



May 2019

EMERGENCY ASSISTANCE FOR ZIKA

USAID Supported Activities Overseas but Could Improve Funds Tracking and Response Planning

GAO Highlights

Highlights of [GAO-19-356](#), a report to congressional committees

Why GAO Did This Study

The World Health Organization (WHO) declared the Zika virus a public health emergency of international concern in February 2016. According to WHO, as of March 2017, 79 countries and territories—including 48 in the Western Hemisphere—reported evidence of ongoing Zika transmission. In April 2016, USAID and State repurposed \$215 million for Zika from funds appropriated for Ebola. Subsequently, the Zika Response and Preparedness Appropriations Act, 2016, provided over \$175 million in supplemental funding to USAID and State to support Zika response efforts overseas. The act also included a provision for GAO to review the status of USAID and State actions to respond to Zika. In March 2019, the Centers for Disease Control and Prevention downgraded its international travel warning for Zika.

This report examines (1) the status of USAID and State funding for U.S. Zika response overseas, (2) activities supported by these funds, and (3) implementation challenges, if any, and responses to any challenges. GAO reviewed information from U.S. agencies and met with U.S. and host country officials in Washington, D.C. GAO also conducted fieldwork in a nongeneralizable sample of countries in Latin America and the Caribbean where agencies implemented key response activities.

What GAO Recommends

USAID should (1) take steps to ensure it is able to compile funding information by country for future infectious disease emergency responses and (2) take steps to improve its infectious disease response planning. USAID concurred with GAO's recommendations.

View [GAO-19-356](#). For more information, contact David Gootnick, (202) 512-3149 or gootnickd@gao.gov.

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USAID Supported Activities Overseas but Could Improve Funds Tracking and Response Planning

What GAO Found

The U.S. Agency for International Development (USAID) and the Department of State (State) obligated \$385 million of the total \$390 million available for international Zika response and disbursed \$264 million as of September 2018. USAID obligated 95 percent of the total funding. USAID and State provided some country information to Congress but did not provide, or take steps to track, funding on a country basis. According to USAID officials, tracking funding information by country would be helpful in the future. The ability to compile funding by country when responding to future infectious disease outbreaks would enable USAID to provide additional information to key decision makers to better support spending oversight and inform budgetary and planning decisions.

In response to the Zika outbreak, USAID and State supported a broad range of activities overseas, including mosquito control, research efforts, and medical evacuations. In one activity, USAID implementing partners monitored mosquito populations; in another, they researched methods to reduce Zika virus transmission rates. USAID implementing partners reported various outputs from selected activities. For example, an implementing partner reported that its awareness campaign on Zika prevention reached more than 5 million people.

USAID-Supported Worker Collects Insects for Monitoring Purposes in a Home in Honduras (left), and Mosquito That Carries the Zika Virus Viewed under a Microscope (right)



Source: GAO. | GAO-19-356

USAID faced sustainability and timeliness challenges in implementing its Zika response. According to agency and other officials, one-time funding and a short time frame posed a challenge related to sustainability of Zika response activities. In response, USAID worked to align activities with those of host governments and other organizations so they could continue in the long term. However, USAID's emergency response planning did not fully address the challenge of timely implementation of response activities in countries without bilateral USAID health programs. Twenty-two of 26 countries with Zika response activities did not have bilateral USAID health programs when the Zika outbreak began. As a result, response activities took additional time to deploy in some countries where USAID first had to establish relationships with key host country officials. Although USAID developed an infectious disease response plan in 2018, the plan does not provide guidance on how to address the timely implementation challenge in countries without bilateral health programs. By improving its planning, such as by adding such guidance in its 2018 plan, USAID would be better positioned to respond quickly to future disease outbreaks.

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Abbreviations

ASSIST	Applying Science to Strengthen and Improve Systems
CAZ	Community Action on Zika
CDC	Centers for Disease Control and Prevention
State	Department of State
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization
ZAP	Zika AIRS Project

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May 13, 2019

The Honorable Lindsey Graham
Chairman
The Honorable Patrick Leahy
Ranking Member
Committee on Appropriations
Subcommittee on State, Foreign Operations, and Related Programs
United States Senate

The Honorable Nita Lowey
Chairwoman
The Honorable Hal Rogers
Ranking Member
Committee on Appropriations
Subcommittee on State, Foreign Operations, and Related Programs
House of Representatives

Zika is a virus that is primarily transmitted through mosquito bites and causes symptoms that include fever, rash, conjunctivitis, and joint and muscle pain, though many infected individuals do not have symptoms or only experience mild symptoms. The Zika infection in pregnant women has been linked to adverse pregnancy and birth outcomes: The virus can be passed to the fetus and cause microcephaly and other severe brain defects and may be associated with miscarriage and stillbirth, according to the Centers for Disease Control and Prevention (CDC).¹ The Zika virus is also linked to other problems such as Guillain-Barré syndrome, an uncommon condition of the nervous system. In the Western Hemisphere, the first cases of locally transmitted Zika virus disease were confirmed in Brazil in May 2015. The World Health Organization (WHO) declared the Zika virus a public health emergency of international concern in February 2016. While WHO declared an end to the public health emergency in November 2016, it subsequently reported that 48 countries and territories

¹Microcephaly is a rare birth defect that causes a baby's head to be smaller than expected and not fully developed, which can lead to impaired thought processes, delayed development of motor skills, and other adverse outcomes.

in the Western Hemisphere reported evidence of ongoing Zika transmission, as of March 2017.²

To address the epidemic, according to U.S. Agency for International Development (USAID) documentation, \$215 million of fiscal year 2015 supplemental Economic Support Fund funding initially appropriated to respond to the Ebola virus was repurposed for the U.S. Zika response overseas. The Zika Response and Preparedness Appropriations Act, 2016, also provided over \$175 million in supplemental funding to USAID and the Department of State (State) through the end of fiscal year 2017 to support the U.S. Zika response efforts overseas.³ The act required USAID and State to submit a consolidated report to Congress on the anticipated uses of the funds appropriated in the act on a country and project basis and to submit updates every 60 days until September 30, 2017.⁴ The act also included a provision for us to review the status of USAID and State actions to respond to Zika. This report examines (1) the status of USAID and State funding for the U.S. Zika response overseas, (2) activities supported by these funds, and (3) challenges, if any, to implementing Zika response activities and actions taken to address any challenges.

To examine the status of USAID and State funding for the U.S. Zika response overseas, we reviewed obligations and disbursements that the agencies reported as supporting international Zika response activities, as of September 30, 2018. We also reviewed USAID and State's consolidated reports to the Senate and House Committees on Appropriations mandated by the Zika Response and Preparedness Appropriations Act, 2016, and interviewed agency officials to discuss the status of the agencies' obligations and disbursements for Zika response activities. We determined that the data we used were sufficiently reliable for the purposes of determining the status of USAID and State funding for the U.S. Zika response overseas. We assessed USAID's tracking of

²In March 2019, CDC downgraded its international travel warning for Zika, which had recommended that pregnant women not travel to Zika-affected countries in Latin America. The March 2019 travel warning recommended that pregnant women consult a health care provider before traveling to Zika-affected countries in Latin America.

³Pub. L. No. 114-223, Div. B, Zika Response and Preparedness Appropriations Act, 2016, (Sept. 29, 2016).

⁴The agencies submitted their initial report on October 28, 2016.

funding data against federal internal control standards related to using quality information.⁵

To examine activities that USAID and State implemented in response to Zika overseas, we conducted fieldwork, analyzed agency documents, and interviewed officials. We examined the status and progress of Zika response activities. We conducted fieldwork in a nongeneralizable sample of countries: Barbados, Colombia, Dominican Republic, Guatemala, Honduras, Peru, and Trinidad and Tobago. We selected these countries based on criteria including, among others, geographic diversity to include the Caribbean, Central America, and South America and the presence of activities under way that accounted for a significant portion of total USAID and State Zika funding. During our fieldwork, we interviewed agency officials, host government officials, implementing partners, health care workers, community volunteers, and researchers to get their perspectives on the progress of Zika response activities. We analyzed agency documents describing the plans and goals of activities. We also analyzed progress reports of a sample of six activities to provide illustrative examples of results from these activities as reported by implementing partners. For this sample, we selected activities that had among the highest amounts of funding and that together represented a range of countries, lines of effort, and types of implementing partners. Our sample is not generalizable to all activities.

To examine challenges, if any, to implementing Zika response activities and actions taken to address any challenges, we interviewed USAID officials, USAID implementing partners, and host government officials, and we analyzed progress reports from selected USAID-funded Zika response activities. We analyzed the information collected in the interviews and document reviews to identify the themes, or key challenges and responses to those challenges. We assessed USAID's infectious disease response plan against relevant federal internal control standards.⁶ See appendix I for more information on our objectives, scope, and methodology.

We conducted this performance audit from December 2017 to May 2019 in accordance with generally accepted government auditing standards.

⁵GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 2014).

⁶[GAO-14-704G](#).

Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Zika Transmission and Effects

Zika is spread to people primarily through the bite of an infected mosquito but can also be transmitted from mother to child during pregnancy or from person to person through sexual contact or blood transfusion.⁷ The disease can cause symptoms that include fever, rash, conjunctivitis (“pink eye” where the eyes appear red or pink), and joint and muscle pain. Although most people with Zika have only mild symptoms or none at all, Zika in pregnant women has been linked to adverse pregnancy outcomes, such as miscarriage and stillbirth, and severe birth defects. Zika can be passed to the fetus and cause a birth defect of the brain called microcephaly and other severe brain defects, according to CDC.⁸ Zika is also linked to other problems such as Guillain-Barré syndrome, an uncommon condition of the nervous system.⁹ Although at present no vaccine has been approved by the U.S. Food and Drug Administration to prevent Zika, several vaccines are in different phases of development.

