



USAID
FROM THE AMERICAN PEOPLE

USAID IMPLEMENTATION PLAN

FOR THE U.S. COVID-19 GLOBAL
RESPONSE AND RECOVERY
FRAMEWORK



OCTOBER 2021

ACRONYMS

| | |
|----------|--|
| ACT | Access to COVID-19 Tools (ACT) Accelerator |
| AEFI | Adverse event following immunization |
| ARP | American Rescue Plan |
| BHA | Bureau for Humanitarian Assistance |
| CARE-GBV | Collective Action to Reduce Gender-Based Violence |
| CDC | Centers for Disease Control and Prevention |
| CEPI | Coalition for Epidemic Preparedness Innovations |
| CSO | Civil society organization |
| DFC | Development Finance Corporation |
| FTF | Feed the Future |
| GBV | Gender-based violence |
| GDP | Gross domestic product |
| GHSA | Global Health Security Act |
| GHSP | Global Health Security Program |
| HHS | Health and Human Services |
| IDP | Internally displaced people |
| IHR | International Health Regulations |
| IPC | Infection prevention and control |
| LAC | Latin America and the Caribbean |
| LGBTQI | Lesbian, Gay, Bisexual, Transgender, Queer and Intersex |
| MENA | Middle East and North Africa |
| MSMEs | Micro and small enterprise |
| NCD | non-communicable disease |
| NDVP | National Deployment and Vaccination Plan for COVID-19 vaccines |
| NFI | Non-food item |
| NSC | National Security Council |
| PEPFAR | President's Emergency Fund for AIDS Relief |
| PHEIC | Public Health Emergency of International Concern |
| PPE | Personal protective equipment |
| RCCE | Risk communication and community engagement |

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|--------|---|
| SAGE | Strategic Advisory Group of Experts |
| SSA | Sub-saharan Africa |
| UAE | United Arab Emirates |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| USAID | U.S. Agency for International Development |
| USG | United States Government |
| VAC | Violence Against Children |
| VACS | Violence Against Children and Youth Surveys |
| WASH | Water, sanitation and hygiene |
| WFP | World Food Programme |
| WHE | WHO Health Emergencies |
| WHO | World Health Organization |
| WTO | World Trade Organization |

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INTRODUCTION

The COVID-19 pandemic has killed millions of people, infected hundreds of millions more, and disrupted markets, political systems, and how we live our lives. The U.S. Government remains committed to beating the pandemic, both at home and abroad, and building back a stronger, more resilient global community in its wake. As promising vaccines become more widely available, and multiple candidates have proven safe and highly effective, there is a real prospect that an ambitious and concerted global response could succeed in beating the pandemic in 2022.



The need for action remains urgent. The pandemic continues to rage around the world, straining health systems and causing preventable deaths. The rise of new variants is accelerating transmission and the death toll, which could hamper efforts to fight the virus in the United States and further complicate the response overseas. We are in a race in the immediate term to limit transmission and stem mortality while overcoming challenges to vaccine access, supply, and manufacturing, and ultimately enable worldwide vaccine coverage. The United States will continue to play a leading role in global vaccination efforts, working with COVAX, the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator, and other partners to ensure vaccines are delivered equitably and informed by science and public health data. And as vaccination efforts advance, we will also enhance support to country health systems to use public health measures to slow transmission and to bolster clinical case management.

The pandemic's effects continue to reverberate far beyond the immediate health crisis. Humanitarian needs, food insecurity, poverty, learning loss, mental health needs, gender-based violence, conflict, economic instability, looming liquidity and debt crises, civil unrest, and authoritarianism are on the rise. Together, these cascading impacts present a generational challenge. Mitigating the broader humanitarian and development impacts and safeguarding the influx of foreign assistance from greater opportunities for corruption is essential to avert further backsliding on decades of hard-won gains in curbing infectious disease, reducing child and maternal mortality, improving nutrition, curtailing extreme poverty, increasing gender equality, empowering women in all their diversity, addressing the needs of marginalized groups, reducing conflict, and increasing equitable and inclusive access to and the quality of education, all of which underpin U.S. security and global stability.

Ultimately, this is not just a global health crisis—it is also an economic, governance, humanitarian, and development crisis. Global partnership—spanning countries and the public sector, private sector, and civil society—can stem the tide of this crisis. This is true not just for the production and distribution of vaccines, but also for confronting the pandemic’s wide-ranging effects. Understanding these complex, connected problem sets, the U.S. Government and the U.S. Agency for International Development (USAID) will bolster humanitarian and development assistance to places most in need, working in partnership with multilateral, regional, and bilateral entities and remaining committed to values of inclusion and equity.

This Implementation Plan is intended to serve as a guide and reference for USAID missions and external partners, providing a comprehensive overview of how USAID is executing its role and responsibilities under the U.S. Government’s July 2021 Global Response and Recovery Framework. It is the product of extensive planning within USAID and consultations with interagency and external partners. It reflects and formalizes the approach that USAID has been taking since early 2021 to deliver on the administration’s goal of beating the pandemic.

THE U.S. COVID-19 GLOBAL RESPONSE AND RECOVERY FRAMEWORK

Developed through a consultative interagency process, the [U.S. COVID-19 Global Response and Recovery Framework](#) (“*Framework*”) lays out a vision for ending the pandemic, mitigating its worst impacts, and building back better. To this end, under the *Framework*, the U.S. Government will pursue five objectives. Together, they constitute a comprehensive approach to managing the immediate global health crisis and ending the pandemic, while also mitigating the widespread harms the pandemic has caused to households, boosting economies, reinforcing critical systems that underpin global stability, and strengthening the international architecture for preventing, detecting, and responding to future pandemic threats.

The *Framework* lays out objectives and clear lines of effort to mount a coordinated, strategic response to overcome the pandemic.

- **First**, the *Framework* aims to accelerate widespread and equitable access to and delivery of COVID-19 vaccinations, with an ambitious target of contributing to the vaccination of 70 percent of the global eligible population by the end of 2022. This goal represents an enduring solution for saving lives. While vaccines have proven safe and highly effective, their production, procurement, and distribution at scale will take time. Accordingly, the *Framework* also prioritizes the urgent need to reduce transmission and improve clinical care and treatment to save lives in the immediate term.

- **Second**, the *Framework* focuses on mitigating broad household and systemic impacts of the pandemic and building resilience to future shocks. These impacts—including food insecurity, malnutrition, education, gender-based violence, and other risks to populations in vulnerable situations, economic instability and financial strains, conflict and civil unrest, greater opportunities for corruption, and human rights violations—constitute *primary* impacts for many communities around the world. Many of these burdens have disproportionately fallen upon women and girls.
- **Third**, the *Framework* also recognizes the need to bolster the global health security architecture to better address future pandemic threats. We have an urgent but narrow window over the next several years to mobilize the political will to reform and re-imagine the world’s approach to pandemic preparedness and response. And we can lay the groundwork for much of that in the way we respond to the present pandemic.
- **Taken together**, these goals constitute a comprehensive approach to addressing all aspects of the pandemic—from emergency assistance to address urgent crises, to efforts to stem and recover from the pandemic’s wide-ranging deleterious effects, to steps to mitigate future pandemic threats. Above all, USAID and the U.S. Government will prioritize public health, science, and helping those in need to survive and recover from this crisis.

GOAL

End the pandemic; mitigate its wider harms to people and societies; and strengthen the global recovery and readiness for future pandemic threats.

Objectives And Lines Of Effort

- I) **Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations**
 - a. Accelerate the supply and manufacturing of COVID-19 vaccines and consumables and expand fill-finish capacity
 - b. Support comprehensive country readiness to administer COVID-19 vaccines, including efforts to ensure uptake and access among all eligible populations, address vaccine hesitancy, and combat mis- and disinformation
 - c. Expand equitable access to, financing for, and timely delivery of vaccines, including through collaboration with the COVAX Facility
 - d. Monitor and evaluate the safety and effectiveness of vaccination programs

2) Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats

- a. Increase scientific knowledge of SARS-CoV-2 and other threats
- b. Support public health interventions to manage COVID-19
- c. Support the delivery of evidence-based clinical interventions and expand access to diagnostics and therapeutics to detect, manage, and treat COVID-19
- d. Mitigate negative effects on other essential health programs through targeted measures and investments and build resilient, integrated health-systems that can better respond to wider health needs and future biological threats

3) Address acute needs driven by COVID-19, mitigate household shocks, and build resilience

- a. Address urgent humanitarian needs and prevent famine
- b. Mitigate increases in food insecurity and malnutrition
- c. Provide economic relief, including through stronger social safety nets
- d. Enable children to return to learning safely and recover from education disruptions
- e. Reduce gender-based violence and promote the protection of children and other vulnerable groups

4) Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery

- a. Reinforce macroeconomic stability, including through debt-relief efforts, and boost private-sector investment and job creation
- b. Enable safe and efficient international travel and tourism
- c. Improve human security and prevent conflict in increasingly fragile contexts
- d. Address critical governance and human rights challenges exacerbated by the pandemic

5) Strengthen the international health security architecture to prevent, detect, and respond to pandemic threats

- a. Improve incentives to build core health security capacities, including coordinated responses to infectious disease threats
- b. Develop a sustainable, catalytic global health security financing mechanism
- c. Strengthen and enhance international arrangements and governance regimes for global health security
- d. Strengthen and reform the World Health Organization (WHO) and other parts of the United Nations (UN) system critical for health security
- e. Advance international collaboration on scientific research to prevent and fight pandemics and other biothreats

The *Framework* articulates a vision for shared action and is intended to guide an international response—within which USAID is one of many important actors. As the lead U.S. international assistance agency, USAID is uniquely positioned to provide assistance and technical expertise to help control the pandemic, strengthen public health capacity, provide urgent relief, and address compounding impacts that imperil recovery and sustained development. In these capacities, USAID programming, operations, and policy leadership are essential to the response required to beat the pandemic and build back better, together.

The *Framework* supports the positions of the Administration. It aligns with the [National Security Memorandum on United States Global Leadership to Strengthen the International COVID-19 Response and to Advance Global Health Security and Biological Preparedness](#) (NSM-1), the [Interim National Security Strategic Guidance](#), and the broader [National Strategy for the COVID-19 Response and Pandemic Preparedness](#). The *Framework* meets the requirement in NSM-1 for “a Government-wide plan to combat the global COVID-19 pandemic, which shall identify principal strategic objectives, corresponding lines of effort, and lead agencies.”

More specifically, President Biden’s [National Strategy for the COVID-19 Response and Pandemic Preparedness](#) affirms that “U.S. international engagement to combat COVID-19, promote health, and advance global health security is urgent to save lives, promote economic recovery, and develop resilience against future biological catastrophes.” The *Framework* commits the United States to “leading the world through global crises, advancing global health security and the Global Health Security Agenda, including by supporting the international pandemic response effort, providing humanitarian relief and global health assistance, and building resilience for future epidemics and pandemics.” The *Framework* also supports U.S. commitments to the [G7+ Plan to Defeat the COVID-19 Pandemic in 2022 and Prevent the Next Pandemic](#) by facilitating vaccination of the world’s most at-risk populations, supporting last-mile vaccination and getting shots in arms, providing personal protective equipment (PPE) and medical supplies where needed, strengthening supply, improving disease surveillance and early warning, supporting recovery, building resilience, and advancing global health security. Finally, the *Framework* provides the foundation of the U.S. commitments as set out during the September 2021 *Global COVID-19 Summit: Ending the Pandemic and Building Back Better*, at which a host of global stakeholders agreed to take unprecedented, coordinated action to end the pandemic as soon as possible.

USAID IMPLEMENTATION PLAN

The *USAID Implementation Plan* lays out USAID's role within the larger whole-of-Government response outlined in the *Framework*, describing the strategic approach USAID will undertake to advance the *Framework*. USAID will provide assistance and technical expertise to help end the pandemic, strengthen public health capacity, provide urgent relief, and address compounding impacts that imperil recovery and sustained development.

To this end, the Implementation Plan: 1) outlines the problem sets USAID will address as it implements the *Framework* and describes how USAID will approach each objective and line of effort; 2) defines a set of cross-cutting principles to guide the USAID response; 3) summarizes opportunities to integrate the Implementation Plan into program design and management and highlights operational platforms that enable an adaptive response; and 4) describes an Agency-wide monitoring, evaluation, and learning approach to ensure USAID is delivering on its commitments.

Given the wide-reaching nature of the pandemic's impacts and what will undoubtedly be a multi-year response and recovery effort—one that that requires adaptation, pivots, and innovation over time—the Implementation Plan is not tied to a specific fund source, nor does it allocate funding to specific countries or programs. Instead, it intends to shape how Missions identify country-specific needs and opportunities within its objectives and lines of effort, and to provide guidance that Missions can draw upon as they respond to the pandemic's localized impacts and trajectories. Funding allocation processes and decisions will be informed by dialogue and feedback between Missions and Washington and aim to be responsive to local needs, capabilities, and opportunities for transformational impact. The funds to implement the plan will come from the American Rescue Plan (ARP) Act of 2021 and other appropriated funds directed to prevent, prepare for, and respond to coronavirus. In addition, the Agency expects to use other existing and future appropriated funds to support activities that complement the Agency's pandemic response. All COVID-19 response programs should directly advance the Implementation Plan and adhere to its principles. While the Implementation Plan describes USAID's approach to COVID-19 response and recovery, it does not explicitly limit programming to what is mentioned in the Plan—creating space for learning, adaptation, and innovation.

USAID Strategic Contribution

Key USAID contributions to advancing the *Framework* include the Agency's significant field presence, deep technical expertise, and ability to tailor responses and interventions to the country context. With more than 80 Missions around the world and programming in more than 100 countries, the Agency has long-standing relationships with the partner governments, local private sector, civil society

groups, non-governmental organizations and multilateral institutions that will be essential to an effective response. USAID has supported pandemic preparedness and response for more than 15 years and is recognized as a global leader in the area. From pioneering programming on pandemic threats and global health security, to deploying technical and programmatic expertise in whole-of-society events like the 2014 Ebola outbreak, to recent experience adapting programming to respond to the COVID-19 pandemic, USAID brings a wealth of lessons learned to the Implementation Plan.

