



ADVISORY NOTICE

DATE: September 4, 2019

TO: Mark Green
USAID Administrator

FROM: Ann Calvaresi Barr /s/
Inspector General

SUBJECT: USAID's Response to the Ebola Virus Disease Outbreak in the Democratic Republic of the Congo

Since the current Ebola virus disease (EVD) outbreak was first announced in the Democratic Republic of the Congo (DRC) in August 2018, OIG has stepped up its monitoring of the actions USAID has taken to establish a public health emergency framework based on recommendations we made in January 2018. While many of our recommendations have been acted on, some key ones related to coordination and adaptability remain open, putting USAID at risk of repeating the performance shortfalls we identified in our 2018 reports. To help inform and advance USAID's response to the DRC outbreak, this advisory highlights areas that need further attention.¹

On July 17, 2019, the World Health Organization (WHO) declared the outbreak a public health emergency of international concern (PHEIC), and as of August 4, 2019, WHO estimated 2,763 confirmed and probable EVD cases in DRC, including 1,849 deaths.² Prior to WHO's PHEIC declaration, USAID deemed the outbreak a development emergency, and reported it had obligated \$127.8 million for responding to the DRC outbreak and \$8.6 million for preparedness activities in the neighboring countries of Burundi, Rwanda, South Sudan, and Uganda as of July 29, 2019.

As we reported in January 2018, USAID's lack of a policy framework to respond to the 2014-16 EVD outbreak in West Africa created numerous challenges related to (1) intra- and inter-

¹ Section 2(3) of The Inspector General Act of 1978 requires the OIG to keep the Administrator and Congress fully and currently informed about problems and the necessity for and progress of corrective action.

² WHO, External Situation Report 53, [Ebola virus disease—Democratic Republic of the Congo](#), August 6, 2019.

agency coordination, initial leadership support, and staffing capacity; and (2) assessing, responding, and adapting to the outbreak in real-time.³ Accordingly, we made 14 recommendations aimed at improving USAID’s response to future EVD outbreaks and other PHEICs. In a companion report, we made eight recommendations to improve the Office of U.S. Foreign Disaster Assistance’s (OFDA) decision-making process for funding medical facilities and commodities.⁴ USAID has been responsive to our recommendations and has closed many, but several recommendations have yet to be fully implemented (see attachment 1). While there are a number of complexities in fully implementing these recommendations, it is imperative that the open recommendations discussed in this advisory be prioritized to enable USAID to improve its outbreak response.

This advisory—based not only on our prior work but also recent follow-up—aims to provide insight for USAID’s response to the EVD outbreak in DRC. The advisory focuses on our recommendations, emphasizing those that remain open and point to needed (1) enhancements in USAID coordination with other U.S. Government agencies, international implementers, and the Government of DRC; and (2) improvements in USAID capabilities to adapt response efforts to changes on the ground. This advisory does not include new recommendations; instead, it highlights vulnerabilities related to open recommendations that need to be addressed or mitigated.

COORDINATION AMONG KEY STAKEHOLDERS REMAINS CRITICAL TO CONTROLLING THE OUTBREAK

Coordinating international responses is critical to controlling major outbreaks such as EVD, especially since responses are highly fluid as the situation on the ground evolves. Establishing data sharing policies, clearly defining operational roles and responsibilities, and testing capabilities—recommendations we made in 2018—will be key for USAID to coordinate its response efforts with others in this context.

Challenges and Barriers to Controlling the Outbreak

A recent WHO assessment of the EVD outbreak cited several factors as contributing to the high risk of further spread of the outbreak—factors that add to the complexity in coordinating response efforts: (1) deteriorating security in EVD hotspots, (2) community mistrust of and resistance to EVD response activities, and (3) delays in EVD detection and infected individuals accessing EVD treatment and transit centers. All three factors, plus high population mobility and porous country borders, increase the risk of geographical spread and further complicate a coordinated response (see figure 1 for a map of DRC and surrounding countries).⁵ In the current EVD-affected area, independent human rights organizations report that there are more than 100 armed groups, and the United Nations (U.N.) estimates that there are approximately

