INFORMATION BRIEF

USAID Office of Inspector General

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USAID COVID-19 Activity Update

April 2021 - July 2021

INTRODUCTION

The COVID-19 pandemic continued to constitute a public health emergency of international concern that adversely affected the health of populations around the world, according to the World Health Organization (WHO) in July 2021.[1] USAID plays a key role in the United States' global response to the COVID-19 pandemic and its secondary impacts.[2] The Agency reported that its COVID-19 responses from April to July 2021 focused on vaccine donation coordination, oxygen support, food and humanitarian assistance, and rapid assistance to countries experiencing significant spikes in COVID-19 cases.[3] Approximately $7.7 billion had been obligated and $5.3 billion disbursed toward USAID's COVID-19 efforts by July 31, 2021, according to the Agency.[4]

Nearly 197.9 million COVID-19 cases and 4.2 million deaths were reported worldwide since the pandemic started through the end of July 2021, based on data compiled by the Johns Hopkins University Center for Systems Science and Engineering.[5] From April 1 to July 31, 2021, there were approximately 69 million new COVID-19 cases and 1.3 million new deaths reported around the world.[6] According to WHO, several factors contributed to new infections during the reporting period, such as the spread of more transmissible coronavirus variants, pressure to lift and inconsistent application of public health and social measures, increased mobility, and inequitable access to COVID-19 vaccines for highly susceptible populations.[7]

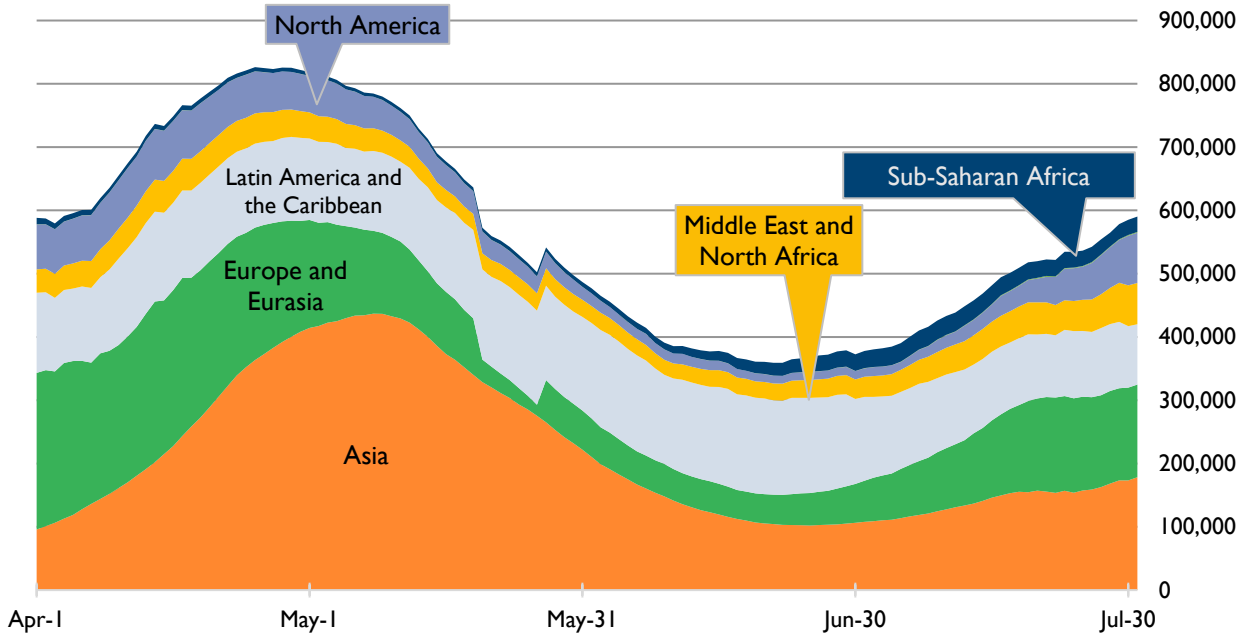
About This Brief

This brief provides information on the responses to the COVID-19 pandemic and associated challenges by U.S. foreign assistance agencies that USAID OIG oversees: USAID, the Millennium Challenge Corporation (MCC), U.S. African Development Foundation (USADF), and Inter-American Foundation (IAF). OIG prepared this information brief to increase stakeholder knowledge and public transparency regarding these efforts, as well as related oversight plans and activities. This brief reports on activities from the start of the pandemic through July 31, 2021, but has a particular emphasis on efforts since April 1, 2021, when the reporting period for the previous brief ended.

To produce this brief, OIG gathered data and information from agency documents and 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 the underlying data and information that forms the basis for this brief. OIG has provided USAID, MCC, USADF, and IAF with opportunities to comment on the contents.

Figure 1. New Confirmed COVID-19 Cases by Region, 7-Day Moving Average, April – July 2021



Source: OIG analysis of data from USAID and Johns Hopkins University.

Globally, the number of new COVID-19 cases increased in April, then decreased for the next 2 months, and increased again in July, as Figure 1 shows. Regionally, countries in Asia experienced a wave of new cases in April and early May, while new cases increased in the sub-Saharan Africa region in June. In the Latin America and the Caribbean region, new cases increased from April through June. USAID stated that it responded to surges in COVID-19 cases in south Asia, sub-Saharan Africa, Haiti, and South America with programming to meet critical needs.[8] For instance, the Agency procured and shipped $20.5 million in commodities—such as rapid detection tests, masks, face shields, pulse oximeters, and oxygen cylinders—in addition to transporting private sector donations of masks, protective goggles, and gloves to Bangladesh, India, Maldives, Nepal, Pakistan, and Sri Lanka.[9]

USAID RESPONSE TO COVID-19

In July 2021, the U.S. government published the "COVID-19 Global Response and Recovery Framework" (GRRF), a whole-of-government response plan to end the pandemic, mitigate its harms, support the global recovery, and strengthen pandemic threat readiness.[10] USAID reported that it was developing a dashboard with the Centers for Disease Control and Prevention (CDC), in consultation with other interagency partners, that would feature high-level, proxy metrics to track GRRF implementation (see callout box on the following page for the GRRF Objectives).[11] The Agency stated the dashboard would be shared with the National Security Council (NSC) and the White House and that these metrics would enable the U.S. government to adjust interventions as the situation evolves.[12]

GRRF Objectives

1. Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations.
2. Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats.
3. Address acute needs driven by COVID-19, mitigate household shocks, and build resilience.
4. Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery.
5. Strengthen the international health security architecture to prevent, detect, and respond to pandemic threats.

Source: "U.S. COVID-19 Global Response and Recovery Framework," July 2021.

Within USAID, the Bureau for Policy, Planning and Learning, along with the Bureau for Global Health and the Bureau for Humanitarian Assistance (BHA), are responsible for tracking GRRF implementation.[13] The Agency plans to monitor related lines of effort through performance and management indicators that capture health, humanitarian, and development outputs and outcomes.[14] In addition, USAID described plans to publish its own COVID-19 implementation plan to support the advancement of the GRRF; however, the plan had yet to be finalized and published.[15]

USAID established the COVID-19 Program and Operations Strategy Task Force (CTF) in March 2021 to coordinate its COVID-19 response efforts, facilitate senior-level coordination, and represent the Agency in meetings with interagency and external partners.[16] USAID described participating in several interagency groups to coordinate the U.S. government response during the reporting period. For example, USAID participated in NSC's COVID-19 meetings, collaborated with the CDC to discuss emerging hotspots and to coordinate support for vaccine preparedness and delivery, and worked with the Departments of Health and Human Services, Treasury, and State to review U.S. efforts with financing and resource mobilization for the Access to COVID-19 Tools (ACT) Accelerator.[17] USAID also described participating in several international groups working on the global pandemic response, such as WHO's Global Outbreak and Response Network COVID-19 technical partners; Gavi and the Quadrilateral Security Dialogue Vaccine Experts Group on global vaccination efforts; and the ACT Accelerator Facilitation Council Working Group for financing strategy and resource mobilization.[18]

USAID Operations and Implementers

USAID submitted its reentry and post-reentry plan for domestic facilities to the Office of Management and Budget (OMB) in July 2021 and revised its COVID-19 safety plan and domestic workplace guidelines to conform to CDC guidance.[19] In May 2021, the Agency removed mask wearing requirements for fully vaccinated staff and visitors in USAID facilities in response to updated CDC guidance, but individuals who were not fully vaccinated were still required to wear masks in USAID facilities.[20] USAID later revised this guidance in alignment with changes to CDC guidance at the end of July 2021 to require all staff and visitors to wear masks in public and shared spaces in USAID domestic facilities at all times, regardless of vaccination status.[21] Moreover, the Agency announced that all Federal employees and onsite contractors would need to attest to their vaccination status in accordance with the President's July 29, 2021, order.[22]

