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Lead Inspector General Joint Strategic Oversight Plan on U.S. Government Activities

INTERNATIONAL EBOLA RESPONSE AND PREPAREDNESS

October 2015



Cover photo caption: A girl prepares to get her final round of shots at a medical facility operated by Catholic Relief Services with the support of USAID. Many hospitals and clinics were too overwhelmed during the Ebola crisis to provide immunization services. (Photo by Adam Parr, USAID, Monrovia, Liberia, February 4, 2015).

Foreword

This Joint Strategic Oversight Plan provides information on Office of Inspector General strategy and plans for oversight of U.S. Government international Ebola response and preparedness efforts. Representatives of the Inspector General community initially came together to develop this plan pursuant to section 8L of the Inspector General Act of 1978, as amended. Section 8L establishes a requirement for the U.S. Department of Defense (DoD), Department of State (DOS), and U.S. Agency for International Development (USAID) Offices of Inspector General (OIGs) to develop and carry out a joint strategic plan “to conduct comprehensive oversight over all aspects of [a] contingency operation.”¹ The November 2014 activation of reservists in association with Operation United Assistance—which had been declared in support of response efforts against the Ebola outbreak in West Africa—triggered this and other requirements under Section 8L.

In order to help provide comprehensive Ebola oversight and meet stakeholder expectations, in coordinating planning and reporting activities, USAID OIG extended the focus of these efforts beyond oversight partners at DoD and DOS OIGs to include the OIG for the U.S. Department of Health and Human Services (HHS), which has been a primary participant in U.S. Government efforts to combat Ebola. Coordinated oversight efforts have been broadened beyond Operation United Assistance, the military mission to support efforts to combat Ebola, to include comprehensive oversight of all U.S. Government response and preparedness activities and programs related to the Ebola outbreak in West Africa.

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INTRODUCTION

The Ebola virus disease (EVD) outbreak in West Africa has posed a global health threat to the international community and was identified as a national security priority for the United States. The World Health Organization (WHO) declared the EVD outbreak in West Africa a “public health emergency of international concern” and, as of September 27, 2015, the disease had resulted in 28,424 suspected, probable, and confirmed cases and 11,311 deaths worldwide.² In the three most heavily affected countries of Guinea, Liberia, and Sierra Leone, the national healthcare systems and economies have been severely impacted.

The U.S. Government response to the EVD outbreak has been significant in size, scope, and cost. Several federal departments and agencies have had a part in the whole-of-government effort to reduce Ebola transmission in West Africa, as well as efforts to address second-order effects, and better prepare international health systems for future outbreaks.

Complex crisis response and preparedness efforts in international settings face heightened risks of fraud, waste, and abuse of taxpayer dollars. Accordingly, the DoD, DOS, HHS, and USAID OIGs are working together to ensure independent and comprehensive oversight of U.S. Government funds, activities, and programs related to the international dimensions of the U.S. Government’s Ebola response.

PURPOSE

This plan was designed to provide the basis for coordinated, strategic oversight of the U.S. Government’s international Ebola response and preparedness activities, and was developed collaboratively among the OIGs for DoD, DOS, HHS, and USAID.

This plan satisfies the requirements contained in Section 8L of the Inspector General Act of 1978, as amended (5 U.S.C. App.).³ Section 8L requires the OIGs for DoD, DOS, and USAID to coordinate oversight efforts and report on the progress of overseas contingency operations as defined under 10 U.S.C. §101(a)(13). As part of this coordinated effort, Section 8L provides that these three OIGs are to develop and carry out “a joint strategic plan to conduct comprehensive oversight over all aspects of the contingency operation and to ensure through either joint or individual audits, inspections, and investigations, independent and effective oversight of all programs and operations of the Federal Government in support of the contingency operation.”⁴

In September 2014, DoD announced Operation United Assistance (OUA) in support of response efforts against the EVD outbreak in West Africa. On October 16, 2014, the President authorized the Secretary of Defense to order reserve units and individuals to active duty to support OUA.⁵ On November 25, 2014, DoD issued call-up orders activating National Guard and Reserve forces to duty in support of OUA. This activation of reservists meant that OUA met the definition of an overseas contingency operation under 10 U.S.C. §101(a)(13), and, in turn, triggered the provisions of Section 8L of the Inspector General Act relating to oversight of contingency operations.⁶

In addition to oversight of OUA, this plan addresses oversight of the broader U.S. Government response to the Ebola outbreak and will help guide and synchronize oversight of activities of the four aforementioned OIGs. In light of the whole-of-government response to the outbreak and the significant role that HHS has had in efforts to counter EVD, HHS OIG has been included in oversight coordination and planning efforts in order to ensure comprehensive coverage of the international aspects of the U.S. Government's EVD response and preparedness efforts.

