plans and activities. OIG prepared this informational brief to increase stakeholder knowledge and public transparency regarding these efforts. This brief reports on activities from the start of the COVID-19 pandemic through August 31, 2020.

To produce this brief, OIG gathered data and information from Agency documents and interviews as well as from public sources. The sources of information contained in this document are cited in endnotes, tables, and figures.

To provide timely reporting, OIG has not audited or verified all of the underlying data and information that forms the basis for this brief. OIG has provided USAID with opportunities to comment on the contents.

Figure 1. New Confirmed COVID-19 Cases by Region, January - August 2020
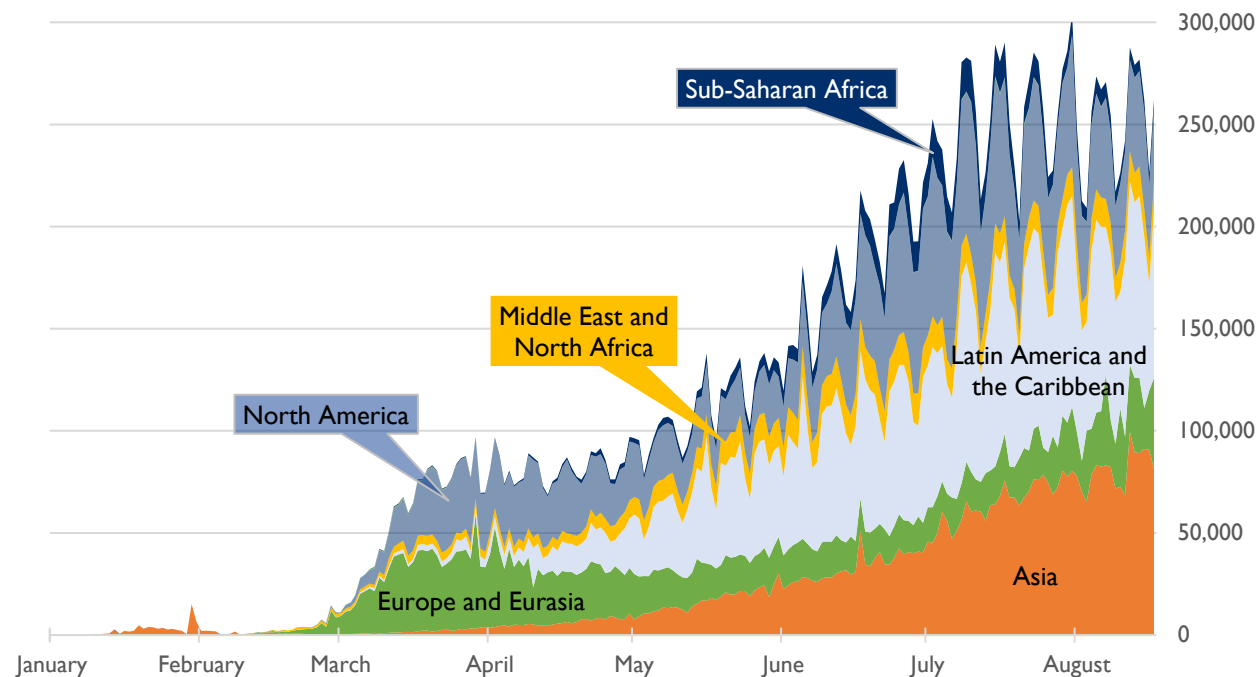
Source: Created by OIG using data from USAID and Johns Hopkins University.

In Latin America and Caribbean region, new confirmed cases increased rapidly starting in May, and by the end of June, the region accounted for the largest share of new cases.[7] Countries in sub-Saharan Africa also reported cases in the beginning of the pandemic, and the disease began spreading rapidly throughout the continent in June.[8] Countries in Asia, particularly India and Indonesia, began reporting large numbers of cases in June as well.[9]

Global health experts warned that COVID-19 could overwhelm low- and middle-income countries due to inadequate resources to prepare for and respond to the disease, especially in poor and war-torn countries, and that outbreaks may reemerge with another wave of infections in areas with declining cases.[10]

USAID RESPONSE TO COVID-19

To coordinate the Agency's COVID-19 response, former USAID Administrator Mark Green activated a Crisis Action Team on January 31, 2020, and established a COVID-19 Task Force on March 3.[11] The Agency deactivated the Task Force on September 9 and transitioned functions to standing bureaus, independent offices, and a new COVID-19 Readiness Unit, which will coordinate safety, security, and continuity-of-operations functions.[12]

On April 16, the State Department published the U.S. Government Action Plan to Support the International Response to COVID-19 (SAFER Action Plan) that outlines a package of services to assist international partners (see box on the following page).[13] Accompanying the SAFER Action Plan is USAID's joint COVID-19 response strategy with the State Department to curb COVID-19 transmission and mitigate its impact through four pillars of effort:[14]

1. Protect U.S. citizens and the U.S. Government community overseas, facilitate the continued work of the U.S. Government overseas, and communicate effectively;
2. Prevent, prepare for, respond to, and bolster health institutions to address the COVID-19 pandemic and the possible reemergence of the disease;
3. Prevent, prepare for, and respond to the COVID-19 pandemic in existing complex emergency responses and address the potential humanitarian consequences of the pandemic; and
4. Prepare for, mitigate, and address second-order economic, civilian-security, stabilization, and governance impacts of COVID-19, in part to prevent development backsliding.