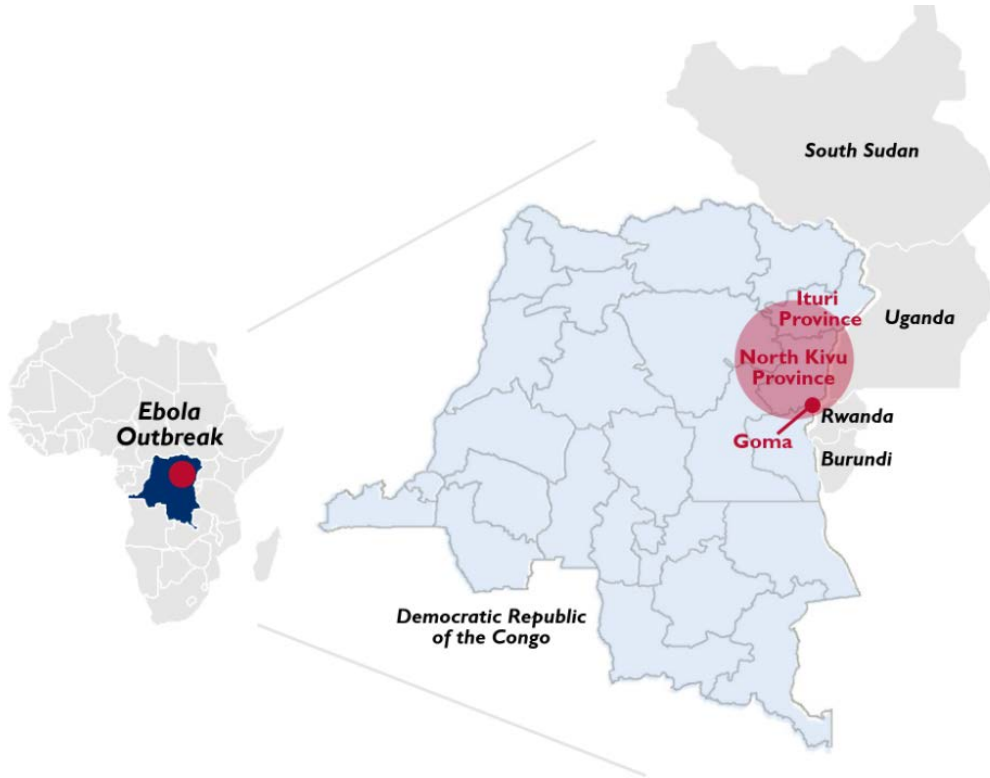
³ USAID OIG, “Lessons From USAID’s Ebola Response Highlight the Need for a Public Health Emergency Policy Framework,” January 24, 2018.

⁴ USAID OIG, “Assessment and Oversight Gaps Hindered OFDA’s Decision Making About Medical Funding During the Ebola Response,” January 24, 2018.

⁵ For instance, neighboring Uganda declared an EVD outbreak on June 11, 2019, and subsequently announced three confirmed EVD cases.

2 million displaced persons. These conditions underscore the need for effectively coordinating a range of skill sets and functions.

Figure 1: Map of DRC and Countries Bordering the Area Affected by the Ebola Outbreak, as of August 4, 2019



Source: USAID OIG map based on USAID and WHO documents.

Since the EVD outbreak in DRC was confirmed more than a year ago, several key response-related actions have been taken by multiple U.S. agencies as well as by other governments and international organizations.

WHO's PHEIC designation signifies that this EVD outbreak is an extraordinary event that requires an international response—one that involves a variety of response actors and stakeholders with unique missions and roles (see attachment 2). In March 2019, the U.S. Government developed an operational plan to coordinate the implementation of its strategy for supporting response efforts and mitigating further spread of the disease through improved preparedness and operational readiness in surrounding areas of DRC and neighboring countries. However, a delegation of senior U.S. officials who assessed the response to the outbreak in May 2019 concluded that there was underuse of community groups and that the outbreak was worsening in part due to poor coordination.⁶

⁶ The international community has since developed a new strategic response plan that includes community-led activities, and the U.N. appointed an Emergency Ebola Response Coordinator to strengthen coordination.

In line with this assessment, our audit of USAID’s past response to the EVD outbreak in West Africa reported that coordination challenges internally and with key stakeholders hampered operational effectiveness. USAID has made some progress in closing the coordination gap in responding to international public health crises since that time. For example, in 2018 the Agency issued an internal notice outlining the Agency’s operational and programmatic response in coordinating with U.S. Government agencies and international partners for different outbreak scenarios. In accordance with the notice and outbreak scenario, the Bureau for Global Health (Global Health) took the lead for USAID actions related to the EVD outbreak in DRC until September 21, 2018, after a disaster declaration was issued and OFDA took the lead for USAID and the U.S. Government (see figure 2).

