

## **Final Report on the Use of Fiscal Year 2021 Global Health Security Funds by the U.S. Agency for International Development (USAID)**

USAID submits this report required by section 7019(e) of Division K of Public Law 116-260, the Department of State, Foreign Operations and Related Programs Appropriations Act, 2021 (FY 2021 SFOAA), which incorporates by reference House Report 116-444 report requirements.

Pursuant to House Report 116-444:

*Global health security and emerging health threats.—The Committee recommendation includes funds to promote global health security and to address emerging health threats overseas. Not later than 30 days after enactment of this Act, and prior to the initial obligation of funds, the Committee directs the USAID Administrator to submit to the Committees on Appropriations a report on the proposed uses of such funds on a country and project basis including possible contributions to multilateral mechanisms. The Committee directs that such a report shall be updated and submitted to the Committees on Appropriations every 90 days until the funds are obligated.*

Pursuant to Joint Explanatory Statement:

*The agreement endorses the Global Health Security reporting requirement included in the House report, but the initial report shall be submitted not later than 60 days after enactment of the Act and comply with the directives described.*

### **The Global Health Security (GHS) Challenge**

The COVID-19 pandemic is a strong reminder of the effect that an emerging pathogen can have on people's health and on global economies. Viruses are spilling over from animals to humans more often, and global health systems are ill-equipped to identify and contain outbreaks.

More than 70 percent of infectious diseases in humans originate in animals. Surveillance and health care systems must be able to detect and prevent the spread of infectious diseases and respond when an outbreak grows. As we have seen over the past few decades, it is critical to understand where threats come from, how and when they spillover from animals to humans, what pathogens have the greatest potential to cause disease in humans, and what can be done to protect people. USAID's GHS Program is working to strengthen global response to COVID-19, Ebola and other major public health outbreaks through the following approaches.

### **FY 2021 GHS Programming**

In alignment with U.S. national security priorities, USAID's GHS Program builds better preparedness for present and future health threats, including through the Global Health Security Strategy (GHSS) and the implementation of the Global Health Security Agenda (GHSA), to ensure that systems are in place to:

- Prevent avoidable disease outbreaks;
- Detect threats early; and
- Respond rapidly and effectively when outbreaks occur.

Funding is critical to address the alarming increased frequency and severity of emerging infectious disease outbreaks now occurring globally. The current COVID-19 pandemic reinforces the importance of USAID's efforts, not only to avoid future outbreaks but also to ensure that measures are in place to quickly contain them, and limit further spread when they do occur. In today's interconnected world, the rapid spread of COVID-19 globally also highlights the importance of efforts to strengthen these capabilities internationally to protect the lives of Americans.

Over time, and as the impact of U.S. Government (USG) GHS support becomes more sustained, USAID will work with partner countries, other USG agencies, and international partners to outline strategies to transition from donor support for GHS activities.

USAID's FY 2021 GHS funds were used to expand the number of countries where USAID helps build health security capacities. With FY 2021 funds, USAID added five new countries, investing in a total of 38 countries (an increase from 33 in FY 2020) in Africa, Asia, Latin America, Middle East, Eurasia and Europe<sup>1</sup>. This includes:

- Expanding activities in four new intensive support countries<sup>2</sup>: Guatemala, Pakistan, Zambia, and Ukraine;
- Expanding activities in one new Targeted Support country<sup>3</sup>: Kazakhstan; and
- Shifting three countries from Targeted Support to Intensive Support countries: Ghana, Mozambique, and the Philippines.

USAID utilized the following criteria to make recommendations for potential new countries to be supported by the GHS Program as Intensive Support Countries:

- Significant human and animal health security gaps and risks, including recent history of outbreaks and large populations at risk;
- Presence of high-risk interfaces and risky contact with animals with the potential for spillover;
- Performance responding to the COVID-19 pandemic; and
- Operational aspects of implementation, including safety and security of assets and the presence of USG Departments/Agencies on the ground.

Progress in partner countries will be tracked through improving Joint External Evaluation (JEE) scores (a common set of metrics established by the World Health Organization – WHO); improving timely detection of infectious diseases; shortening the detection and response times to infectious disease outbreaks; as well as other critical indicators. Under the GHSS, the USG has supported countries to make progress on JEE levels across their priority technical areas with the objective of achieving the level of “developed capacity” (level 3 out of 5), or greater.

---

<sup>1</sup> With FY 2022 resources, USAID plans to further expand countries and activities. Planned FY 2022 funds will help reach our target of 50 countries (27 intensive and 23 target support countries) in Africa, Asia, Middle East, Latin America, Eurasia and Europe.