The U.S. Government's SAFER Action Plan supports activities in countries to:

- **S**cale up community approaches;
- **A**ddress critical needs of healthcare facilities;
- **F**ind, investigate, and respond to COVID-19 cases;
- **E**mploy strategies to address second-order impacts; and
- **R**eady plans for deployment of therapeutics and vaccines, diagnostics, and devices.

According to USAID, the Agency coordinates with the State Department, the Centers for Disease Control and Prevention, and other interagency partners to prioritize countries and allocate COVID-19 funding based on factors such as reported needs, caseload, community transmission, country capacity, strength of health system, and the potential impact of U.S. Government support on containing or mitigating COVID-19 in the country.[15] By June 24, 2020, USAID reported commitments to assist more than 120 countries in COVID-19 response and preparedness efforts (see figure 2).[16]

Figure 2. Countries Receiving USAID Support
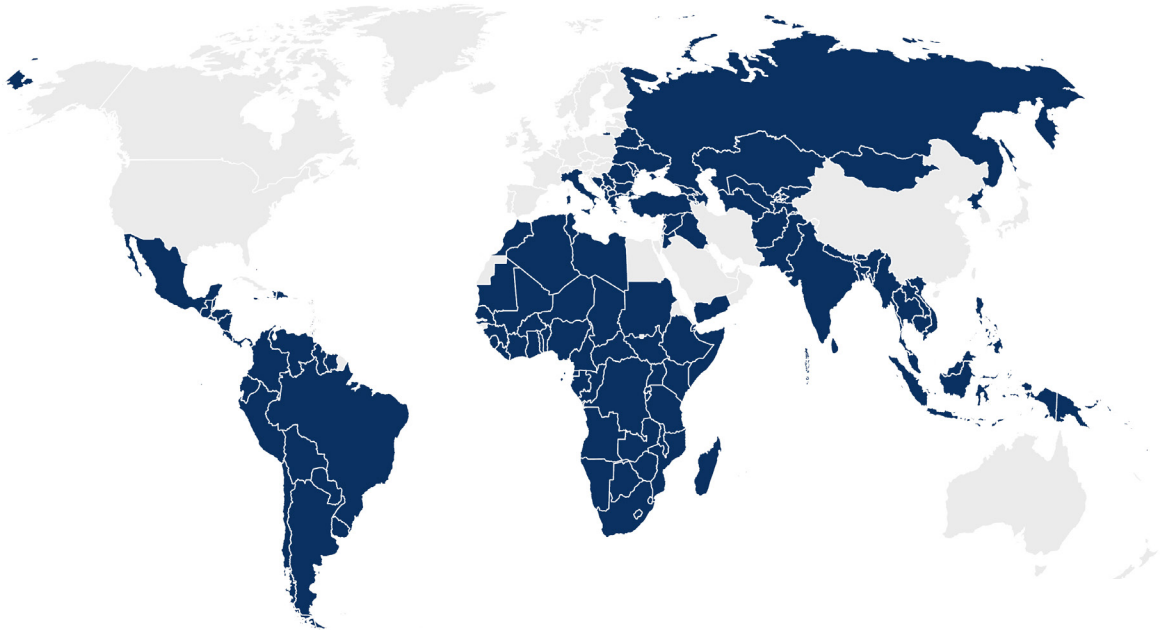
Note: This map represents countries that have received or will receive funding from USAID for COVID-19 response. This includes programming from the Global Health Programming, International Disaster Assistance, and Economic Support Fund.
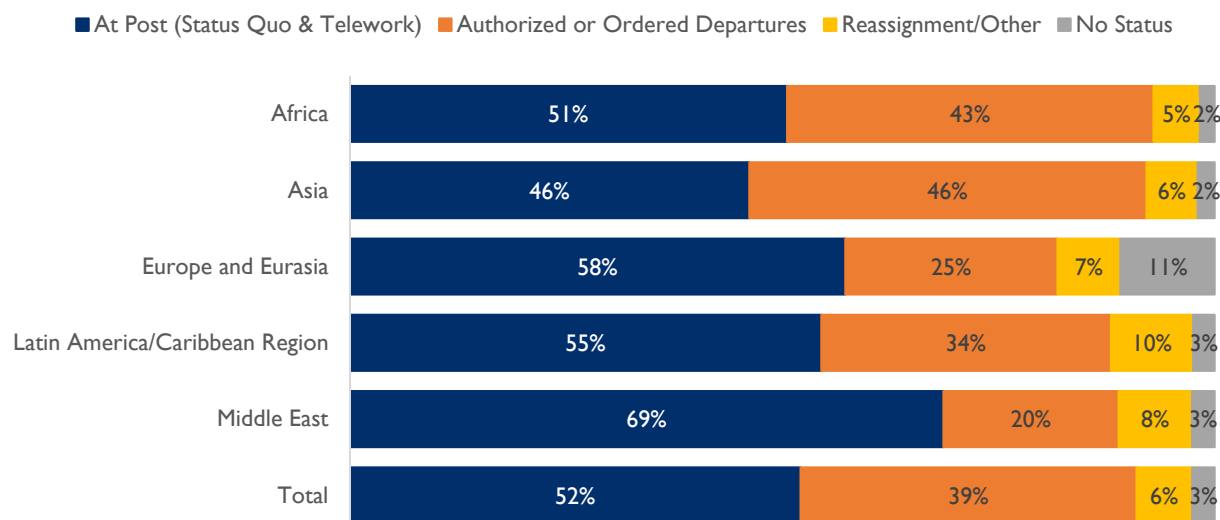Source: Map created by USAID, June 24, 2020.