Because the *Framework* outlines a Government-wide response, USAID will not address every line of effort; rather, USAID will focus on the *Framework's* lines of effort where the Agency is best placed to make a transformative contribution. Similarly, other U.S. Government Departments and Agencies will focus on lines of effort where they are positioned to make significant contributions, ensuring a whole-of-Government effort to advance the *Framework*. While USAID plays a leading role in many aspects of the U.S. Government's COVID-19 response, it does not act alone. USAID developed the *Framework* jointly with interagency partners, including the Departments of State, Treasury, Health and Human Services (HHS) including the Centers for Disease Control and Prevention (CDC), Defense, and the White House.

The Agency's coordination on COVID-19 with these and other Departments and Agencies, as well as bilateral and multilateral actors in Washington, D.C. and overseas, is vital to success in reaching the President's goal of beating the pandemic. Coordination occurs on a regular basis through formalized processes and informal engagements. USAID plays an active role in National Security Council (NSC) policy deliberations, bringing USAID's field-based perspective to interagency discussions, strategic planning, and responses. Similarly, USAID and the CDC regularly work hand-in-hand on a range of topics, including developing criteria for and shaping the contours of the U.S. Government's global COVID-19 response, tracking global trends, and ensuring that efforts are complementary and elevate respective Agency expertise. These engagements ensure that the response is comprehensive and adequately resourced to optimize investments, that gaps are identified and filled, that assistance flows where it is most needed, and that U.S. leadership continues to play a catalyzing role in the global response. Coordination continues in the field, where U.S. Missions provide a focal point through which USAID harmonizes policy and assistance with U.S. Government actors, local partners, other donors, and multilateral institutions. Most critically, USAID's ability to bring its field-based perspective into a wide range of national and international coordination mechanisms is key to our shared success.

USAID is committed to ending the pandemic and building back better. This plan reflects an Agency-wide commitment and sharp focus on addressing the wide-ranging effects of the pandemic across the breadth of USAID programming.

GLOBAL CONTEXT

The COVID-19 pandemic has led to cascading and compounding crises that have exacerbated the deadliest health crisis in a century and led to the worst economic impacts on the developing world since the mid-1990s. Globally, COVID-19 presents a monumental, multifaceted humanitarian and development challenge. By the middle of 2021, more than 178 million cases and 3.9 million deaths had been recorded worldwide.¹ Fragility, conflict, migration pressure, democratic recession, rising poverty, interruptions to education, collapse of tourism, stark increases in gender-based violence (GBV), human rights abuses, instability of basic services, and dramatic increases in food insecurity are hallmarks of the current crisis. Economic impacts will be felt on the macro and micro levels, with projected contractions in global gross domestic product (GDP), investment, supply chains, and employment and livelihoods opportunities.

The scale of the COVID-19 health crisis is unprecedented, and rapidly evolving. Approximately 72 percent of total detected global cases occurred in the first six months of 2021 alone, with 43 percent of total global cases occurring in USAID partner countries.² This placed an extraordinary strain on health systems, especially where mobility and other government restrictions have interrupted essential health services. Vaccines and treatments have been developed and approved for emergency use at an extraordinary rate, but excluding China, Brazil, and India, other USAID partner countries accounted for only 26 percent of vaccine doses administered globally by the middle of 2021.³ Access to vaccines approved, authorized, or listed by a stringent regulatory body; vaccine confidence; and misinformation remain significant concerns.

The immediate shocks to mobility and the global economy have been severe. More than 80 percent of emerging markets and developing economies experienced recessions in 2020,⁴ with the worst economic contractions occurring in economies with large domestic outbreaks and a heavy reliance on services, tourism, and commodity exports. The crisis has strained partner governments' finances, pushed debt levels to new peaks, and exposed low-income countries' limited fiscal capacity. Economic forecasts for 2021 cautiously indicate a relatively quick recovery for most developing economies, yet warn of major lingering macroeconomic and fiscal risks, as well as scarring impacts that may hinder long-term growth prospects. One pervasive challenge are the gender-regressive effects of the pandemic, which the McKinsey Global Institute⁵ estimated could cause global GDP to be \$1 trillion lower by 2030 than if the

¹ Max Roser, et al. (2021) - "Coronavirus (COVID-19) Vaccinations". Published online at OurWorldInData.org. ([Link](#))

² COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University. ([Link](#))

³ Max Roser, et al. (2021) - "Coronavirus (COVID-19) Vaccinations". Published online at OurWorldInData.org. ([Link](#))

⁴ World Bank. 2021. *Global Economic Prospects, June 2021*. Washington, DC: World Bank. doi:10.1596/978-1-4648-1665-9. License: Creative Commons Attribution CC BY 3.0 IGO. ([Link](#))

⁵ Anu Madgavkar et al. 2020. *COVID-19 and gender equality: Countering the regressive effects*. McKinsey Global Institute. ([Link](#))

impacts of COVID-19 were gender-neutral. Women are more likely to have unprotected jobs and tremendous care burdens, pushing them out of the labor force and contributing to a gender gap in economic participation and opportunity estimated to take 267 years to close at its current rate.⁶

The pandemic has had devastating impacts on households and has exacerbated pre-existing inequalities, vulnerabilities, and deprivations—including those experienced by women and girls, rural populations, the urban poor, LGBTQI+ people, persons with disabilities, Indigenous Peoples, and other groups in vulnerable situations. It caused the first increase in the absolute number of people living in extreme poverty in a generation. In almost all cases, the negative effects of COVID-19 on households have worsened since mid-2020: the numbers of people expected to fall into extreme poverty, require humanitarian assistance, and face food and water insecurity have all increased since early 2020, despite COVID-19-related social protection programs.⁷ The pandemic corresponded to a spike in GBV, including intimate partner violence; child, early, and forced marriage; female genital mutilation/cutting; and child abuse. The reverberant socioeconomic impacts of unprecedented job losses and increased unpaid caregiving responsibilities disproportionately affect women in many countries, reducing paid working hours, changing migration patterns, and causing widespread school closures and dropouts—with significant short- and long-term consequences for children and their households. Marginalized and vulnerable groups are disproportionately negatively impacted by the pandemic and face unique challenges, including being targeted in increased crackdowns, a lack of accessibility of language and services, and loss of family and community support.

The pandemic has placed pressures on governance, democracy, and stability. The pandemic saw increased government restrictions on democratic norms and civil liberties and contributed to a rise in digital authoritarianism, cyber security threats, opportunistic heightened surveillance, the repression of human rights, particularly of marginalized groups, and disinformation efforts that has prompted concerns that the pandemic has emboldened malign actors. Marginalized and stigmatized groups, such as LGBTQI+ people, were particularly targeted and scapegoated with arrests, defamation, and discriminatory policies that limited their access to services and increased violence. Democratic violations were at their highest at the start of the pandemic; as governments have adapted to the “new normal,” violations decreased and two-thirds of elections that had been postponed due to the pandemic have since been held. New research highlights the linkages between past public health crises, inequality, and civil unrest, which pose risks to increasing conflict, insecurity, and the rise of violent extremism. While the pandemic’s effects on civil unrest and violence appear limited to date, in lower-income countries in particular, the full extent of governance and instability effects is difficult to quantify and remains unclear. As indicated by governance

⁶ World Economic Forum. 2021. *Global Gender Gap Report 2021*. Geneva, Switzerland. ([Link](#))

⁷ World Bank. 2021. *Global Economic Prospects, June 2021*. Washington, DC: World Bank. doi:10.1596/978-1-4648-1665-9. License: Creative Commons Attribution CC BY 3.0 IGO. ([Link](#))

responses to prior health crises and external shocks, the potential exists for COVID-19 to disrupt fragile equilibria in societies and/or provide the pretext for the emergence or escalation of conflict or repression.

The pandemic has reinforced the relationship between climate and health. COVID-19 is the latest in a growing number of diseases whose apparent spread from animal hosts into human populations has been intensified by environmental pressures that are also contributing to global climate change. While carbon dioxide transmissions decreased during the pandemic, early research suggests this may result in no more than a 0.01 degrees Celsius reduction of global temperatures by 2050 unless the recovery supports a low-carbon transition. The long-term impacts of COVID-19 on human behavior, and by extension climate change, remain uncertain.

USAID STRATEGIC FRAMEWORK

With the global and regional context (see Appendix) in mind, the USAID Implementation Plan outlines how USAID will advance the *Framework*. USAID will focus resources and programming, data and analytics, and modern operations to advance its objectives under specified lines of effort. Implementation will be iterative and will balance the imperative to respond rapidly to urgent health and humanitarian needs with the importance of deliberate, inclusive planning to address complex and highly localized challenges likely to persist well into the future. The USAID COVID-19 Task Force will collaborate with USAID Missions, Bureaus, and Independent Offices on additional guidance for implementation across these areas.

USAID recognizes that achieving the goals of this Implementation Plan will require a whole-of-society effort in the countries in which we work. USAID will seek to engage both public and private sectors, as well as communities, civil society, NGOs and faith-based organizations, in the actions included in this Plan. Only by supporting local leadership across all of these actors and linking together efforts will we be successful in our response.

GOAL

End the pandemic; mitigate its wider harms to people and societies; and strengthen the global recovery and readiness for future pandemic threats.

The pandemic will only cease to be a crisis when most of the world's population is vaccinated—halting the widespread transmission of COVID-19 and curbing the risk that more dangerous variants will emerge. The *Framework* sets a goal of vaccinating 70 percent of the world's population by the end of 2022. Rapid progress toward this goal is USAID's top priority.

However, vaccination at this scale will take time, leaving populations vulnerable to COVID-19 and other illnesses as they wait. As vaccination efforts accelerate, USAID will simultaneously prioritize saving lives by bolstering public health and clinical care capabilities to manage COVID-19 and ensuring that essential health services continue functioning despite the incredible strain on health systems and providers.

USAID recognizes that, for many, the pandemic's worst impacts are its devastating effects at the household and systems levels. Thus, as USAID prioritizes vaccines and reducing COVID-19-related morbidity and mortality, it will also adapt existing programs and design new programs to mitigate acute household needs and counter the pandemic's destabilizing impact across social, political, and economic systems.

Finally, while the COVID-19 pandemic is the widest-reaching global health threat of our lifetimes to date, it is unlikely to be the last. USAID will engage in policy advocacy and assistance to ensure the global community is better positioned to detect and respond to future health security threats.

OBJECTIVE I

Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations

Vaccinating a significant proportion of the global population is at the core of the *Framework*. The *Framework* sets an initial target of vaccinating 70 percent of the world's eligible population by the end of 2022. This will only be achieved through coordinated and collaborative efforts across the U.S. Government and with international partners, including other bilateral donors, communities, and private-sector actors, to accelerate the scale-up of manufacturing, optimally share and allocate available doses, distribute doses to all communities, communicate the importance of this effort, and mobilize national resources—including health workers, communities, and citizens—to do their part. The rise of variants and ongoing spread of COVID-19 necessitates an adaptable approach that makes effective vaccines available as they are developed and partners with countries and communities to prepare for their arrival, including by strengthening their health and immunization systems.

While many lower-income countries have experience introducing new vaccines for childhood immunization programs, they have limited experience introducing vaccines for adults and youth or for such a large proportion of the population. USAID's extensive experience supporting vaccine programs and new vaccine introductions, in close partnership with Gavi, the Vaccine Alliance (Gavi), provides a platform to rapidly and effectively support countries in their efforts to introduce and deploy COVID-19 vaccines.

USAID and the U.S. CDC engage in WHO's Strategic Advisory Group of Experts (SAGE) on Immunization, which is charged with advising WHO on global policies and strategies ranging from

vaccines and technology, research and development, to the delivery of immunization and its linkages with other health interventions. USAID and CDC follow SAGE recommendations in global vaccine efforts. USAID and CDC collaborate closely at the global level with COVAX and other global and regional organizations, as well as with the broader donor community, to ensure coordination of activities and optimization of resources to achieve the U.S. objectives of accelerating widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations.

For country-level implementation, USAID and CDC coordinate via both headquarters and country teams to align technical assistance and funding to low- and middle-income countries to support COVID-19 program planning, implementation, and evaluation. The U.S. Government, through USAID, contributes significant funding and vaccines to Gavi in support of the COVAX Advance Market Commitment to promote access to COVID-19 vaccines among the world's poorest countries. USAID sits on the Gavi Board and participates in several Gavi oversight committees. Through these channels, USAID engages on COVAX country distribution and allocation decisions.

USAID is providing more than 100 countries with technical assistance to support COVID-19 vaccination country readiness and delivery efforts in support of the National Deployment and Vaccination Plans (NDVPs). Priority areas for technical assistance include policy, planning, and coordination; supply chain and logistics; service delivery, particularly to hard-to-reach communities; monitoring adverse events and pharmacovigilance; demand creation and community engagement; communications and advocacy; human resources and training; and data/health information systems. USAID also supports COVID-19 vaccine preparedness through its participation in global technical working groups.

Ia. Accelerate the supply and manufacturing of COVID-19 vaccines and consumables and expand fill-finish capacity

USAID will work with interagency, donor, and other global partners to ensure that vaccine supply and distribution are able to meet current and future needs in as equitable a manner as possible. To scale up global vaccine availability, USAID will work with interagency partners to address key pharmaceutical system bottlenecks to the manufacture of vaccines, as well as the knowledge and products required to develop vaccines. An analysis of the vaccine landscape revealed that these bottlenecks may be related to financing, regulatory capacity, quality assurance testing, manufacturing practices, production, and market access. In addition, a USAID review of digital and data systems supporting partner countries' COVID-19 response efforts found critical gaps in digital infrastructure and systems availability, including supply chain and logistics management systems, as well as in-country capacity to manage these systems and responsibly use the data they enable. A blended mix of targeted investments and financial incentives, research and development to create new manufacturing technologies, greater supply chain transparency, and better

assessment of digital system and data collection needs are foundational requirements. Throughout these efforts, USAID will collaborate to ensure that work to increase the global supply of COVID-19 vaccines does not affect the manufacture of other important vaccines.