Overseas, USAID stated that some of the common challenges faced by missions included travel and movement restrictions, operational disruptions from post-specific evacuations, and staffing

gaps due to personnel and family medical emergencies and from limits on transition of personnel.[23] Despite these challenges, the Agency stated that missions were able to adapt their operations with existing tools and lessons learned over the past 16 months.[24] Moreover, USAID reported convening a surge response team in April 2021 to support missions in countries with rising COVID-19 cases—for example, in India and Namibia.[25] Support from the surge response team included filling personnel gaps in operations, providing staff care services to employees and their families, assisting with operating expenses and mission operations, providing evacuation guidance and support, and other mission-specific needs.[26]

The Agency conducted a worldwide survey of its implementers from March 25 to April 9, 2021, and received responses from 351 organizations.[27] The results indicated improvements in the operating environment when compared to May 2020 survey results, with more implementers reporting their operations as returning to status quo and fewer implementers characterizing their operations as significantly challenging.[28] In addition, implementers reported expatriate staff slowly returning to operations overseas, as well as slight improvements in their ability to interact with stakeholders in the Asia, Europe and Eurasia, and Latin America and the Caribbean regions.[29] However, Agency analysis of the survey data indicated that implementers' stakeholder interaction and activity monitoring abilities in the Africa region barely changed since the May 2020 survey, while stakeholder interaction was more challenging but monitoring activities slightly improved for implementers in the Middle East region.[30]

For USAID implementers, access to COVID-19 vaccines was a primary concern.[31] They also noted other challenges such as monitoring programs in the face of restricted mobility, staff safety due to crime rates, and the need for additional guidance on in-country programming, monitoring and evaluation, and audit expectations.[32] To support access to COVID-19 vaccines for implementers' overseas staff, USAID reported that it was reviewing several options and that it was engaging with the Department of State, Department of Defense, and OMB on the issue of allowing implementers to procure vaccines for staff and beneficiaries.[33] At the end of April 2021, USAID also rescinded its guidance issued last year that required implementers to seek approval for procuring certain essential medical supplies, such as personal protective equipment, with USAID funds.[34] As a result, implementers could procure and source personal protective equipment and previously designated covered material without prior approval, according to USAID.[35]

USAID Efforts to Counter Chinese and Russian Influence and Disinformation

With the global economy weakened, national government systems tested, and democratic institutions strained from the pandemic, the Agency described efforts by the People's Republic of China and the Russian Federation to leverage the crisis to exert their influence abroad.[36] The Agency estimated that in June 2021, Chinese vaccines were being used in over 90 countries and the Russian vaccine in over 50 countries.[37] To assist countries with their COVID-19 response, the Agency reported providing countries with access to COVID-19 vaccines, medical equipment, and commodities, as well as supporting efforts to strengthen health infrastructure, develop response and vaccination plans, train healthcare workers, and bolster economies.[38] In addition, the U.S. government contributed $4 billion to Gavi for international COVID-19 vaccine procurement and delivery through the COVAX Advance Market Commitment—a global initiative to procure vaccines for low- and middle-income countries—and committed to donating vaccines to countries as well.[39] According to USAID, no U.S. contributions to COVAX

were used to purchase vaccines made in China as U.S. funds had already been allocated prior to COVAX's purchasing agreement for Chinese vaccines.[40] The Agency stated it was providing technical assistance for COVID-19 vaccine readiness and delivery regardless of the type of vaccine a country uses, but that it had taken special precautions to avoid any perception that it was endorsing a specific vaccine, particularly those not approved by WHO, the U.S. Food and Drug Administration, or other stringent regulatory authorities.[41]

To counter disinformation emanating from the People's Republic of China, USAID stated its approach was to avoid giving legitimacy to state-run propaganda on vaccines and instead focused on fostering local actors' capacity to combat harmful narratives.[42] Meanwhile, USAID reported that its Countering Malign Kremlin Influence (CMKI) Development Framework and programs in several Europe and Eurasian countries address pandemic-linked malign influence.[43] The Agency reported that through CMKI's pillar for economic development, approximately $10 million was provided to businesses in Italy to increase medical equipment and supply production for COVID-19 to reduce the country's need for Russian donations.[44] Additionally, USAID highlighted the provision of $5 million for local civil society and media groups to combat pandemic-related disinformation throughout the Europe and Eurasia region, as well as to strengthen the legitimacy of media and make them less susceptible to Russian influence.[45] Lastly, the Agency highlighted its Breakthrough ACTION project to track and analyze COVID-19 rumors in several countries and provide data to national COVID-19 coordination teams.[46]

STATUS OF USAID COVID-19 FUNDING

USAID's investment for COVID-19 efforts totaled approximately $10.9 billion by the end of July 2021, which included nearly $10.2 billion appropriated by Congress for COVID-19 response efforts, $100 million in prior year funding transferred to the Emergency Reserve Fund (ERF), $40 million repurposed from fiscal year 2015 Ebola funds, and the redirection of $650 million from existing development programs, according to the Agency.[47] As Table 1 shows, USAID reported obligating nearly $7.7 billion (75 percent) and disbursing $5.3 billion (51 percent) in appropriated prior year and supplemental funds—excluding reprogrammed or redirected funds—toward COVID-19 efforts, as of July 31, 2021. Excluding the $2 billion contribution to Gavi during the reporting period, the Agency reported $2.4 billion in new obligations and $481.3 million in new disbursements from April 1 to July 31, 2021.[48]

Table 1. Status of USAID COVID-19 Funds (in Millions), as of July 31, 2021

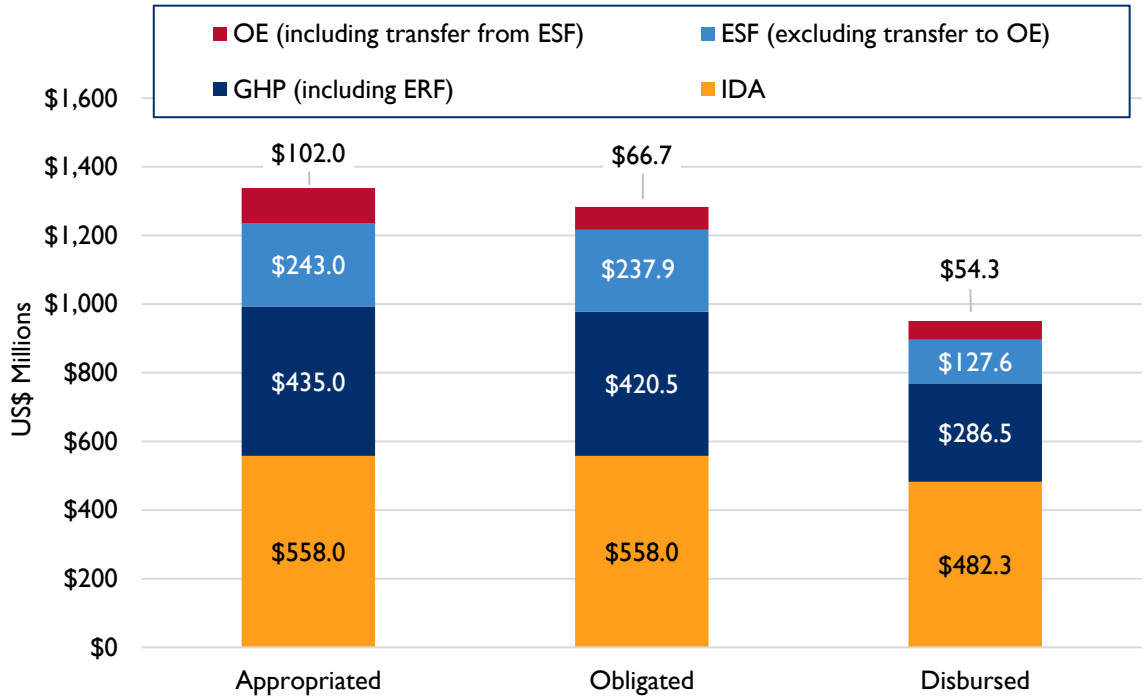
Account	Funding Source	Appropriated	Obligated	Disbursed
Economic Support Fund (ESF)	P.L. 116-123[a]	$250.0	$237.9	$127.6
	P.L. 117-2	$3,995.0	$1,890.0	$42.8
Global Health Programs (GHP)	P.L. 116-123[b]	$435.0	$420.5	$286.5
	P.L. 116-260	$4,000.0	$4,000.0	$4,000.0
	Prior Year Funding (transferred to ERF)	$63.0	$62.0	$57.1
International Disaster Assistance (IDA)	P.L. 116-123	$300.0	$300.0	$258.3
	P.L. 116-136	$258.0	$258.0	$224.0
	Prior Year Funding (transferred to ERF)	$37.0	$37.0	$20.1

Account	Funding Source	Appropriated	Obligated	Disbursed
International Food Assistance (Title II)	P.L. 117-2	$800.0	$422.8	$225.5
Operating Expenses	P.L. 116-136	$95.0	$59.7	$48.4
	P.L. 117-2	$41.0	-	-
Total (all accounts)[c]		**$10,274.0**	**$7,687.9**	**$5,290.3**

[a] Of the $250 million appropriated for ESF in Public Law 116-123, $7 million was to be transferred to USAID operating expenses. Of the $7 million appropriated for USAID operating expenses, $7 million had been obligated and $5.9 million disbursed. USAID also transferred $3.7 million to the State Department.
[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, $185.5 million had been obligated and $111.8 million disbursed.
[c] The total does not include $40 million repurposed from fiscal year 2015 Ebola funds and $650 million in reprogrammed or redirected funds within existing mechanisms to respond to the COVID-19 pandemic.
Source: USAID. Reported funding is based on information received from USAID officials and has not been audited by OIG.