USAID International Operating Status

According to USAID, the pandemic has had widespread effects on Agency staff and operations across the globe.[17] USAID overseas missions follow State Department guidance and on March 14, the State Department approved a global authorized departure for individuals at higher risk from COVID-19, which allowed USAID staff at higher risk to leave their posts with approval and return to the United States and telework.[18]

As shown in figure 3, the Agency reported that approximately 52 percent of its total overseas U.S. direct-hire staff and U.S. and third-country nationals personal services contractors were working at post, while 39 percent were on authorized or ordered departures from their posts, as of August 7, 2020.[19] Some notable regional differences emerged, as missions in the Asia region had the fewest international staff at post with 46 percent, while missions in the Middle East had the most with 69 percent.[20]

All USAID employees and personal service contractors are expected to return to post when their respective posts reach Phase 3 under the State Department's Diplomacy Strong Framework, although some may return earlier after obtaining approval from USAID officials and State Chiefs of Mission.[21] USAID resumed personnel transfers to newly assigned posts on June 15, and had scheduled approximately 450 staff for changes of station this year.[22]

Figure 3. Status of USAID Overseas Workforce

Legend: ■ At Post (Status Quo & Telework)　■ Authorized or Ordered Departures　■ Reassignment/Other　■ No Status

| Region	At Post (Status Quo & Telework)	Authorized or Ordered Departures	Reassignment/Other	No Status
Africa	51%	43%	5%	2%
Asia	46%	46%	6%	2%
Europe and Eurasia	58%	25%	7%	11%
Latin America/Caribbean Region	55%	34%	10%	3%
Middle East	69%	20%	8%	3%
Total	52%	39%	6%	3%

Source: USAID COVID-19 Agency Status Dashboard, information as of August 7, 2020.

Agency data indicates USAID mission operations abroad were subject to constraints, as figure 4 illustrates. Nearly two-thirds of missions reported reduced personnel capacity, with an additional 2 percent reporting that personnel capacity had ceased or was significantly restricted.[23] Additionally, one-third of missions reported reduced ability to obligate funds.[24]

The pandemic has significantly affected USAID missions' ability to monitor activities, as 45 percent reported reduced monitoring capability and 48 percent reported monitoring capability as having ceased or proceeding with significant restrictions (see figure 4).[25] The Agency reported adapting program monitoring requirements during the pandemic, such as

reducing the number of reporting indicators; allowing flexibilities for remote site visits and data quality assessments; and adopting remote monitoring technologies like satellite data, geospatial information, and data reporting through cell phones.[26] The Agency reportedly verifies remote monitoring data by comparing it against information from other sources, such as third-party monitors, interviews with implementers and beneficiaries, and documents submitted by implementers.[27]

Figure 4. Capability Status of USAID Missions
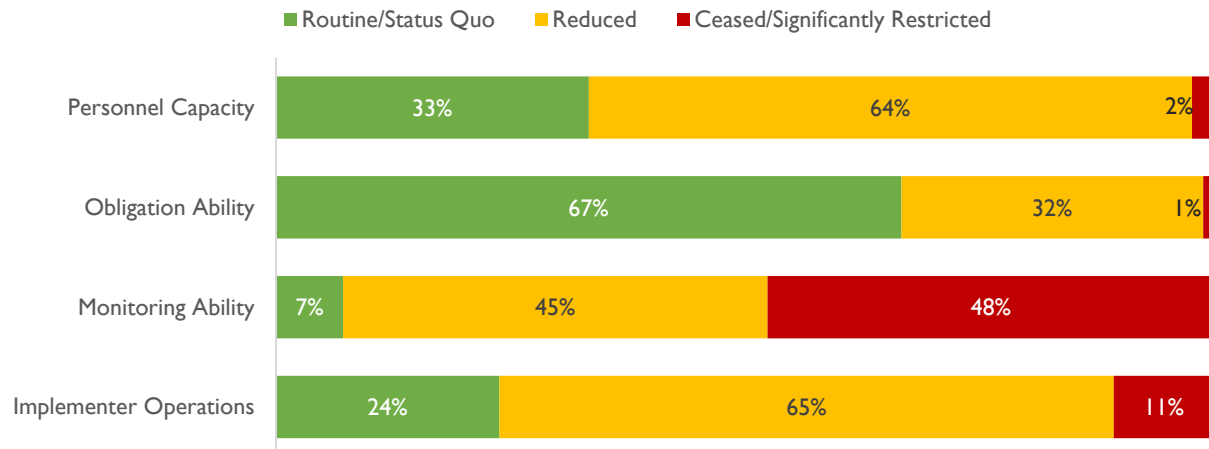
Source: USAID COVID-19 Agency Status Dashboard, information as of August 7, 2020.