By leveraging its health expertise, stakeholder relationships, and in-country presence, USAID can complement substantial investments by the Development Finance Corporation (DFC) and other financiers in local vaccine manufacturing. For example, DFC and others are investing over \$10 million to analyze and support the development of a COVID-19 vaccine manufacturing hub at the Institut Pasteur de Dakar in Senegal. USAID is engaging in these technical discussions, facilitating donor coordination, and exploring opportunities to strengthen the regulatory environment with support for both suppliers and regulatory authorities that could enable expedited and regional access.

Ib. Support comprehensive country readiness to administer COVID-19 vaccines, including efforts to ensure uptake and access among all eligible populations, address vaccine hesitancy, and combat mis- and disinformation

In partnership with the interagency and international community, USAID will work with partner-country governments to identify remaining gaps in NDVPs to finance, introduce, and deploy COVID-19 vaccines. This will include targeted efforts to reach displaced and marginalized populations through mechanisms such as the COVAX Humanitarian Buffer. USAID will leverage its position within COVAX, and, in collaboration with the CDC, inform country readiness assessments and support data-driven decision-making processes related to COVID-19 vaccine prioritization, allocation, and delivery. USAID-provided technical support will assist countries to select appropriate vaccines; define target populations and plan for equitable distribution, with a focus on marginalized populations and those most vulnerable to severe COVID-19; engage in health workforce planning and preparation; navigate complex regulatory and registration processes; and ensure proper systems are in place to assure the quality and safety of vaccines. To ensure effective, equitable vaccine distribution within countries, USAID will engage local systems, organizations and communities in microplanning, preparation, and administration—working with community members, health workers, and other frontline health staff critical to last-mile success. USAID will also support efforts to detect, report, and respond to adverse events or events of special interest following immunization.

Working through existing partnerships, platforms, communities, and organizations at the national and sub-national level, USAID will support efforts to mobilize the health workforce across civil society and the public and private sectors to administer vaccines. Community members, community health workers, and other frontline health staff are critical to ensuring equitable delivery, including to hard-to-reach vulnerable and marginalized populations. To this end, USAID will emphasize local engagement in vaccine

planning and delivery. To ensure the workforce is protected, USAID will prioritize health workers—including frontline community health workers—for vaccination, compliance with infection prevention and control (IPC) and safety standards, and wellness support that includes safeguarding from discrimination and harassment. USAID will also support countries to assess and determine the types of health workers who will be involved in different vaccination-related efforts, such as planning and operations support, community engagement and communication, delivery of vaccines, and record-keeping and reporting, among others.

Vaccine deployment will require new strategies and approaches to reach populations, addressing barriers to access associated with gender, age, and disability, among others; increase vaccine confidence and counter misinformation; adapt existing digital systems or develop new data tools, such as geospatial and temporal modeling, to track progress, including by age, sex, and other risk factors; and effectively manage cold chain requirements. To support these interrelated efforts and to build capacity for global health security and systems for routine, equitable vaccine distribution, USAID will leverage long-standing relationships with partner-country governments, partners, communities, and civil society. USAID will support comprehensive risk communication and response planning to increase vaccine confidence and counter misinformation. In support of these efforts, USAID will also assess and strengthen country digital systems and data-use capacity to support vaccine delivery and distribution, such as in surveillance and case management; demand identification, forecasting, and tracking; and supply chain and logistics management, while ensuring data protection and privacy.

USAID will assist the set-up of hundreds of vaccination centers across countries in more local settings to increase vaccination uptake. Using this approach in Cote d'Ivoire, vaccination uptake quickly rose from just 1,000-2,000 per day to over 12,000 per day. In Malawi, USAID will address vaccine hesitancy through several different communication channels, including mass media radio and TV spots, training of trusted community leaders, including faith leaders, and social media platforms.

I.c. Expand equitable access to, financing for, and timely delivery of vaccines, including through collaboration with the COVAX Facility

USAID leads coordinated engagement with Gavi and COVAX for the U.S. Government. USAID is supporting global partners to promote equitable vaccine access around the world, working alongside COVAX and directly with Gavi, WHO, UNICEF, and bilateral donors in this effort. USAID has already contributed \$4 billion to Gavi to support vaccine procurement and delivery for 92 low- and middle-income countries.

The United States has also demonstrated leadership on global COVID-19 vaccination efforts. In May, 2021, the President [announced](#) that the United States would donate 80 million excess vaccine doses to countries in need, delivering 75 percent through COVAX and the remaining 25 percent directly to countries in need—including those experiencing surges, immediate neighbors, and other countries that have requested immediate U.S. assistance. The United States [exceeded this commitment](#) in early August, donating and shipping more than 110 million vaccine doses to more than 60 countries. On June 10, 2021, the United States [announced](#) its commitment to purchase and donate 500 million Pfizer-BioNTech vaccine doses, to be delivered by COVAX, to up to 92 low- and middle-income countries participating in the COVAX Advance Market Commitment (AMC) and eight additional African Union countries. And on September 22, 2021, the White House [announced](#) it would donate an additional 500 million Pfizer-BioNTech vaccines to low- and middle-income countries around the world, bringing the total number of vaccines provided by the United States to 1.1 billion. Two-hundred million Pfizer doses are projected to be provided by the end of 2021, with delivery of the remaining doses projected to begin in January 2022.

In Niger, USAID will provide technical assistance to the Ministry of Health to support planning, coordination and logistics for the vaccine program, including advising the technical working groups on vaccine delivery planning, safe and secure supply chain support, budgeting and financial planning for vaccine campaigns, and advocacy and resource mobilization to enable future COVAX vaccine donations as well as coordinated acquisition of additional vaccines beyond what can be provided via the COVAX facility.

Id. Monitor and evaluate the safety and effectiveness of vaccination programs

USAID will collaborate closely with CDC, which is leading this line of effort, and will provide technical assistance in instances where need is identified and the CDC is not providing this assistance. USAID, CDC, WHO and other partners will continue to coordinate efforts to ensure needs for safety evaluation and adverse event monitoring and vaccine effectiveness studies are identified and mapped to a partner.

In Indonesia, USAID is training private sector health provider volunteers to respond to serious adverse events following immunization (AEFIs). USAID will support the development, adaptation and dissemination of tools to be used for COVID-19 safety monitoring and surveillance, particularly for monitoring and responding to adverse events following immunization (AEFIs). Assistance will be provided to subnational Government bodies in West Java, Jakarta and Banten to use the tools to monitor and respond to AEFIs.

OBJECTIVE 2

Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats

In addition to widespread, equitable access to COVID-19 vaccines, the key to controlling the pandemic lies in implementing a comprehensive public health and clinical strategy in every country to prevent transmission and expand access to evidence-based, high-quality care and treatment for patients with moderate to severe COVID-19 infections. Overcoming the COVID-19 pandemic and averting future pandemics will depend on managing and mitigating broader health disruptions, improving the resilience of health workers, systems and programs, and building capacity to prevent, detect, and respond to new threats.

While vaccine delivery increases, countries will need continued support to prevent and treat COVID-19—for example, to scale community approaches to IPC; find, investigate, and respond to cases; and ensure access to treatment for COVID-19 patients.

The COVID-19 virus has mutated into multiple, highly transmissible variants, which have contributed to extreme and rapid spikes in COVID-19 infection in many countries. With up to a quarter of hospitalized COVID-19 patients requiring respiratory care, demand for reliable, sustainable, and resilient supplies of oxygen and associated technical assistance continues to increase. Globally, oxygen has been severely under-resourced and overlooked, amplifying needs related to COVID-19. USAID will seek to address oxygen ecosystem gaps and advance critical case management and care capacity through holistic investments in oxygen, accompanying consumables and durables, and clinical and non-clinical technical assistance.

Ensuring the availability of key commodities is critical to mitigating transmission and saving lives as countries struggle with COVID-19 surges and spikes in demand for health-related commodities. USAID will strive to provide rapid assistance to countries whose inventories of key commodities are at risk of stock-out, and to ensure the continuity of the health system in three key areas: IPC, case management, and testing.

Across these mitigation efforts, USAID will build on adaptations made to existing programs and leverage existing interagency, bilateral, and multilateral relationships, such as the President's Emergency Fund for AIDS Relief (PEPFAR), the President's Malaria Initiative, the UN, and the World Bank. USAID will also engage with more newly established structures such as the ACT Accelerator.

While government-led efforts and donor support are critical to advance this objective, significant opportunities exist to strengthen collaboration with the private sector and ensure scalable, lasting impact.

USAID will engage the private sector to pursue partnerships between industry and donor governments to address market failures that inhibit global access to oxygen supplies and other commodities, and to pursue scale-up or adoption of other critically needed health solutions, such as cold-chain storage solutions.

Health workers are critical to the success of Objectives 1 and 2. USAID will encourage greater support for and compensation of health workers, 70 percent of whom are women and many of whom are unpaid volunteers. Throughout the COVID-19 response, USAID programs have worked to build skills, support safeguarding, prevent burnout, and otherwise ensure the wellness of health workers who have supported provision of essential services, in addition to providing services for COVID-19 patients. Continued focus will be placed on these efforts, with special attention to women health workers, who occupy the most vulnerable frontline, unpaid, or lower-paid positions at disproportionate rates.

2a. Increase scientific knowledge of SARS-CoV-2 and other threats⁸

USAID will not pursue activities under this line of effort, but will remain situationally aware and informed through established interagency channels.

2b. Support public health interventions to manage COVID-19

USAID will increase support for public health measures aligned to WHO response plan pillars to prevent transmission of COVID-19 and its variants, to include national response coordination and planning, risk communication and community engagement (RCCE), community and primary care level IPC, surveillance, and laboratory system strengthening. USAID will use geographic data and geospatial and temporal modeling to identify concentrations of COVID-19 outbreaks and access to health facilities to efficiently reach underserved populations.

USAID will support host-country government response coordination mechanisms at national and local levels through efforts like resource landscaping and health workforce planning to ensure operational alignment, efficiency, and impact. USAID will apply health system strengthening expertise to improve public health functions. This assistance will include support to information system improvement and integration to ensure data quality, protection, and availability; leverage and expand testing and laboratory

⁸ USAID will focus on lines of effort where it is best placed to make a transformative contribution. Other U.S. Government actors will focus on lines of effort where they are best placed to make significant contributions, ensuring a whole-of-Government effort to advance the *Framework*.

infrastructure to improve testing capacity; and provide assistance for supply chain planning and delivery for COVID-19 commodities.

At the community level, USAID will work to reduce transmission through risk and safety communication, local engagement and training, monitoring, and responding to misinformation and rumors. USAID will also provide support to reinforce public health practices such as physical distancing, mask wearing, and handwashing with soap and water.

In Thailand, community-based health facilities in COVID-19 high-risk communities will be supported to receive and manage COVID-19 cases, including by training community health staff and volunteers on case management; strengthening case management protocols and processes and the community-based information management of COVID-19 cases; and supporting the establishment and management of community isolation facilities, including through provision of critical hygiene and IPC supplies.

2c. Support the delivery of evidence-based clinical interventions and expand access to diagnostics and therapeutics to detect, manage, and treat COVID-19

As in its vaccine efforts, USAID will work with partners at multiple levels to develop, distribute, and scale clinical interventions critical for reducing the impact and controlling the spread of COVID-19. Globally and at the country level, USAID will work with the Global Fund and other donors to ensure a coordinated response and increase the availability of critical case-management commodities, including testing supplies, laboratory reagents, PPE, and pharmaceuticals. Further, USAID will collaborate with partners through the ACT Accelerator to accelerate the production and use of proven COVID-19 tests and treatment.

USAID will prioritize clinic-level IPC, including COVID-19 screening, facility readiness, and transmission-based precautions such as procurement and use of PPE. USAID will also build testing capacity through diagnostic technical assistance and procurement. Case management of COVID-19 patients aims to suppress transmission, provide effective and efficient care, save lives, and minimize impact on individuals, families, and the health system. USAID will support the use of therapeutics that are evidence-based, improve survival, and will benefit the most people affected by COVID-19.

Among patients requiring hospitalization for severe or worsening COVID-19 symptoms, a large majority will need oxygen. Ensuring adequate supply and appropriate use of medical oxygen is a high priority for USAID. Clear planning is necessary for rapid-response large-scale oxygen needs for COVID-19 surges—as well as for sustainable investments in enhanced oxygen capacity—to support increased oxygen needs until the pandemic is better controlled through vaccination. USAID will leverage high-quality virtual training resources, maximize existing oxygen supply and capacity, and address gaps in the oxygen

ecosystem through holistic investments in oxygen, consumables and durables, and clinical and non-clinical technical assistance. By optimizing existing oxygen supplies, strengthening distribution and management capacity, and facilitating the development of and access to bulk liquid oxygen sources (and other sources, where appropriate), USAID will enhance critical COVID-19 case-management capacity. Engagement with the private sector will be crucial for addressing market failures and ensuring a sustainable oxygen source through the duration of the pandemic and beyond.

In Nepal, USAID, in partnership with the Government of Nepal, procured six liquid oxygen tanks. Tanks have been installed and handed over at Bir Hospital and Paropakar Maternity Hospitals in Katmandu and at Seti Provincial Hospital; construction of foundations has been completed in Narayani and Bharatpur hospitals, and construction initiated in Koshi hospital, Biratnagar. Tanks are connected to the central oxygen piping systems present at the facilities and are able to provide oxygen directly to patients in need. Alternatively, the tanks can also be used to fill empty cylinders for wider distribution. In addition to bulk liquid oxygen procurement, both clinical technical assistance and engineering and logistics technical assistance are being provided to ensure safe and sustainable use of delivery of oxygen.