Figure 2: Timeline of Key Events in USAID Response to DRC EVD Outbreak



Coordination Requires Policies for Data Sharing and Setting U.S. Agency Roles

Developing policies for rapid data sharing and identifying and testing U.S. agency roles and responsibilities would further strengthen the response to the evolving EVD outbreak in DRC. Specifically, the following open recommendations exacerbate coordination challenges and require attention:

- **Develop policies for rapid data and information sharing among U.S. Government agencies and with WHO and host governments.**⁷ Such policies would help fulfill the U.S. Government’s December 2018 DRC EVD response strategy to “support mechanisms for timely and systematic sharing of surveillance information”—a key activity for surveillance and early detection of EVD cases.⁸ According to the U.S. strategy, data sharing is improving, but data sharing challenges with WHO and the DRC government have impeded analyses. USAID expected a policy outlining its role in public health emergency

⁷ Recommendation 4 from the report “Lessons From USAID’s Ebola Response Highlight the Need for a Public Health Emergency Policy Framework,” January 24, 2018.

⁸ The U.S. Government Strategy for Addressing Gaps in the Democratic Republic of the Congo Ebola Virus Disease Outbreak Response and Regional Preparedness Efforts, December 19, 2018.

information sharing to be completed by October 30, 2019. In the meantime, USAID complements information from WHO and the DRC government with reports from implementers and external consultants for information the Disaster Assistance Response Team (DART) triangulates to improve its situational awareness on the ground.

- **Work with other U.S. agencies to clearly identify and regularly test roles, capabilities, and responsibilities for use in a major outbreak.**⁹ While USAID has begun to address our recommendation related to this concern—including implementing a memorandum of understanding with the Centers for Disease Control and Prevention (CDC) for international disaster assistance collaboration which was used to delineate roles and responsibilities for CDC participation in the DART—USAID had not worked out operational details surrounding temporary duty assignments and training prior to the DRC outbreak. According to OFDA staff, this led to administrative complications to get CDC staff on the DART.¹⁰ In addition, USAID has not developed procedures for regularly testing roles and capabilities which would enhance USAID’s capacity to coordinate a whole-of-government response.

ADAPTING OPERATIONS TO CONDITIONS ON THE GROUND IS NEEDED FOR AN EFFECTIVE RESPONSE

USAID’s response to the 2014-16 EVD outbreak in West Africa was not quick enough to match the outbreak’s shifting hotspots, varying transmission intensity, and spikes in cases, prompting us to recommend adding rigor to Agency responses while maintaining the flexibility to adapt to quickly changing conditions—both operational and epidemiological. While the Agency’s implementation of several of these recommendations should put it in a better position to rapidly respond, open recommendations related to internal coordination, mobilizing staff, and tracking awards continue to put response efforts at risk. Delays in funding have further hindered USAID preparedness activities.

USAID actions to close our recommendations related to adapting operations to conditions on the ground include the following:

- USAID developed policies for conducting coordinated needs assessments before disaster declarations are made. An August 2018 assessment conducted by OFDA in coordination with Global Health and interagency partners identified key challenges, activities USAID could support, and potential organizations that could implement response activities in DRC.
- USAID outlined steps that missions and bureaus can take in emerging health crises that identify (1) headquarters contacts to obtain support and resources, and (2) procedures for reprogramming awards. The Agency established other tools such as links to reference materials and a mailbox staffed by a workgroup to answer questions and provide information, and sent staff to support missions in DRC and Uganda.

⁹ Recommendation 2 from the report “Lessons From USAID’s Ebola Response Highlight the Need for a Public Health Emergency Policy Framework,” January 24, 2018.

¹⁰ A CDC representative currently serves on the DRC DART as deputy and health technical lead.

- USAID issued guidance for designing awards to be more adaptable and flexible and for expediting procedures for making awards.
- USAID outlined steps to all program offices that describe how to develop an inventory by country of NGOs and local actors that could be called on as implementers in an international health emergency response. According to Global Health, these steps were used to create an inventory of implementers that could be called on during the DRC outbreak.
- USAID established handover policies and procedures for DART members to provide continuity of operations.