Of the $1.34 billion in supplemental funding appropriated from 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), approximately $1.28 billion (96 percent of the appropriated funds) had been obligated and $950.7 million (71 percent) disbursed.[49] Figure 2 shows that all $558 million in COVID-19 supplemental International Disaster Assistance (IDA) funds had been obligated, while $420.5 million in Global Health Programs (GHP) funds—including the transfers to ERF—and $237.9 million in Economic Support Funds (ESF) had been obligated by the end of the reporting period.

Figure 2. Status of USAID 2020 COVID-19 Supplemental Funds (P.L. 116-123 and P.L. 116-136), by Account (in Millions), as of July 31, 2021

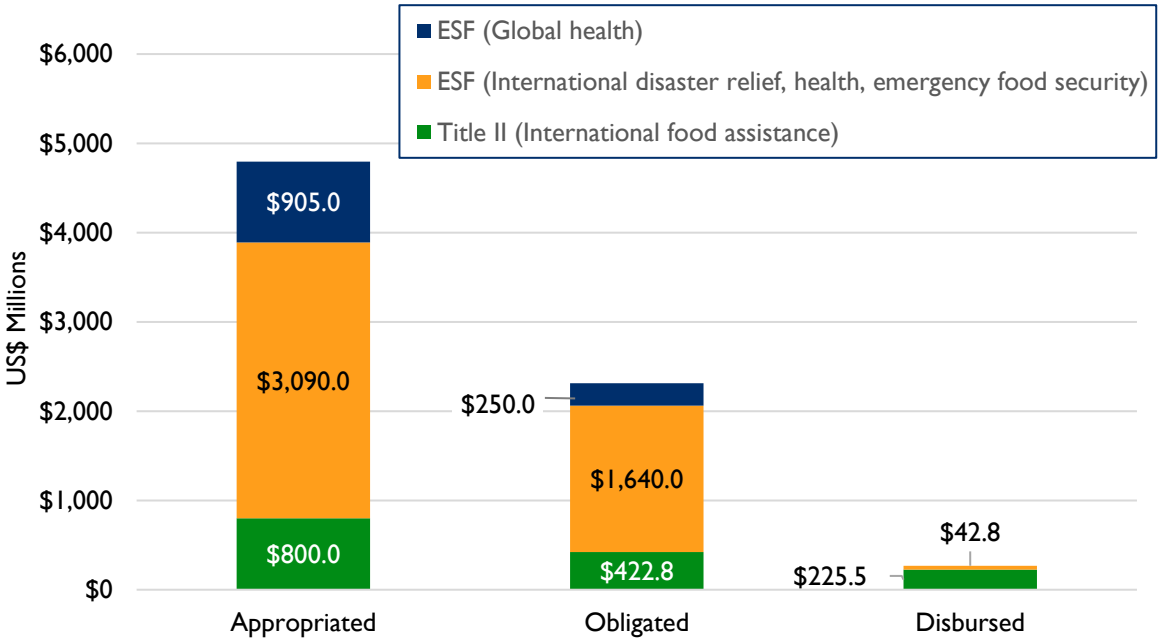


Source: Reported funding is based on information received from USAID officials and has not been audited by OIG.

Congress appropriated $4 billion in the Consolidated Appropriations Act, 2021 (P.L. 116-260, December 27, 2020) for international COVID-19 vaccine procurement and delivery.[50] USAID reported that $2 billion had been obligated in July 2021, completing the obligation of the entire appropriated amount.[51]

Of the approximately $4.8 billion appropriated by Congress in the American Rescue Plan Act of 2021 (P.L. 117-2, March 11, 2021), approximately $2.3 billion (48 percent of the appropriated funds) had been obligated and $268.3 million (6 percent) disbursed.[52] Figure 3 shows the breakdown of American Rescue Plan (ARP) funds by types of assistance. More than $1.6 billion had been obligated for international disaster relief, health, and emergency food security activities, and $422.8 million in Title II funds for food assistance. USAID also reported $250 million had been obligated for global health activities.

Figure 3. Status of USAID COVID-19 ESF and Title II Funding from American Rescue Plan Act (in Millions), as of July 31, 2021



Source: Reported funding is based on information from USAID officials and has not been audited by OIG.

According to the Agency, approximately $5.8 billion (98.3 percent) of total obligations went to existing international implementers and $12.9 million (0.2 percent) went to international implementers that are new during this current fiscal year and have not received any funding from USAID in the past 5 years.[53] Existing local prime implementers received a total of $88 million while $2.4 million went to new local implementers.[54] The Agency noted that these figures do not capture sub-grants and sub-awards to local implementers.[55]

Planning and Approval Process for American Rescue Plan COVID-19 Funds

According to USAID, the allocation and prioritization of ARP funds aligns with the GRRF and its five objectives, additional analyses are considered in determining funding allocations, and

allocations are reviewed internally and discussed with interagency partners (see Table 2).[56] The proposed allocations are subsequently presented to USAID leadership and approval is obtained from the State Department via action memo.[57] USAID also stated that a difference in the planning process between the current and previous administrations is in the approach to working with the international community.[58] Under the previous administration, the Agency reported that policy decisions were constrained by the prohibition on full engagement with WHO, the international organization leading the global COVID-19 response.[59]

Table 2. Planning and Allocation Process for American Rescue Plan COVID-19 Funds

Type of assistance:	Analyses included:	Reviews by and consultations with:
Humanitarian Assistance	• Country-level assessments of existing and projected humanitarian needs • Funding landscape and other donor plans • U.S. government policy priorities	• BHA budget evaluation team • BHA front office • CTF • Regional bureaus
Disaster Relief and Rehabilitation	• Local needs and partner government requests • Existing Agency programming, other efforts, and partner activities	• USAID's technical experts • Regional bureaus • Interagency partners
Health	• Epidemiological and health systems indicators (e.g., COVID-19 cases, immunization rates, Global Health Security Index scores) • Input from regional bureaus and missions	• CTF • Regional bureaus • State Department (Office of Foreign Assistance, COVID-19 coordinator, and regional bureaus) • OMB

Note: USAID did not provide information on how it planned and allocated ARP funds for economic and stabilization efforts.
Source: USAID.

By the end of July 2021, USAID reported that Agency leadership and the State Department's Office of Foreign Assistance had approved nearly $2.4 billion in ARP funds, including $1.5 billion for Pfizer COVID-19 vaccine procurement and $367.5 million to address surging COVID-19 cases in 19 countries.[60] The latest tranche of ARP funds—totaling $17.5 million for Haiti and South America—was approved by Agency leadership on July 16, 2021, and by the State Department's Office of Foreign Assistance on July 21, 2021.[61]