2d. Mitigate negative effects on other essential health programs through targeted measures and investments and build resilient, integrated health-systems that can better respond to wider health needs and future biological threats

Essential public health programs, including those to provide routine immunizations; improve sexual, reproductive, maternal and child health; and combat tuberculosis, malaria, HIV, and other infectious diseases, have been substantially affected by COVID-19. Adaptations and innovations throughout the pandemic have allowed USAID to help countries continue providing services while protecting beneficiaries and staff from COVID-19. USAID will continue efforts to maintain primary- and community-level healthcare services and adapt programs to meet the increased need for consultations at the health-facility level—which may include reconfiguration of or additional service provision, human resources for health, and commodities.

USAID will engage national and sub-national systems, communities, organizations, and individuals to mitigate the spread of COVID-19 and support health-system capacity, build resilience, ensure the continuity of existing health services, and prevent further health systems breakdown. Primary healthcare facilities are the point of entry for many COVID-19 patients and deliver essential health services to the population.

Community members, community health workers, and other frontline health staff are critical in enabling the continuity of essential services while undertaking interventions to help control transmission. Facility and community-level coordination, across the public and private sectors, is essential to the COVID-19

response and to the simultaneous management of other health challenges. USAID will support partner-country governments to effectively allocate and expend resources; restore and improve health facility functions that include optimizing utilization of well-equipped, protected, supported, and compensated health workers, including community health workers; engage in service reconfiguration, including decentralization of routine service provision into communities to support safeguarding of both patients and staff; and provide quality services, including through technical assistance and training. To bolster health systems, USAID will explore opportunities to leverage private-sector business models, expertise, and resources, such as private-sector dialogues on promising opportunities and sharing experiences on ventilators; addressing supply chain and logistics, artificial intelligence, and other advanced data analytics; and genome sequencing. Throughout these efforts, USAID will also assess and strengthen digital infrastructure to build more resilient, integrated, and responsive health systems.

USAID will seek to balance the immediate need for pandemic response with sustainable and enduring solutions that contribute to health system strengthening, improve capacity, and increase preparedness for and resilience to recurrent waves of COVID-19 and other infectious diseases. Across these efforts, USAID will proactively address gender considerations and protection issues and will mainstream protection requirements to support the needs of vulnerable populations and those at greatest risk of severe COVID-19.

The President's Malaria Initiative and USAID's regional malaria program's investments are strengthening country-led community health worker platforms in more than 23 countries to deliver malaria interventions and expand surveillance of fever, to both mitigate the impact of COVID-19 and accelerate progress in malaria. USAID's tuberculosis (TB) investments in Africa are strengthening countries' capacities to detect and prevent the spread of other airborne infections, such as COVID-19, including bi-directional screening and testing for TB and COVID-19, identifying cases through joint contact investigations, and supporting the expansion of digital X-ray screening tools and introduction of genotyping technology.

OBJECTIVE 3

Address acute needs driven by COVID-19, mitigate household shocks, and build resilience

The shocks caused by the pandemic and the drastic measures taken to contain it have reverberated throughout economies, societies, and political systems. In many households, the pandemic has had overlapping and devastating effects: lost jobs and livelihoods; increased food prices and disrupted food and water access; widespread school closures and interruptions in social services; increased care burden and exposure to gender-based and other forms of violence, abuse, and exploitation; exacerbated inequalities and vulnerabilities, particularly for marginalized groups; and adverse effects on mental wellness. In certain contexts, particularly in fragile and low-income countries, these shocks have contributed to or aggravated

deteriorating socioeconomic conditions and accelerated humanitarian emergencies, unleashing human suffering comparable to that from the virus itself—and precipitating the first global rise in extreme poverty since the 1990s.

USAID will address humanitarian needs by responding to existing and new humanitarian emergencies and making investments to prevent future disease outbreaks amongst vulnerable populations in humanitarian settings. To respond to acute COVID-19 related needs, USAID will focus on preventing famine and mitigating food insecurity, providing dedicated protection services to address the distinct needs of women and girls, improving humanitarian coordination and operations, and strengthening the humanitarian architecture to scale up in response to infectious disease outbreaks.

USAID will strengthen the resilience of communities and institutions to current and future shocks and stresses, increase productivity, combat gender inequalities, especially those disproportionately faced by women and girls, and promote sustainable graduation from poverty. USAID, in partnership with other donors and the private sector, will advance economic inclusion—including by improving the care economy and infrastructure—and expand safety net programming to strengthen resilience at scale and lead to transformative outcomes for vulnerable populations in vulnerable situations and marginalized groups. USAID will increase continuity of water and sanitation services to prevent the spread of disease and accelerate economic recovery, while strengthening the resilience of water, sanitation and hygiene systems to future shocks.

As education systems rebuild, USAID will work with partners to mitigate learning losses, prepare for heightened uncertainty in global education, and equip education actors and institutions to be more resilient to and prepared for future pandemics and other shocks. USAID will support policy and program reforms that transform education systems to be more inclusive and responsive to the needs of all learners and educators. Engagement of the private sector can bring creative solutions to bridging the gender digital divide and supporting more equitable access to resilient learning and support systems. USAID will engage the private sector to collaborate on devising and implementing creative solutions that address the effects of COVID-19 on the economic, health care, education, and child and elder care systems, particularly those consequences that affect women, girls, and marginalized populations.

3a. Address urgent humanitarian needs and prevent famine

USAID will address both immediate humanitarian needs, such as acute food insecurity and loss of access to basic health and social services, as well as medium-term pressures exacerbating chronic food insecurity, malnutrition, and poverty, for displaced, conflict-affected, and other vulnerable populations affected by the COVID-19 pandemic. USAID's efforts will focus on the protection challenges exacerbated

by COVID-19 and its gendered impact on populations experiencing humanitarian crises, and will help enhance and revitalize these support services for aid delivery. Efforts will reflect USAID's commitment to inclusive humanitarian assistance, ensuring access to information and humanitarian services for persons with disabilities and other vulnerable populations. USAID will also strengthen humanitarian operations and coordination at the global, regional, and country-level, and will improve and strengthen humanitarian architecture to support the scale-up of infectious disease response capacity. USAID will address emergency humanitarian needs through the existing Disaster Declaration process.

USAID is providing approximately \$229 million to support vulnerable communities in Syria and refugees in neighboring countries coping with the impacts of the COVID-19 pandemic. In Syria, USAID partners provide monthly food rations, food vouchers, cash for food, emergency nutritional products, and wheat flour and yeast to bakeries. USAID-funded assistance also supports the provision of food vouchers and cash transfers for Syrian refugees in surrounding host countries. USAID is also supporting health assistance inside Syria, including by strengthening COVID-19 case management and surveillance, and by supporting intensive care units in northwest Syria. This funding will also help people stay healthy by increasing access to safe drinking water and sanitation services through emergency water trucking and water-quality testing, improving water and sanitation systems, and disseminating information about how to protect against COVID-19 and practice safe hygiene. USAID is also helping to address critical protection needs, which have been exacerbated by the pandemic, by providing psychosocial support, gender-based violence prevention and response, and child protection services for displaced and other vulnerable populations in northwest Syria.

3b. Mitigate increases in food insecurity and undernutrition

Preventing increased food insecurity requires timely delivery of humanitarian food assistance to populations most in need and supporting households to take up new or return to existing livelihoods. It also requires strengthening the ability of social safety nets to respond with national resources and improving the ability of international responders to identify acute food insecurity in time to act. USAID will adapt existing agriculture, nutrition, and food-security investments to address rising rural and urban needs for safe, nutritious, and affordable food and strengthen the resilience of food systems.

Addressing the anticipated rising rates of undernutrition requires contributions from both the food and health systems, as well as adapting activities to mitigate disease transmission while maintaining critical nutrition services and programs for the most vulnerable. Priority responses will include protecting access to safe, nutritious foods, particularly for young children and pregnant and lactating women; promoting and protecting breastfeeding; and maintaining delivery of life-saving nutrition support through health systems and humanitarian responses while minimizing risk of transmission of COVID-19.

To build resilient water systems that also strengthen food security and nutrition, USAID will support improved water resources management to increase sustainable agricultural productivity, address water scarcity, and promote sustainability; and improve household water, sanitation and hygiene (WASH) services at an area-wide scale, which contributes to improved nutrition. The water security, sanitation and hygiene components of this sub-objective will be implemented in coordination with the U.S. Global Water Strategy and the U.S. Global Food Security Strategy.

Feed the Future (FTF) is fostering new private-sector partnerships and is working with existing partners to identify new markets in following demand shifts in 30 countries. Under FTF, USAID/Nigeria will partner with youth-led and mid-stage companies working in food production, processing, and/or distribution. Using novel approaches, these companies will help farmers and others in the food value chain increase agricultural productivity and food security within the next year, mitigating the effect of COVID-19 on Nigeria's food value chains. To tackle rising malnutrition and supply chain disruptions, USAID/Rwanda's "Orora Wihaze" is addressing COVID-19 disruptions in the egg supply chain in the country's most affected district. Approximately 20,000 eggs per day have been or will be wasted due to supply chain disruption, putting farmer incomes and livelihoods at risk. At the same time, vulnerable children across the country are at risk of malnutrition due to lost household income during the lockdown. Orora Wihaze will rapidly develop and implement a support mechanism to aid poultry producers and avert the collapse of the egg value chain by facilitating access to a new and important domestic market as suppliers to child nutrition programs.

3c. Enable children to return to learning safely and recover from education disruptions

USAID will work with partner-country governments and civil society organizations to ensure a safe return to learning, particularly for girls—recognizing that 11 million girls are at risk of not returning to school⁹—as well as for marginalized children and youth and learners with disabilities. These efforts will include support for safe school reopening; investments in inclusive and accessible distance learning and digital tools; training programs for teachers; and expanding remedial, catch-up, and non-formal learning.

Given the increased household burdens and safety and security risks faced by women, girls, displaced persons, LGBTQI+ people, persons with disabilities, and other marginalized groups during the pandemic, USAID's efforts will include targeted strategies to address those unequal risks and burdens and ensure people in marginalized and vulnerable groups are able to continue their education safely. Such efforts will seek to close gaps in access to quality learning opportunities among the most marginalized that were exacerbated by the pandemic.

⁹ UNESCO. (2020). *How Many Students Are at Risk of Not Returning to School?* ED/PLS/EDP/2020/07 ([Link](#))

To mitigate learning loss, USAID is serving the hardest-to-reach learners in 52 countries with distance learning and remedial education strategies during education disruptions. USAID has expanded the reach of distance learning through a variety of platforms, including radio/audio instruction, educational television, online learning, and print and digital learning kits. Leveraging expertise and experience as the largest bilateral donor in accelerated learning, USAID is training and coaching educators to prioritize core curricular content, assess learners' skills and adapt instruction to help learners get back on track. Some activities, such as a program in Morocco, have bolstered the accessibility of distance learning platforms by integrating principles of Universal Design for Learning, including features such as captions, local sign language content, and braille.

3d. Provide economic relief, including through stronger social safety nets

USAID will support economic inclusion models and social-protection systems aimed at reaching women, vulnerable families, and marginalized groups. To provide both immediate relief and a foundation for economic inclusion over the longer-term, USAID will support shock-responsive safety nets, cash-transfer programs, blended finance or innovative finance models, expanded childcare industry, social work case management, sovereign-risk financing, and crop and livestock insurance. USAID expects to scale up economic inclusion models that reach women, vulnerable families, and marginalized groups to prevent them from backsliding into crisis levels of hunger, and will guide governments on how to scale and layer economic inclusion on shock-responsive safety-nets and other risk management tools. Unequal access to financial and digital services and to internet connectivity contributed to uneven benefits from stimulus support and increased barriers as more businesses, schools, and essential services went online. USAID will assist governments to improve connectivity and financial and digital inclusion by addressing the barriers that women and other underserved populations face. USAID will also support vulnerable families to ensure that they are able to provide for children's basic needs and full development, while children outside of family care will receive support for reintegration into their own or other families.

By leveraging public and private resources, USAID will support a range of livelihood protection and promotion interventions, from cash and food assistance to employment and income-generation activities. USAID will increase access to finance for micro, small, and medium-sized enterprises (MSMEs), scaling promising innovations and reestablishing disrupted market linkages, and will support efforts to prepare MSMEs for shifts required in their business models. These may include improving digital access and capacity, leveraging private sector resources and expertise, and upskilling workers, with targeted attention to women-owned MSMEs. Efforts will also include a focus on youth inclusion, especially in livelihoods and income generation, as increased youth unemployment is an important effect of the pandemic but many do not benefit from conventional social protection programs or support to MSMEs. USAID will work with public-sector institutions to build their capacity to use digital tools and data to understand the needs of

the population. USAID will also promote coupling public- and private-sector expertise, capacities, investments, and influence to create sustainable solutions aimed at bridging the gender divide in digital and financial services and to support MSMEs and workforce upskilling.

USAID will invest FTF and Bureau for Humanitarian Assistance (BHA) resources to strengthen safety net support to chronically food insecure households in Ethiopia through the government-managed Productive Safety Net Programme, and will provide humanitarian assistance annually to additional households facing acute food insecurity. This layered programming will cover critical food and cash needs while building resilience through livelihood improvements, market linkages, women's empowerment, access to finance, and weather-indexed livestock insurance. This assistance will be essential for continued safety net support for those facing the most severe economic impacts of the COVID-19 pandemic. USAID is also expanding its disaster risk financing support through various mechanisms—including the Financial Resilience Program at the World Bank, the FTF Innovation Lab Markets, Risk and Resilience, and the African Risk Capacity Replica pre-arranged disaster relief program—to help communities and countries be more shock responsive to various stressors, including drought, flood, severe storms, and now pandemics.