THE EBOLA OUTBREAK AND INTERNATIONAL RESPONSE

In early 2014, local authorities in Guinea, Liberia, and Sierra Leone began coordinating with WHO and non-governmental organizations (NGOs) to stop the spread of an unknown disease that was subsequently identified as EVD. On March 23, 2014, the WHO Regional Office for Africa declared an EVD outbreak.⁷

A rapid increase in the number of EVD cases and the spread of the disease in urban settings overwhelmed the healthcare systems and diminished workforce in Guinea, Liberia, and Sierra Leone. On August 8, 2014, WHO declared the EVD outbreak in West Africa a “public health emergency of international concern.”⁸ That month, the U.S. Ambassador to Liberia, Chargé d’Affaires to Guinea, and Chargé d’Affaires in Sierra Leone declared the EVD outbreaks in their respective countries a disaster. The U.S. Ambassador to Liberia subsequently announced additional assistance efforts in West Africa including the deployment of a USAID-led Disaster Assistance Response Team to the region and funding for USAID programs for combating EVD.⁹

On September 18, 2014, the United Nations (UN) Security Council called for assistance from nations across the world and declared the EVD outbreak in West Africa a “threat to international security and peace.”¹⁰ That same day, the UN established the UN Mission for Ebola Emergency Response to improve coordination of response activities and address the socioeconomic problems caused by EVD in West Africa.¹¹ At the end of September 2014, the Centers for

Disease Control and Prevention (CDC) estimated that, provided there were no additional interventions or changes in social behavior in Liberia and Sierra Leone, between 550,000 and 1.4 million people in West Africa could be infected by January 2015.¹² Given the prevailing 70.8 percent case fatality rate for the West Africa outbreak at the time, disease prevalence at these levels could have resulted in hundreds of thousands of deaths in the region.¹³

The number of new EVD cases reported per week in Liberia, Sierra Leone, and Guinea peaked in September, November, and December 2014, respectively. These figures began to decline at the start of 2015, from more than 300 new confirmed EVD cases per week at the beginning of the year, to under 150 new confirmed cases per week between February and March 2015, and 20 new confirmed cases per week between April and June 2015.¹⁴ Since the end of July 2015, fewer than 10 new reported cases have been reported per week.¹⁵ WHO declared Liberia to be free of EVD cases for the second time on September 3, 2015, 42 days after the last EVD patient completed treatment and was confirmed as EVD-negative.¹⁶

The U.S. Government and other international actors have made significant contributions to ending the outbreak. Donor investments have been designed to promote a wide range of activities, from disease surveillance to healthcare and community care worker training, and from communications and behavioral change efforts to vaccine and therapeutic development. Recent response efforts have focused on more intensive tracing of contacts with those afflicted by the disease and disease monitoring in border areas.

U.S. GOVERNMENT RESPONSE EFFORTS

The President announced the U.S. Government's strategy for reducing EVD transmission in West Africa in September 2014.¹⁷ The U.S. Government's strategy is organized around four pillars of activity:

- 1) Control the Outbreak
- 2) Mitigate Second-Order Impacts of the Crisis
- 3) Build Coherent Leadership and Operations
- 4) Strengthen Global Health Security

USAID was designated as the lead federal agency to manage and coordinate the U.S. effort to fight the Ebola outbreak overseas. CDC led the medical and public health component of U.S. Government response efforts, DOS had responsibility for advancing related diplomatic

efforts, and DoD and other HHS components made contributions as participants of the overall response effort, providing specific support as needed.