In addition, USAID demonstrated flexibility to avoid delays in funding—a factor cited as slowing response to the West Africa outbreak—and quickly assist neighboring DRC countries in preparing for EVD cases. According to USAID officials, Trafficking Victim Prevention Act (TVPA) restrictions on funding for the Global Health Security Agenda and regular Global Health programming prevented Global Health from moving forward with activities in Tier 3 countries including DRC, South Sudan, and Burundi.¹¹ To meet EVD-related requirements in these countries, Global Health used OFDA’s International Disaster Assistance funds to support needed EVD preparedness and prevention program activities. While this adjustment demonstrates flexibility of Agency responses, the repeated challenge of delays in funding indicates the need for continuing Agency attention to ensure corrective actions in this area are having the desired effect.

Despite these noteworthy actions, the following recommendations remain open and could challenge the Agency’s ability to mitigate obstacles we identified in our 2018 audits related to operational effectiveness if not promptly addressed:

- **Create and implement procedures for cohesive whole-of-Agency response and recovery.**¹² To enhance internal coordination during responses, our work identified the need for (1) procedures on governing coordinating bodies to avoid ad hoc definitions of roles and responsibilities and recreating positions and guidelines with every response; (2) procedures that integrate response, recovery, and transition; and (3) a unit responsible for identifying lessons learned from emergency response and recovery. To address these three recommendations, USAID planned to establish a Task Force Readiness Unit in the Bureau for Management by December 2018; however, as of July 2019, USAID was still in the process of restructuring the bureau, and the proposal was under review by congressional committees. In the meantime, USAID operating units have developed ad hoc coordination solutions to meet immediate DRC outbreak response requirements: a workgroup, daily situation reports, and a full-time Global Health liaison to work with OFDA’s Response Management team.

¹¹ TVPA restrictions can be waived by the President or approved through the operational budget process, but these actions require a protracted approval process and congressional notifications. The interagency review process for Global Health programs in these countries has been ongoing since November 2018.

¹² Recommendations 5, 6, and 14 from the report, “Lessons From USAID’s Ebola Response Highlight the Need for a Public Health Emergency Policy Framework,” January 24, 2018.

- **Develop processes and systems for mobilizing staff and expertise.**¹³ These recommendations call for developing (1) an inventory of key staff available for emergency responses, and (2) a process for identifying technical experts, how they can be reached, and reassigned from other duties with the aim of improving Agency responsiveness, collaboration, and oversight. USAID planned to develop a roster of staff and technical experts by June 30, 2018, but has not yet done so.
- **Update policies and procedures for needs assessments and monitoring response effectiveness.**¹⁴ These two recommendations call for (1) documented, data-driven assessments; and (2) procedures that define roles and responsibilities, methods, and the frequency for collecting and analyzing response information. To address these recommendations, OFDA recognized the new policies would also require training staff on implementing the policy, templates, and tools for data collection and monitoring responses. As such, the target date for OFDA to update policies and implement training is November 30, 2019. Closing these recommendations for OFDA would lead to more timely and appropriate assistance and may become more urgent as the response continues.

We are encouraged by the Agency's progress in resolving other past recommendations, particularly in light of the challenges inherent to efforts that involve multiple governments and agencies responding to a continually evolving crisis in an inhospitable environment. However, heightened management attention to closing recommendations that remain open is critical to maximizing the effectiveness of USAID's response to the current EVD outbreak and PHEIC. If USAID is unable to quickly implement our open recommendations, it will be important for the Agency to identify and acknowledge related challenges, and assess and mitigate associated risks to the greatest extent possible.

We will continue to monitor the progress of Agency response efforts and look forward to your response to this advisory.

Attachments:

1—Status of OIG Recommendations

2—Roles of Response Actors in DRC EVD Outbreak

¹³ Recommendations 8 and 9 from the report, "Lessons From USAID's Ebola Response Highlight the Need for a Public Health Emergency Policy Framework," January 24, 2018.

¹⁴ Recommendations 2 and 4 from the report, "Assessment and Oversight Gaps Hindered OFDA's Decision Making About Medical Funding During the Ebola Response," January 24, 2018.

ATTACHMENT I - STATUS OF OIG RECOMMENDATIONS

This attachment includes a complete list and status of the recommendations from OIG's two audit reports on the West Africa Ebola response that were issued in January 2018.