3e. Reduce gender-based violence and promote the protection of children, youth, and other vulnerable groups

USAID will support GBV and violence against children (VAC) prevention and response services to support the most vulnerable women, girls, men, and boys—in all their diversity, including gender identity and sexual orientation—and will also expand protection and social services to support the most vulnerable families and individuals. GBV programming will concentrate on prevention, survivor-centered response services, protection, and access to justice. Efforts to address GBV include support to first responders in prevention and response efforts; support for survivor-centered prevention and response protocols; investments to address the gender digital divide to ensure access to public institutions and social services under shutdown mandates; expanding access to justice; social and behavior change campaigns addressing intimate partner violence; decreasing child, early, and forced marriage and child abuse; and sexual and reproductive, medical, mental health, and psychosocial and economic support services to help GBV survivors rebuild their lives. Efforts to prevent and respond to VAC will align and coordinate with GBV priorities, support Violence Against Children and Youth Surveys (VACS), support host governments and other stakeholders to develop and implement national VAC Action Plans, promote evidence-based parenting programs, and strengthen USAID's work to protect children and youth.

Recognizing that financial insecurity has increased violence in the household, USAID may use cash transfers and other forms of social protection as part of violence prevention and protection strategies. Support for vulnerable individuals and families will also include mental health and psychosocial support to

help individuals and families deal with the stress of the pandemic using positive coping mechanisms, including to reduce GBV and substance abuse. USAID will also support activities that promote caregiver wellbeing and child protection, with particular attention to children who have lost a primary caregiver due to COVID-19. USAID will support interventions that ensure nurturing and protective family care for children without any adult caregiver, including kinship care, foster care, and adoption. USAID will also provide economic and psychosocial support, including parenting and family strengthening interventions, to support children and families.

In addition to these efforts to address the heightened impact of the pandemic on GBV and child protection needs, other marginalized and vulnerable groups are also disproportionately negatively affected by the pandemic and face unique challenges. These include targeted crackdowns, a lack of accessibility of language and services, loss of family and community support—which result in heightened risk of homelessness, food insecurity, and loss of livelihoods—and, in many cases, discrimination at the hands of their own governments and health systems. USAID will support programs that address the specific needs and realities of other groups in vulnerable situations, including, but not limited to, Indigenous Peoples, LGBTQI+ people, persons with disabilities¹⁰, racial and ethnic groups, religious minorities, youth, and older persons. USAID will explore expanding assistance to organizations of, by, and for marginalized groups to address these specific challenges and realities, and address cross-cutting issues of relevance, including but not limited to mental health needs.

Drawing on USAID's experience and expertise in preventing and responding to gender-based violence alongside child protection work, USAID is advising Missions and Implementing Partners on maintaining survivor-centered approaches during the COVID-19 pandemic. The Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is developing a suite of technical guides, including Foundational Elements and a How-To Note specifically devoted to pandemic responses. Under a small grants program, it is also funding five local- and women-led organizations in Africa and Europe to address staff wellness and resiliency in GBV organizations. Many grantees have successfully shifted their GBV programming to virtual modalities and have developed creative solutions to reach vulnerable populations.

OBJECTIVE 4

Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery

The pandemic is straining systems far beyond the health sector and new risks of instability are emerging. Even as countries distribute vaccines, address immediate health needs, and manage other urgent humanitarian priorities, many also face damaged markets, GDP contractions, widespread unemployment,

¹⁰ “Persons with disabilities” is understood here to include but not be limited to physical, mental, intellectual or sensory impairments/conditions which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

growing social unrest, ongoing conflicts, and backsliding on democratic governance. In the face of rising authoritarianism globally, democracies must demonstrate the ability to effectively manage challenges and provide responsive, equitable essential services. The role of responsible media is also critical to stem rising authoritarianism, counter disinformation and provide high-quality information on the COVID-19 pandemic. The disruptions caused by the pandemic and the surge in resources to respond also create fertile ground for corruption and political subversion. Working collectively to build peaceful, resilient, and free societies will ensure the sustainability of the global recovery and prepare systems for future crises.

USAID will promote citizen-responsive governance and support governments, political actors, civil society, and media. USAID will enhance the capabilities of national and local governments to deliver public health and essential services, including regulatory frameworks for health-related goods, and will strengthen the public health and disaster response architectures. USAID will also strengthen systems that mitigate and respond to corruption risks, particularly vis à vis COVID-19-related corruption. Civil society has a critical role to play in improving human security and preventing conflict, as well as in addressing governance and human rights challenges exacerbated by the pandemic. USAID will support civil society groups to enhance transparency and accountability, increase citizen participation in governance and defend civic space, and counter the threat of digital authoritarianism.

USAID will continue to support democracy promotion and effective, inclusive governance that has been strained by COVID-19. USAID efforts will improve stability and help prevent violence, mitigating grievances and risk factors exacerbated by the global pandemic and promoting transparent service delivery. Emergency situations, including the COVID-19 pandemic, exacerbate the marginalization and discrimination already experienced by a wide range of groups. USAID and its partners will actively consult with these groups to ensure that programs are inclusive and do not place such groups at increased risk of discrimination or negative outcomes.

4a. Reinforce macroeconomic stability, including through debt-relief efforts, and boost private-sector investment and job creation¹¹

USAID will continue to support partner countries, particularly fragile ones, to manage public revenues, expenditures and debt effectively and transparently, although USAID will not directly engage in debt-relief efforts. USAID's work will include support for managing social transfer payments and emergency public procurements to address the impacts of the pandemic. It will also include longer-term efforts to strengthen systems of domestic revenue mobilization and public financial management, enhance debt

¹¹ USAID will focus on lines of effort where it is best placed to make a transformative contribution and will not engage directly in debt-relief efforts. Other U.S. Departments and Agencies with comparative advantage in debt relief will support the debt-relief subset of this line of effort.

sustainability, and increase macroeconomic stability through connections to international trade and financial networks.

The movement of goods across borders is essential for assuring access to food, medical equipment and vaccine supplies during the pandemic and will be an important component of broader economic recovery and growth. Increased transparency and implementation of other good regulatory practices support full-implementation of World Trade Organization (WTO) agreements, especially the WTO Agreement on Trade Facilitation, which is key to ensuring small and medium-sized enterprises' success in global markets, while advancing our core international development and humanitarian assistance mandate. The adoption of international standards also assures the safety and quality of these traded goods, the timely market entrance of new medical devices needed to address health emergencies and access to those devices at points of care, and reduces the likelihood that domestic requirements create unnecessary obstacles to trade. USAID will support customs and regulatory modernization and trade facilitation initiatives and the proper development and implementation of international standards, as well as alignment of national regulatory frameworks with international best practices and benchmarks. The Agency will also continue to support economic activities engendered by the increasing utilization of digital trade and e-commerce.

Although USAID will not engage directly in debt-relief efforts, the success of these efforts must include initiatives to strengthen the resilience of partner countries' financial systems and business-enabling environments to enhance economic growth and prepare for uncertain, high-impact events, such as a fast-spreading pandemic. To further strengthen countries' ability to weather the impacts from COVID-19 on their economies, USAID will continue to facilitate the creation of better and more inclusive employment and livelihoods support, particularly wage employment, by identifying and removing policy and other barriers to private investment; building entrepreneurial capacity through equitable access to finance, new markets, and training; strengthening financial innovation and regulation; addressing legal, policy, and cultural barriers that limit women's economic participation; preventing employment discrimination and harassment; and enhancing labor mobility across geographies and occupations, especially for disadvantaged and marginalized groups. Recognizing that the increased unpaid care obligations women have primarily shouldered have contributed to their higher likelihood of leaving the paid workforce or returning more slowly, USAID will encourage greater investment by the public and private sectors in expanding a professionalized and fairly-compensated childcare industry as an economic recovery strategy.

Around the world, USAID is providing financial and technical support to firms to maintain their payrolls and adapt to structural economic changes brought by the pandemic. For example, USAID/Vietnam's Improving Private Sector Competitiveness activity is a \$36 million flagship effort to grow women and ethnic minority-owned businesses and promote job growth in rural areas through the adoption of new U.S. technology.

4b. Enable safe and efficient international travel and tourism¹²

USAID will not pursue activities under this line of effort.

4c. Improve human security and prevent conflict in increasingly fragile contexts

USAID will help prevent and mitigate violence and promote stability through multi-sectoral interventions. Efforts will focus on mitigating core grievances and risk factors driving violence and instability, which have been exacerbated by COVID-19. USAID also will work to ensure that government responses to the pandemic, and service-delivery more generally, are transparent, accountable, and equitably benefit all citizens. Without this focus on transparency and equity, crisis response may strain citizen relationships with governments, intensify political and social tensions, and aggravate conflict. Throughout its approach, USAID will consider how programs can address the compounding effects of COVID-19, environmental degradation, climate change and other social and economic factors which, together, can increase the likelihood of conflict.

USAID will continue implementing localized, COVID-19-sensitive approaches to promote stability, such as in a recent activity in Mozambique. Rural communities across Cabo Delgado hold a common grievance against the government related to the lack of access to education, security concerns, and public health policies during the COVID-19 pandemic. As the conflict escalated in 2020 and the pandemic affected the educational process, teachers fled these communities. To help them adapt to working in a conflict zone and under pandemic conditions, USAID created a peer network of 42 teachers from eight affected districts and trained them in conflict-sensitive teaching skills, peace education, and dialogue facilitation in ways that were also COVID-19-sensitive, providing continuity in local educational experiences of schoolchildren and helping address community grievances over school closures.

4d. Address critical governance and human rights challenges exacerbated by the pandemic

USAID will provide robust support for accountable, inclusive governance, and help governments address COVID-19-related challenges consistent with their human rights obligations. USAID will ensure assistance is distributed to a diverse mix of actors, including public-sector institutions, legislators, political parties,

¹² USAID will focus on lines of effort where it is best placed to make a transformative contribution. Other U.S. Government actors will focus on lines of effort where they are best placed to make significant contributions, ensuring a whole-of-Government effort to advance the *Framework*.

and civil society. Support will bolster in-country responsiveness, oversight, and accountability over emergency measures, vaccine distribution, and long-term recovery work.

In the initial stage of the pandemic, USAID support for partner governments included strengthening anti-corruption controls to ensure oversight and accountability of public spending on the crisis, streamlining protocols and software for emergency procurement, supporting supplementary budgets that directed public funds to the pandemic response, and assessing medium- and long-term economic impacts and economic policy options. USAID will build on these efforts, strengthening anti-corruption controls and responses; streamlining, harmonizing, and strengthening regulatory systems; and integrating good governance approaches into health-system strengthening, including health system digitalization. This includes enhancing public administration and citizen engagement at both national and subnational levels, strengthening public financial management and procurement practices, improving audit and oversight mechanisms, and supporting country-level policy and regulatory environments, including to guide health system digital transformation that is secure and protects basic human rights. It also includes strengthening open government, open data, and social accountability measures, including supporting citizens and civil society organizations in the oversight of public COVID-19 spending, and building capacity to inform advocacy for effective and equitable measures to counteract debt and cash crises. Such efforts prevent the diversion of funds, or illicit finance, that may be captured in global financial systems. At the same time, USAID will prioritize integrating and elevating women, youth, marginalized and under-represented populations, and groups in vulnerable situations in local government response, and addressing heightened surveillance and human rights abuses and crackdowns targeting marginalized groups.

USAID supports efforts to maintain the rule of law and protect democratic safeguards during the pandemic, strengthen citizen-responsive governance, disseminate accurate information and combat disinformation about COVID-19, and monitor and expose curbing of rights and emergency decrees that exceed international norms. For example, in the Philippines, USAID supports civil society and the media to hold elected officials accountable for the pandemic response through case-documentation, virtual legal assistance, and rights-awareness campaigns.

OBJECTIVE 5

Strengthen the international health security architecture to prevent, detect, and respond to pandemic threats

USAID will continue working with domestic and international actors in support of international health security efforts to ensure that countries have the capacities and systems in place to prevent avoidable outbreaks, detect threats early, and respond rapidly and effectively when outbreaks occur. Underpinning these efforts is the [International Health Regulations](#) (IHR), a legally binding framework governing the rights and obligations of countries in handling public health events and emergencies with the potential to

cross borders that took effect in 2005. Related and also critical is the [Global Health Security Agenda](#) (GHSA), an international initiative aligned with the IHR to advance health security priorities multilaterally, bilaterally, and domestically.

Since 2009, USAID's Global Health Security Program (GHSP) has invested more than \$1.1 billion in support of the GHSA to strengthen the capacities of partner countries to reduce the risk and impact of emerging infectious disease threats and outbreaks. The GHSP invests in "One Health" approaches that recognize that the future well-being of humans, animals, and the environment are inextricably linked. It includes projects that strengthen the capacity of partner countries to understand and address the risks posed by zoonotic diseases that are spilling over from animals to humans and causing epidemics; strengthen national laboratory and surveillance systems; train the next generation of health workers in "One Health" capacities; improve risk communication and community engagement to ensure that populations have access to accurate information and to counter misinformation; strengthen IPC in health facilities and livestock and wet markets; address the rising threat of antimicrobial resistance; promote innovation in vaccine development; and conduct research into new and emerging viruses.

USAID has learned an extraordinary amount from efforts to contain six Public Health Emergencies of International Concern (PHEIC) declared since the International Health Regulations took effect in 2005. These emergencies include the H1N1 Influenza, poliomyelitis, Ebola (in West Africa and the Democratic Republic of Congo), Zika, and COVID-19 outbreaks. USAID continually strengthens programming, reporting, and coordination processes both before and during PHEICs.