The Zika Epidemic

Zika was first identified in the Zika Forest in Uganda in 1947 and caused only sporadic human disease until 2007. In 2007, Zika was detected in Yap State, Federated States of Micronesia, and subsequent outbreaks occurred in Southeast Asia and the Western Pacific. In 2014, Zika spread east across the Pacific Ocean to French Polynesia, then to Easter Island. In May 2015, Brazil documented the first case of locally acquired Zika

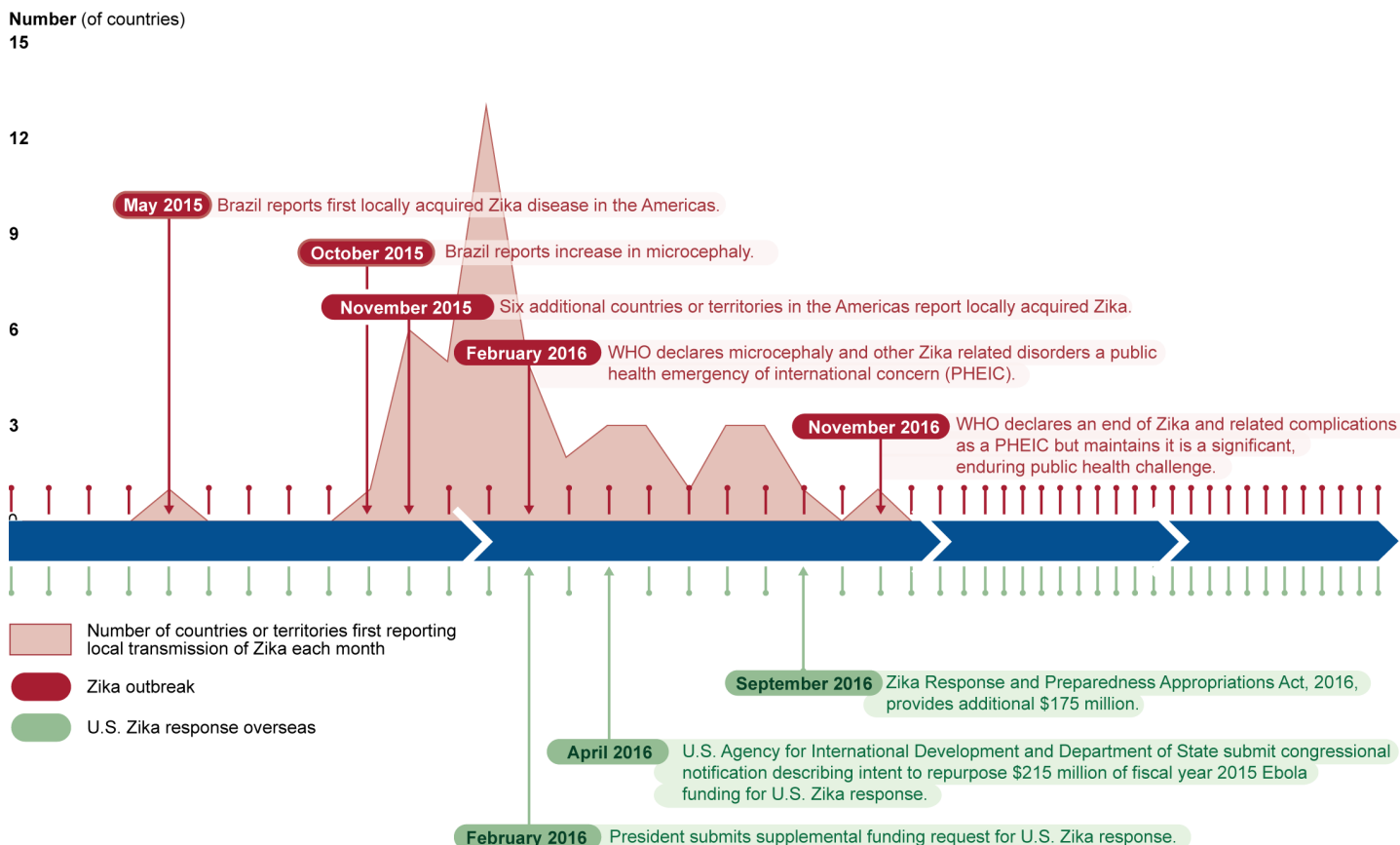
⁷The *Aedes aegypti* is reportedly the primary mosquito spreading the Zika virus, while the *Aedes albopictus* mosquito, which shares many of the same traits as *Aedes aegypti*, also has the ability to spread the virus.

⁸Babies with microcephaly can have a range of other health problems, depending on the severity of their condition. These health problems can range from mild to severe, may be life-threatening in some cases, and are often lifelong issues.

⁹Guillain-Barré syndrome is a rare disorder in which the body’s immune system attacks the nervous system outside the brain and spinal cord, causing muscle weakness and in some cases paralysis, although most people recover.

transmission in the Americas. See figure 1 for a timeline of the Zika outbreak and the U.S. Zika response overseas. According to WHO, in November 2015, Suriname, El Salvador, Guatemala, Mexico, Paraguay, and Venezuela reported cases of locally acquired Zika, followed by Panama, Honduras, French Guiana, Martinique, and Puerto Rico in December 2015. Zika continued to spread throughout the region, and on February 1, 2016, WHO declared that the recent association of Zika with clusters of microcephaly and other neurological disorders constituted a public health emergency of international concern. In November 2016, WHO declared an end of the public health emergency of international concern regarding microcephaly, other neurological disorders, and Zika. However, WHO announced that Zika and the associated health outcomes remained a significant public health challenge requiring intense action.

Figure 1: Timeline of Zika Outbreak and the U.S. Zika Response Overseas, 2015–2018

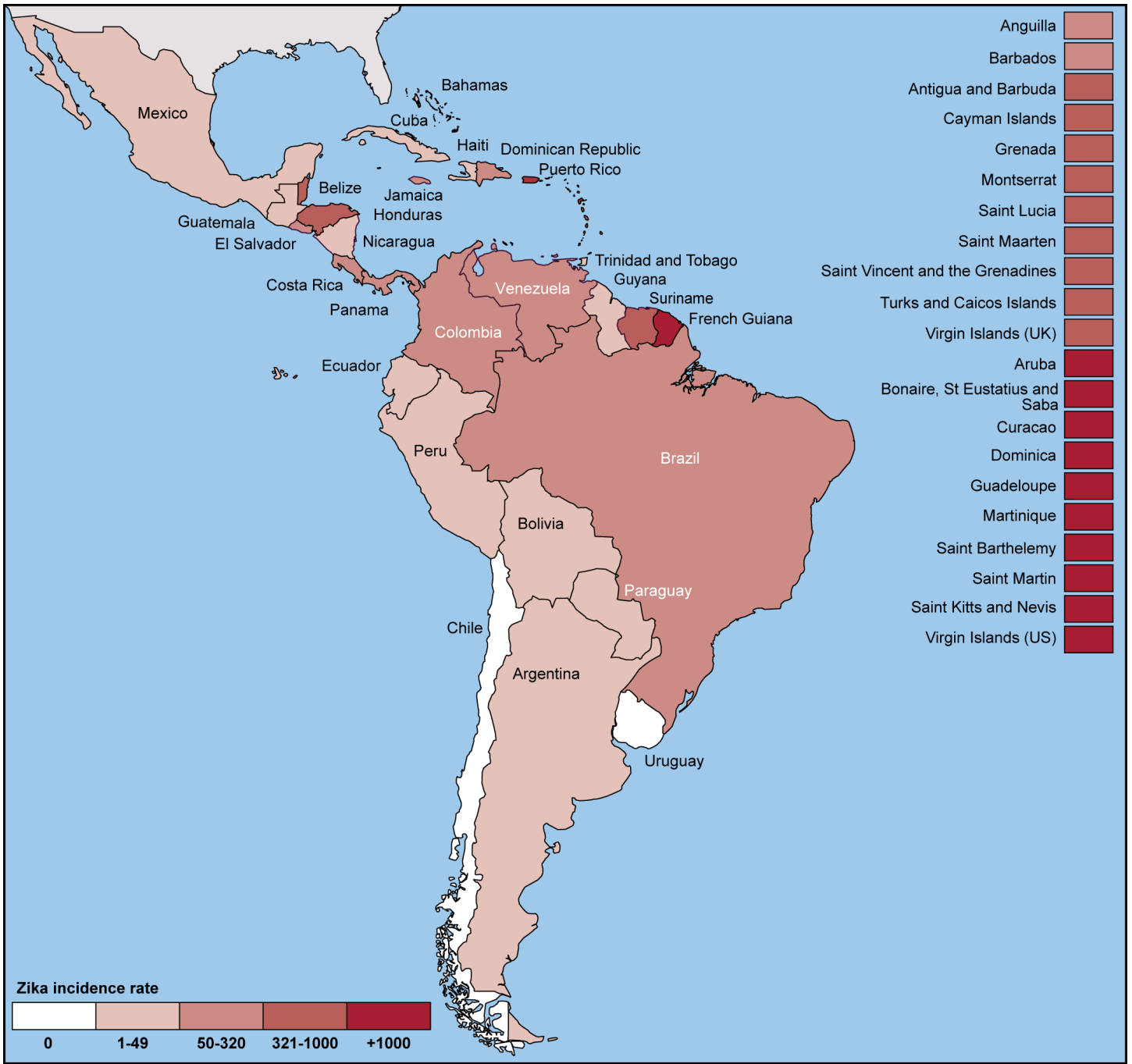


Source: GAO analysis of Pan American Health Organization, World Health Organization (WHO) and U.S. government documents. | GAO-19-356

Zika spread to multiple countries throughout the globe but primarily affected countries in Latin America and the Caribbean region. According to WHO, as of March 2017, transmission of the Zika virus was occurring in 79 countries or territories, most of which are located in the Western Hemisphere.¹⁰ According to WHO, from 2015 to 2017, there were approximately 583,000 suspected and 223,000 confirmed cases of Zika virus transmission in the Western Hemisphere. See figure 2 for the cumulative Zika incidence rates in each country in Latin America and the Caribbean from 2015 to 2017.

¹⁰Of the 79 countries or territories, 61 (including 47 in the Western Hemisphere) were classified by WHO in the most severe category: areas with new introduction or reintroduction with ongoing transmission of Zika. The other 18 countries or territories (including one in the Western Hemisphere) were classified by WHO in a less severe category: areas with either evidence of virus circulation before 2015 or ongoing transmission that was no longer in the new or reintroduction phase, but where there was no evidence of interruption.

Figure 2: Zika Incidence Rates in Latin America and the Caribbean, 2015–2017



Source: GAO analysis of Pan American Health Organization data. | GAO-19-356

Notes: The incidence rate is the number of reported suspected and confirmed locally acquired Zika cases in a country or territory per 100,000 population from 2015 through 2017. The cases were those reported to the World Health Organization through the countries' ministry of health websites as of January 4, 2018.