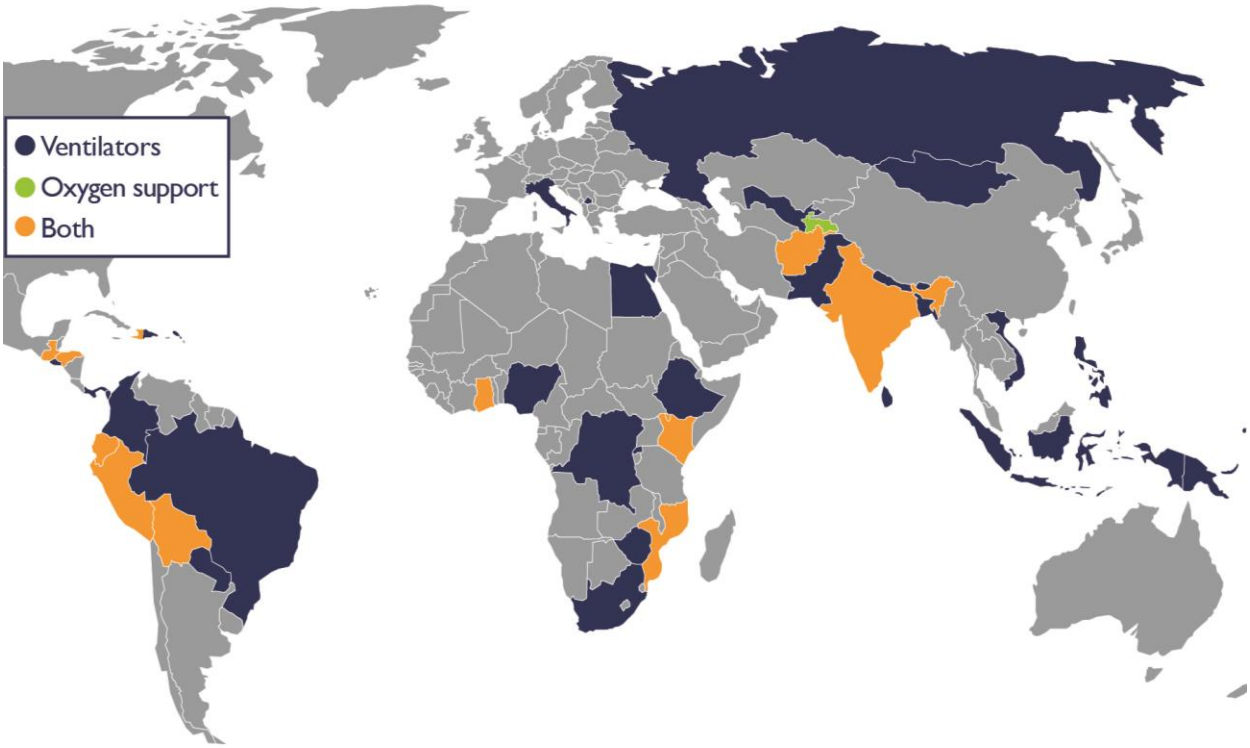
The Agency allocated and approved COVID-19 funds incrementally in tranches that correspond to changes in needs, priorities, and pandemic circumstances. A comparison of how long it took USAID to approve COVID-19 funds in 2020 versus 2021 follows: According to the Agency, the first tranche of ARP funds—$210 million for India and Nepal—was approved internally on April 29, 2021, or 49 days after the legislation was enacted on March 11, 2021.[62] By comparison, the first tranche from the 2020 supplemental funds was approved by Agency leadership on March 26, 2020, or 20 days after the Coronavirus Preparedness and Response Supplemental Appropriations Act was enacted on March 6, 2020.[63] At the 100-day mark after the respective pieces of legislation were signed, USAID had approved $315 million in ARP funds in 2021 compared to $993.6 million in COVID-19 supplemental funds in 2020, or 7 percent versus 80 percent of the appropriated funds, respectively, excluding operating expenses. At 120 days, the approved amount had increased to $2.3 billion (49 percent) for ARP funds and $1.1 billion (92 percent) for 2020 COVID-19 supplemental funds. In terms of the amount of

time for more than $500 million and $1 billion to be approved, the Agency took 56 days and 102 days to approve more than $500 million in COVID-19 supplemental funds in 2020 and ARP funds in 2021, respectively, while approval of more than $1 billion took 103 days for 2020 supplemental funds and 119 days for 2021 ARP funds.

USAID HEALTH EFFORTS

According to USAID, its Bureau for Global Health provided health assistance to more than 100 countries to prevent, prepare for, and respond to the pandemic.[64] Prevention activities highlighted by the Agency during the reporting period included collaboration with the telecommunication company Airtel in Nigeria to disseminate daily COVID-19 mitigation messages on topics such as social distancing and safe hygiene practices to more than 1 million people, and its implementer in Vietnam training 373 healthcare workers from 60 health facilities on COVID-19 infection prevention and control.[65] The Agency also reported collaborating with the University of Melbourne in Australia to help health facilities in Laos prepare for surges of patients through remote training of trainers on clinical oxygen therapy.[66] Response activities described by USAID included procuring diagnostic equipment for laboratories in Afghanistan, strengthening contact tracing and surveillance capacities in Ethiopia, and supporting disease surveillance and response units to monitor COVID-19 in all 158 districts in Pakistan.[67]

Figure 4. Countries Receiving Ventilators and Oxygen Support from USAID, as of July 31, 2021



Note: The boundaries used on this map do not imply official endorsement or acceptance by the U.S. government. Appendix A lists the countries receiving ventilators, oxygen support, or both.
Source: OIG analysis of data from USAID.

Figure 4 displays the countries that received oxygen support and/or donated ventilators. USAID stated that 44 countries requested and 12 countries received oxygen support by the end of the reporting period.[68] The oxygen support included procuring bulk liquid oxygen in Colombia, facilitating the filling of oxygen cylinders in Haiti, and installing oxygen-generating plants and fixing broken equipment in India.[69] Through April 2021, USAID donated and delivered 4,555 oxygen concentrators for managing severely ill COVID-19 patients.[70] However, 704 oxygen concentrators delivered to India were recalled due to incorrect specifications from the Department of Defense's Defense Logistics Agency procurement process, according to the Agency.[71] Of the units recalled, 478 were under India Mission custody and 2 facilities kept 76 units, as of the end of July.[72] The Agency also reported delayed deliveries of oxygen equipment due to global demand and disruptions to global supply chains and shipping, as well as difficulties aligning oxygen equipment delivery with demand due to unpredictable shifts in the intensity of the COVID-19 outbreak.[73] As a result, USAID stated that its technical approach for countries experiencing oxygen shortages focused on leveraging existing oxygen capacity.[74]

USAID also reported operational issues with 57 donated ventilators in 6 countries during the reporting period, many of which were in Ecuador (18 units) and Uzbekistan (26 units).[75] The problematic ventilators were assessed by contracted service providers and were, or in the process of being, either repaired or replaced by the manufacturer at no cost to USAID or the recipient country, according to the Agency.[76] USAID also reiterated that it was tracking the delivery and functionality of donated ventilators, but not how many were being used nor the number of patients using them.[77]

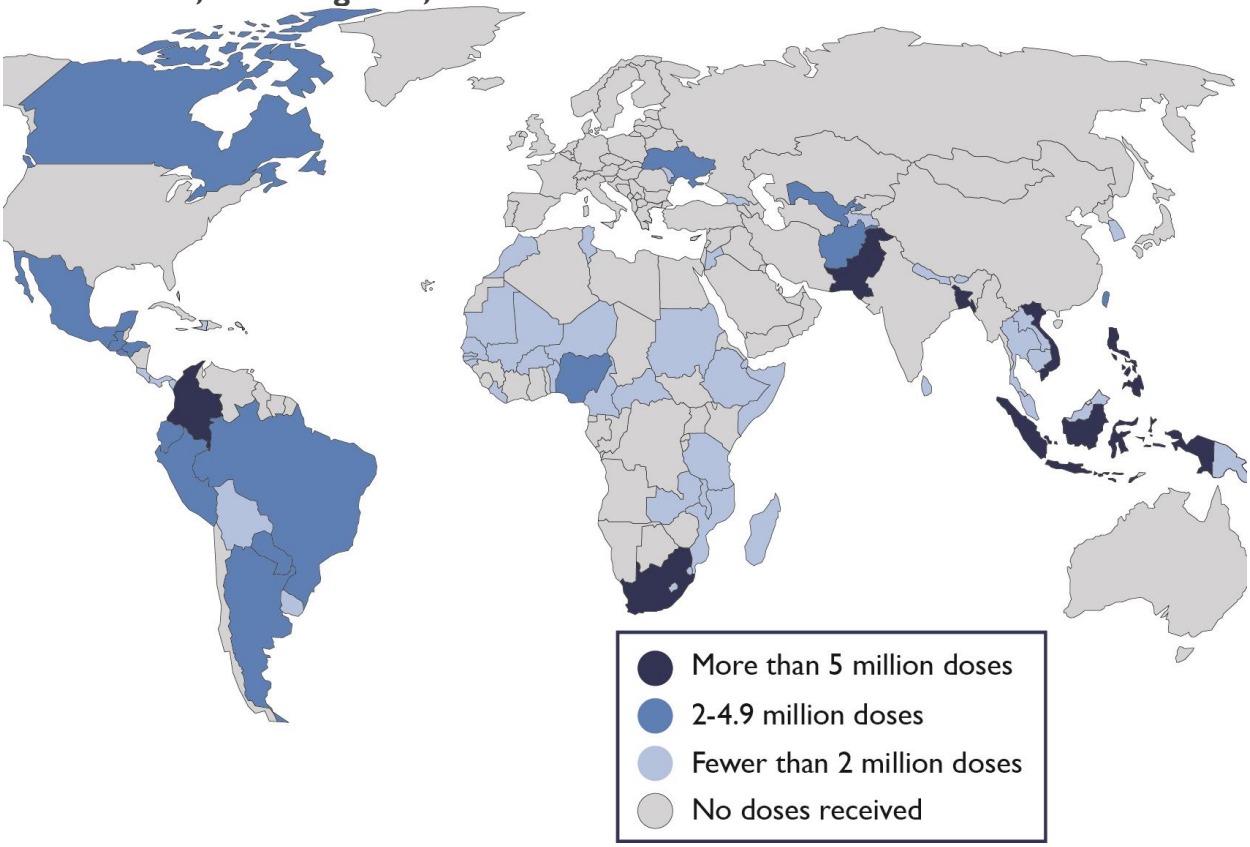
International Access to COVID-19 Vaccines

Vaccines are vital tools to limit the spread of COVID-19, according to USAID, and improving vaccine supply to low-income countries is a high-impact and life-saving investment.[78] USAID obligated $4 billion to Gavi for COVID-19 vaccine procurement and delivery through COVAX, a global pooled procurement alliance for vaccines.[79] In April 2021, a spike in COVID-19 cases in India prompted a vaccine supplier to COVAX, the Serum Institute of India, to prioritize vaccines for domestic consumption; by the end of June 2021, 550 million fewer doses than expected were delivered to low- and middle-income countries that were to receive vaccines through COVAX, according to media reports.[80] COVAX had expected as many as 1.5 billion doses—enough doses for the 92 countries covered by the COVAX Advance Market Commitment to vaccinate 20 percent of the countries' population—to be available by the end of 2021, but a media report calculated that Gavi reduced forecasts for end-of-year deliveries by 405 million doses.[81]

Two million doses of COVID-19 vaccines donated by the United States arrive in Vietnam. Photo: USAID Vietnam via Flickr, U.S. Embassy Hanoi (July 10, 2021).