While the world has made significant progress on global health security under these frameworks, and USAID and its local and international partners have learned lessons confronting PHEICs, the COVID-19 pandemic exposed a number of weaknesses. These include inadequate surveillance systems, which are slow to detect and report new and ongoing threats; lab networks with weak specimen transport systems and quality controls; health facilities without basic IPC; and health communication systems without two-way communication channels. While USAID supports country-level action to improve global health security through assistance provided under objectives 1 and 2, international and multilateral bodies—including the WHO, regional governance bodies, and the wider UN system—can play a greater role in creating incentives, mobilizing finance, establishing channels for information flow, and facilitating research. USAID will engage at the policy level with those multilateral organizations to ensure alignment between global policy and country-level action.

5a. Improve incentives to build core health security capacities, including coordinated responses to infectious disease threats

USAID will work with partner countries to increase incentives to strengthen global health security capacities to build better global preparedness to detect and respond to future health threats, under the GHSP and through implementation of the GHSA. Together with other U.S. Government Departments and Agencies, USAID strongly supports the use of the WHO Joint External Evaluation Monitoring Tool--a collaborative process to assess country capacity to prevent, detect and rapidly respond to public health risks and used to inform development of national implementation plans under the IHR--as amended through an ongoing global process, to track the building of health security capacities by all countries. A central component to building core health security capacities includes stronger donor coordination on health system corruption to support more resilient and effective partner governments' health systems.

USAID will coordinate with other donors to build global health security capacities in more than 30 countries, especially in the areas of zoonotic disease control, real time surveillance, laboratory systems, risk communication, health workforce, and infection prevention and control. In addition, USAID will join with other U.S. Government Departments and Agencies to support the GHSA 2024 multilateral initiative, which promotes the strengthening of global health security, pandemic preparedness, and implementation of the IHR in all countries.

5b. Develop a sustainable, catalytic global health security financing mechanism

USAID will contribute its technical expertise and field experience to support the U.S. Government's development of the scope, governance, and mandate of a potential global health security financing mechanism.

USAID will work with other U.S. Government Departments and Agencies to support the establishment and successful launch of a sustainable, catalytic financing mechanism for global health security and pandemic preparedness through policy dialogue with other donors and partners and the provision of health financing expertise. USAID will work with the eventual financing mechanism to ensure that the funding made available to countries is linked to sound National Action Plans for Health Security, complements domestic resources and private sector assistance, and promotes mutual accountability for countries and partners to sustain investments in health security.

5c. Strengthen and enhance international arrangements and governance regimes for global health security

Together with other U.S. Department and Agencies, USAID will continue to support the GHSA 2024 Framework, which seeks to accelerate implementation of the IHR. In addition, USAID recognizes that the Coalition for Epidemic Preparedness Innovations (CEPI)—a global partnership between public, private, philanthropic, and civil society organizations launched in 2017 to develop vaccines to stop future epidemics—is a critical global actor supporting preparedness and response efforts for future pandemics. USAID will continue to consider all possible avenues where the Agency can improve COVID-19 vaccine capacity.

USAID will support reform of the IHR and will promote the rapid sharing of information, genetic sequence data, and pathogen and clinical samples, while protecting privacy and confidentiality of patients and individuals. USAID will work with stakeholders to establish guidance on an Intermediate Public Health Alert, or “amber light” system, and support development of clear guidance on outbreak responsibilities and information sharing. USAID will continue to inform and shape the strategy of the Global Fund’s contribution to pandemic preparedness and response, learning from its role in the response to COVID-19.

USAID will collaborate with other U.S. Government Departments and Agencies to support the revision of the WHO Joint External Evaluation Monitoring Tool in order to better address the weaknesses in global health security (such as community trust, real-time surveillance, national lab systems) that became evident in the world’s response to the COVID-19 pandemic. In addition, USAID will contribute to global efforts to develop a graded international public health alert system that will strengthen the current binary approach to major public health emergencies.

5d. Strengthen and reform the World Health Organization (WHO) and other parts of the UN system critical for health security

USAID will continue to work closely with the U.S. interagency—in particular HHS and the State Department, which have key roles in the U.S. relationship with WHO—to inform and advance a comprehensive strategy to strengthen and reform the WHO. USAID will focus both on efforts to strengthen WHO’s capabilities to prevent and respond to future pandemics, as well as on cross-cutting reform priorities to improve transparency, cost effectiveness, sustainability, efficiency, and equity across WHO programs and corporate functions to improve health outcomes at the country level. USAID will work closely with HHS and the State Department to ensure WHO undertakes institutional reforms to

strengthen its systems, operations, and senior leadership accountability around protection from sexual exploitation and abuse (PSEA) and sexual misconduct, and to promote a culture of safety, dignity and transparency for beneficiaries and staff.

USAID played a significant role in the establishment of the WHO Health Emergencies (WHE) Program--which works with countries and partners to build capacities required to rapidly detect, respond to, and recover from any emergency health threat--in 2016, following the 2014 West Africa Ebola outbreak. USAID will continue to support ongoing reform and capacity strengthening of the WHE Program, to enable WHO to undertake a quicker and more robust operational response to health emergencies, spanning the entire cycle of health emergency management, from prevention and detection to response and recovery in all hazards. USAID will provide technical engagement and policy support focused on critical aspects of the program that ensure WHO can respond effectively through its emergency capacity and the underpinning administrative infrastructure that enables the program to function.

USAID will work with other U.S. Government Departments and Agencies to strengthen and reform WHO, including its health emergency program and selected aspects of the IHR.

5e. Advance international collaboration on scientific research to prevent and fight pandemics and other biothreats¹³

While USAID will not focus on traditional research and development, the Agency will support scientific collaborations that align with USAID's broader development goals and objectives, including activities to support the development of and access to medical countermeasures and vaccines to prevent and fight against pandemics.

USAID will support international collaboration on scientific research through targeted funding, to be determined, under the ARP Act.

¹³ USAID will focus on lines of effort where it is best placed to make a transformative contribution. Other U.S. Government actors will focus on lines of effort where they are best placed to make significant contributions, ensuring a whole-of-Government effort to advance the Framework.

PRINCIPLES FOR IMPLEMENTATION

These cross-cutting principles will underpin all activities that comprise the USAID COVID-19 response:

Humility, Multilateralism, and Partnerships

In advancing the *Framework*, USAID will work in partnership and with humility, recognizing that no one nation, alone, can defeat the pandemic. USAID will work to restore relationships with the WHO and other UN agencies, regional organizations, and other international organizations. At the same time, USAID will look to engage new partners and build relationships around the globe. USAID will embrace multilateralism, working with and through multilateral bodies and existing multilateral initiatives, coordinating with donor partners, and exercising global humanitarian, health, and development leadership. USAID will link country-level activities with global initiatives to enhance shared impact.

Private Sector Engagement

USAID will continue to strengthen private-sector engagement during the pandemic, exploring collaborative opportunities that bring to bear the private sector's unique capabilities and resources in support of COVID-19 response objectives. USAID will also continue to serve as a thought-leader and catalyst to convene the private sector and governments, focused on building multi-stakeholder alliances that attract a broad range of private and public partners from diverse sectors and industries—which can have a multiplier effect on the donor community's financial contribution. Strategically engaging the private sector's resources and market-based approaches to the response and recovery effort has the potential to achieve scale and sustainability in tackling the systemic societal challenges of COVID-19, as well as in bolstering and accelerating country-level COVID-19 vaccine deployments and the overall response.

Local, Faith and Transformative Partnerships

COVID-19 is a global crisis that manifests in numerous, highly localized ways, and is experienced differently by countries, communities, and individuals around the globe. USAID's approach must be similarly localized to successfully end the pandemic and mitigate its wide-reaching and differential effects. To this end, USAID will empower its Missions and collaborate with local partners—including private sector actors, civil society, faith-based organizations, grassroots organizations, and researchers, among others—to leverage local approaches, systems, knowledge, tools, and importantly, trust, to provide effective, tailored, and context-specific responses. USAID will draw on its experience supporting local partners by leveraging in-house expertise to strengthen locally-led development and partner diversification, including through its New Partnerships Initiative. In response to the [White House directive](#) to work with faith communities to address the pandemic, USAID will engage with religious actors as part of the Agency's COVID-19 response and recovery efforts.

Diversity, Equity, Inclusion, and Accessibility

Emergency situations, such as the COVID-19 pandemic, exacerbate inequities and discrimination and often disproportionately and negatively affect marginalized groups and groups in vulnerable situations. If efforts are not intentionally and proactively inclusive they may unintentionally exclude. USAID will make intentional and proactive efforts to be inclusive and will ensure the values of diversity, equity, inclusion, and accessibility are central to and integrated throughout all of its efforts and those of its partners.

USAID will promote equity in COVID-19 responses and prioritize the voices of underserved communities, women and girls, youth, older persons, persons with disabilities, LGBTQI+ people, Indigenous Peoples, displaced people, people living with HIV, orphaned and vulnerable children, and other marginalized populations—especially those disproportionately affected by the pandemic. Such groups may also include, but are not limited to, migrants, religious minorities, racial and ethnic groups, cultural minorities, disadvantaged caste groups, and people of diverse economic classes and political opinions.

Across its programming, USAID will counter social exclusion, elevate and include the voices of those most affected, and co-create sustainable solutions with users at the center. These efforts will be supplemented by focused programs designed to address the specific needs, challenges, and realities faced by marginalized groups and account for the pandemic's differential population impacts. This may include emergency response, livelihood support, addressing discrimination by governments and health systems, ensuring accessibility of information and spaces, promoting mental wellness, and supporting organizations run by, for, and of members of marginalized groups to address group-specific needs.

USAID will advocate for greater participation and inclusion of marginalized or under-represented populations in pandemic preparedness, relief, and recovery efforts. USAID will also expand partnerships with local women-, youth-, and other minority-led or -focused organizations that are working to respond to COVID-19 and lead recovery efforts in their communities.

Gender Equality and Women's Empowerment

USAID commits to integrating gender equality and women's empowerment throughout its COVID-19 response, recognizing this is vital to supporting affected communities, saving lives, and mitigating the pandemic's differential and wide-ranging effects. USAID will take a gender-responsive approach to advancing the Framework and will draw on and call for gender analysis and sex- and age-disaggregated data for decision-making. This includes designing and adapting programming to respond to the pandemic's immediate and long-term negative gendered impacts on the safety and security, physical and mental health and wellness, education, economic well-being, and human rights of women, men, youth, girls, boys and other gendered groups in all their diversity—with a heightened focus on the disproportionate impact on women and girls, particularly those from marginalized groups. USAID will ensure that its efforts not only mitigate the risks of backsliding on gender equality gains, including associated losses in health, education, and economic

outcomes, but also advance leadership roles and opportunities for women and youth, particularly those from marginalized backgrounds.

Evidence-Based Decision-Making, Learning, and Adapting

USAID commits to evidence-based decision-making as it implements the *Framework*. To use evidence effectively, USAID will continually monitor, evaluate, and learn from its activities, both assistance programs and other diplomatic, technical, and policy engagements. Given the uniquely complex and dynamic health, humanitarian, economic, and development problem set stemming from the pandemic, sound analysis and decisions informed by sex and age-disaggregated data including socio-economic differentials, ongoing monitoring and evaluation, and adaptive management are all essential to successful implementation.

Transparency and Accountability

USAID commits to transparency and accountability throughout its COVID-19 response, as it does across the breadth of its portfolio. Through the use of high-quality, tailored performance monitoring approaches, as well as real-time and periodic evaluative and participatory methods, USAID will ground decisions in solid evidence and sound analysis, and be transparent about how decisions are made jointly with in-country partners. USAID will communicate funding allocations across regions, countries, and programs on a regular basis, and will ensure that lessons are learned and shared. Recognizing that a surge of funding on the scale required by the response increases the risk of corruption that could undermine the response, and in line with [White House policy](#) on combating corruption, USAID will continue to apply best practices in program design, implementation, and monitoring and will review and strengthen internal safeguards and processes to ensure programmatic integrity and mitigate risk.

Health-Humanitarian-Development-Peace Coherence

A comprehensive response to COVID-19 spans health, humanitarian, and broader development interventions, and it intersects with a range of other foreign policy priorities. Thus, USAID will strengthen coherence at the humanitarian, development, and peace nexus, and continue coordination and joint planning across types of assistance. USAID will also support the institutional capacity of country partners to plan, prepare for, and respond to crises holistically; to help mitigate future disruptions to essential services, like education and health; and to prevent development backsliding from compounding crises. USAID will leverage tools for shock-responsive programming and financing and ensure interventions are strategically sequenced, layered, and mainstream risk-management and conflict-sensitivity. In addition, USAID will work within the U.S. Government and across the international community to systematically link and better coordinate across health, humanitarian, development, and peacebuilding efforts.

OPERATIONALIZING THE USAID IMPLEMENTATION PLAN

Adapting and Aligning Programming to Advance the Implementation Plan

USAID Missions and Operating Units have shown great flexibility since the COVID-19 pandemic began, continually adapting ongoing programming and operations to the rapidly changing context and challenges it presented. With the advent of the *Framework* and its comprehensive vision to end the pandemic, mitigate its worst impacts, and build back better, USAID Missions and Operating Units will consider how best to align ongoing and future programs to the USAID Implementation Plan when feasible and appropriate in their contexts. Missions may choose to make adjustments to overarching strategic approaches based on the results of strategy-level portfolio review or mid-course stocktaking of the Regional and Country Development Cooperation Strategies. Missions should also align with the Implementation Plan by making adaptations through new or existing projects and activities, while respecting existing contract and agreement parameters, as well as existing appropriations law, statutory requirements, budget processes, and USAID's program processes.

Monitoring, Evaluation, and Learning

The U.S. Government will use a set of high-level proxy metrics and timebound targets to track implementation of the *Framework*. Developed and maintained through interagency collaboration, these will provide an overall snapshot of the global context and indicate whether outcomes are headed in the right direction, and at the rate necessary to achieve objectives. Tracking these metrics will allow the U.S. Government to adapt approaches and interventions as needed.