U.S. Response to Zika Overseas

In February 2016, the President submitted a request to Congress for emergency funding to enhance ongoing U.S. efforts to prepare for and respond to Zika, including a request for funding for USAID and State to respond to the outbreak overseas. In addition, in April 2016, USAID and State notified Congress of their intent to repurpose \$215 million of fiscal year 2015 supplemental Economic Support Fund Ebola funding for the U.S. Zika response overseas, which included \$78 million for CDC international Zika activities.¹¹ In September 2016, Congress appropriated about \$175.1 million in supplemental funding to USAID and State in the Zika Response and Preparedness Appropriations Act, 2016, for the U.S. Zika response overseas. USAID activities initially began in five countries—Haiti, Honduras, Guatemala, El Salvador, and Dominican Republic—based on an assessment of their Zika risk and limited host government capacity to prevent the spread and respond to the impact of the virus. USAID ultimately supported activities in 26 countries in the Latin America and Caribbean region.

¹¹According to State documentation, the funds, which were provided by the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015, Pub. L. No. 113-235, Div. J, (Dec. 16, 2014), were repurposed pursuant to section 7058(c) of the act.

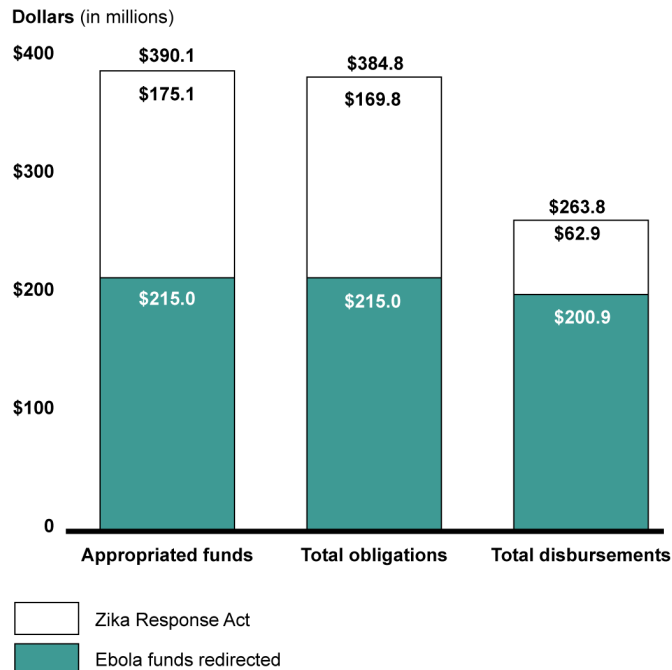
USAID and State Obligated Almost All Funding Available for the Zika Response but Did Not Report Funding by Country

USAID and State Obligated Almost All Funding Available for the Zika Response and Disbursed Approximately Two-Thirds

As of September 30, 2018, USAID and State had obligated about \$385 million (99 percent) of the total \$390 million available for the U.S. Zika response overseas and had disbursed approximately \$264 million (68 percent). Specifically, USAID had obligated all of its funds available for the Zika response and disbursed about two-thirds, and State had obligated and disbursed more than three-quarters of its funding for Zika. USAID and State had disbursed a higher proportion of the repurposed Ebola funds than the funds appropriated in the Zika Response and Preparedness Appropriations Act, 2016.¹² See figure 3 for USAID and State Zika response funding appropriations, obligations, and disbursements as of September 30, 2018. Of the \$215 million in repurposed Ebola funds, USAID and State had obligated \$215 million (100 percent) and had disbursed almost \$201 million (93 percent) as of September 30, 2018. Of the approximately \$175 million appropriated in the Zika Response and Preparedness Appropriations Act, 2016, USAID and State had obligated about \$170 million (about 97 percent) and had disbursed about \$63 million (36 percent) as of September 30, 2018.

¹²USAID and State have two sources of funding for Zika response activities: \$215 million in fiscal year 2015 supplemental Economic Support Fund Ebola funding that was repurposed to the Zika response and about \$175 million through a supplemental appropriation provided under the Zika Response and Preparedness Appropriations Act, 2016, for a total of \$390 million.

Figure 3: U.S. Agency for International Development (USAID) and Department of State (State) Zika Response Appropriations, Obligations, and Disbursements, as of September 30, 2018



Source: GAO analysis of USAID and State data. | GAO-19-356

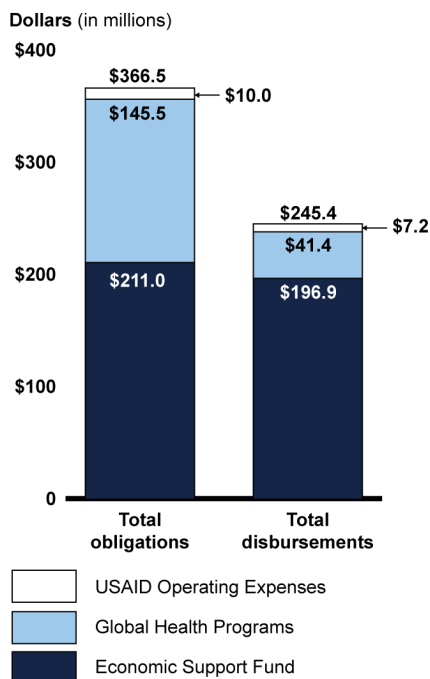
Notes: USAID and State have two sources of funding for Zika response activities: \$215 million in fiscal year 2015 supplemental Economic Support Fund Ebola funding that was repurposed for the Zika response and about \$175 million through a supplemental appropriation provided under the Zika Response and Preparedness Appropriations Act, 2016, for a total of \$390 million.

USAID and State Track Zika Funding by Account and Activity

As of September 30, 2018, USAID had obligated all funds available for the Zika response and had disbursed about two-thirds, from three accounts. USAID has two sources of funding for Zika response activities: \$211 million of fiscal year 2015 supplemental Economic Support Fund Ebola funding repurposed for the Zika response and about \$155.5 million provided in the Zika Response and Preparedness Appropriations Act, 2016—including \$145.5 million and \$10.0 million through the Global Health Programs and Operating Expenses accounts, respectively—for a total of \$366.5 million. As of September 30, 2018, USAID had obligated approximately \$366.5 million (100 percent) and had disbursed approximately \$245 million (67 percent), from the Economic Support Fund, Global Health Programs, and Operating Expenses appropriations accounts. See figure 4 for USAID Zika response funding obligations and

disbursements by account. USAID obligated all funding for Zika response activities within a year after it was repurposed or appropriated.¹³ As of September 30, 2018, USAID had disbursed a higher proportion of repurposed fiscal year 2015 supplemental Economic Support Fund Ebola funding (93 percent) compared with Global Health Programs and Operating Expenses funding (28 percent and 72 percent, respectively), which was appropriated in the Zika Response and Preparedness Appropriations Act, 2016, in September 2016.

Figure 4: U.S. Agency for International Development (USAID) Obligations and Disbursements by Account for Zika Response Activities, as of September 30, 2018



Source: GAO analysis of USAID data. | GAO-19-356

Note: USAID has two sources of funding for Zika response activities: \$211 million of fiscal year 2015 supplemental Economic Support Fund Ebola funding that was repurposed for the Zika response and about \$155.5 million provided in the Zika Response and Preparedness Appropriations Act, 2016, through the Global Health Programs and Operating Expenses accounts, for a total of \$366.5 million.

¹³By November 2016, USAID had obligated all \$211 million of the repurposed fiscal year 2015 Ebola funds. By September 2017, USAID had obligated all \$155.5 million of the USAID Zika funds appropriated in September 2016.

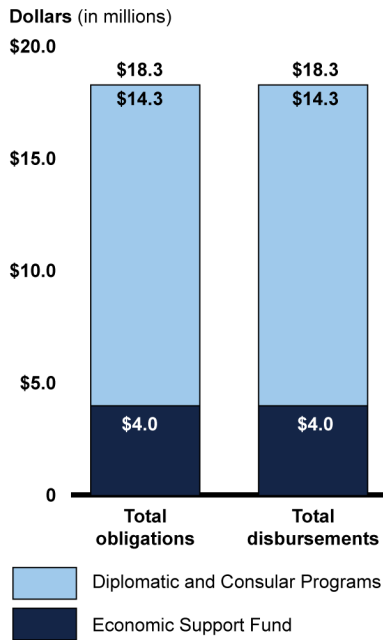
The \$211 million in Economic Support Fund obligations supported 56 USAID activities, as well as a \$78 million interagency transfer to CDC. The \$145.5 million in Global Health Programs obligations supported 25 activities and program support.¹⁴ Obligations for USAID-supported activities ranged from \$12,000 to \$37 million and included support for activities such as the procurement of insect repellent to assist pregnant women in avoiding Zika infection and strengthening the ability of civil society and community networks to disseminate information related to Zika. CDC supported 25 activities that ranged from \$276,000 to \$13.6 million, including activities such as collecting and analyzing public health data, conducting epidemiological studies to better understand the prevalence of Zika and related risk factors, building laboratory capacity, and providing training to conduct Zika virus testing.

As of September 30, 2018, State had obligated and disbursed more than three-quarters of funding available for the Zika response, from two accounts. State has two sources of funding for Zika response activities: \$4 million from a fiscal year 2015 supplemental Economic Support Fund appropriation for the Ebola response that was repurposed for the Zika response and about \$19.6 million provided in the Zika Response and Preparedness Appropriations Act, 2016, the majority of which was provided through the Diplomatic and Consular Programs account, for a total of about \$23.6 million.¹⁵ As of September 30, 2018, State had obligated and disbursed about \$18.3 million (almost 78 percent) from the Economic Support Fund and Diplomatic and Consular Programs accounts. See figure 5 for State Zika response funding obligations and disbursements by account.

¹⁴As of September 30, 2018, USAID had also obligated almost \$10 million from the Operating Expenses account to support activities. For example, Operating Expenses funds covered some expenses related to the procurement of mosquito repellents and condoms for Zika prevention. The funds were also used to help build and strengthen USAID staff capacity to effectively plan, implement, and monitor malaria and vector-borne disease control in countries where USAID operates.

¹⁵Under the Zika Response and Preparedness Appropriations Act, 2016, State was provided almost \$14.6 million through the Diplomatic and Consular Programs account, \$4 million through the Emergencies in Diplomatic and Consular Services account, and \$1 million through the Repatriation Loans Program account, for a total of almost \$19.6 million. In September 2017, State notified Congress of its intent to transfer the \$4 million from the Emergencies in Diplomatic and Consular Services account and \$870,000 from the Repatriation Loans Program account to the Diplomatic and Consular Programs account, to support an additional \$4,870,000 in Zika-related public diplomacy initiatives to be conducted by the Bureau of Oceans and International Environmental and Scientific Affairs.