USAID implementer operations were also affected, as nearly two-thirds of missions reported reduced implementer operations and another 11 percent of missions reported implementer operations had ceased or were significantly restricted.[28]

According to a USAID survey of 731 implementers in early May 2020, implementers reported that they have continued to execute and monitor programs but faced operational constraints resulting from COVID-19.[29] Most (93 percent) implementers reported moderate or significant challenges with planned interactions with beneficiaries, the private sector, and host country governments, and most (92 percent) implementers reported moderate or significant challenges for monitoring activities as well.[30]

Agency officials have conducted outreach with implementers to understand their operational constraints and reported taking actions to support implementers, such as increasing the flexibility for awards, performance, and monitoring; streamlining processes; and offering guidance and learning resources.[31]

STATUS OF USAID COVID-19 FUNDING

Through the Coronavirus Preparedness and Response Supplemental Appropriations Act (Public Law 116-123, March 6, 2020) and the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136, March 27, 2020), Congress appropriated approximately $1.34 billion in supplemental funding for USAID's programming and operations related to COVID-19.[32] The Agency's funds for COVID-19 efforts also came from $100 million in prior year funding from the Emergency Reserve Fund for Contagious Infectious Diseases Outbreaks (ERF).[33] In addition, USAID approved the use of $138 million in remaining unobligated Ebola supplemental funds and reported redirecting nearly $424 million from existing development programs to support the COVID-19 response by the end of August, according to the Agency's financial system.[34] In total, USAID's planned investments in COVID-19-related efforts approached $2 billion.

Table 1. USAID COVID-19 Fund Status
In millions and percentage of appropriated amount, as of August 31, 2020

Account		Appropriated	Obligated	Disbursed
Economic Support Fund (ESF)[a]	P.L. 116-123	$250.0	$203.7 (81%)	$20.5 (8%)
Global Health Programs (GHP)[b]	P.L. 116-123	$435.0	$322.5 (74%)	$36.3 (8%)
	Prior Year Funding (transferred to ERF)	$63.0	$62.0 (98%)	$25.3 (40%)
International Disaster Assistance (IDA)	P.L. 116-123	$300.0	$300.0 (100%)	$17.3 (6%)
	P.L. 116-136	$258.0	$258.0 (100%)	$9.5 (4%)
	Prior Year Funding (transferred to ERF)	$37.0	$37.0 (100%)	$7.7 (21%)
Operating Expenses	P.L. 116-136	$95.0	$44.3 (47%)	$24.9 (26%)
Total, all accounts[c]		$1,438.0	$1,227.5 (85%)	$141.5 (10%)

[a] Of the $250 million appropriated for ESF, $7 million was to be transferred to USAID operating expenses. Of the $7 million appropriated, up to $7 million had been obligated and $4 million disbursed.
[b] Of the $435 million appropriated for GHP, no less than $200 million was to be transferred and merged with ERF. Of that $200 million, $122.5 million had been obligated and $2.8 million disbursed.
[c] The total does not include $138 million in remaining unobligated Ebola supplemental funds and $424 million in reprogrammed or redirected funds within existing mechanisms to respond to the COVID-19 pandemic.
Source: Reported funding is based on information received from USAID official and has not been audited by OIG.

As shown in table 1, according to information provided by a USAID budget official, the Agency obligated more than $1.2 billion (85 percent) in appropriated prior year and supplemental funds—excluding reprogrammed or redirected funds—toward COVID-19 efforts as of August 31, 2020. Of this total, approximately $141.5 million (10 percent of the appropriated funds) had been disbursed.

Figure 5. Status of USAID COVID-19 Supplemental ESF, ERF, GHP, and IDA Funding, by Account (in Millions)
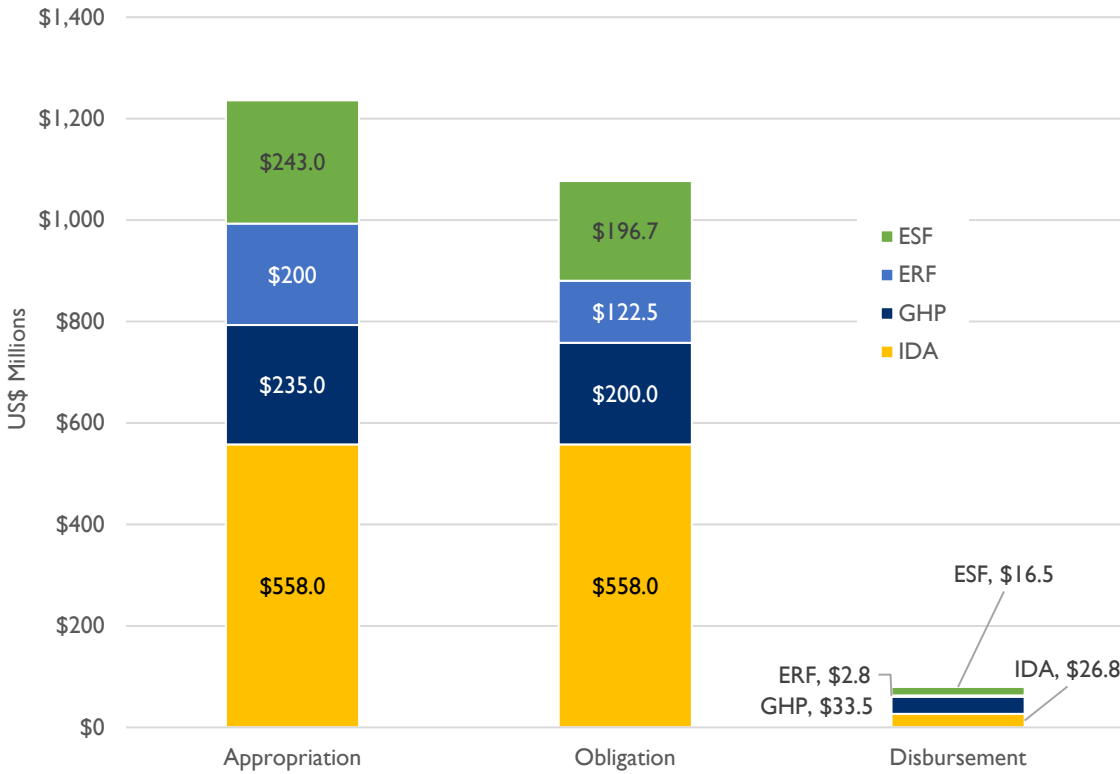
Source: Reported funding is based on information as of August 31, 2020, and has not been audited by OIG.