<sup>2</sup> Intensive Support Countries are those in which the USG provides intensive financial and technical support across multiple or all technical priorities (as outlined in the Joint External Evaluation (JEE) version 3) to strengthen capacities to prevent, detect, and respond to emerging infectious disease threats. This assistance may increase over time, corresponding with increasing country commitment, staffing, and the availability of USG funds (See FY 2021 GHS Allocation by Country Table for the complete list of Intensive Support Countries.)

<sup>3</sup> USAID's Targeted Support countries include assistance focused on a limited number of targeted activities to strengthen critical technical areas. (See FY 2021 GHS Allocation by Country Table for the complete list of Targeted support countries).

With FY 2021 GHS funds, USAID also established a dedicated Outbreak Response Team (ORT) to expand USAID assistance, communications, and intra- and inter-agency coordination for infectious disease outbreaks. The ORT is operational within the GHS team in the Bureau for Global Health, coordinating and working closely with the Bureau for Humanitarian Assistance (BHA) to ensure complementary and not duplicative activities. The ORT has a robust dedicated staff that have actively responded to a number of infectious disease outbreaks. Once fully staffed, the ORT will be able to respond to up to three concurrent outbreaks. The ORT is utilizing established agreements with WHO, UNICEF and FAO to position funds so that initial response actions can be quickly supported and a mechanism for surge personnel.

USAID and its partners monitor hundreds of animal and human infectious disease outbreaks every year. In FY 2021, USAID's Emerging Threats Division provided support (such as funding, PPE, staffing/coordination, etc.) to at least six major human outbreaks, including two Ebola outbreaks in the DRC, an Ebola outbreak in Uganda, a global Monkeypox outbreak, a Lassa Fever outbreak in Guinea, and a Marburg Virus outbreak in Ghana.

Of note, USAID will shift the management of the FY 2022 GHS funds from USAID's Bureau for Global Health to USAID missions. This shift will enable USAID Missions to implement and oversee bilateral programs that will benefit specific partner country and regional contexts to address critical areas to prevent, detect and respond to health outbreaks.

## **FY 2021 Global Health Security Investments in Action**

In FY 2021, USAID supported a multi-sectoral approach to global health security and pandemic preparedness in partner countries. USAID's efforts aimed to engage civil society and key stakeholders to help communities better prevent, detect, and respond to infectious disease threats. For example:

- In FY 2021, USAID supported **risk communications activities** which used newer technologies, including interactive voice response and social media, in combination with more established approaches, such as hotlines and radio, to address community concerns in real-time to wider audiences. These GHS-funded programs were mobilized for the COVID-19 response and reached an average of 118 million persons worldwide per month across multiple mass media channels, peaking at nearly 250 million about 12 months into the pandemic. In addition:
  - **Guinea** used its newly developed social media strategy and created more than 40 posts on symptoms and prevention of Lassa fever, Avian influenza, brucellosis, Ebola, and COVID-19 reaching almost 360,000 persons; and
  - **Mali** implemented *Keneya Jo Sewn* (the Pillars of Good Health), a national multi-media campaign that reached over 10 million people to promote prevention and treatment behaviors for zoonotic diseases. The campaign integrated and harmonized community activities, mass media, and print with digital channels including Facebook, Twitter, YouTube, and WhatsApp.
- In FY 2021, USAID worked with eight countries to implement the WHO access, watch, reserve antimicrobial classification system in healthcare facilities, trained more than 4,700 individuals on **antimicrobial stewardship** (AMS) topics, and supported 72 healthcare facilities to implement continuous quality improvement for AMS.
- In FY 2021, USAID partnered with **One Health university networks** in Africa and Southeast Asia to support workforce development in 59 universities across 10 countries: Cameroon, Côte d'Ivoire, DRC, Ethiopia, Indonesia, Kenya, Senegal, Tanzania, Uganda,

and Vietnam. USAID helped train more than 12,800 current and future health professionals (including more than 6,600 students, 1,500 in-service professionals, and 1,100 faculty members) to develop technical One Health competencies, with topics ranging from zoonoses and infectious diseases, gender, risk communication, and policy. Additionally, the Networks held activities at more than 40 One Health field sites, reaching participants with community based education, research, and outreach programs.