USAID will engage in robust monitoring, evaluation and learning efforts to track its progress toward the objectives laid out in the Implementation Plan. This will include monitoring the COVID-19 pandemic, including external monitoring of conditions and factors relevant to activity implementation, as well as evaluations at the objective or cross-cutting levels to answer the most relevant and important issues and key questions. USAID will ensure the collection and use of sex-disaggregated data and will seek to collect data on age and other risk factors, while also aiming to analyze impacts on historically marginalized populations, such as persons with disabilities, LGBTQI+ people, and Indigenous Peoples.

The pandemic is a prolonged and dynamic crisis and the challenges it presents will continually shift. The global response must innovate and iterate over time. To ensure efforts are responsive to the changing crisis and to inform future programming, USAID has convened a Monitoring, Evaluation and Learning Technical Working Group to periodically review monitoring, evaluation, and learning activities so that programming can adapt to the changing crisis. USAID has developed a set of COVID-19 Learning Priorities to generate evidence and learning and will continually produce evidence and use it to adapt programs and operations, through real-time feedback loops. In doing so, it will engage partner-country

communities and knowledge as well as international organizations and resources. USAID has the institutional functions and experience to support this work. Building on innovations explored in the beginning of the pandemic, such as remote monitoring, USAID will leverage its expertise in analytics, monitoring and evaluation; strategic collaboration, continuous learning, and adaptive management; and knowledge management and organizational learning. Collaboration and targeted engagement across a broad array of stakeholders are also important to accelerate the speed at which progress is made, and the sustainability of the solutions that underpin it.

Enabling Operational Platform

To support the COVID-19 response, USAID will maintain and add to an operational enabling platform that facilitates programmatic activities moving agilely, efficiently, and effectively to achieve the goals and objectives laid out in the USAID Implementation Plan. USAID has developed an Operational Excellence Strategy to support USAID's global COVID-19 response. This plan establishes cross-cutting operational objectives to facilitate implementation of each of the objectives in the COVID-19 response. USAID will maintain its commitment to apply continuous process improvement to organizational learning and operations throughout the response. These lines of effort include employing innovative workforce models to surge staff support, expediting procurement and financial management, streamlining reporting and promoting operational learning to improve performance and transparency, and promoting digital interfaces and data for operational decision-making.

THE WAY FORWARD

- USAID is committed to taking an iterative approach to advancing this Implementation Plan and to adapting its response to the changing global context.
- USAID will continually track progress against the Plan's objectives and lines of effort and create feedback loops to inform decision-making. This monitoring will assess progress both on high-level metrics globally and program-level indicators across contexts, to inform implementation as it proceeds.
- USAID will identify learning priorities under the objectives of the Plan, to continue to improve the effectiveness of its response. Learning will draw from an expansive set of data and perspectives, especially local knowledge, in a manner commensurate to the pace of the pandemic and the response.
- USAID will employ practices for risk-management and strategic foresight to assess major risks and stress-test assumptions, plan for possible scenarios, improve prevention and preparedness, and adapt the Plan itself, as needed, to confront new or evolving challenges, seize opportunities, and incorporate learning.
- USAID will continue to consult widely with external stakeholders to crowd-in ideas and expertise as it advances the Implementation Plan in the months ahead.

APPENDIX I: REGIONAL CONTEXT

Asia

The pandemic began in Asia in late 2019. By June 2021, countries in the region had been responding for a year and a half, straining healthcare systems and workforce. Despite many early successes achieved through coordinated public health measures to contain the epidemic, the Asia region faced a devastating surge across multiple hotspots in 2021. This surge started with India in April 2021, then spread throughout South Asia, and as of June 2021, affected Mongolia, Indonesia, Afghanistan, Central Asia, and others. This coincided with the emergence of the highly contagious Delta variant (also referred to as B.1.617.2) of the virus.

Numerous countries face severely constrained or collapsed health commodity and economic supply chains, particularly related to the generation, transport, and delivery of oxygen therapy to patients in need. Inadequate access to diagnostics, such as case detection and genomic surveillance, as well as the continued strain on the workforce and inadequate supplies of personal protective equipment (PPE), are persistent problems.

Significant variation in vaccine coverage exists among countries in the region. Vaccination coverage of at least one dose is low across the region, largely due to vaccine supply chain interruptions and COVAX delays. Within many countries, vaccination rates are even lower among populations facing gender and other social inequalities. These low rates of coverage increase the risk of continued surges through 2021. Papua New Guinea and other Pacific Islands have experienced significant challenges with vaccine confidence, logistical challenges with delivery, and limited human capital resources to administer vaccines and use up vaccine supply before expiration.

The Delta variant was first identified in India during a ferocious wave of infections there in April and May 2021. The variant spread rapidly in some parts of the country and showed signs of partial resistance to vaccines. As of mid-2021, Delta has been detected across Asia, driving the case surges and increased hospitalization. Other variants of concern and variants of interest exist across Asia.

A range of factors have compounded the pandemic's effects in Asia. Natural disasters—including Cyclone Amphan in May 2020 and Cyclone Yaas in May 2021, affecting Bangladesh and the Indian state of West Bengal—worsened COVID-19's impact on livelihoods and food security. High numbers of refugees and internally displaced persons (IDPs)—including nearly 900,000 Rohingya sheltering in Bangladesh, and an additional 600,000 people displaced as a result of the recent coup in Burma—further strain response capacity. Political upheaval has had similarly detrimental effects on the COVID-19 response. Burma's capacity to respond to COVID-19 was significantly affected by the 2021 coup and subsequent displacement: testing decreased by 94 percent, while avoiding engagement with the military regime in the

transport of vaccines into Burma and ensuring vaccines are administered to citizens freely remains a challenge. Across the region, porous borders are an additional factor of concern, facilitating the transmission of COVID-19 across national boundaries. Misinformation regarding COVID-19, vaccines, and other related issues is rampant throughout the region and frequently directed by state actors. Across these disparate effects, women and marginalized communities among those affected face disproportionate economic hardship.

The pandemic has exacerbated other hardships in the region. Asia has experienced setbacks in routine immunization and tuberculosis notification. Large numbers of children lost their caregivers to COVID-19; this, combined with economic hardship, job loss, and interruption of education poses significant risks for marginalized children, including malnutrition, trafficking, child labor, and violence, among other risks. These risks are more acute for girls, who face increased rates of GBV, especially harmful practices such as female genital mutilation/cutting and child, early, and forced marriage.

The COVID-19 pandemic has had significant effects at the household and systems levels. It has had a severe negative economic impact. Travel restrictions brought tourism in the region to a standstill with major economic implications for the Pacific Islands, Maldives, Nepal, Bhutan, and other countries highly dependent on this economic sector. The economic effects have been disproportionate for marginalized communities, including women, religious minorities, Dalits, and LGBTQI+ individuals. The pandemic has accelerated existing trends in authoritarianism and democratic backsliding throughout the region, exacerbated by COVID-19 control measures and the rise in digital authoritarianism. The region has witnessed authoritarian backsliding in the implementation of lockdown and control measures and increased internet surveillance, also affecting women and marginalized communities most. Many countries, including Bangladesh, Burma, Nepal, Kyrgyz Republic, Tajikistan and Pakistan, experienced increases in food insecurity and poverty. Long lockdowns have severely restricted mobility and household income in countries like the Philippines and Indonesia. Macroeconomic instability looms as countries like the Kyrgyz Republic deal with a significant debt burden.

Europe and Eurasia

Early in the COVID-19 epidemic, Europe and Eurasia was one of the hardest hit regions, based on both cumulative cases and cumulative deaths per capita. High- and middle-income countries were hit as hard or harder than lower-income countries at first, demonstrating that country income classifications have been less relevant when addressing COVID-19-specific effects than typically assumed. The Europe and Eurasia region has suffered the highest incidence and death rates for COVID-19 among countries supported by USAID globally.

The first case of COVID-19 in Europe was detected in France on January 24, 2020. There was extensive transmission across Europe in March and April 2020, during which health systems were overwhelmed in multiple countries. A second large wave affected Europe beginning in October 2020, attributed in part to

the spread of the Alpha variant. Many western European countries have achieved relatively high rates of vaccination, and as of June 2021, vaccination rates have slowed across Europe. However, by mid-2021 case rates were rising in the United Kingdom despite high levels of vaccination, coinciding with, and likely attributable to, the emergence of the Delta variant. Rates were also rising at that time in Russia, where the Delta variant comprised the bulk of sequenced strains. In the whole of Europe and Eurasia, mid-2021 case burdens were highest in Russia, the United Kingdom, and Turkey; case rates were highest in Georgia and the United Kingdom.

As of June 2021, 39 percent of people in Europe and Eurasia had received at least one dose of a COVID-19 vaccine. However, significant variation and inequity exist among countries, with lower-middle income countries having significantly lower rates of coverage. On the high end, the United Kingdom and Malta have vaccinated more than 60 percent of eligible adults with one dose, and Germany, Italy, Spain and France have achieved 50 percent vaccination rates. Conversely, by mid-2021, Ukraine, Georgia and Armenia had vaccinated less than five percent of adults with one dose.

The pandemic exacerbated pre-existing weaknesses in the health system and inequities faced by marginalized groups. Before the COVID-19 pandemic, several countries in the region—including Serbia, Bosnia and Herzegovina, and Ukraine—had experienced falling overall vaccination rates. This was largely due to misinformation, weak health systems, and vaccine skepticism and led to polio outbreaks in 2015 and a measles outbreak in 2019. External actors have exploited the COVID-19 pandemic to their own benefit, with documented efforts by state actors to spread misinformation and distrust around vaccines. The pandemic has fueled both severe economic shocks as well as new and existing democratic backsliding trends that threaten the region's stability and critical transitions to democratic prosperous states well-integrated with the West.

As the U.S. Government strives to promote equitable access to COVID-19 vaccines, critical support is needed in the areas of strengthening the supply chain and logistics for vaccine deployment, boosting vaccine confidence among the population, and training health workers to administer the vaccines.

Latin America and Caribbean

The Latin America and Caribbean (LAC) region has experienced a disproportionate COVID-19 burden, comprising approximately eight percent of the world's population yet representing 20 percent of global cases and 30 percent of global deaths as of mid-2021. While other regions have experienced peaks and troughs in burden, LAC has consistently accounted for 28 to 40 percent of global deaths throughout the pandemic. As of June 30, 2021, the region had seen over 37 million confirmed cases and nearly 1.3 million deaths, though recent modeling suggests that actual deaths may be much higher. The impact of the pandemic escalated rapidly; the total COVID-19 death toll doubled in the first five months of 2021 and surpassed one million in May. Countries across the region continue to experience surges in severe cases

of COVID-19, with consistent reports of intensive care units at or near capacity and clinical commodity shortages.

Vaccination in the region has been slow and varies considerably from country to country. A few countries have made significant progress in vaccinating a large portion of their populations, such as Chile and Uruguay. Others, including Guatemala, Honduras and Jamaica, have struggled to vaccinate at scale. Haiti did not receive its first vaccine until July, 2021. New COVID-19 variants and the southern hemisphere winter season pose a continued threat, particularly to countries with low vaccination coverage.

Despite relatively strong health systems, there are significant inequities in access to care in the LAC region, particularly among indigenous, migrant, mobile, and other vulnerable populations whose health outcomes often lag behind those of general populations. Many national health systems in the region have also been strained over the past three years by high numbers of migrants from Venezuela. High COVID-19 transmission rates may be due in part to LAC's urbanization, as more than 70 percent of the region's population lives in cities. Globally, LAC has the third highest level of deaths due to non-communicable diseases (NCDs). Cardiovascular diseases, malignant neoplasms, diabetes, and chronic respiratory diseases are the leading causes of deaths from NCDs in LAC and have been linked as comorbidities for severe illness in COVID-19 patients, possibly contributing to the higher levels of COVID-19 mortality in the LAC region.

The economic impact of COVID-19, too, has been disproportionately high in the LAC region. While global GDP contracted by three percent in 2020, output in LAC fell by seven percent. The region is experiencing its worst economic decline in 200 years and, with many countries relying heavily on tourism and global trade and investment, recovery is projected to be slow. Fifty-nine million people in the region who were middle-income in 2019 slipped into poverty in 2020, and income inequality has been exacerbated. COVID-19 has contributed to a humanitarian crisis in the region, especially among displaced populations that experience disruptions in health care, lack access to basic needs, and whose children, including orphans, are in a precarious position if primary caregivers perish. Reduced mobility, increased GBV, and lack of access to income-generating opportunities has resulted in deteriorating food security and exacerbated protection needs for populations in vulnerable situations, particularly in Central America.

Across the region, the pandemic threatens the safety and wellbeing of already vulnerable communities, particularly women and girls. Prior to the pandemic, Central American countries were consistently ranked among the highest in global rates of GBV in one of its most extreme forms, femicide. GBV has spiked in the wake of COVID-19, particularly intimate partner violence, most likely due to forced coexistence in confined living spaces, lack of access to usual support systems, and economic stress. Food insecurity and lack of access to basic goods and services have particularly affected women, who continue to experience higher rates of underemployment, are over-represented in the informal sector and health

workforce, including as frontline workers, and work in economic sectors most affected by the pandemic and lock down measures. Additionally, the continued disruption of women's health services due to COVID-19 could reverse more than 20 years of progress in reducing maternal mortality and increasing access to family planning in LAC.

Middle East and North Africa

COVID-19 cases were detected in several countries in the Middle East and North Africa (MENA) region in late February 2020. By late March 2020, most countries in the region had reported cases, with the highest early case counts in Iran and Saudi Arabia. The majority of the region experienced a second wave in November 2020, with a third wave peaking in April 2021. A possible fourth wave is anticipated due to country-level relaxation of mitigation efforts to balance severe economic impacts—as well as the expected effect of new variants. Variants continue to circulate across the region; reports of high caseloads due to the Delta variant in countries like Israel have been reported.