Figure 5 shows the breakdown of COVID-19 supplemental funds reported by an Agency official by account type, excluding prior year and redirected funds and operating expenses. Of the obligated total, $558 million was drawn from IDA for COVID-19 efforts in humanitarian settings. USAID obligated a total of $322.5 million from the GHP account, including transfers to ERF for health-related efforts to prepare for, prevent, and respond to the COVID-19 outbreak. Excluding the transfers to operating expenses, $196.7 million had been obligated in ESF for activities to mitigate second-order impacts.

Most of the Agency's COVID-19 funds have gone to international implementers.[35] The Agency reported that out of the $682 million in COVID-19 funds obligated by June 25, 2020, approximately $440.8 million (64.6 percent) had gone to international implementers and $204.5 million (30 percent) to multilateral implementers.[36] New and underutilized international and local implementers accounted for approximately $27.7 million (4.1 percent), while existing local implementers accounted for $9.2 million (1.4 percent).[37] The Agency reported plans to identify new implementers for COVID-19 efforts through its New Partnerships Initiative and from unsolicited applications, and also by asking implementers to mentor and build capacity with local partners through subawards.[38]

USAID HEALTH EFFORTS

Prior to the appropriation of supplemental funds, USAID reported efforts to combat the pandemic included providing personal protective equipment (PPE)[i] from its emergency international stockpile and financing preparedness efforts from ERF.[39] Current USAID health assistance to countries includes efforts to bolster health institutions to manage cases, facilitate water and sanitation services, and screen people at points-of-entry.[40] Through May 2020, USAID reported supporting risk communication and community engagement activities in more than 50 countries and that its implementers reached approximately 85 million people; trained staff at 1,085 health facilities across more than 30 countries in infection and prevention control for COVID-19; strengthened COVID-19 testing capacity of 103 laboratories in more than 30 countries; and assisted more than 20 countries with COVID-19 surveillance.[41] USAID also reported providing ventilators and oxygen support to countries to care for critically ill patients with respiratory distress.[42]

PPE Guidance

Health officials recommend that frontline workers wear appropriate protection to minimize exposure to and prevent the transmission of the virus.[43] For USAID implementers working in the field and interacting with the public, PPE provides a layer of safety for their staff to implement and maintain USAID-funded activities.[44] However, on March 24, 2020, the USAID COVID-19 Task Force advised Agency staff to stop shipments and messaging related to PPE, and the Agency paused implementers' ability to use funds to procure PPE.[45] Around that time, media reports noted a domestic PPE shortage for health workers and indicated the pause in aid funding for PPE was at the behest of the White House.[46] The Agency later clarified that implementers could procure PPE to keep their staff safe and to evacuate American citizens, and then later approved a new clause in grant agreements for implementers to obtain prior approval to buy certain PPE items.[47]

According to the Agency and media reports, the PPE guidance was unclear and belated for implementers. Media reports cited implementers that had been informed by their USAID liaisons that they could not use available funds to buy PPE without Agency approval and did not receive a prompt response when they sought this approval.[48] The changing terms under which PPE could be obtained reportedly affected implementers' ability to carry out key services using USAID funds due to their inability to employ appropriate safety precautions to protect their workers.[49] In addition, USAID's Bureau for Humanitarian Assistance (BHA)[ii] reported that unclear Agency guidance for PPE delayed COVID-19-related programming in some cases.[50]

According to USAID officials, the Agency asked and waited for written guidance from the interagency White House COVID-19 Task Force on how its implementers could obtain PPE but did not receive this, so the Agency proceeded to develop its own internal guidance.[51] On May 7, 2020, the Agency issued internal guidance stating that program funds could be used to finance the local production of medical-grade PPE and non-medical-grade PPE products.[52] The Agency released further guidance on June 9 that removed the need for approval before

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[i] PPE is worn to minimize exposure to hazards that cause serious illnesses. PPE may include items such as gloves, masks, respirators, and full body suits.
[ii] BHA was established on February 11, 2020, and became operational on June 5, 2020. BHA subsumed the functions of the former Offices of Food for Peace (FFP) and U.S. Foreign Disaster Assistance (OFDA).

procuring several forms of PPE and clarified the list of materials that required Agency approval when using USAID funds.[iii] According to the guidance, exceptions to Agency approval included materials that are used to protect implementer staff, or that are used to continue USAID-funded programs but are manufactured locally or regionally and not intended for the U.S. market.[53] Moreover, implementers were permitted to use USAID-funded PPE stockpiles managed by the U.N. Food and Agriculture Organization and WHO for COVID-19.[54] USAID issued additional guidance on June 30 and August 26, which updated the list of covered materials to align with the Federal Emergency Management Agency's list and enable USAID implementers to procure covered materials manufactured in regions other than where the country is located, with prior Agency approval.[55]