Additional country-level results include:

- **Uganda** has expanded its animal disease reporting system nearly countrywide by embracing an electronic mobile phone reporting application now utilized in more than 100 districts and with more than 1,200 users. The use of the system in Uganda has led to major improvements in disease reporting and communication between districts and central level and increased the number of animal disease reports;
- **Ethiopia** has trained 126 national and subnational veterinary laboratory staff on biosafety and biosecurity, proper use of personal protective equipment, and biosafety cabinet maintenance and calibration. In addition, Ethiopia has developed laboratory waste management and farm biosecurity guidelines, assigned a national biosafety and biosecurity focal person for the country, and is in the process of establishing a laboratory biorisk management unit at the National Animal Health Diagnostic and Investigation Center;
- **Sierra Leone** now has established in-country capacities to test for many priority zoonotic diseases (PZDs) in humans and animals and transboundary animal diseases (TADs). This is a major milestone to support disease investigation and surveillance activities in the country, since Sierra Leone no longer ships samples to other countries for laboratory confirmation. The Central Veterinary Laboratory performs numerous diagnostic techniques for PZDs and TADs;
- **Tanzania, Cameroon, and Guinea** each graduated their first cohort of trainees from the In-Service Applied Veterinary Epidemiology Training program, building a capacity of in-service field-level veterinarians to conduct effective surveillance and outbreak response;
- In **Kenya**, seven health professional organizations developed and implemented a continuing professional development training course in infection prevention and control.
- **Vietnam** developed action plans for five provinces to increase the use of the Vietnam Animal Health Information System and improve animal disease data reporting; and
- In **Pakistan**, all 158 District Disease Surveillance and Response Units were made operational, and all six Provincial Disease Surveillance and Response Units have been refurbished and strengthened.

## USAID Comprehensive Approach to Global Health Security

USAID's GHS program is working to help strengthen global responses to COVID-19, Ebola, and other major public health outbreaks and emergencies through the following approaches.

### *Strengthening Country Capacities*

The COVID-19 pandemic has demonstrated that countries must be better equipped to rapidly detect and effectively respond to new infectious disease threats, stopping them from becoming epidemics or pandemics. Countries must also take measures (including surveillance, infection prevention and control, vaccination, and biosafety measures) to prevent avoidable outbreaks. USAID is an important implementer of the GHSS, to collectively build resilience for future epidemics and pandemics. USAID's capacity building activities are multi-sectoral and are

implemented in coordination with other USG Departments and Agencies. This includes working with partners to make progress toward achieving 2005 International Health Regulations (IHR) core public health capacities. USAID's support is targeted based on global health security risks, policy priorities, and activities that are milestone-driven, utilizing the World Health Organization (WHO) JEE<sup>1</sup> tool and associated indicators as a common set of metrics. USAID has expanded existing GHS capacity strengthening programs in intensive and targeted partner countries (see Table 1) and established programs in additional countries to prevent avoidable epidemics, detect threats early, and respond rapidly and effectively to disease outbreaks and emerging infectious disease threats to prevent them from becoming national or global emergencies.

At the country level, USAID is:

- Expanding surveillance for emerging infectious diseases in communities, including on farms and in markets;
- Expanding laboratory systems, including at the sub-national levels, to have molecular diagnostics, quality assurance, and safe specimen collection and transport;
- Broadening engagement with communities with interactive communication channels for infectious disease detection and reporting in communities;
- Strengthening infection prevention and control in health facilities to prevent the transmission of dangerous pathogens and reduce antimicrobial resistance; and
- Expanding global health security efforts so that every USAID Mission that supports health development programs can address gaps in national health security and pandemic preparedness.

USAID's long-standing global health security program is uniquely positioned to strengthen these capacities due to its field presence, community-based programs, links to local organizations, and multi-sectoral implementation approach. Those countries with health security capacities were better positioned to respond to the COVID-19 pandemic, through strengthened emergency operations, surveillance systems, risk communication, and lab networks.

### ***Responding Rapidly and Effectively to Outbreaks***

USAID implements rapid surge capacity to help countries when responding to significant infectious disease outbreaks that pose severe threats to human health and exceed their capacity to contain them. Interventions include technical assistance, community-based programs, and essential commodities to help countries address major outbreaks. USAID also utilizes the Emergency Reserve Fund established pursuant to section 7058(c)(1) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2017 (division J of P.L. 115–31) (ERF) for outbreaks that meet the following conditions: the outbreak is an emerging health threat; the outbreak poses severe threats to human health; and it is in the national interest to respond.

### ***Detecting Threats Early to Stop Spillover***

Strengthening capacities alone is not enough. USAID also is working to prevent spillover of emerging infectious diseases from animals to humans in high-risk places. Specifically, USAID funds detection and understanding of previously unknown viruses from wildlife while also reducing spillover of known zoonotic viruses, such as Ebola.

*Addressing known viral threats:* USAID is funding activities to reduce the frequency and