Status of OIG Recommendations Made in Lessons From USAID's Ebola Response Highlight the Need for a Public Health Emergency Policy Framework

OPEN RECOMMENDATIONS

- 2. Work with other U.S. agencies to clearly identify and regularly test roles and capabilities and responsibilities for use in an international public health emergency.**

Status: Resolved but open pending completion of planned activities.

Actions: USAID revised its final action target date to December 31, 2019.

Note: Our recommendation stated that USAID should include policy related to OFDA's use of the mission-tasking matrix with the Department of Defense; and that agreements should specify operational details, clearly define roles and responsibilities, and ensure a common understanding of standardized language.

- 4. Develop policies for rapid data and information sharing including with host governments, with the World Health Organization, and within the U.S. Government.**

Status: Resolved but open pending completion of planned activities.

Actions: USAID plans to write a policy that outlines its role in sharing information related to public health emergencies with host governments, WHO, and within the U.S. Government. The target completion date for writing the policy is October 30, 2019, pending actions by various USAID offices.

- 5. Create procedures governing coordinating bodies (Secretariat, task force, etc.), including (1) criteria for when they are established; (2) how they are staffed; (3) their responsibilities and authorities in responding to an emerging crisis; (4) their expected level of interaction within USAID and with external stakeholders; (5) policies for how they clear documents for distribution and reporting; and (6) how they are disbanded, including the transfer of residual activities to relevant regional or functional bureaus at the conclusion of the crisis.**

Status: Resolved but open pending completion of planned activities.

Actions: USAID plans to establish a Task Force Readiness Unit in the Bureau for Management. This recommendation is part of the Agency's proposal to restructure the Management Bureau, which is under review by congressional committees.

6. Develop—and test procedures for—integrating response, recovery, and transition activities during a complex whole-of-Agency humanitarian or health emergency.

Status: Resolved but open pending completion of planned activities.

Actions: USAID developed Automated Directive System (ADS) Chapter 107 for integrating response, recovery, and transition activities during complex whole-of-Agency humanitarian or health emergencies. This recommendation is part of the Agency's proposal to restructure the Management Bureau, which is under review by congressional committees.

8. Direct all regional and functional bureaus to identify and maintain a listing of key staff who would be involved in a whole-of-Agency emergency response, and provide those staff with abbreviated training on the OFDA Disaster Assistance Response Team and Response Management Team to build a stronger cadre of cross-sectoral teams.

Status: Resolved but open pending completion of planned activities.

Actions: USAID plans to develop and maintain a roster of staff qualified to serve on whole-of-Agency response teams and train them on USAID's Response Management System (RMS). The roster of staff would complete OFDA RMS, OFDA humanitarian trainings, or other relevant health emergency trainings with input from Global Health. In July 2017, OFDA launched the OnRamp Program to prepare USAID staff to become part of OFDA's emergency staffing pool. OFDA also created an online tutorial, RMS Basics, to introduce RMS to new response staff; the tutorial is accessible to all staff through USAID University or OFDA Academic online learning platforms. This recommendation is part of the Agency's proposal to restructure the Management Bureau, which is under review by congressional committees.

9. Form a process for (1) identifying relevant technical experts across the Agency, (2) maintaining a catalog that includes how they can be reached in the event of another health crisis, and (3) temporarily reassigning them away from their existing duties.

Status: Resolved but open pending completion of planned activities.

Actions: USAID plans to develop a standing roster of technical experts to draw on by surveying personnel and to examine similar systems, including one created by CDC. The Agency missed its June 30, 2018, target date to close the recommendation and has not provided an update.

14. Direct the creation or appointment of a unit and development of a policy that requires operating units involved in an emergency response or recovery to (1) collectively identify lessons learned; (2) develop after-action reports; (3) create a timeline for corrective actions to take place; and (4) follow up on those planned actions to ensure they occur, including updating the policy framework, if necessary.

Status: Resolved but open pending completion of planned activities.

Actions: This recommendation is part of the Agency's proposal to restructure the Management Bureau, which is under review by congressional committees.

CLOSED RECOMMENDATIONS

- 1. Implement a communication and coordination strategy that would govern how USAID will work with external actors who can respond in the event of an international public health emergency.**

Status: Closed April 17, 2019.