Figure 5: Department of State (State) Obligations and Disbursements by Account for Zika Response Activities, as of September 30, 2018



Source: GAO analysis of State data. | GAO-19-356

Notes: State has two sources of funding for Zika response activities: \$4 million of fiscal year 2015 supplemental Economic Support Fund Ebola funding that was repurposed for the Zika response, and about \$19.5 million under the Diplomatic and Consular Programs account and \$130,000 under the Repatriation Loans Program account provided in the Zika Response and Preparedness Appropriations Act, 2016, for a total of \$23.6 million. State has not made any obligations or disbursements under the Repatriation Loans Program account, and therefore this account does not appear in the figure above.

Under the Zika Response and Preparedness Appropriations Act, 2016, State was provided almost \$14.6 million through the Diplomatic and Consular Programs account, \$4 million through the Emergencies in Diplomatic and Consular Services account, and \$1 million through the Repatriation Loans Program account, for a total of almost \$19.6 million. In September 2017, State notified Congress of its intent to transfer the \$4 million from the Emergencies in Diplomatic and Consular Services account and \$870,000 from the Repatriation Loans Program account to the Diplomatic and Consular Programs account. These transfers resulted in a total of \$19.5 million available under the Diplomatic and Consular Programs account and \$130,000 under the Repatriation Loans Program account.

The \$4 million in Economic Support Fund obligations supported research and development activities by the International Atomic Energy Agency to control disease-carrying mosquito populations. The \$14.3 million in Diplomatic and Consular Programs obligations supported activities including medical evacuations to protect the health of pregnant U.S. government personnel and eligible family members, mosquito abatement training and other measures to reduce Zika risk to overseas staff, as well as public diplomacy efforts to further inform journalists and the public about the U.S. response to Zika.

Agencies Did Not Track or Report Zika Funding by Country

In their reporting to Congress on the uses of Zika funds, USAID and State included some country information but did not track or provide information on funding uses broken down on a country basis. In October 2016, USAID and State submitted a consolidated report to the appropriations committees on the anticipated uses of funds made available to USAID and State by the Zika Response and Preparedness Appropriations Act, 2016, in response to a reporting requirement in Section 203 of the act.¹⁶ After the initial submission, the act required the agencies to update and submit the report to the committees on appropriations every 60 days until September 30, 2017. The initial report described ongoing Zika response activities in five countries as well as planned activities in additional countries. Subsequent reports listed specific countries where USAID and State supported Zika response activities. However, USAID and State did not provide information to Congress on the uses of funding appropriated by the Zika Response and Preparedness Appropriations Act, 2016, broken down by country. The reports also included obligation and disbursement information for the fiscal year 2015 supplemental Economic Support Fund Ebola funding that was repurposed for the international Zika response; however, similar to the information provided regarding the funds appropriated by the Zika Response and Preparedness

¹⁶Pub. L. No. 114-223, Div. B, Zika Response and Preparedness Appropriations Act, 2016, § 203, (Sept. 29, 2016).

Appropriations Act, 2016, the reports' information on the use of the repurposed Ebola funds was also not broken down by country.¹⁷

USAID officials told us that Zika activities were designed to be implemented on a regional and multicountry basis. While over 95 percent of all U.S. government funds available for the Zika response overseas were obligated by USAID, and the agency had a number of financial tracking systems in place, the agency did not take steps to record its funding by country at the outset of Zika response programming. Specifically, USAID officials noted that the contracts and grants the agency had signed with its implementing partners did not include provisions requiring partners to provide information to USAID that broke down their use of funds by country. Consequently, USAID was unable to track the uses of Zika funds on a country basis.

Federal internal control standards state that management should use and communicate the necessary quality information both internally and externally to achieve the entity's objectives and address related risks.¹⁸ According to USAID officials, tracking information on the uses of Zika response funding broken down by country would be helpful in the future for mission directors, chiefs of missions, and partner-country ministries of health, some of whom have requested this information. Moreover, data on USAID funding to address future infectious disease outbreaks if broken down by uses in each country could provide additional useful information to decision makers in assessing risks and planning responses. The ability to compile funding by country when responding to future infectious disease outbreaks would enable USAID to provide key decision makers, including Congress and agency officials, with additional information to

¹⁷While USAID and State provided information about the repurposed Ebola funds in the Zika reports, the reports indicated that the inclusion of that information was not required by the Zika Response and Preparedness Appropriations Act, 2016, which specifically required reporting on the use of funds made available by that act. The Zika reports noted that information about the repurposed Ebola funds could also be found in the agencies' Ebola reports; however, the information in the Ebola reports regarding the funds repurposed for the Zika response also did not include a breakdown of the use of those funds by country. The Ebola reports were created in response to a reporting requirement in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015, which appropriated funds to USAID and State for necessary expenses to assist countries affected by, or at risk of being affected by, the Ebola outbreak, among other things. See Pub. L. No. 113-235, Div. J, Title IX, § 9004 (Dec. 16, 2014).

¹⁸[GAO-14-704G](#).

better support spending oversight and inform budgetary and planning decisions.

USAID and State Supported a Broad Range of Activities in Response to Zika

USAID Supported Mosquito Control, Public Awareness, Capacity Building, and Research Activities

As part of the U.S. Zika response overseas, USAID provided assistance to several countries in the Caribbean, Central America, and South America and conducted a variety of activities related to mosquito control, public awareness, capacity building, and research.

Mosquito Control

In support of mosquito control, USAID's Zika AIRS Project (ZAP) conducted activities that included

- **Entomological monitoring:** collecting and reporting information on the location and population of mosquitoes;
- **Larviciding:** placing agents that kill mosquito eggs in likely breeding sites, such as water receptacles;
- **Source reduction interventions:** facilitating the removal or mitigation of likely breeding sites, such as tires, pots, barrels, or anything that may allow for standing water; and
- **Indoor residual spraying:** spraying insecticide that has a lasting effect in houses.

We observed mosquito control activities during our fieldwork. For example, in Honduras we followed a team as they went house to house to implement and facilitate mosquito control activities. They collected information from mosquito egg traps, which serve as indicator of breeding activity, and recorded it for monitoring purposes. They also examined the premises for potential mosquito breeding sites, treated susceptible areas such as wash basins with larvicide, and spoke with residents about picking up trash and covering outdoor plant pots to reduce potential breeding sites.

Figure 6: A Worker for a U.S. Agency for International Development Implementing Partner Puts Mosquito Larvicide in a Wash Basin in a House in Honduras



Source: GAO. | GAO-19-356

Public Awareness

To support raising public awareness of the risk of Zika virus and to promote behavior change to reduce the spread of the disease, USAID implementing partners such as the Red Cross and CARE told us that they collaborated with communities, local government, and schools to communicate information about Zika. For example, in Trinidad, the Red Cross conducted educational campaigns at schools to improve students' awareness. During our fieldwork, we observed a session led by adult volunteers during which children played games and engaged in discussions designed to teach Zika prevention and response methods. Implementing partners told us that the impact of such efforts extends beyond those reached directly; for example, they said the children who learned about Zika risks and prevention also conveyed the knowledge to their families, who in turn may pass it on to friends or others in the community.

Figure 7: School Children Participate in a Learning Activity Aimed at Promoting Awareness of Zika Risks and Prevention in Trinidad



Source: GAO. | GAO-19-356

In Peru, CARE worked with schools to develop written education guides for application in the classroom and conducted communication campaigns. During our fieldwork, we went to schools and observed students delivering oral presentations on Zika risks and prevention. In addition, we witnessed other student activities, such as classroom discussions and art projects focused on Zika, designed to demonstrate understanding, raise awareness, and promote behavior change.

Capacity Building

To support capacity building, the Applying Science to Strengthen and Improve Systems (ASSIST) activity, which USAID funding supported, focused on improving Zika-related health services. Specific efforts included conducting a baseline assessment of the quality of care, improving clinical guidelines, training health care providers, and implementing a quality improvement program. During our fieldwork in Honduras, we visited a hospital and met with ASSIST-supported health workers who told us that they applied new guidance in their practice, and as a result, improved care in areas including counseling, screening,

diagnosis, and follow-up of those affected by Zika. We also visited a hospital in Dominican Republic, where health care workers stated that they collaborated with ASSIST in responding to Zika by training staff and producing guidance materials. These activities raised awareness, increased prevention efforts, and improved care, according to health care workers.

Research

USAID supported research, training, and innovation activities through its “Grand Challenge” program as well as its interagency agreement with CDC. USAID launched a series of Grand Challenge efforts, providing \$30 million in grants to foster innovation on new methods and technologies to respond to Zika. One grant, for example, supported the World Mosquito Program’s research into the feasibility and effectiveness of infecting mosquitoes with bacteria to hinder transmission of the Zika virus. We visited the program’s operations in Colombia, met with scientists, and observed the breeding lab.

Figure 8: The World Mosquito Program Breeds Mosquitoes Harboring Bacteria to Test the Feasibility of Hindering Transmission of the Zika Virus



Source: GAO. | GAO-19-356

Program scientists told us that initial efforts have been promising and that if more tests prove successful, the potential for reducing Zika transmission could be significant. Another USAID Grand Challenge grant supports research into the possible use of genetically modified yeast to prevent mosquito eggs from hatching. We spoke with scientists, lab technicians, and viewed facilities supported by this grant in Trinidad during our field work. Scientists stated that yeast attracts mosquitoes and is inexpensive, commonly available, and environmentally friendly. Testing is ongoing, but if successful, the approach could help reduce populations of mosquitoes in critical areas, according to the scientists.

The USAID–CDC interagency agreement identifies a range of activities that involve technical assistance to help strengthen surveillance, emergency operations and management, and epidemiological investigations and research. One CDC activity, for example, focuses on supporting public health surveillance and epidemiological studies to better understand the prevalence and risk factors for severe health outcomes related to Zika. Another activity aims to build laboratory capacity in areas such as Zika diagnostic test production and distribution. In addition, the objectives of CDC’s Field Epidemiology Training Program are to train qualified professionals, build sustainable capacity for detecting and responding to health threats, and develop in-country expertise so that disease outbreaks can be detected locally and prevented from spreading. In Dominican Republic, CDC officials told us that this program delivers 3 months of classroom and field project training, and that as of August 2018, four cohorts of approximately 80 students each had completed the training. CDC officials told us that in addition to implementing various activities, CDC’s Central America Regional Office in Guatemala played an important role in facilitating U.S. government cooperation with Colombia, which had the second largest outbreak of Zika after Brazil.