In May 2021, the U.S. government announced that it would donate and send 80 million surplus COVID-19 vaccine doses to countries by the end of June 2021.[82] However, only 21 million doses were delivered by that deadline, according to USAID.[83] The Agency reported that it had limited input into decisions about the allocation of vaccine donations and that the shipment process was managed by the White House COVID-19 Task Force and NSC.[84] Similar to its other vaccine work, USAID stated that it would rely on national monitoring systems in recipient countries to track donated vaccines before their expiration and to prevent theft and diversion, and the Agency had not developed separate systems for these purposes.[85] According to the White House, a total of 110 million doses had been donated and delivered to 65 countries by August 3, 2021 (see Figure 5).[86]

Figure 5. Countries Receiving COVID-19 Vaccines Donated by the U.S. Government, as of August 3, 2021



Note: The boundaries used on this map do not imply official endorsement or acceptance by the U.S. government. Appendix B includes a full list of country names and number of vaccine doses donated.
Source: OIG analysis of White House data.

In June 2021, the U.S. government pledged to purchase and donate 500 million Pfizer vaccine doses to be delivered to 92 COVAX Advance Market Commitment countries and the African Union starting in August 2021.[87] The cost of the Pfizer vaccine donation was $3.5 billion, according to USAID, of which $1.5 billion would be funded from the ARP and $2 billion of non-appropriated funds from Gavi.[88] The CTF executive director stated in a media report that USAID shifted some vaccine distribution funding to procure the donated vaccines.[89] According to another media report, the U.S. government paid the not-for-profit rate of $7 per dose for the donated Pfizer vaccine—approximately a third of the $19.50 unit price the U.S. government paid in its initial Pfizer contract for vaccines given to Americans.[90]

USAID had obligated $75 million to support country readiness and delivery of COVID-19 vaccines across 47 countries and two regional missions by the end of July 2021.[91] In missions without health offices, the Agency reported that COVID-19 readiness activities were programmed through international organizations such as WHO and UNICEF.[92] According to USAID, its implementers provided vaccination communication and promotion, health services, and monitoring of adverse events following immunization.[93]

USAID prioritized the following activities to facilitate successful and equitable COVID-19 vaccine delivery:

1. Policy, planning, and coordination
2. Pharmacovigilance and monitoring adverse events
3. Supply chain and logistics
4. Service delivery
5. Human resource for health
6. Communications and advocacy
7. Community engagement and demand generation
8. Monitoring, evaluation, and health information systems

Source: USAID

USAID described numerous challenges during the reporting period in assisting countries with COVID-19 vaccine readiness, such as limited supply of vaccines in the first half of 2021, ultra-cold chain requirements for certain vaccines, outreach to new populations, and vaccine hesitancy.[94] Media reports also cited countries' difficulties planning and funding in-country vaccine rollout, including buying fuel to transport vaccines, training healthcare workers on vaccine administration, and communication and outreach.[95] According to a media report, 450,000 COVID-19 vaccine doses expired and were destroyed in 9 African countries by mid-July because the vaccines were not administered quickly enough due to shipment delays, challenges in planning in-country logistics, and vaccine hesitancy.[96] A review of published studies on vaccination acceptance rates noted that low rates of vaccine acceptance in some regions could hamper global efforts to control the pandemic.[97] To promote vaccine uptake and combat vaccine hesitancy, USAID reported supporting activities that included developing differentiated messaging for key demographic groups, engaging community and religious leaders, and establishing hotlines and text messaging channels to provide information and dispel rumors and misinformation.[98]

*U.S.-donated COVID-19 vaccine doses are delivered to Indonesia (left) and Burkina Faso (right) in July 2021. Photos: U.S. State Department via Flickr (*left: *July 11, 2021;* right: *July 20, 2021).*

COVID-19 Impact on Global Health Supply Chain

USAID's Global Health Supply Chain—Procurement and Supply Management (GHSC-PSM) program reported that its global health supply chain was affected by the pandemic due to closures of factories, offices, warehouses, transportation systems, and canceled or restricted air, ocean, and ground movement.[99] Manufacturers shifted their production lines from HIV/AIDS, malaria, and family planning commodities to more profitable COVID-19 commodities, according to GHSC-PSM.[100] For example, USAID's largest supplier of malaria rapid diagnostic tests switched production to COVID-19 antibody tests but agreed to remain in the malaria market after high-level global advocacy.[101] In response to the pandemic, USAID stated that it expanded its supplier base for core products as new suppliers gained eligibility, such as through WHO prequalification.[102]

Manufacturing capacity and logistics were constrained in China and India—the major global sources for raw materials and finished pharmaceutical products—due to lockdowns and export restrictions, according to a GHSC-PSM report.[103] Moreover, the Agency stated that while most pharmaceutical manufacturers were considered essential, they depended on nonessential suppliers, like packaging suppliers.[104] Due to production and logistics constraints, USAID reported a 10-15 percent drop in on-time delivery for GHSC-PSM.[105] Laboratory commodities were most affected by the delays, as GHSC-PSM reported that 10 percent of laboratory commodities were impacted in quarter 3 of fiscal year 2020.[106] To promote continued manufacturing and movement of health products amidst pandemic-related restrictions, USAID advocated for countries to expand the range of services deemed essential to include logistics services.[107]

In response to the drastic reduction in air freight capacity on passenger flights and carriers' inability to honor their contract rates early in the pandemic, USAID reported transitioning to a spot-bidding model for procurement of air freight services on a shipment-by-shipment basis.[108] The Agency later adopted the spot bid strategy for international ocean container shipments as well to secure the movement of urgent orders and ensure that logistics outlays adjusted to market fluctuations.[109] USAID also employed other creative logistics solutions; for example, GHSC-PSM reported using charter flights to deliver HIV/AIDS and malaria commodities from India and the United Arab Emirates to Nigeria.[110] USAID stated that freight costs increased significantly, amounting to an average increase of 3 percent for sea freight and 24 percent for air freight over pre-pandemic costs.[111]

According to USAID, commodity cost increases were largely mitigated due to long-term agreements with major program suppliers, yet the Agency paid more for certain products, such as malaria rapid diagnostic tests, due to limited availability of raw materials and the competing production of COVID-19 diagnostic tests.[112] GHSC-PSM also adjusted stock allocations and prioritized deliveries to countries with the greatest stock risk, according to USAID.[113] The Agency did not move stocks between countries once delivered, but did adjust allocations from regional distribution centers and manufacturers based on urgent need.[114] GHSC-PSM also reported that it preordered and stockpiled commodities, positioned commodities closer to service delivery points, and developed alternative distribution and warehousing solutions to adapt to these conditions.[115] Despite significant impacts to intermediate supply chain metrics, USAID reported that there was no programmatic impact to patients in treatment or testing, nor were there any national-level stockouts caused by pandemic-related delays to USAID-funded orders.[116]

In addition to procurement of commodities from global suppliers, USAID also described providing technical assistance for local production of COVID-19 commodities, such as supporting South African local manufacturers to retool production lines to make personal protective equipment through Project Last Mile.[117] Additionally, the Promoting the Quality of Medicines Plus program in Pakistan supported sanitizer production by hospitals and remdesivir production by BF Biosciences Ltd. (Ferozsons), according to the Agency.[118] USAID also advised countries on health commodity markets and regulatory systems, including assistance to national regulatory authorities evaluating emergency use authorizations for COVID-19 health commodities.[119]