Actions: USAID provided input to the National Security Council "Playbook for Early Response to High-Consequence Emerging Infectious Disease Threats and Biological Incidents," which includes strategies for engagement with the international community and coordinating systems. The agency also set up an email address (outbreak@usaid.gov) to make coordination for various outbreak scenarios accessible to Agency staff; included the information on the internal bureau website; and disseminated the information via Agency notices and emails to Agency program offices, health officers, and mission disaster coordinators.

Note: We asked USAID to provide us documentation that outlines how the Agency will work with external actors and what steps it plans to take in the event of a health crisis, giving sufficient consideration to the possibility that the U.N. humanitarian cluster system is delayed. We also requested information about the Agency's internal communication and coordination strategy that would be accessible to its staff. In response, the agency clarified how USAID plans to communicate and coordinate with external actors and published the Agency's coordination process for each of the four outbreak scenarios it identified: (1) a PHEIC that is a humanitarian crisis, (2) a PHEIC that is not a humanitarian crisis, (3) a non-PHEIC, and (4) major outbreaks in settings that have an existing or impending U.S. Government disaster declaration but fall short of being a PHEIC.

- 3. Direct the creation and maintenance of an inventory, by country, of nongovernmental organizations and local actors who are involved in response, development, and other humanitarian activities; and determine which of these could potentially be called upon as implementing partners in an emergency.**

Status: Closed April 17, 2019.

Actions: USAID informed staff via email on July 31, 2018, of the process for creating and maintaining an inventory of nongovernmental organizations and local actors, by country, that could potentially be called on as implementers in an emergency.

- 7. Direct OFDA, in collaboration with Global Health and health officers from other bureaus, to develop policies for identifying health response triggers, deploying a small team to assess a health situation in collaboration with mission**

staff, and providing an initial needs assessment before a disaster declaration is made.

Status: Closed June 24, 2019.

Actions: USAID defined the process and triggers for responding to infectious disease outbreaks, including the parameters that would lead to more significant response actions from the Agency. OFDA's procedures on conducting field assessment of health situations include references on collaborating with Global Health. The Agency also provided information on how U.N. Food and Agriculture Organization and WHO assessments would factor into the Agency's scale of response, using examples of WHO situational reports of the Zika outbreak, plague outbreak in Madagascar and the EVD outbreak in DRC, which factored into the Agency's scale of response. On August 30, 2018, the Agency disseminated an internal notice to all program offices that describes how and when USAID uses the WHO assessment and Global Health's role in analyzing and disseminating the information from the assessments. A link on USAID's internal website was established for staff to quickly access the information.

10. Establish guidelines outlining the steps missions and bureaus can take in the event of an emerging crisis, including how to reprogram existing funds (from central mechanisms and mission mechanisms) and transfer resources.

Status: Closed June 28, 2018.

Actions: USAID informed staff through an internal notice about the steps missions and bureaus can take in the event of an emerging crisis, which included links to helpful reference materials. These materials are posted in the Agency's mission executive officer toolbox and, according to the Agency, will be updated annually.

11. Direct the Office of Acquisition and Assistance to determine what can be done to insert flexibility clauses into the missions' program awards, as appropriate, so that missions can respond to emerging crises using existing resources and nongovernmental organizations on the ground that are familiar with the country context, and implement a policy accordingly. This additional flexibility should be accompanied by sufficient controls to prevent abuse.

Status: Closed July 8, 2019.

Actions: The Administrator (1) instructed bureaus and missions to incorporate flexibility into new and existing awards under ADS 201; (2) institutionalized Expedited Acquisition and Assistance Procedures in ADS 302 with appropriate clearance procedures to prevent abuse; (3) included in its December 2018 Acquisition and Assistance Strategy a "Facilitating Adaptive Management" section that directs all future USAID awards be designed with more flexibility, such as drafting health-related awards to consider the possibility of shifting resources quickly to respond to acute public health crises; and (4) developed training resources for staff to learn more about how to plan and design awards to be more adaptable and flexible. The Agency identified other approaches to enable

additional flexibility in awards, such as through contract statement of work, line items, and sole source.

Note: The Agency response to this recommendation deviated from what we proposed, but the actions met the intent of the recommendation to enhance the flexibility of program awards so existing resources can be used quickly to respond to emerging health crises.

12. Direct the development of an Agency-wide content management system where decisions, documents, and lessons can be tracked and accessed by staff to improve the consistency of records management.

Status: Closed July 8, 2019.