Oxygen Support and Ventilators

Low levels of oxygen in the blood is common in hospitalized COVID-19 patients, as the disease can cause acute respiratory distress.[56] According to clinical care guidelines issued by WHO, COVID-19 patients with emergency signs like severe respiratory distress should receive oxygen and breathing support preferably through noninvasive means such as via nasal prongs or masks, only using invasive mechanical ventilation as a last resort.[57] USAID reported assisting countries with both oxygen supply and mechanical ventilators to help address the respiratory effects of the disease.[58] One Agency study estimated that providing basic oxygen support costs on average $200-$300 to avert one fatality, and that for ventilators, this amount is one hundred times greater, or $20,000-$30,000.[59]

USAID reported that it has begun to procure basic oxygen supplies using pre-existing awards.[60] For instance, USAID reported collaborating with Partners In Health to install 24 oxygen outlets at a major hospital in Lima, Peru.[61] In Zambia, the USAID District Coverage of Health Services (USAID DISCOVER-Health) project procured the first set of oxygen concentrators, out of a planned total of 1,300 oxygen concentrators, on May 29 for government clinics and facilities across the country, according to USAID.[62]

On April 19, the President tweeted that the U.S. Government will provide ventilators to other countries.[63] Thereafter, USAID began to prioritize the provision and delivery of ventilators to countries selected by the National Security Council in response to requests from Heads of State and Ministries of Health.[64] According to Agency officials, as a general matter, USAID did not have a part in determining which countries were selected to receive ventilators or how many.[65] Rather, USAID's role has been to assist selected countries with procurement and delivery of ventilators from three suppliers selected by the National Security Council in coordination with the Department of Health and Human Services and the Federal Emergency Management Agency—Medtronic, Vyaire, and Zoll—through the Agency's Global Health Supply Chain – Procurement and Supply Management project.[66]

USAID reported its staff worked to develop needs assessment instruments for countries, coordinate with Ministries of Health, and provide appropriate technical assistance.[67] The Agency indicated that navigating the different types of services and constraints associated with

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[iii] In the latest August 26 guidance, the covered materials that require prior written approval are: surgical N95 Filtering Facepiece Respirators; PPE surgical masks; PPE nitrile gloves; and Level 3 and 4 surgical gowns and surgical isolation gowns that meet all of the requirements in ANSI/AAMI PB70 and ASTM F2407-06 and are classified by Surgical Gown Barrier Performance based on AAMI PB70.

each manufacturer has presented a challenge, but that USAID was committed to delivering ventilators even prior to finalization of service agreements.[68]

Table 2. Countries Receiving USAID-Funded Ventilators, as of August 31

Country	Number of Ventilators	Date Delivered in 2020	Country	Number of Ventilators	Date Delivered in 2020
Afghanistan	100	August 4	Mozambique	50	July 30
Bolivia	200	August 18	Nauru	10	August 9
Brazil	200	June 30	Nigeria	200	July 29
	200	July 31	Pakistan	100	July 5
Colombia	200	July 1		100	July 27
Dominican Republic	50	August 26	Panama	50	August 13
			Papua New Guinea	40	July 25
Ecuador	50	July 5			
	200	August 4	Paraguay	50	July 13
Egypt	250	August 5		200	August 10
El Salvador	250	May 21	Peru	250	June 23
	158	August 24	Philippines	100	August 23
Ethiopia	250	August 4	Russia	50	May 20
Fiji	30	July 24		150	June 1
Honduras	50	June 24	Rwanda	100	July 27
	160	July 28	South Africa	50	May 11
India	100	June 13		100	July 5
	100	July 27		235	August 29
Indonesia	100	July 21	Sri Lanka	200	August 12
	500	August 30	St Kitts and Nevis	10	August 26
Kiribati	10	August 24			
Kosovo	50	August 24			

Source: USAID documents.

According to Agency documents, each ventilator costs approximately between $8,000 to $14,000; the package cost rises to about $10,800 to $17,075 per ventilator when including associated accessories and maintenance services but excluding shipping costs.[69] The State Department announced on July 29 that more than $250 million was dedicated to the ventilator distribution efforts.[70] The U.S. Government has committed to delivering approximately 8,722 ventilators to 44 countries and the North Atlantic Treaty Organization (NATO), according to USAID documents.[71] As shown in table 2, the first donation was delivered to South Africa on May 11, 2020, and USAID had delivered 5,253 ventilators to 29 countries, as of August 31, including to countries in which the Agency does not have a presence. The ventilators become the property of the recipient country once they have been transferred, and the countries determine their distribution internally, according to USAID.[72] As part of its COVID-19 oversight, OIG is auditing USAID's support of this high-profile initiative.