Implementing Partners Reported Various Results from Selected Activities

We reviewed status reports for six USAID activities that received among the highest amounts of funding, and each identified various results. Below, we describe the activities and examples of reported results. For more information, see appendix II.

- **ASSIST:** This activity sought to strengthen Zika-related health services and systems in Latin America and the Caribbean with a focus on pregnant women, newborns, and women of reproductive age. ASSIST reported that it conducted virtual and in-person training, courses, and workshops on Zika prevention, diagnosis, and care. ASSIST also reported that 8,133 health care workers had been

trained as of March 2017, and that its efforts had supported the development of Zika care protocols and guidelines with a new emphasis on clinical care and support for affected infants and families. ASSIST further reported that through March 2018, 75 percent of children affected by Zika in Dominican Republic received specialized care at Hospital Infantil Robert Reid Cabral, an ASSIST-supported hospital in the capital, Santo Domingo.

- **Red Cross:** This activity aimed to reduce risks associated with Zika infection through community involvement, sharing lessons learned, and improving practices. The Red Cross reported that its communication efforts reached approximately 3,000 students, 29 communities, and almost 140,000 people via TV, radio, and social media engagement, providing them with information on risk and protection methods.
- **Zika AIRS Project (ZAP):** This is a mosquito control activity focused on reducing Zika transmission in Latin America and the Caribbean. Specific activities supported by USAID funding included entomological monitoring, larviciding, source reduction interventions, and indoor residual spraying. ZAP reported that five countries (El Salvador, Guatemala, Haiti, Honduras, and Jamaica) implemented comprehensive mosquito control activities.
- **Population Services International:** The purpose of this activity was to improve the capacity and raise awareness of people in countries affected by and at risk of Zika and other vector-borne diseases. Population Services International reported that through March 2018, 35 health providers in Dominican Republic, El Salvador, and Guatemala had been trained in raising awareness about Zika prevention and the use of printed educational materials. In addition, 1,006 pregnant women received counseling on Zika prevention, and 967 received prevention kits containing condoms, mosquito repellent, and printed educational materials. Additionally, 227 pharmacy attendants from 195 pharmacies received information on Zika prevention.
- **Save the Children's Community Action on Zika (CAZ):** The goal of this project was to reduce Zika transmission and minimize the risk of Zika-related microcephaly and other neurological disorders. The project focused on helping the most vulnerable through community-based prevention strategies in Colombia, Dominican Republic, and three Central American countries. CAZ reported that it had reached approximately 65,000 students and trained 3,838 community agents and volunteers who supported efforts to strengthen the capacity to prevent Zika in 921 communities.

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- **United Nations Children’s Fund (UNICEF):** This activity focused primarily on four countries: Guatemala, El Salvador, Honduras, and Dominican Republic. UNICEF worked to promote the adoption of prevention behaviors among at-risk populations through actions to raise awareness at multiple levels: individual, interpersonal, community, institutional, and national policy levels. UNICEF reported that these efforts reached more than 5.5 million people with key risk-communication messages and more than 150,000 people through coordinated social mobilization and person-to-person communication. For example, in Guatemala, UNICEF worked with a local partner to train young people and adolescents in schools and social groups to lead prevention activities in their communities. Moreover, around 25,000 pregnant women benefited from counseling sessions on Zika-prevention behaviors.

State Conducted Public Awareness Initiatives and Medical Evacuations

In response to Zika, State conducted public awareness and communication initiatives, medical evacuations for overseas staff, and other activities. According to a State official, State conducted Zika-related public outreach to U.S. citizens abroad through social media and the Smart Traveler Enrollment Program, a service that provides information from U.S. embassies about local safety conditions. According to a State official, State also implemented public diplomacy activities related to Zika awareness and communication. For example, one activity aimed to raise awareness of vector-borne diseases such as Zika and collect information on insect breeding grounds. Another supported the addition of a science envoy who focused specifically on Zika and mosquito-borne diseases. In addition, according to a State official, State conducted Zika-related medical evacuations as part of those normally offered to female staff who became pregnant while serving abroad. State’s medical services division also supported overseas posts by purchasing and distributing mosquito repellent. State officials also told us that they coordinated Zika response efforts internally and externally. For example, State participated in a U.S. government interagency group led by CDC to exchange information on Zika and coordinated with other agencies on the response effort.

USAID Took Steps to Address Sustainability Challenge but Only Partially Mitigated Challenge to Timely Implementation

Over the course of our fieldwork, USAID and implementing partner officials identified two key challenges to the implementation of Zika response activities. The first was the long-term sustainability of Zika response activities. The second was the timely implementation of Zika response activities in countries without bilateral USAID health programs. While USAID took steps to address the challenge related to sustainability, it only partially mitigated the challenge to timely implementation of Zika response activities in countries without bilateral USAID health programs.

USAID Implementing Partners Aligned Their Activities with Host Governments and Involved Local Communities to Address Sustainability Challenge

Agency and implementing partner officials identified the sustainability of Zika response efforts as a key challenge. While USAID did not intend to continue U.S. Zika response activities after the one-time emergency funding, sustainability was a consideration and posed a challenge due to the short implementation time frame, according to agency and implementing partner officials. One official further elaborated that Zika funding efforts occurred during the acute phase of the outbreak, which made it difficult to focus on long-term needs. For example, an implementing partner said that Zika-affected children require long-term care that host country governments may not be able to support after U.S. assistance ends. In addition, host country government officials, U.S. government officials, and implementing partners said that some Zika activities may not be sustainable after U.S. assistance is finished due to a lack of funds and limited capacity to continue the work.

To address this challenge and support the long-term continuation of Zika response activities, implementing partners aligned their activities with those of host country governments and other organizations. Implementing partners reported working with governments and other organizations to incorporate Zika activities into their plans and practices so they could continue over the long term. One implementing partner and the Dominican Republic's Ministry of Health, for example, planned mosquito control efforts together, and a Ministry of Health official said they intend to continue those control efforts after the end of Zika funding. Implementing partners in various countries also stated that Zika activities brought broader benefits to mosquito control, disability services, maternal health care, surveillance efforts, and emergency preparedness, which facilitated partners' efforts to align their Zika response activities. For example, an implementing partner reported using Zika funding to develop organizational guidelines for treating Zika-affected children, which will be

used by the health care system in Dominican Republic to treat children with related disabilities in the long term. According to some implementing partners in countries we visited, they developed Zika protocols and guidelines in response to new scientific information, trained government and other personnel on the protocols, and worked with officials of host country governments and other organizations to encourage adoption of Zika activities. For example, according to an agency official, an implementing partner in Peru developed a curriculum for epidemiologists and trained them on how to detect and contain mosquito-borne diseases, such as Zika. The agency official said that the implementing partner shared the training curriculum and materials with Peru's Ministry of Health so it could continue the trainings after the end of Zika funding.

According to implementing partners, they also involved local communities in activities to increase community ownership and address sustainability. For example, an implementing partner official said they trained a cadre of community volunteers in Guatemala and El Salvador on behavior change practices so that they can continue activities after the end of Zika funding. In addition, implementing partner officials said that engaging with communities to learn about needs and resources is important to continued community interest in activities. For example, an implementing partner that works with communities on health priorities developed an approach that includes a toolkit for identifying a community's specific risks for Zika and the efforts best suited to helping the community eradicate mosquito breeding sites. In places affected by violence, some implementing partners engaged with communities to better understand how to prioritize community worker and volunteer safety to enable the continuation of activities. For example, an implementing partner in Guatemala engaged with local communities to understand areas they recommended health workers avoid due to safety concerns.

USAID Only Partially Mitigated the Challenge to Timely Implementation in Some Countries Where It Did Not Have Health Programs

Agency and implementing partner officials described timely implementation of activities in some countries without bilateral USAID health programs as a second key challenge.¹⁹ Twenty-two out of the 26 countries where USAID implemented its Zika response activities were countries without bilateral USAID health programs. USAID officials stated that, as a result, there were no USAID health program officials present in these countries to build on relationships with host country health officials and help facilitate the start of implementing partners' activities during the Zika response. USAID officials noted two reasons that working with host country governments took time. First, some U.S. Zika response activities started after a decline in Zika cases, when some host country governments were no longer as focused on countering the disease. Implementing partners responded to this situation by identifying related health service improvements that could stem from implementing a Zika response and were of interest to the host country governments. Second, agency and implementing partner officials said that in some countries without bilateral USAID health programs it also took time to identify the appropriate points of contact and establish relationships—preliminary steps needed to obtain approval from the host country government before activities could get underway. According to USAID officials, these relationships are critical to navigating bureaucratic systems and assist in designing activities that meet the needs of host country governments and communities, which are needed for timely implementation.

USAID took some steps to address the timely implementation challenge in countries without bilateral health programs. For example, according to USAID officials, USAID worked with multilateral partners that had a health presence in those countries and relied on regional field-based Zika coordinators to build relationships with in-country points of contact. As noted above, however, agency officials indicated that Zika response activities took additional time to deploy in some of the countries without bilateral USAID health programs. Further, implementing partners reported it took additional time to start up activities in those countries because of the time it took to obtain approval for them from the ministries of health. For example, one implementing partner reported that activity startup was postponed for nearly 3 months until it received approval from the host

¹⁹Over the last several years, USAID has transitioned out of providing assistance in the health sector when it determines that a country can sustain health progress without depending on foreign aid. For the purposes of this report, we refer to this transition as “countries without bilateral health programs.”

country government. Another implementing partner said it was a challenge to get information on Zika from the host country government or establish dialogue until USAID officials became involved. USAID officials also said that efforts to start and integrate Zika response activities in countries with ongoing USAID health programs did not face a number of the obstacles to timely implementation experienced in countries without bilateral USAID health programs.

According to federal internal control standards, agencies should design control activities, such as a plan, to achieve their objectives and address related risks, such as the challenge related to timely implementation.²⁰ In an effort to enhance its planning for outbreaks, USAID developed an infectious disease response plan in July 2018 during the time frame of our review. However, the plan does not provide specific guidance on how to address the challenge of initiating emergency response activities in countries without bilateral USAID health programs, such as by noting particular practices that implementing partners and other officials can use to address that challenge. For example, our fieldwork and interviews with USAID officials indicate that the following may be helpful practices for infectious disease response:

- Immediately establish an in-country working group that includes implementing partners, host country government officials, and U.S. government officials to help initiate and coordinate outbreak response.
- Communicate a current list of health ministry and other relevant government officials to implementing partners and other officials so they can quickly identify the appropriate points of contact.