Actions: Beginning in December 2017, USAID required all existing and new employees to take an on-line records management training course that informs them of their records management responsibilities pursuant to relevant statutes, regulations, and policies. The Agency also developed a new records management training curriculum for the use of existing content management system (CMS) tools, delivered records management training at several locations worldwide in 2018, issued reminder notices about records management, conducted assessments, and provided technical assistance to offices to ascertain and encourage compliance.

Note: USAID disagreed in part with our recommendation to develop a new Agency-wide CMS since the Agency already had various approved CMS platforms and believed developing a new CMS would not address the main issue of inconsistencies in records management. However, the Agency recognized the need to improve records management practices, and the actions it took met the recommendation's intent to improve the consistency of existing records and content management systems the Agency uses.

13. Develop an Agency-wide system that tracks program awards and relevant contractors and partners implementing those awards to bring all systems together, reduce duplication, and increase collaboration and oversight.

Status: Closed August 14, 2019.

Actions: The Agency provided evidence that it is building a Development Information Solution (DIS) and states that DIS will enable staff from every Mission, Bureau and Independent Office to view all of their investments and expenditures, including program awards and their implementers. The Agency holds steering committee meetings every month to discuss the status of the system and will provide presentations from the meeting to OIG every 6 months.

Status of OIG Recommendations made in *Assessment and Oversight Gaps Hindered OFDA's Decision Making About Medical Funding During the Ebola Response*

OPEN RECOMMENDATIONS

- 2. Require staff to document needs assessments, reassessments, the data used to inform these assessments, and any underlying assumptions.**

Status: Resolved but open pending completion of planned activities.

Actions: OFDA said it will change its policies to require staff to document needs assessments and reassessments along with the underlying data and assumptions, create templates for data collection in assessments and reports, and train its employees on the new policies and tools. The target date for developing the policies, templates, and training curriculum was May 31, 2019. The target date for completing the training for staff is November 30, 2019.

- 4. Update policies and procedures on monitoring response effectiveness, specifying the parties responsible, the frequency and the method for collecting, analyzing, documenting, and reporting the information necessary to oversee response activities.**

Status: Resolved but open pending completion of planned activities.

Actions: OFDA said policies and procedures on monitoring disaster response effectiveness will be updated by specifying the following: the parties responsible; the frequency and method for collecting, analyzing, and reporting necessary information; training for staff on the policy; and creation of templates and tools for monitoring programs and responses. The target date for updating policies and procedures is November 30, 2019.

CLOSED RECOMMENDATIONS

- 1. Update policies and procedures to clearly define how staff should conduct initial and ongoing assessments and how the assessments should inform the development and modification of OFDA's strategic approach to disasters—especially the longer-term, complex emergencies that are becoming more common.**

Status: Closed July 15, 2019.

Actions: OFDA developed guidance for staff conducting assessments, including procedures, roles and responsibilities for each step of the process. OFDA also developed an assessment form and training to assist staff in applying the guidance to their response roles.

- 3. Determine the extent to which the USAID-funded Ebola inventory has been redistributed in accordance with implementers' disposition plans, the excess inventory that remains, and whether U.S. Government funds are being used to store excess inventory.**

Status: Closed December 6, 2018.

Actions: OFDA determined USAID-funded Ebola inventory generally had been redistributed in accordance with implementers' disposition plans, except for three implementers—the UN Children's Fund (UNICEF), Samaritan's Purse, and Medical Teams International—which had more than \$1.2 million in remaining inventory. OFDA determined UNICEF's and Samaritan's Purse's remaining inventory will be used by the end of 2018 or the implementers will seek revised disposition instructions. Since no plans were identified for Medical Teams International, we suggested that OFDA follow up with Medical Teams International to agree on a disposition plan. OFDA also determined that no U.S. Government funds were being used to store excess inventory related to EVD.

5. Establish handover policies and procedures for DART members to provide consistency, continuity of operations, and institutional memory.

Status: Closed June 28, 2018.

Actions: OFDA established handover policies and procedures for DARTs through the issuance of a revised RMS chapter on Handover and Demobilization, which contains handover procedures, agendas, and checklists to guide outgoing and incoming response team members through the process.

6. Implement a strategy to provide proper monitoring and management of awards by agreement officer's representatives, especially when a disaster requires immediate oversight on a large scale.

Status: Closed July 15, 2019.