USAID HUMANITARIAN EFFORTS

During the reporting period, USAID reported that its humanitarian implementers provided life-saving assistance—such as food and nutrition, protection, health, and water, sanitation, and hygiene—to address pandemic impacts.[120] For example, implementer World Food Programme provided cash assistance to more than 30,000 poor beneficiaries in Dhaka, Bangladesh, as well as in-kind food assistance to 459,465 beneficiaries and cash assistance to 213,115 beneficiaries in Madagascar.[121] In Bangladesh, the Agency highlighted protection activities for women and girls by implementer International Rescue Committee that raised gender-based violence awareness and offered support services to survivors in host communities in Cox's Bazar district.[122] In Libya, USAID reported that implementer International Organization for Migration provided hygiene kits, health awareness sessions, and medical consultations to vulnerable populations.[123] The Agency stated that implementers in Syria operated three intensive care units, supported mobile medical units, provided cash-based transfers and food assistance to populations countrywide, and rehabilitated critical water and sanitation networks in government-controlled areas.[124] In Sudan, USAID described efforts by implementers to minimize COVID-19 spread by providing water, sanitation, and hygiene services, disseminating preventive messages, and improving the functionality and capacity of isolation centers.[125]

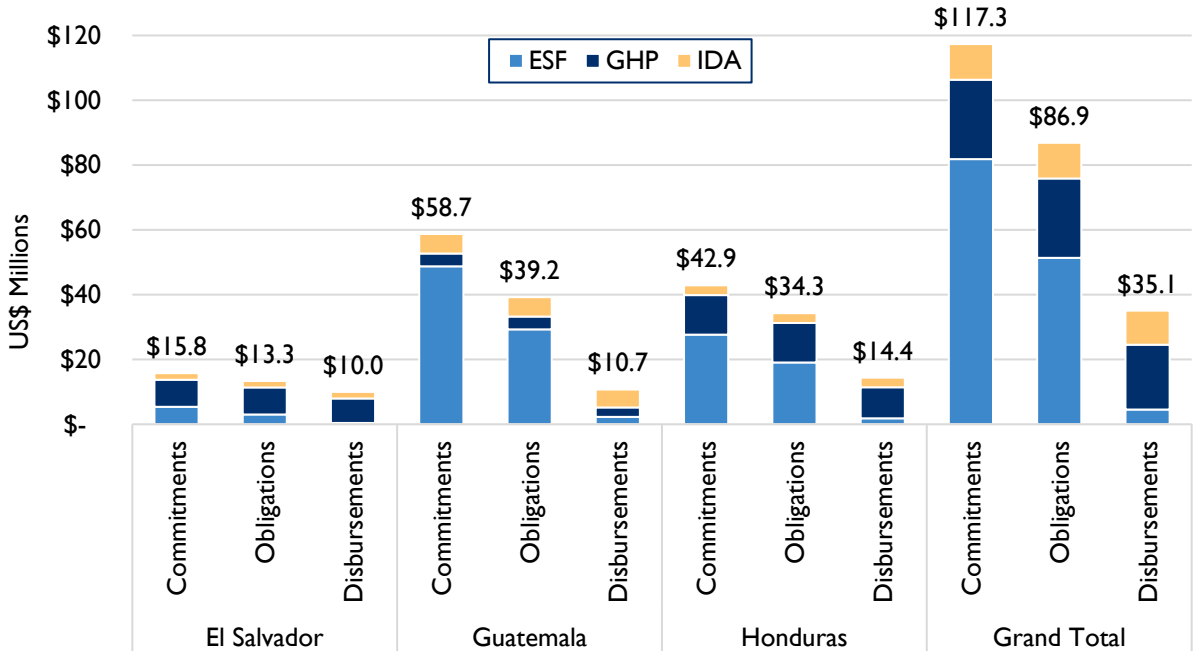
The Agency reported that security, public health, and economic challenges contributed to program delays and inefficiency in its humanitarian response to COVID-19.[126] For example, conflict and insecurity in Chad and Nigeria and movement restrictions in Bangladesh impeded implementers from carrying out activities.[127] In El Salvador, Guatemala, and Honduras, USAID reported that movement restrictions, enhanced health and safety protocols, and social distancing delayed distribution events and program monitoring.[128] According to USAID, economic decline and exchange rate fluctuations in Cameroon, Sudan, Syria, and Yemen negatively affected implementers' programs; for instance, the World Food Programme in Cameroon faced higher programmatic costs due to increases in cash transfer value to ensure that beneficiaries were able to purchase adequate food.[129] USAID reported that its humanitarian implementers were able to overcome and continue programming despite these challenges.[130]

COVID-19 Impact in the Northern Triangle

The COVID-19 pandemic has strained health systems, compounded humanitarian needs, and exacerbated the root causes of migration—such as corruption, violence, trafficking, and poverty—in the Northern Triangle countries of El Salvador, Honduras, and Guatemala, according to USAID and NSC.[131] The Agency stated that COVID-19 and its secondary impacts would continue to affect migration from the region and that increased numbers of migrant arrivals at the U.S.-Mexico border could persist if COVID-19 is not brought under control in these countries.[132] The Agency suggested that helping to end the pandemic would ameliorate the pandemic's exacerbation of the root causes of irregular migration.[133]

USAID activated the Northern Triangle Task Force (NTTF) on April 13, 2021, to coordinate its support for the U.S. government response to irregular migration from the Northern Triangle countries.[134] According to the Agency, the NTTF is also coordinating with the CTF to address the pandemic's immediate health impacts in the three countries and is considering the pandemic's crosscutting effects on existing root causes of migration, as well as how to address the longer-term economic and social impacts of COVID-19.[135]

Figure 6. USAID COVID-19 Supplemental Funds for El Salvador, Guatemala, and Honduras (in Millions), as of August 1, 2021



Source: OIG analysis of data from USAID.

USAID reported committing $117.3 million, obligating $86.9 million, and disbursing $35.1 million in COVID-19 supplemental funds to the Northern Triangle countries, as of August 1, 2021 (see Figure 6).[136] According to the Agency, its COVID-19 programs in the region address immediate health needs by providing laboratory and hygiene supplies, strengthening contact tracing efforts, training health workers to manage COVID-19 cases, and bolstering oxygen systems for critical care.[137] Additionally, the White House announced the donation and delivery of 3 million COVID-19 vaccine doses to El Salvador, 4.5 million to Guatemala, and 3 million to Honduras, as of August 3, 2021, and USAID reported supporting vaccine readiness in the three countries.[138] The Agency believed that widespread vaccine coverage would help control COVID-19 and spur economic recovery and reopening in the countries.[139]

The Agency also described supporting activities to address COVID-19 secondary impacts, such as reducing food insecurity among vulnerable households and building resiliency in agricultural communities, during the reporting period.[140] In Guatemala, USAID implementer World Food Programme provided cash assistance to more than 15,000 families.[141] In Honduras, USAID reported that implementer GOAL provided agricultural materials to 2,348 farming families, which were estimated in turn to help meet the food needs of 11,740 people.[142]

USAID EFFORTS TO MITIGATE SECOND-ORDER IMPACTS

According to USAID, the pandemic's second-order impacts during the reporting period included global democratic backsliding such as crackdowns on domestic opposition and curtailing civil rights, a rise in gender-based violence and violence against children, an increase in food insecurity, and weakening government finances and services.[143] USAID reported using ESF

funds to invest in communities' resilience and capacity to mitigate and respond to second-order economic, civilian-security, stabilization, and democratic-governance impacts of COVID-19.[144] For example, the Agency highlighted efforts to support independent media in Serbia with their oversight and accountability of the government's COVID-19 response; help local actors in Botswana, Kenya, and Morocco set up hotlines and shelters, provide legal aid, and increase public awareness to address the increased violence; and fund programs to analyze COVID-19 impacts on food prices, systems, and insecurity.[145] According to USAID, the primary challenge in addressing the second-order impacts was that the scale of need outweighed available funding.[146]

The World Bank estimated that the pandemic pushed 88 million to 155 million more people into extreme poverty last year—the first global rise in extreme poverty since the 1990s.[147] USAID stated that its development programs to improve livelihoods, education, food security, and social services can also address the elements of extreme poverty.[148] For example, Family Care First | REACT in Cambodia used USAID COVID-19 assistance to support 750 households from December 2020 to July 2021 with cash transfers to help meet their basic needs.[149] In addition, the Agency's women's economic empowerment programs trained women entrepreneurs in the Philippines to sell online and helped women-owned garment businesses in West Africa manufacture personal protective equipment to meet increased global demand.[150]

Addressing the COVID-19 Impact on People with Disabilities

An estimated one billion people, or 15 percent of the world's population, experiences some form of disability, according to the World Bank.[151] The United Nations reported that people with disabilities are at increased risk of exposure to COVID-19, and are more likely to face discrimination in accessing healthcare services, lose their job during the pandemic, and encounter greater difficulties returning to work in the pandemic recovery.[152] In addition, they confront unique barriers from COVID-19 mitigation measures. For example, the Disability Rights Education & Defense Fund reported that people who are deaf, hard of hearing, or have developmental disabilities experience increased barriers to communication if the other person is wearing a mask, and that people with mobility disabilities and those who use assistive technologies like ventilators may be unable to wear masks.[153] Transitioning health services to telehealth platforms also presents challenges, according to Massachusetts General Hospital, as telehealth tools may not be compatible with certain programs for people who are blind or have low vision, such as screen readers; may be difficult to navigate for those with cognitive delays; or may not be accessible without sign language interpreters or captioning for those who are deaf or hard of hearing.[154]