According to USAID officials, USAID missions maintain regular contact with host country governments, maintain contact lists, and participate in coordination meetings. However, in the case of overseas Zika response, some implementing partner officials in the field told us that they did not initially know who to contact in the host country government. Likewise, a host country government official told us that a working group on Zika outbreak response was not established until after officials recognized that implementing partner and host country government officials did not have regular channels of communication. By taking steps to improve planning for countries without bilateral USAID health programs—such as by adding specific guidance for initiating emergency response activities in such

²⁰[GAO-14-704G](#).

countries to its July 2018 plan—USAID would be better positioned to quickly build relationships with health ministry and other key government officials in host countries and thus be better able to provide a timely infectious disease response to future outbreaks.

Conclusions

The Zika virus quickly spread to dozens of countries in 2015 and 2016, prompting WHO to declare the virus and associated health risks an international public health emergency. As future infectious disease outbreaks arise, Congress will be called on to fund overseas response efforts, as it did with the Zika outbreak, and USAID is likely once again to play a vital role in those efforts. Because USAID did not provide key decision makers with information on how Zika funding was distributed across the various countries where it conducted response activities, decision makers lack visibility into a key aspect of the overall U.S. Zika response overseas. The ability to compile this information by country when responding to future infectious disease outbreaks would enable USAID to provide key decision makers, including Congress and agency officials, with additional information to better support spending oversight and inform budgetary and planning decisions.

Further, while USAID took steps to address the challenge of sustaining Zika response activities over the long term, it did not fully mitigate the challenge of timely implementation of activities in countries without bilateral USAID health programs. As a result, the agency's response to Zika took additional time in some countries without bilateral USAID health programs. Infectious disease response planning that addresses countries without bilateral USAID health programs would better position USAID to quickly respond to infectious disease outbreaks, such as Zika, whenever the need arises.

Recommendations for Executive Action

We are making the following two recommendations to USAID:

- The Administrator of USAID should take steps to ensure that, in responding to future public health emergencies of international concern, the agency is able to compile funding information broken down by country. (Recommendation 1)
- The Administrator of USAID should take steps to improve its infectious disease response planning to address the challenge of initiating response activities in countries without bilateral USAID health programs in a timely manner. (Recommendation 2)

Agency Comments and Our Evaluation

We provided a draft of this report to USAID, State, and CDC for review and comment. USAID provided written comments, which we have reproduced in appendix III. In its comments, USAID agreed with our findings and recommendations and identified a number of actions it plans to take in response. Specifically, USAID stated that in responding to future public health emergencies of international concern, it plans to compile and report on funding by country. USAID also outlined the steps it plans to take to develop additional guidance for USAID officials in countries without bilateral health programs. State and CDC did not provide formal responses. CDC provided technical comments, which we incorporated throughout the report, as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Administrator of USAID, the Secretaries of State and of Health and Human Services, and to other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>

If you or your staff have any questions about this report, please contact me at (202) 512-3149 or gootnickd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.



David B. Gootnick, Director
International Affairs and Trade

Appendix I: Objectives, Scope, and Methodology

The Zika Response and Preparedness Appropriations Act, 2016, included a provision for us to review the status of U.S. Agency for International Development (USAID) and Department of State (State) actions to respond to Zika.¹ In this report, we examine (1) the status of USAID and State funding for the U.S. Zika response overseas, (2) activities supported by these funds, and (3) challenges, if any, to implementing Zika response activities and actions taken to address any challenges.

To examine the status of funding for U.S. Zika response overseas, we reviewed USAID and State's reports to the Senate and House Committees on Appropriations mandated by Section 203 of the Zika Response and Preparedness Appropriations Act, 2016.² We reviewed agency reporting submitted to Congress and discussed the reports with agency officials. We also reviewed USAID and State's reports to the Senate and House Committees on Appropriations mandated by the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2015.³ We obtained additional funding and activity information from USAID covering a period beyond that included in the reports to Congress.⁴ We reviewed the interagency agreement between USAID and the Centers for Disease Control and Prevention (CDC), outlining the CDC's Zika response activities supported by \$78 million in funds USAID obligated to CDC. We also obtained additional funding data from CDC and interviewed CDC officials to discuss the status of the agencies' obligations and disbursements for Zika response activities. We analyzed USAID's and State's obligations and disbursements that the agencies reported as supporting the U.S. Zika response overseas, as of September 30, 2018. We analyzed agency obligations and disbursements

¹Pub. L. No. 114-223, Div. B, Zika Response and Preparedness Appropriations Act, 2016, §204, (Sept. 29, 2016).

²On October 28, 2016, USAID and State submitted a consolidated report to the appropriations committees on the anticipated uses of funds appropriated in the Zika Response and Preparedness Appropriations Act, 2016, as required by the act. USAID and State also submitted periodic updates to this report.

³While USAID and State provided information about repurposed Ebola funds in the Zika reports, the reports indicated that the inclusion of that information was not required by the Zika Response and Preparedness Appropriations Act, 2016, and noted that information about the repurposed Ebola funds could also be found in the agencies' Ebola reports. We reviewed USAID and State's Ebola reports submitted to Congress from April 2016 to September 2017 and discussed the contents of subsequent reports with agency officials.

⁴USAID and State's consolidated reports to Congress contained funding and activity information through September 30, 2017. We obtained additional data directly from USAID and State covering funding information through September 2018.

across agency bureaus, funding accounts, and activities for the Zika response.

Additionally, we interviewed officials from USAID and State to discuss the agencies' obligations and disbursements for Zika response activities. We then reviewed the funding data and related documentation and consulted with USAID and State officials on the accuracy and completeness of the data. In the small number of instances where we identified potential issues or inconsistencies in the data, we contacted relevant agency officials and obtained information from them necessary to resolve the discrepancies. We assessed USAID's tracking of funding data against federal internal control standards related to using quality information.⁵ We also utilized information from data reliability assessments for two recent GAO reports that utilized funding data from the same USAID and State systems.⁶ We determined that the data we used were sufficiently reliable for our purposes of examining USAID's and State's obligations and disbursements of the funds.

To examine activities that USAID and State implemented in response to Zika overseas, we conducted fieldwork, analyzed agency documents, and interviewed officials. We examined the status and progress related to Zika response activities. We conducted a teleconference with officials in Haiti and El Salvador and conducted fieldwork in Barbados, Colombia, Dominican Republic, Guatemala, Honduras, Peru, and Trinidad and Tobago. We selected these countries based on the following criteria: (1) geographic diversity to include the Caribbean, Central America, and South America; (2) coverage of the main lines of effort (mosquito control, public awareness, capacity building, and research); and (3) the presence of activities under way that accounted for a significant portion of funding. During our fieldwork, we interviewed agency officials who played a role in Zika response activities, which included officials from State, USAID, and CDC. We also interviewed host government officials, implementing partners, health care workers, community volunteers, and researchers. In addition, we visited offices, toured facilities, and observed operations. We

⁵GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 2014).

⁶GAO, *Ebola Recovery: USAID Has Initiated or Completed Most Projects, but a Complete Project Inventory Is Still Needed for Evaluating Its Efforts*, [GAO-18-350](#) (Washington, D.C.: Mar. 28, 2018) and *Emergency Funding for Ebola Response: Some USAID Reimbursements Did Not Comply with Legislative Requirements and Need to Be Reversed*, [GAO-17-35](#) (Washington, D.C.: Nov. 2, 2016).

also attended a conference in Guatemala that addressed topics including status, successes, challenges, and lessons learned related to USAID's Zika response. We reviewed agency documents describing the plans and goals of activities. We also analyzed progress reports of six activities to provide illustrative examples of results. We selected activities from those with among with the highest amounts of funding and that together represented approximately 33 percent of all USAID funding for Zika response and a range of countries, lines of effort, and types of implementing partners (such as nongovernmental organizations and international organizations). The sample is not generalizable to all of USAID's Zika response activities.

To examine challenges, if any, to implementing Zika response activities and actions taken to address any challenges, we interviewed U.S. government officials, USAID implementing partners, and host government officials, and we analyzed progress reports from selected USAID-funded Zika response activities. We identified key challenges based on the nature of the description and the degree to which a diversity of interviewees and documents made mention of them. We reviewed USAID policy, USAID's infectious disease response plan, federal internal controls, implementing partner progress reports, and interviews with officials to determine what agencies did to address these challenges. We assessed USAID's infectious disease response plan against relevant federal internal control standards.⁷

We conducted this performance audit from December 2017 to May 2019 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate, evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁷[GAO-14-704G](#).

Appendix II: Illustrative Examples of Results for Selected Zika Response Activities

To provide illustrative examples of the results of Zika response activities funded by the U.S. Agency for International Development (USAID), we analyzed implementing partners' progress reports for a sample of six activities. We selected activities from those with among the highest amounts of funding and that together represented approximately 33 percent of all USAID funding for Zika response and a range of countries, lines of effort, and types of implementing partners (such as nongovernmental organizations and international organizations). Quantitative figures related to individual indicators listed below reflect the targeted population of the activity. Start dates and funding information provided below reflect the date of the report to Congress in which the activity first appeared and the associated funds obligated. The sample is not generalizable to all USAID's Zika response activities.

Applying Science to Strengthen and Improve Systems

Table 1 presents the progress on key indicators as of March 2018 reported to USAID by the Applying Science to Strengthen and Improve Systems activity. The aim of the activity was to strengthen Zika-related health services and systems in Latin America and the Caribbean with a focus on pregnant women, newborns, and women of reproductive age.