USAID HUMANITARIAN EFFORTS

USAID's humanitarian assistance efforts related to the COVID-19 pandemic were carried out by OFDA and FFP, which were subsumed into BHA in June 2020.[73] On March 13, 2020, OFDA activated a COVID-19 Response Management Team to coordinate and support COVID-19 activities in existing humanitarian crises.[74] USAID later issued a global disaster declaration for the COVID-19 pandemic on April 3, 2020, serving as the basis for programming COVID-19 IDA funds.[75]

The Agency provided COVID-19-related humanitarian assistance in existing emergency responses, and in places where a health emergency had become a humanitarian emergency.[76] According to USAID, humanitarian funds are prioritized for areas with existing IDA-funded humanitarian programs, are needs-based, and are rooted in data such as transmission risk analyses.[77] COVID-19-related humanitarian efforts are to include support for health services; humanitarian coordination; protection services; water, sanitation, and hygiene (WASH); food security and livelihoods; and logistical support.[78] The Agency reportedly focused initial humanitarian funding on public health emergencies, expanding existing WASH efforts, and protection programming, and then expanded funding priorities to address severe food scarcity, provide vital humanitarian assistance, and prevent backsliding of humanitarian progress.[79]

IDA Funding

USAID's humanitarian assistance is funded through the IDA account. The expedited processes associated with this funding, and additional flexibilities and authorities that USAID humanitarian assistance actors have received, are intended to aid in the timely delivery of disaster assistance.[80] The Agency reported obligating COVID-19 supplemental IDA funding within an average of 37 days of proposal receipt, approximately 40 percent faster than standard obligation timelines.[81] However, questions have been raised about the speed with which IDA funds have been made available during the COVID-19 response effort.[82] More than two dozen organizations sent a letter to acting Administrator John Barsa on June 4, 2020, to raise concerns about long delays in the award process that hindered USAID assistance from reaching the front lines.[83] By June 19, USAID had obligated 39 percent, or $217.7 million, in supplemental COVID-19 IDA funds; at a similar point in the 2014 West Africa Ebola response effort, USAID had obligated 46 percent, or $657.3 million, of the appropriated IDA total for that response.

According to Agency records, the first obligation of supplemental COVID-19 IDA funds occurred on April 21, 46 days after the first COVID-19 supplemental legislation was signed by the President on March 6, as shown in figure 6.[84] The Agency reported completing all obligations of supplemental COVID-19 IDA funds on July 31, 101 days after the first obligation.[85]

Figure 6. Timeline of USAID IDA Obligations in 2020 for COVID-19
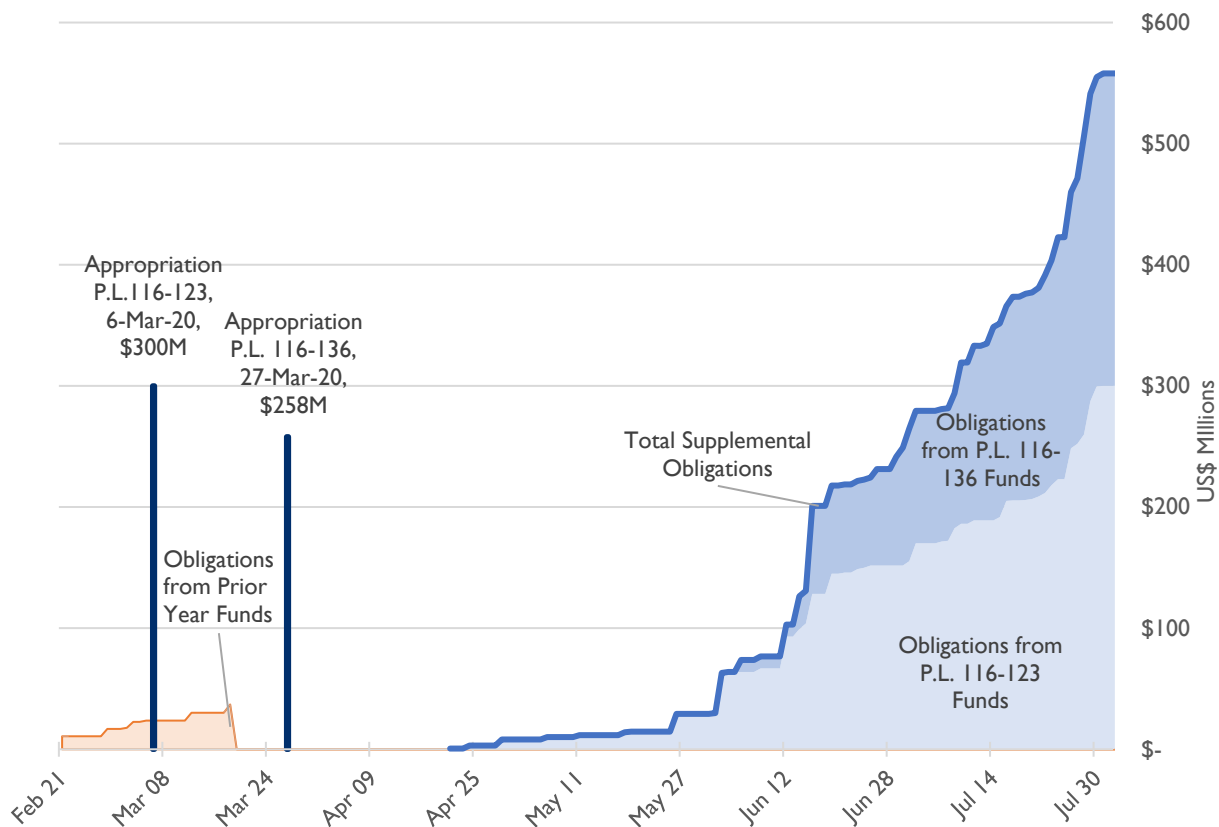
Source: Reported funding is based on information in USAID's COVID-19 Program Budget Dashboard and has not been audited by OIG.