According to USAID, its Disability Policy outlines the Agency's commitment to not discriminate against people with disabilities and to make efforts to include them in programs and activities.[155] USAID reported that it is a member of the Global Action on Disability Network—which hosted a roundtable on disability and COVID-19 in June 2020—and that it maintains connections with representative organizations affiliated with those with disabilities that are involved in implementation of USAID-supported projects at the local level.[156] USAID also highlighted how some of its projects responded to the pandemic. For example, the Agency reported that implementer BelAPD in Belarus created accessible COVID-19-related health and safety information in plain language with the guidance of people with cognitive disabilities and widely distributed the final product through partner organizations and social protection service

providers in the country.[157] In India, implementer Shanta Memorial Rehabilitation Center trained 385 women with disabilities on using telemedicine during the pandemic; provided beneficiaries with access to food, menstrual products, sanitizers, and essential supplies during lockdowns; and offered domestic violence safety and response counseling.[158]

In response to the economic barriers faced by people with disabilities during the pandemic, USAID focused its annual Disability Fund Notice of Funding Availability for missions—$7.5 million for fiscal year 2020—on the employment and economic empowerment of people with disabilities.[159] The Agency reported receiving proposals, often designed in collaboration with disability rights organizations, for projects that would respond to pandemic challenges and opportunities, including in Armenia, Madagascar, Nepal, Serbia, Togo, and Zimbabwe.[160] In the education sector, USAID stated that it was working in Kenya and Tajikistan to provide accessible digital and printed books for children with disabilities before the pandemic, and that these accessible books allowed students with or without disabilities to continue learning from home during the pandemic.[161] For governance, USAID's Global Elections and Political Transitions Mechanism supported a briefing paper from the International Foundation on Electoral Systems that outlined the political rights and challenges faced by marginalized groups—including people with disabilities—with regards to political and electoral engagement during the pandemic, as well as opportunities for systemic change and best practices to mitigate those challenges.[162]

OTHER U.S. FOREIGN ASSISTANCE AGENCIES

OIG oversees three other U.S. foreign assistance agencies: the Millennium Challenge Corporation, U.S. African Development Foundation, and Inter-American Foundation.

Millennium Challenge Corporation

MCC works to reduce poverty in developing countries by targeting constraints to long-term economic growth and development progress.[163] MCC reported that the economic effects of COVID-19 have had a modest impact on the number of countries eligible for MCC investments, as candidate countries must be classified as low-income or lower-middle-income by the World Bank.[164] For fiscal year 2022, the number of eligible countries will increase by 3 to a total of 81 countries, according to MCC.[165] MCC reported that indicators on its annual scorecard, including just and democratic governance, have not shown significant change in the number of countries considered for compact selection.[166] According to MCC, efforts are underway to account for the impact of COVID-19 on targeted outcomes of MCC's programs.[167] Specifically, independent evaluations of MCC programs are collecting additional data, including behavioral changes related to COVID-19.[168]

MCC reported adapting its operations during the reporting period, such as increasing investment in digital infrastructure for virtual oversight and initiating mission-critical, temporary-duty travel to provide direct oversight and support to partner staff.[169] Moreover, a waiver allowing virtual technical evaluations was extended until December 1, 2021, because continued travel restrictions prevented panel members from attending evaluation meetings in person, according to MCC.[170] However, MCC decided not to extend two waivers past their May 31, 2021, expiration: the waiver to facilitate sole sourcing/direct contracting for qualifying emergency purchases and the bid security requirement waiver.[171]

The 2021 Consolidated Appropriations Act authorized MCC to extend compacts for up to one year to mitigate the effects of the COVID-19 pandemic.[172] According to MCC, as of July 2021, one compact extension was approved, two requests were under review for approval, and two more requests were expected to be submitted (see Table 3).[173] MCC stated that its criteria for compact extensions and additional funds were based on the impact of COVID-19 on compact implementation, such as budget, activities, procurements, and programs.[174] MCC awarded its first extension to the Ghana Compact on June 17, 2021.[175] MCC reported that the Ghana Compact was significantly slowed by COVID-19 disruptions to operations, such as travel restrictions, supply chain issues, changing priorities of government implementing partners, temporary closures of work sites and government offices, and Millennium Challenge Accounts (MCA) staff and contractors contracting coronavirus.[176] According to MCC, extending the Ghana Compact allows for sustainable compact implementation and transition of services to beneficiary organizations without compromising health, safety, environmental standards, or oversight.[177]

Table 3. Status of MCC Compact Extensions, as of July 2021

Country	Original End Date	Extension End Date	Length of Extension	Additional Funds	Status
Ghana	September 6, 2021	June 6, 2022	9 months	$8.0 million	Approved
Benin	June 22, 2022	June 22, 2023	12 months	$16.0 million	Pending approval[a]
Morocco	June 30, 2022	March 31, 2023	9 months	$10.5 million	Pending approval
Niger	January 26, 2023	January 26, 2024	12 months	$5.6 million	Pending submission
Côte d'Ivoire	August 5, 2024	August 5, 2025	12 months	$12.0 million	Pending submission

[a] MCC reported that its Board of Directors has approved the Benin extension and that the congressional notification is pending.
Source: MCC.

MCC also reported that it adapted compacts to support operations during the COVID-19 pandemic. For example, the Tunisia Compact—a $498.7 million investment to improve trade, transportation, and water infrastructure—will extend the period between signing and entry into force from 16 to 24 months to allow the Tunisian government's vaccination efforts to advance before major infrastructure works and technical assistance begin.[178] MCC reported that during this window, MCC and the Tunisian government will set up MCA-Tunisia and undertake preparatory work.[179]

During the reporting period, MCC issued guidance to MCAs to mitigate and manage risks posed by COVID-19 on the MCA workforce and programs.[180] MCC also stated that a challenge this reporting period was access to COVID-19 vaccines for MCA staff.[181] According to MCC, MCC staff overseas received vaccinations in February and March 2021, while MCA local staff had to rely on their government to obtain vaccinations.[182]

MCC submitted a domestic workforce reentry and future-of-work plan to OMB on July 19, 2021.[183] According to the plan, MCC will conduct a 9-month pilot from September 2021 to June 2022, with expanded telework and remote work options for Washington-based staff, compressed and flexible work schedules, and traditional in-office work schedules.[184] The plan

includes evaluation of staff experiences, cost implications, and the agency's ability to meet its targets in the hybrid model. MCC said that it will use the results of the pilot to determine a best approach to workforce policies and planning for the longer term.[185] MCC later updated its plan to align with the July 27, 2021, guidance from the CDC, which required all staff and visitors to wear masks in domestic facilities regardless of vaccination status.[186] Additionally, MCC reported receiving guidance on July 29, 2021, from OMB and the Safer Federal Workforce Task Force requiring MCC employees and onsite contractors to be fully vaccinated or meet testing, social distancing, and masking requirements.[187]

U.S. African Development Foundation

USADF supports African-led development that aims to improve community enterprises through financial investment and technical support.[188] One of USADF's programs to mitigate the socioeconomic impact of COVID-19 is the Capital for African Resilience-Building and Enterprises Support (C.A.R.E.S) program.[189] USADF reported that the program assisted Agriculture & Value Addition Multi-Purpose Ltd. (AVAMCU)—a rice-producing cooperative in southern Nigeria—that was impacted by the pandemic and movement restrictions with a grant to boost the group's working capital and technical support to aid in project management and training through a local partner.[190] According to USADF, AVAMCU was able to cultivate 25 hectares of rice paddy, a 5-fold increase compared to pre-grant plans.[191] Another C.A.R.E.S. grantee, Women Farmers Advancement Network (WOFAN)—a network of cooperative farming societies owned by small-scale, low-income rice farmers in Northern Nigeria—struggled during the pandemic to find supplies such as fertilizers, seed, and pesticides.[192] USADF reported that WOFAN used a USADF grant to source additional farming supplies and boost working capital to almost triple their production to between 180 and 200 bags of rice every week.[193]

During the reporting period, USADF described pandemic-related challenges to its operations and staff as renewed lockdowns and movement restrictions hindered its country teams from traveling to project sites and delayed project development and design.[194] For example, an entire country team contracted the coronavirus while the program coordinator of another country died from COVID-19 in July.[195] USADF also reported hardships among staff caring for family members during a wave of new infections.[196] Domestically, USADF reported a plan for workplace reentry on October 1, 2021, and a hybrid work model that requires staff to report to the Washington office at least twice per week and allows for potential flex-work options.[197]