The MENA region contains both some of the strongest responses and most concerning country contexts for the COVID-19 response. Countries like Israel, Saudi Arabia, and the United Arab Emirates (UAE) were able to respond quickly during outbreaks and secured sufficient vaccine supplies for their domestic populations, while other countries continue to struggle with the response. Syria, Yemen, and Libya have large regions where there is little to no testing. In both Yemen and Syria, large sections of the country are under the control of groups that have tried to downplay the seriousness of the pandemic.

Other than Morocco, which achieved a nearly 25 percent vaccination rate by the middle of 2021, countries in North Africa have vaccinated less than five percent of their respective populations. Additionally, aside from UAE, Bahrain, Kuwait, Qatar, Jordan and Israel, countries in the Middle East have vaccinated less than five percent of their respective populations. As of mid-2021, COVAX had delivered approximately 13 million doses to the region.

Half of the 11 MENA countries covered by USAID's Middle East Bureau are countries in conflict, while the remainder of countries are affected by the ongoing volatility in the region—from the decades of conflict in West Bank/Gaza; the Syria war, now in its tenth year; and the worst global humanitarian crisis centered in Yemen. MENA countries rank as some of the lowest on the Global Health Security Index: Yemen ranks 190th out of 195, Algeria is 173rd. COVID-19 has exacerbated many weaknesses in the region's health systems and demonstrated the need to strengthen emergency response systems to prevent, detect and respond to public health threats.

Prior to March 2020, MENA was the only region in the world where levels of extreme poverty were increasing, largely due to ongoing conflict in Libya, Syria, and Yemen. COVID-19 is expected to push an even greater proportion of the population into extreme poverty. The negative effects of the pandemic continue to affect populations in vulnerable situations, including women, IDPs, and refugees. In particular,

forced coexistence in confined living spaces and lack of access to the usual support system have resulted in an exponential rise in GBV in the wake of COVID-19. Moreover, decreased mobility and livelihood opportunities have resulted in deteriorating food security conditions in Iraq and Yemen, among other MENA countries, and generated additional protection concerns.

Countries in the region, aside from Iran, are willing to partner with the U.S. and have requested vaccines and other assistance numerous times during the pandemic. However, in Iraq, Libya, Syria, and Yemen, the economic downturn caused by the pandemic has exacerbated tensions and weak health infrastructure, which will necessitate a comprehensive response to strengthen health systems.

Sub-Saharan Africa

COVID-19 was first recognized in the Sub-Saharan Africa (SSA) region in March 2020. Despite early efforts to identify and isolate cases, few countries were able to manage contact tracing and isolation at a pace to contain early transmission, and widespread transmission was apparent by June 2020. The region is characterized by weak health systems, a wide range of endemic health threats (HIV, TB, malaria, polio, Ebola), and low access to handwashing facilities with soap and water. Case rates across the region have been variable, but the continent as a whole appeared to experience a first wave in June through August of 2020, and a rise in case rates in southern Africa in late 2020 that coincided with the recognition of the Beta (B.1.351) variant. As of June 2021, case counts were rising rapidly across the continent and health systems were overwhelmed in many countries; these increases coincided with the identification of the Delta variant in many of the countries. The pandemic situation in SSA reached a critical point due to the circulation of highly transmissible variants, limited vaccine availability and access, and fragile health systems stressed by more than a year of COVID-19 response.

As of June 2021, SSA has experienced significant surges of cases due to highly transmissible variants and weakened health systems unable to respond adequately. The spike in caseloads is stressing already weakened health systems, as hospitals in several countries are rapidly approaching—or surpassing—capacity. National and provincial hospitals in some countries reported oxygen shortages, healthcare worker shortages and burnout, medical supplies and personal protective equipment on the verge of stockout, and overloaded bed capacity. Slow vaccine rollout in SSA has resulted in populations that are susceptible to highly transmissible variants and severe illness. USAID's approach is to support a comprehensive public health response aligned with the WHO COVID-19 response pillars, which include public health and case management interventions to stop transmissions and mitigate the impacts of current and future surges.

COVID-19 vaccination coverage in Africa is extremely low. As of mid-2021, the continent accounted for less than one percent of the more than two billion COVID-19 vaccine doses administered globally. To date, COVAX has been the main source of vaccines in sub-Saharan Africa, primarily the AstraZeneca vaccine, as well as some doses of Pfizer BioNTech.

A number of factors complicate vaccination efforts. Inadequate support for vaccine storage, transport and administration, and high operational costs associated with delivery challenge vaccination campaigns. Efficient use of available doses has also proven challenging, with large numbers of vaccine doses at risk of expiration. While WHO and COVAX closely monitor this issue and support redistribution where possible, improvements in COVID-19 vaccine delivery, logistics, cold chain, microplanning, community engagement, and training in advance of the arrival of vaccines will be critical to successful vaccination campaigns. Low vaccine confidence resulting in vaccine hesitancy is another concern, resulting in delays administering doses and increased risk of vaccines expiring before use.

The negative effects of COVID-19 in SSA are exacerbated by existing high rates of malnutrition, large refugee populations, economic contraction, gender and other social inequalities, food insecurity caused by market closures, and mobility restrictions and rising unemployment. According to the World Bank, up to 40 million people could be driven into extreme poverty as a result, with African women and girls typically hardest-hit, although highly marginalized men are more affected in some cases. In addition, low- and middle-income countries with slow or faltering recoveries will be vulnerable to instability and increased space for malign actors. Instability may also drive internal displacement and migration, with serious security implications. Marginalized populations bear disproportionate impacts of the pandemic while simultaneously having less access to services. More than 70 percent of women face insecurity, as they more often work in the informal sector as market traders, street vendors, domestic workers, subsistence farmers, or in the service and hospitality industries. School closures, joblessness, supply disruptions, and increased domestic and family health responsibilities place more burdens on women. Furthermore, GBV—particularly intimate partner violence, transactional sex, child marriage, and female genital mutilation—has increased, due in part to school closures and stay-at-home measures. In Kenya alone, UNFPA data has shown a dramatic 775 percent increase in calls to the national GBV hotline during the pandemic¹⁴. Further exacerbating the harm done to GBV survivors, COVID-19 stay-at-home measures limited some GBV survivors' ability to access legal, health, and other frontline GBV services and informal support networks. Simultaneously, many GBV services have diminished in their ability to support survivors who do seek assistance. Members of political opposition, activists, and LGBTQI+ people are disproportionately targeted by lockdown measures. COVID-19 related measures have also left persons with disabilities increasingly vulnerable to economic and food insecurity, violence, neglect, and isolation. Droughts, floods, locusts and other natural and human-made disasters have increased the numbers of vulnerable people in South Sudan, Somalia, Ethiopia, and across the Sahel.

The stress placed by COVID-19 on health systems weakens the ability of countries to respond to and adequately control the spread of other diseases, risking long-term negative impacts on health outcomes. Deaths from vaccine-preventable diseases, malaria, tuberculosis, and HIV could increase significantly as a result of COVID-19 disruptions to disease prevention programs and health services; deaths from malaria

¹⁴ The Impact of COVID-19 on women and men. Nairobi: UN Women and UNFPA, East and Southern Africa Regional Offices

due to disrupted services during the coronavirus pandemic will far exceed those killed by COVID-19 in sub-Saharan Africa. COVID-19 has drastically and negatively affected child healthcare services, maternal care for pregnant women, services relating to chronic illnesses, and sexual and reproductive health care, including family planning and HIV prevention services. In South Africa and Mozambique, less than 20 percent of women accessed family planning and other reproductive health services during the pandemic, with some staying away out of fear of contracting the virus. Maternal and child health is one of the areas most likely to regress. Furthermore, women and girls have limited or no access to menstrual health and hygiene.

Nearly half the increase in global poverty from the pandemic will concentrate in SSA, in addition to increased hunger and malnutrition, displacement, educational disruptions and poor health access. Efforts to mitigate the spread of COVID-19, such as social distancing and movement restrictions, have decreased food and nutrition security, increased unemployment, and severely disrupted the food economy. Senior government officials in a number of countries denied that COVID-19 existed, and punished those who contradicted that message. Some also used excessive force to implement lockdowns and mask-wearing, and used COVID-19 as an excuse to cancel/postpone elections or prohibit campaigning by opposition candidates. Food insecurity caused by market reductions and travel restrictions, alongside rising unemployment, pushed economic contraction and Africa's first recession in 25 years. An unclear global demand for African exports, coupled with reduced investments/remittances and a rising debt crisis, severely complicate recovery.

The pandemic intensifies the risks of profound setbacks across development sectors and threatens over \$100 billion in U.S. foreign assistance to Africa in the last 20 years. USAID is uniquely positioned to support countries to tackle this multifaceted challenge with a comprehensive response that addresses COVID-19's effects on society: health, political, economic, and social. USAID will continue supporting foundational public health interventions while combatting COVID-19 and preparing for the next pandemic.

APPENDIX 2: METRICS

Selected performance monitoring indicators appear below. Lines of effort that are primarily advanced by policy engagement do not have corresponding performance indicators; reporting on these will be primarily qualitative in nature. Indicators may be added or adapted in response to changes in the context or the global response.

1. Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations

1b. Support comprehensive country readiness to administer COVID-19 vaccines, including efforts to ensure uptake and access among all eligible populations, address vaccine hesitancy, and combat mis- and disinformation

- USAID has supported the country in the development or adaptation of key vaccine readiness and implementation tools or activities
- Number of vaccination sites established as a result of USAID direct support
- Number of people who received the last recommended dose of an approved COVID-19 vaccine with USAID direct support

1d. Monitor and evaluate the safety and effectiveness of vaccination programs

- Percentage of adverse event following immunization (AEFI) reports reviewed by the appropriate responsible bodies with USAID support among those submitted to country monitoring systems

2) Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats

2b. Support public health interventions to manage COVID-19

- Number of people reached through mass and social media with risk communication and community engagement messaging
- Number of health facilities supported
- Number of individuals trained in medical commodity supply chain management
- Total number of individuals receiving WASH non-food items (NFIs) assistance through all modalities

2c. Support the delivery of evidence-based clinical interventions and expand access to diagnostics and therapeutics to detect, manage, and treat COVID-19

- Number of technical strategies, plans, and protocols developed or upgraded to operationalize the national COVID-19 strategy
- Number of diagnostic tests and auxiliary diagnostics supplies procured and delivered
- Number of facilities receiving technical assistance for case management, such as facility-level assessments, guidance, and/or training for reporting period
- Number of USAID-donated oxygen-related commodities delivered

2d. Mitigate negative effects on other essential health programs through targeted measures and investments and build resilient, integrated health-systems that can better respond to wider health needs and future biological threats

- Number of countries that improve capacity ratings for preventing, detecting, and rapidly responding to public health risks

3) Address acute needs driven by COVID-19, mitigate household shocks, and build resilience

3a. Address urgent humanitarian needs and prevent famine

- Total number of individuals (beneficiaries) assisted through multipurpose cash activities
- Number of individuals (beneficiaries) directly benefiting from improving agricultural production
- Number of individuals admitted to Management of Acute Malnutrition sites
- Number of pregnant women reached with nutrition specific interventions through BHA

3b. Mitigate increases in food insecurity and malnutrition

- Number of individuals participating in United States Government (USG) food security programs
- Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition activities
- Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs

3c. Provide economic relief, including through stronger social safety nets

- Number of USG social assistance beneficiaries participating in productive safety nets
- Number of individuals participating in USG-assisted group-based savings, micro-finance or lending programs

3d. Enable children to return to learning safely and recover from education disruptions

- Number of learners with improved access to education through USG-assisted programs

3e. Reduce gender-based violence and promote the protection of children and other vulnerable groups

- Number of individual beneficiaries accessing GBV response services
- Number of individual beneficiaries participating in child protection services
- Number of individual beneficiaries participating in psychosocial support services
- Number of vulnerable persons benefiting from USG-supported social services

4) Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery

4a. Reinforce macroeconomic stability, including through debt-relief efforts, and boost private-sector investment and job creation

- Number of firms receiving USG-funded technical assistance for improving business performance
- Number of private sector enterprises with increased access to finance due to USG assistance
- Value of new USG commitments and private sector investment leveraged by the USG to support food security and nutrition
- Full-time equivalent employment of firms receiving USG assistance

4c. Improve human security and prevent conflict in increasingly fragile contexts

- Number of new groups or initiatives created through USG funding, dedicated to resolving the conflict or the drivers of the conflict
- Number of USG supported events, trainings, or activities designed to build support for peace or reconciliation among key actors to the conflict
- Number of people participating in USG-supported events, trainings, or activities designed to build mass support for peace and reconciliation

4d. Address critical governance and human rights challenges exacerbated by the pandemic

- Number of mechanisms for external oversight of public resource use supported by USG assistance
- Number of human rights organizations trained and supported
- Number of USG-assisted media-sector civil society organizations (CSO) and/or institutions that serve to strengthen the independent media or journalists

- Number of legal instruments drafted, proposed or adopted with USG assistance designed to promote gender equality or non-discrimination against women or girls at the national or sub-national level

5) Strengthen the international health security architecture to prevent, detect, and respond to pandemic threats

5a. Improve incentives to build core health security capacities, including coordinated responses to infectious disease threats

- Number of countries that improve capacity ratings for preventing, detecting, and rapidly responding to public health risks

5b. Develop a sustainable, catalytic global health security financing mechanism

- Forthcoming

5c. Strengthen and enhance international arrangements and governance regimes for global health security

- Forthcoming

5d. Strengthen and reform the World Health Organization (WHO) and other parts of the United Nations (UN) system critical for health security

- Targeted World Health Organization (WHO) reforms and amendments or other appropriate mechanisms to strengthen current International Health Regulations (IHR) are used to address shortcomings uncovered during the outbreak of COVID-19, to include reform and strengthening of the Emergency Committee process to provide a transparent and accountable system for evaluating potential Public Health Emergencies of International Concern

5e. Advance international collaboration on scientific research to prevent and fight pandemics and other biothreats

- Forthcoming