**Appendix II: Illustrative Examples of Results
for Selected Zika Response Activities**

Start Date: November 2016
USAID Funding Provided: \$15,000,000

Table 1: Indicators Reported to USAID by the Applying Science to Strengthen and Improve Systems Activity, as of March 2018

Key indicator	Number
Number of health care providers who treat family planning users, pregnant women, and mothers of newborns who are trained to provide Zika counseling	3,351
Number of affected individuals referred to psychosocial support services	Data not available
Number of babies born with suspected or confirmed microcephaly or Congenital Syndrome associated with Zika who are referred to appropriate clinical care services according to national norms	Data not available
	Percentage
Percentage of pregnant women who are given condoms for Zika protection during antenatal care sessions	79
Percentage of pregnant women who receive counseling on prevention of Zika virus transmission during antenatal care sessions	91
Percentage of completion of counseling criteria during family planning, antenatal care, and postpartum consultations, as set forth in the Zika Counseling Guide	87
Percentage of women (pregnant women, mothers of newborns, women of reproductive age) who can identify both the risk of Zika sexual transmission and the use of condoms as a preventative measure	85
Percentage of pregnant women who are screened properly for Zika signs and symptoms during antenatal care sessions	83
Percentage of newborns who are properly evaluated for microcephaly	77
Percentage of infants with suspected or confirmed microcephaly or congenital syndrome associated with Zika who receive appropriate clinical care according to age milestones in accordance with the national norms	Data not available
Percentage of affected individuals, including pregnant women with suspected Zika virus infection and mothers of infants with microcephaly or congenital syndrome associated with Zika, who are attended to by a provider trained in psycho-emotional support during each visit to the health care facility	Data not available

Source: GAO analysis of U.S. Agency for International Development (USAID) implementing partner progress report. | GAO-19-356

**International
Federation of Red
Cross and Red
Crescent Societies
Global Health**

Table 2 presents the progress on key indicators as of May 2018 reported to USAID by the International Federation of Red Cross and Red Crescent Societies Global Health activity. The activity aimed to reduce risks associated with Zika infection through promoting community involvement, sharing lessons learned, and improving practices.

**Appendix II: Illustrative Examples of Results
for Selected Zika Response Activities**

Start Date: November 2016
USAID Funding Provided: \$4,860,563

Table 2: Indicators Reported to USAID by the International Federation of Red Cross and Red Crescent Societies Global Health Activity, as of May 2018

Indicator	Number
Communities with improved information about risks	67
Communities accessing educational materials	54
Students reached via school activities including Zika clubs, awareness campaigns	14,123
Individuals of reproductive age who identify preventative measures	8,362
Individuals of reproductive age who received messaging through TV, radio, and social media engagement	109,570
Community clean-up campaigns	43
Communities with reduced breeding sites	24
Households that have taken one action within the last month to prevent Zika infection	6,011
Pregnant women in targeted facilities who receive Zika counseling or information	3,665

Source: GAO analysis of U.S. Agency for International Development (USAID) implementing partner progress report. | GAO-19-356

United Nations International Children’s Emergency Fund

Table 3 presents the progress on key indicators as of March 2018 reported to USAID by the United Nations International Children’s Emergency Fund activity. The activity aimed to promote the adoption of prevention behaviors among at-risk populations through actions targeting multiple levels of their environment: individual, interpersonal, community, institutional, and national policy levels.

**Appendix II: Illustrative Examples of Results
for Selected Zika Response Activities**

Start Date: November 2016
USAID Funding Provided: \$10,000,000

Table 3: Indicators Reported to USAID by the United Nations International Children’s Emergency Fund Activity, as of March 2018

Indicator	Number
Number of pregnant women benefited with quality counselling sessions to prevent Zika virus infection	24,475
Number of territories (departments/municipalities) in the region reporting the implementation of plans with Zika response components	45
Number of target population reached with key risk communication messages through multiple communication channels	5,577,085
Number of target population reached with social mobilization and interpersonal communication at Zika virus prevention sessions	155,113
Number of children and adolescents trained in Zika virus transmission, prevention measures, and consequences	50,479
Number of families with children affected by Zika Congenital Syndrome benefiting with nonclinical care and support interventions	301
Number of providers trained in family-focused early intervention services for young children affected by Zika syndrome	1,661

Source: GAO analysis of U.S. Agency for International Development (USAID) implementing partner progress report. | GAO-19-356

Save the Children Community Action on Zika

Table 4 presents the progress on key indicators as of September 2017 reported to USAID by the Save the Children Community Action on Zika project. The goal of the project was to reduce Zika transmission and minimize the risk of Zika-related microcephaly and other neurological disorders among the most vulnerable through community-based prevention strategies.

**Appendix II: Illustrative Examples of Results
for Selected Zika Response Activities**

Start Date: November 2016
USAID Funding Provided: \$5,061,957

Table 4: Indicators Reported to USAID by the Save the Children Community Action on Zika Project, as of September 2017

Indicator	Percentage or number
Percentage of women of reproductive age who report applying key Zika protective practices	48.70
Percentage of communities that show capacity for surveillance, prevention, and control of Zika virus disease and care and support of affected infants	47
Percentage of communities that show capacity for surveillance of Zika virus disease and vector	71
Percentage of communities that show capacity for prevention and control of Zika virus disease	48
Percentage of communities that show capacity for care and support of affected infants	52
Percentage of women of reproductive age who report implementing personal preventive measures to avoid Zika virus infection	15.80
Percentage women of reproductive age who recognize Zika risk, prevention, and transmission	49.90
Percentage and number of women of reproductive age reporting that condoms & other contraceptives are available at their local health facilities	62.50
Number of volunteers trained in community-based vector control	4,331
Number of students informed about Zika prevention and control	64,898
Number of community members participating in clean-up campaigns	76,448
Number of target population provided with Zika key risk communication messages	342,082
Number of pregnant women informed on Zika	2,870
Number of communities with community plans for the prevention and control of Zika	599
Number of communities with members actively participating in vector and/or case surveillance activities	558
Number of children and adolescents participating as agents of social mobilization at community level	7,103
Number of community volunteers with community-based surveillance reporting cases and suspected cases of Zika	1,073
Number of community volunteers with community-based surveillance reporting vector positive breeding sites	2,612
Number Zika events that involve families, schools, local governments, or community organizations	2,346
	Percentage and number of communities
Percentage and number of communities engaged in vector control activities	62 568 communities
Percentage and number of schools which have implemented breeding site elimination campaigns with participation from school children	60 252 schools
Percentage and number of communities which have implemented breeding site elimination campaigns	65 597 communities

**Appendix II: Illustrative Examples of Results
for Selected Zika Response Activities**

Indicator	Percentage or number
Percentage and number of communities with a Zika risk communication strategy	Percentage and number of communities 53 479 communities
Percentage and number of communities with a Zika implementation plan	62 569 communities

Source: GAO analysis of U.S. Agency for International Development (USAID) implementing partner progress report. | GAO-19-356

Population Services International

Table 5 presents the progress on an illustrative selection of key indicators, by objective, as of March 2018 reported to USAID by the Population Services International activity. The purpose of the activity was to improve the capacity and raise awareness of people in countries affected by and at risk of Zika and other vector-borne diseases.

**Appendix II: Illustrative Examples of Results
for Selected Zika Response Activities**

Start Date: November 2016
USAID Funding Provided: \$3,500,000

Table 5: Illustrative Selection of Indicators, by Objective, Reported to USAID by the Population Services International Activity, as of March 2018

Objective and illustrative indicator	Number
Objective 1.1: Increased use of personal safeguards, including the voluntary use of family planning and condoms to prevent unintended pregnancy and sexual transmission of Zika among women of reproductive age, pregnant women, and their sexual partners Number of users who participated in online outreach for Zika prevention	3,956
Objective 1.2: Developed body of evidence regarding target communities' knowledge about Zika transmission and prevention seeking behavior to strengthen social and behavior change communication messaging and program responses at the community, regional, and national levels Total sample of participants in study to measure recall and affinity for key messages from Zika campaign	1,254
Objective 2.1: Increased provider knowledge about Zika and increased number of private health service providers who incorporate Zika counseling into integrated sexual and reproductive health services Pregnant women who received counseling on Zika prevention	1,006
Objective 2.2: Increased youth and adolescent knowledge about Zika and increased number of public educational institutions that incorporate Zika counseling into integrated sexual and reproductive health services. Teachers and health ministry authorities participating in meeting in Honduras to share experiences from the first year of project implementation and learn updated information about Zika prevention	145

Source: GAO analysis of U.S. Agency for International Development (USAID) implementing partner progress report. | GAO-19-356

Note: Because the set of key indicators is long and varied for this activity, we list an illustrative selection.

Zika AIRS Project (ZAP)

Table 6 presents illustrative examples of accomplishments as of March 2018 reported to USAID by the Zika AIRS Project (ZAP). This was a mosquito control project focused on reducing Zika transmission in Latin America and the Caribbean. Specific activities included entomological monitoring, larviciding, source reduction interventions, and indoor residual spraying.

**Appendix II: Illustrative Examples of Results
for Selected Zika Response Activities**

Start Date: November 2016
USAID Funding Provided: \$20,000,000

Table 6: Illustrative Examples of Accomplishments Reported to USAID by the Zika AIRS Project (ZAP), as of March 2018

ZAP country teams collaborated extensively with Ministry of Health counterparts in each country, not only in planning and implementing ZAP activities, but also in exploring ways in which the project could support sustained efforts.

Five countries implemented comprehensive vector control activities, combining source reduction through environmental management and routine larviciding with *Bacillus thuringiensis israelensis*.

Six countries conducted routine entomological monitoring, including adult mosquito collection, egg collection, and larvae/pupae surveys.

New and innovative vector control methods were piloted in selected ZAP countries, including a pilot in Dominican Republic on the use of lethal ovitraps as a method of both entomological monitoring and vector control.

ZAP has reinforced a focus on learning across the project during this reporting period, and cross-country learning through several south-to-south technical assistance trips during which ZAP staff have shared best practices and innovations.

Source: GAO analysis of U.S. Agency for International Development (USAID) implementing partner progress report. | GAO-19-356

Note: Because accomplishments reported varied for this activity, we list an illustrative selection.

Appendix III: Comments from the U.S. Agency for International Development



David B. Gootnick
U.S. Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20226

Re: EMERGENCY ASSISTANCE FOR ZIKA: USAID Supported Activities Overseas but Could Improve Funds Tracking and Response Planning (GAO-19-356)

Dear Mr. Gootnick:

I am pleased to provide the formal response from the U.S. Agency for International Development (USAID) to the draft report produced by the U.S. Government Accountability Office (GAO) titled, "*EMERGENCY ASSISTANCE FOR ZIKA: USAID Supported Activities Overseas but Could Improve Funds Tracking and Response Planning*," (GAO-19-356).


The International Health Regulations (2005) (IHRs) define a "Public Health Emergency of International Concern" (PHEIC) as "an extraordinary event which is determined ... to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response." The Director-General of the World Health Organization (WHO) has only declared four PHEICs since the IHRs entered into force on June 15, 2007: H1N1 Influenza, in 2009; Poliomyelitis, in 2014; Ebola, in 2014; and Zika Virus, in 2016. USAID has gained extraordinary knowledge as a result of the unprecedented battle to contain Ebola and Zika, and is committed to strengthening the aspects of reporting and coordination highlighted by the GAO, particularly the Agency's policies and practices to prepare for, respond to, and learn from public health crises around the globe, including PHEICs.