Inter-American Foundation

IAF assists grassroots groups and nongovernmental organizations by funding development projects across Latin America and the Caribbean.[198] According to IAF, its grantees have continued to adapt to the challenges presented by the pandemic. In Colombia, IAF reported that its grantees diversified their markets by delivering directly to consumers and selling products in farmers' markets.[199] Another Colombian grantee, Corporación Sistema de Comunicación Para La Paz (SIPAZ), which was established to raise awareness of the country's Peace Accords, held seminars for other grantees to enhance resiliency during the pandemic, covering topics such as self-care and using art and culture to protect young people and build community.[200]

During this reporting period, an ongoing challenge reported by IAF was the COVID-19 risks of in-person gatherings, which limited the agency's ability to meet with grantees in-person across the region. As a result, agency staff took a virtual approach to grantmaking, monitoring, and learning.[201] According to IAF, agency staff have not traveled to the region and in-country staff and contractors have not been able to travel internally as needed.[202] Additionally, IAF stated that grantees reported concerns about psychosocial issues and increased domestic violence, with some grantees requesting additional funds for psychosocial support, including for their staff.[203]

IAF also reported preparing for workforce reentry, developing a safety plan in accordance with OMB guidance, and submitting a reentry plan to OMB that has most staff in a telework and in-office hybrid work arrangement beginning January 1, 2022.[204] According to the reentry plan, IAF staff will be able to continue to telework, work in the office as scheduled, or remain entirely remote with agency approval.[205]

OIG'S COVID-19 OVERSIGHT

During the reporting period, OIG was in the process of updating its COVID-19 Oversight Plan to take into consideration new USAID response efforts and funding. The October 2020 COVID-19 Oversight Plan outlines OIG's efforts for fiscal years 2021-2022, including audits focused on USAID's COVID-19 response, audits of USAID programs and activities affected by the pandemic, and fraud awareness initiatives.

Audit and Evaluation Updates

In May 2021, OIG published an audit report on USAID missions' capacity to monitor programs during COVID-19. The report found that pandemic-related challenges, such as movement restrictions and access to information technology, limited the ability of USAID staff to conduct in-person site visits with beneficiaries and verify implementers' data in person. USAID offered flexibilities related to remote monitoring, remote site visits, and deadlines for data quality assessments to help missions continue some program monitoring, but the effectiveness of these flexibilities remains unknown, as pandemic-related restrictions continue to limit in-person engagement. The report did not include any recommendations for the Agency.

An audit of USAID's policies and procedures for branding and marking, published in July 2021, included a review of eight awards containing USAID program materials related to COVID-19. The report found that the selected COVID-19 materials were compliant with the Agency's marking requirements. The report also noted that USAID reiterated the branding and marking requirements for COVID-19-related acquisition and assistance and that Agency leaders emphasized the importance of branding throughout the COVID-19 response.

An ongoing audit plans to explore possible effects of the COVID-19 pandemic on USAID's ability to reach the U.S. Global AIDS Coordinator and Health Diplomacy's target goal of 70 percent local partner participation in U.S. President's Emergency Plan for AIDS Relief (PEPFAR) programs in Africa by 2020. The audit will explore how COVID-19 has altered USAID's operating environment in terms of working with local partners.

OIG completed its evaluation of USAID's COVID-19 vaccine strategy in September 2021. OIG reviewed USAID policies and guidance related to the global vaccine distribution strategy; the efforts of four USAID missions—Honduras, India, Nigeria, and Ukraine—to assist host governments in their vaccination readiness efforts; and USAID's oversight of its contribution to Gavi for the procurement and delivery of COVID-19 vaccines. The report included two recommendations for the Bureau for Global Health to improve USAID's oversight associated with its ongoing COVID-19 vaccine efforts.

Investigation Updates

During the reporting period, the USAID OIG Office of Investigations continued to monitor disclosures and complaints to OIG's Hotline regarding COVID-19 programming, and open investigations where appropriate. Since the beginning of the pandemic, OIG staff have conducted 165 virtual fraud awareness briefings, reaching a total of 11,645 participants. These briefings identify types of fraud schemes that affect foreign assistance programming. Further, OIG investigators and attorneys from its Office of General Counsel were keynote presenters at multiple forums attended by numerous USAID implementers' legal counsels and compliance officials. In these forums, OIG articulated its expectations for reporting allegations of fraud and misconduct related to COVID-19 programming and the need for implementers to provide timely and transparent responses to OIG requests for information.

The OIG Office of Investigations has been actively involved with the Pandemic Response Accountability Committee (PRAC), specifically serving on the PRAC Law Enforcement Subcommittee and regularly coordinating with partner law enforcement agencies. During the reporting period, the OIG Office of Investigations joined the PRAC Fraud Task Force, opened four criminal investigations, and continued working other previously opened investigations specifically investigating fraud related to the global pandemic and associated relief or aid programs.

COVID-19-related fraud, waste, and abuse can be reported through OIG's website.

Other OIG Products

In addition to the ongoing and completed audits, evaluations, and investigative work during the reporting period noted above, OIG has published these additional resources related to oversight of USAID's COVID-19 response:

- "USAID Had Limited Control Over COVID-19 Ventilator Donations, Differing From Its Customary Response to Public Health Emergencies," (Audit Report 4-936-21-002-P), February 24, 2021.
- "Challenges USAID Faces in Responding to the COVID-19 Pandemic," July 17, 2020.
- "Key Questions to Inform USAID's COVID-19 Response," Advisory Notice, May 21, 2020.
- "OIG Office of Investigations and COVID-19 Fraud Reporting," Fact Sheet.

OIG will continue monitoring USAID's actions in response to the COVID-19 pandemic; conduct additional audit, investigative, and other oversight work as appropriate; and coordinate with oversight counterparts across the world. Additional COVID-19 oversight reports and information can be found on the OIG website.

APPENDIX A. COUNTRIES RECEIVING VENTILATORS AND OXYGEN SUPPORT, AS OF JULY 31, 2021

Country	Ventilators	Oxygen Support
Afghanistan	X	X
Bangladesh	X	
Bhutan	X	
Bolivia	X	X
Brazil	X	
Colombia	X	
Dominican Republic	X	
DRC	X	
Ecuador	X	X
Egypt	X	
El Salvador	X	
Ethiopia	X	
Fiji	X	
Ghana	X	X
Guatemala	X	X
Haiti	X	X
Honduras	X	X
India	X	X
Indonesia	X	
Italy	X	
Kenya	X	X
Kiribati	X	
Kosovo	X	
Maldives	X	
Mongolia	X	
Mozambique	X	X
Nauru	X	
Nepal	X	
Nigeria	X	
Pakistan	X	
Panama	X	
Papua New Guinea	X	
Paraguay	X	
Peru	X	X
Philippines	X	
Russia	X	
Rwanda	X	
South Africa	X	
Sri Lanka	X	
St. Kitts & Nevis	X	
Tajikistan		X
Uzbekistan	X	
Vietnam	X	
Zimbabwe	X	

Note: Countries receiving ventilators are indicated by blue; oxygen support by green; and both ventilators and oxygen support by orange.
Source: USAID.

APPENDIX B. COUNTRIES RECEIVING U.S. GOVERNMENT-DONATED COVID-19 VACCINES, AS OF AUGUST 3, 2021

Country	# of Vaccine Doses
Afghanistan	3,300,000
Argentina	3,500,000
Bangladesh	5,500,000
Benin	302,000
Bhutan	500,000
Bolivia	1,008,000
Brazil	3,000,000
Burkina Faso	302,000
Cambodia	1,058,000
Cameroon	303,000
Canada	2,500,000
Central African Republic	302,000
Colombia	6,000,000
Costa Rica	500,000
Djibouti	151,000
Ecuador	2,000,000
El Salvador	3,000,000
Eswatini	302,000
Ethiopia	1,664,000
Fiji	150,000
Gambia	302,000
Georgia	503,000
Guatemala	4,500,000
Guinea-Bissau	302,000
Haiti	500,000
Honduras	3,000,000
Indonesia	8,000,000
Jordan	503,000
Laos	1,000,000
Lesotho	302,000
Liberia	302,000
Madagascar	302,000
Malawi	302,000
Malaysia	1,000,000
Mali	151,000
Mauritania	302,000
Mexico	4,049,000
Moldova	301,000
Morocco	302,000
Mozambique	302,000
Nepal	1,534,000
Niger	316,000
Nigeria	4,000,000
Pakistan	5,500,000
Panama	503,000
Papua New Guinea	302,000
Paraguay	2,000,000
Peru	2,000,000
Philippines	6,239,000
Republic of Korea	1,012,000
Senegal	302,000
Somalia	302,000
South Africa	5,660,000
Sri Lanka	1,500,000
Sudan	604,000
Taiwan	2,500,000
Tajikistan	1,500,000
Tanzania	1,058,000
Thailand	1,500,000
Tunisia	1,000,000
Ukraine	2,000,000
Uruguay	500,000
Uzbekistan	3,000,000
Vietnam	5,000,000
Zambia	302,000

Source: White House's list of countries that received U.S.-donated vaccines.

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