According to Agency records, USAID approved and announced supplemental COVID-19 IDA funds over six tranches.[86] The Agency reported distributing COVID-19 funds over multiple tranches based on needs and shifts in outbreaks.[87] However, this approach prolonged the planning and approval process, with BHA reporting that delayed approvals across multiple tranches disrupted its ability to rapidly plan with implementers and review applications.[88] BHA also reported that approval from the Agency's COVID-19 Task Force was required as well, which added another layer to the typical established process.[89]

Based on Agency documents and reported information, there were several obstacles in planning and obligating COVID-19 supplemental IDA funds. The lack of clear guidance on PPE and branding and marking waivers reportedly presented barriers to USAID humanitarian response efforts, as it was unclear which medical supplies could be purchased using USAID funds or whether prior approved branding waivers could be applied to COVID-19 programming in order to reduce the profile of U.S. assistance in high-risk locations and ensure safety for implementers and beneficiaries from armed groups with anti-Western sentiments.[90]

The Administration's pause on new obligations to WHO on April 14 also affected USAID response plans, as it had to identify alternative implementers to replace WHO, the intended

recipient of COVID-19 IDA response funds in two early tranches.[91] One indication of the impact of these delays was the Agency's determination to relax its informal 3-day rule for obligating funds after approval so that some missions had time to find alternative implementers.[92] The Agency reported to OIG that it identified WHO alternatives in 24 countries for new and existing awards worth approximately $51.7 million.[93]

USAID reported that it expedited its IDA funding process in June 2020 to accelerate the pace of obligation by shortening deadlines for application development and approval for COVID-19 response awards, and prioritizing COVID-19 applications for review and obligation.[94] The Agency reported obligating all $558 million in supplemental COVID-19 IDA funds by the end of July 2020.[95] Agency policy states that USAID may issue letters of pre-obligation commitments to implementers to allow expenditures prior to the signing of an approved grant so that relief activities can be provided on a timely basis.[96]

USAID EFFORTS TO MITIGATE SECOND-ORDER IMPACTS

According to reports by development organizations and in the media, the pandemic risks setting back major development progress in economic, civilian-security, stabilization, and governance efforts.[97] The Agency's plan, in coordination with the State Department, to mitigate and address these second-order impacts includes supporting distance learning programs for children, promoting citizen-responsive governance through civil society organizations and independent media outlets, and expanding economic growth and trade for small and medium enterprises.[98]

In addition, the Agency has identified potential effects of COVID-19 on democracy, human rights, and governance, such as pressure on democratic systems, restrictions on civil rights, and the spread of disinformation and misinformation, and has formulated possible responses to mitigate them.[99] To support economic growth and trade, USAID's Bureau for Economic Growth, Education, and Environment provided missions with a list of rapid-response mechanisms and tools to assess economic impact and mitigate trade disruptions from COVID-19.[100]

OIG'S COVID-19 OVERSIGHT

Our Approach

OIG's plan for COVID-19 oversight reflects a three-phase approach. For the first phase, OIG gained an understanding of USAID's COVID-19 response efforts to plan our oversight efforts, and reviewed past work to develop resources to assist USAID and stakeholders in responding to the pandemic. Based on this work, we produced:

- An advisory notice posing key questions from past lessons learned for USAID to consider while planning and executing its response to the COVID-19 pandemic.
- A document outlining top management challenges that USAID faces in its response to the COVID-19 pandemic.
- A COVID-19 fraud awareness and reporting fact sheet.

The second phase entails outreach to Agency leaders, stakeholders, and implementers; coordination with oversight counterparts like the Council of the Inspectors General on Integrity and Efficiency's Pandemic Response Accountability Committee; and promoting awareness and transparency around USAID's response efforts through reports, such as quarterly reports on overseas contingency operations and this information brief.

The third and final phase involves conducting new and ongoing audits focusing on COVID-19-related issues, following up on investigative leads, and issuing advisories on time-sensitive issues as appropriate.

Oversight Activities

To oversee the Agency's pandemic response efforts, we participated in an observer capacity on the Agency's COVID-19 Task Force; engaged with oversight and accountability implementers to share information and plans; prepared an initial COVID-19 response oversight strategy; and highlighted our oversight approach and how USAID staff and implementers can act on their responsibility to report COVID-19-related fraud, waste, and abuse on our website. In response to a request by the Chairman of the House of Representatives Subcommittee on Government Operations, we reviewed the Agency's plan to reopen its domestic facilities and found that the Agency has generally followed the U.S. Government Accountability Office's key considerations for agencies returning employees to the workplace during pandemics.[101]

OIG will also commence several audits related to COVID-19, including audits that cover:

- How USAID's mission capabilities have been affected by COVID-19.
- The role of ventilators in USAID's COVID-19 response.
- Data quality in selected President's Emergency Plan for AIDS Relief (PEPFAR) USAID programs in Africa.

In addition to these audits, we plan to continue monitoring USAID's actions in response to COVID-19 and conducting additional audit, investigative, and other oversight work as appropriate.

END NOTES

[1] WHO, "Novel Coronavirus (2019-nCoV) Situation Report - 1," January 21, 2020, p. 1.
     WHO, "Statement on the Second Meeting of the International Health Regulations (2005) Emergency
     Committee Regarding the Outbreak of Novel Coronavirus (2019-nCoV)," January 30, 2020.
     WHO, "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19," March 11, 2020.

[2] Congressional Research Service, "COVID-19 and Foreign Assistance: Issues for Congress," April 6, 2020, p. 1.
     State Department and USAID, "Strategy for Supplemental Funding to Prevent, Prepare for, and Respond to
     Coronavirus Abroad," p. 1.

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