USAID must point out, however, that some challenges identified by the GAO in the draft report depend on international actions beyond the Agency's control. Responding to a PHEIC is not the purview of USAID or the U.S. Government alone, but is a shared global responsibility. USAID is committed to strengthening our emergency-response coordination by institutionalizing the Agency's logistical support for temporary Task Forces through the creation of a new Task-Force Readiness Unit (TFRU) within the Bureau for Management (M), as outlined in the Congressional Notification for the M Bureau under our Transformation. We hope for Congress's support in establishing this new Unit to respond even more efficiently to emergencies across the world.

**Appendix III: Comments from the U.S. Agency
for International Development**

I am transmitting this letter and the enclosed USAID comments for incorporation as an appendix to the GAO's final report. Thank you for the opportunity to respond to the draft report, and for the courtesies extended by your staff while conducting this engagement. We appreciate the opportunity to participate in the complete and thorough review of our programs. As an Agency, we believe the GAO's engagements provide a valuable opportunity to assess and improve upon our policies, procedures, and programs.

Sincerely,



Angelique M. Crumbly
Acting Assistant Administrator
Bureau for Management

Enclosure: a/s

**COMMENTS BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
ON THE DRAFT REPORT PRODUCED BY THE U.S. GOVERNMENT
ACCOUNTABILITY OFFICE (GAO) TITLED: “EMERGENCY ASSISTANCE FOR
ZIKA: USAID Supported Activities Overseas but Could Improve Funds Tracking and
Response Planning” (GAO-19-356)**

The U.S. Agency for International Development (USAID) would like to thank the GAO for the opportunity to respond to this draft report. We appreciate the extensive work of the GAO engagement team and the specific findings that will help USAID achieve greater effectiveness in future public health emergencies.

USAID worked closely with partners across the U.S. Government to implement a collective response to the outbreak of Zika outbreak that aimed to minimize the number of pregnancies affected by the virus. Together, U.S. Government Departments and Agencies undertook surveillance efforts to identify the progression of Zika, diagnose infections when they occurred, provide care and support for pregnant women identified as having contracted the Zika virus and their affected babies, and take efforts to prevent further infections.

The base of scientific knowledge regarding the Zika virus was evolving as USAID partners were implementing their programs. For example, when the Director-General of the World Health Organization (WHO) declared Zika a Public Health Emergency of International Concern (PHEIC) in 2016, the scientific community was unaware of the relative risk of sexual transmission of the virus. As that knowledge emerged, USAID worked with our implementers to adjust programs to target efforts toward both pregnant women and their partners.

USAID has a long history of funding health programs in countries in Latin America and the Caribbean, which allowed the Agency to provide technical assistance to Ministries of Health and health providers to ensure they could respond to changing circumstances when Zika arrived in this Hemisphere. We know that in many of these countries, social, demographic, and geographic inequities exist, and infectious-disease outbreaks, economic shocks, or political crises can easily damage hard-wrought gains.

USAID’s response to Zika sought to support and strengthen local institutions, including those responsible for ensuring pregnant women have access to high-quality prenatal care. We ensured that our short-term focus on minimizing the negative pregnancy outcomes associated with Zika infection strengthened, rather than undermined, training, curricula, and the delivery of broader health care. The Agency improved the quality of Zika-related prevention and care through both public- and private-sector delivery channels, and also by engaging vulnerable communities to reduce the risk of Zika infection in pregnant women. USAID’s response focused on four interconnected lines of effort: Innovation; Vector-Control; Social and Behavior-Change Communication; and Service-Delivery related to voluntary family planning, antenatal and postnatal care, and early-childhood development and care for families with infants affected by Zika.

USAID designed its Zika program to implement it strategically through regional programs managed from Washington. This was both expedient, because it allowed for the rapid mobilization of funds across all the key lines of technical effort, and provided the necessary operational and programmatic flexibility needed to address a rapidly expanding outbreak across multiple countries in Latin America and the Caribbean.

To design the response to Zika, USAID adapted lessons learned in mobilizing and managing resources for the outbreak of Ebola in West Africa in 2013 and 2014. However, detailed, country-level financial data from previous outbreaks have limited utility in planning for future responses to future outbreaks, as each will have distinct scale, spread, and engagement from other donors. For example, in a subsequent outbreak of the same disease in the same country, such as sequential Ebola outbreaks in the Democratic Republic of Congo (DRC), each outbreak has its own particularities that influence investment priorities and plans. While USAID did not require its implementers to provide as much country-level funding detail as the GAO would have preferred, the rapid placement of country and regional Zika advisors facilitated in-country knowledge and accountability, and the coordination of the programs with local stakeholders. The Zika advisors helped adapt the programs to local contexts and priorities, in line with Ministries of Health and community strategies.

By responding effectively to the spread of Zika throughout Latin America and the Caribbean, USAID helped reduce the outbreak's impact on at-risk countries, and prevented its potential spread to the United States. The Agency's investments focused on protecting individuals, particularly pregnant women, from Zika by controlling the spread of the virus, increasing awareness of how the virus is transmitted and how to prevent infection, improving disease-detection and the surveillance of transmission, and supporting affected people. In addition, USAID catalyzed the development of innovative tools to combat mosquito-borne diseases like Zika so the world is better prepared for the next outbreak. USAID's efforts support the ability of governments and civil-society to respond to Zika, as well as to future disease threats, because we know that strength abroad means safety at home.

USAID concurs with both recommendations made in the GAO's report. Please find below our responses and mitigation plan.

Recommendation 1: The USAID Administrator should ensure that, in responding to future Public Health Emergencies of International Concern, the Agency is able to compile funding information broken down by country.

Section 203 of the Zika Response and Preparedness Appropriations Act, 2016, states that the Department of State and USAID, "Shall submit a consolidated report to the Committees on Appropriations on the anticipated uses of such funds on a country and project basis." Consistent with the Act, USAID's initial report on the anticipated uses of Zika supplemental funds included information on the types of activities the Agency would undertake in priority countries. The subsequent Zika report updates identified changes to assumptions and estimates in the original report, as appropriate. Further, USAID's Zika financial-management practices met the policies and requirements of the 600 series of Chapters (Financial-Management Principles and Standards) of USAID's Automated Directives System.

- USAID will ensure that in responding to future PHEICs, the Agency will compile and report on funding obligated and disbursed to implementers by country. The Agency will incorporate this requirement into the programming process prior to the obligation of funds, and into the terms of awards.

Recommendation 2: The USAID Administrator should improve the Agency’s infectious-disease response planning to address the challenge of initiating response activities in a timely manner in countries without bilateral USAID health programs.

USAID recognizes that the experiences with Ebola in West Africa and the DRC and Zika throughout the Western Hemisphere demonstrate that the United States must be prepared to respond quickly to infectious-disease outbreaks that could pose a global danger, in some cases before an official PHEIC declaration by the WHO. USAID and the rest of the U.S. Government gained extraordinary knowledge as a result of the unprecedented, multi-sectoral battle to contain Ebola in West Africa, which now is influencing the response to the virus in DRC, and is committed to the continual strengthening of the Agency’s policies, practices, structures, and systems to prepare for, respond to, and learn from global infectious-disease outbreaks.

On July 31, 2018, USAID issued an internal Agency Notice titled, “USAID Response to Global Infectious Disease Outbreaks,” which included three outbreak-response scenarios that clarified the level of operational and programmatic response by the Agency. USAID updated the Agency Notice for Fiscal Year (FY) 2019 to include four outbreak-response scenarios, and reissued it on October 31, 2018. The Agency Notice outlines the roles and responsibilities of USAID staff when preparing for, and responding to, outbreaks of infectious-diseases, instructs USAID Missions and overseas offices to be vigilant for local outbreaks, and a requirement to notify outbreak@usaid.gov when an outbreak occurs that could require international or additional assistance. The Agency Notice also asks Missions and overseas offices to be prepared to participate in coordination meetings with host governments and other donors related to such outbreaks.

USAID’s broad-based and multisectoral approach allows the Agency to collaborate across the U.S. Government to leverage our technical expertise to strengthen local capacity around the world to prevent, detect, and respond to infectious diseases. USAID has established partnerships with the U.S. Departments of Agriculture, Defense, Health and Human Services, and State, and with relevant international, non-governmental, and other organizations, to strengthen preparedness for, and response to, potential disease outbreaks that could require an international emergency response.

- By June 30, 2019, USAID will develop and provide specific guidance for USAID Desk Officers in Washington and Program Officers in countries without bilateral USAID health programs to ensure they are aware of the Agency’s process and resources to respond to outbreaks of infectious disease and remind them of the outbreak@usaid.gov e-mail address. This guidance will also request that Desk Officers reach out to their Mission counterparts and regularly engage with counterparts in Ministries of Health, as well as remind them that USAID can provide support and funding in an outbreak, in coordination with the WHO and other U.S. Government partners, including the Centers for Disease Control (CDC) within HHS.

**Appendix III: Comments from the U.S. Agency
for International Development**

- By September 30, 2019, USAID Missions without bilateral health programs will develop lists of country-level point-of-contacts with their respective Ministries of Health, and will provide the information to the USAID Desk Officers; the Bureau for Global Health (GH); and the Office of U.S. Foreign Disaster Assistance (OFDA) within the Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA). The Agency will update the information annually.
- By December 30, 2019, GH will pilot the development of a roster of former USAID Foreign Service Nationals and third-country nationals with expertise in global health for rapid, temporary surge support during an infectious-disease outbreak. The surge support will complement USAID/Washington personnel from GH, DCHA/OFDA, and other Bureaus and Independent Offices that might have to work with the affected Missions to support the international response. USAID will continually assess and establish, as needed, internal coordination structures that bring together relevant Agency Bureaus, Independent Offices, and Missions, and other U.S. Government Departments and Agencies, to coordinate response-related efforts and investments.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

David B. Gootnick, (202) 512-3149 or gootnickd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Joyee Dasgupta (Assistant Director), Marc Castellano (Analyst-in-Charge), Diana Blumenfeld, Alana Miller, Fatima Sharif, David Dayton, Francisco Enriquez, Christopher Keblitis, Amber Sinclair, and K. Nicole Willems made key contributions to this report.

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