Actions: OFDA developed training to improve the ability of program staff to effectively monitor the performance of partners and awards. OFDA also developed an online toolkit that brings together the tools staff need to make and manage awards.

7. Implement a strategy to institutionalize OFDA's lessons learned from previous emergency responses and after-action reviews.

Status: Closed March 25, 2019.

Actions: OFDA posted all after-action reviews completed over the past 20 years to its RMS websites—which are available to all USAID staff members—as well as the top 10 lessons learned from its after-action reviews from fiscal years 2013-18. OFDA said after-action reviews will be posted as they are finalized, and that the Operations Division sends relevant after-action reports at the onset of a new response and provides briefings on previous lessons learned on request.

Note: In our closure memo, we suggested that OFDA outline expectations and identify the responsible parties for posting and sharing after-action reviews in RMS to help ensure planned actions happen.

8. Include sections in the multiple response strategy on filling open positions, ensuring a sufficient surge roster, and attracting qualified individuals to work on response efforts.

Status: Closed July 15, 2019.

Actions: OFDA reported taking actions to achieve the necessary staffing levels identified through the multiple response strategy, such as (1) initiating an OnRamp program to train technically capable staff from across the Agency for disaster-related qualifications so they can be deployed on field-based DARTs when needed; (2) decreasing the amount of time for new Personal Service Contractor staff to receive security clearances; and (3) rolling out the Personnel, Experience, Training, Equipment, and Readiness system, a readiness and deployment database to identify and track the qualifications, experience, and availability of personnel for responses to all types of disasters and complex emergencies.

ATTACHMENT 2 - ROLES OF RESPONSE ACTORS IN DRC EVD OUTBREAK

Agency/Entity	Mission	Roles related to response
U.S. Government		
USAID	Save lives, reduce poverty, strengthen democratic governance, and help people progress beyond assistance	<ul style="list-style-type: none"> • Coordinate U.S. humanitarian response • Provide EVD response assistance through implementing partners
CDC	Protect America from health, safety, and security threats	<ul style="list-style-type: none"> • Lead the U.S. public health and medical response • Provide technical guidance to the governments of DRC and Uganda, WHO, and other partners
National Institutes of Health	Develop and expand knowledge to enhance health, lengthen life, and reduce illness and disability	<ul style="list-style-type: none"> • Support the DRC government and WHO with clinical trials • Deploy experimental therapeutics, technical assistance, and laboratory support
U.N. Organizations		
WHO	Direct and coordinate international health within the United Nations system	<ul style="list-style-type: none"> • Provide multisectoral coordination • Strengthen surveillance, find cases, and trace contacts • Manage confirmed and suspected cases • Strengthen mobile laboratories' diagnostic capabilities, infection prevention and control measures, communication, and social mobilization • Vaccinate at-risk groups • Provide operational and logistical support
UN Office for the Coordination of Humanitarian Affairs	Bring together humanitarian actors to ensure a coherent response to emergencies	<ul style="list-style-type: none"> • Provide multisectoral coordination
World Food Programme	Improve nutrition and deliver food assistance in emergencies	<ul style="list-style-type: none"> • Provide psychosocial support • Provide food for case management
International Organization on Migration	Promote cooperation on migration issues and provide humanitarian assistance to migrants	<ul style="list-style-type: none"> • Strengthen surveillance, find cases, and trace contacts
UNICEF	Save children's lives, defend their rights, and help them fulfill their potential	<ul style="list-style-type: none"> • Strengthen infection prevention and control measures, communication, and social mobilization • Provide psychosocial support • Vaccinate at-risk groups • Provide operational and logistical support
Foreign Governments		
DRC		<ul style="list-style-type: none"> • Provide multisectoral coordination • Support health services
United Kingdom Department for International Development	Lead the United Kingdom's work to end extreme poverty	<ul style="list-style-type: none"> • Support response efforts in DRC and preparedness efforts in neighboring countries • Provide technical assistance • Support vaccines and vaccination activities

Note: This list of response actors is not exhaustive. The State Department supports related activities in the U.S. Embassy, for example, but is not listed in the U.S. Government operational plan or noted above. Other donors provide financial support but may not have significant operational response activities on the ground. For example, the World Bank is contributing up to \$300 million in addition to the \$100 million it has already disbursed. Meanwhile, other governments in the region have engaged in EVD preparedness activities.