U.S. Government activities under the four pillars of the Ebola response and preparedness strategy have been concentrated on the following focus areas:

Pillar I: Control the Outbreak

- Strengthening and supporting the command and control of health and humanitarian response efforts at the national and sub-national level;
- Managing suspected, probable, and confirmed cases through isolation and treatment of patients;
- Investigating chains of transmission and coordinating contact tracing through surveillance and epidemiology;
- Restoring essential health services by training healthcare workers, distributing personal protective equipment, and improving infection prevention and control in healthcare facilities;
- Informing the public and healthcare workers on EVD risks, promoting safe behaviors, and combating stigma through communication and social mobilization efforts;
- Managing logistics to procure and distribute essential supplies and medicines to the region.

Pillar II: Mitigate Second-Order Impacts

- Addressing food security in affected households and communities;
- Strengthening core health systems and rebuilding the health workforce;
- Restoring critical key non-Ebola health services and providing technical assistance to rebuild sustainable capacity;
- Continuing governance efforts that strengthen the capacity of government institutions, civil society, and communities to address crisis;
- Attracting innovation and investment in communication technology to improve information flow for response efforts.

Pillar III: Build Coherent Leadership and Operations

- Promoting effective U.S. Government response and preparedness coordination, leadership, and operations by increasing staff levels across multiple organizations involved in the response.

Pillar IV: Strengthen Global Health Security

- Preventing avoidable epidemics by strengthening capacity to prevent, detect, and respond to disease threats;

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- Detecting threats by strengthening disease surveillance;
 - Responding rapidly and effectively to any introduction of EVD in unaffected countries by establishing preparedness capabilities, and developing and testing national Ebola preparedness plans.

Funding Response and Preparedness

In November 2014, the President transmitted an emergency appropriations request to Congress for \$6.18 billion in funding for domestic and international responses to Ebola. This request was designed to enable the U.S. Government to implement its strategy to contain and end the EVD outbreak in West Africa, strengthen domestic preparedness, accelerate testing and procurement of related medicines, and advance global capacity to prevent the spread of infectious disease outbreaks in the future.

Congress acted on this request as part of its fiscal year (FY) 2015 omnibus appropriation (P.L. 113-235), and, on December 16, 2014, the President signed the omnibus into law. The appropriation provided for the bulk of the items in the Administration's request. In total, Congress provided more than \$5.370 billion in emergency funds for Ebola prevention and response. Of the total amount provided, \$2.526 billion was specifically designated for international efforts, with an additional \$2.303 billion for use in either domestic or international settings.

As of June 30, 2015, U.S. Government agencies reported \$1.727 billion in obligations and \$672.8 million in disbursement in association with efforts to combat the EVD outbreak in West Africa.

STRATEGIC OVERSIGHT AIMS

The Inspector General community is committed to working together to deter waste, fraud, and abuse and promote efficient and effective use of U.S. Government resources that address challenges that cut across agency and departmental lines. In order to achieve coordinated, comprehensive oversight of Ebola response and preparedness efforts that extend across several agencies, it is important for Executive Branch oversight bodies with jurisdiction over these efforts to plan and operate in sync. In recognition of this need, the OIGs for DoD, DOS, HHS, and USAID are working together to ensure independent and comprehensive oversight of related U.S. Government funds, activities, and programs. This approach helps reduce the risks to taxpayer dollars inherent in complex crisis response and preparedness efforts in international

settings. Oversight coordination efforts surrounding the U.S. Government's international Ebola response and preparedness efforts center on four lines of effort:

- Planning
- Quarterly and Biannual Reporting
- Coordination of Activities
- Communications and Outreach

The following section describes how the participating OIGs have and are organizing to enable them to address requirements in the above areas.

ORGANIZATION OF OVERSIGHT EFFORTS

OIG coordination efforts with a bearing on Ebola oversight began in September 2014 with a joint OIG summit involving 90 participants from DoD, DOS, and USAID OIGs with a focus on requirements and challenges for implementing coordinated oversight for future overseas contingency operations under Section 8L of the Inspector General Act. In February 2015, HHS OIG joined with these three OIGs to discuss current and planned oversight activities related to the Ebola outbreak. These coordination efforts have continued in 2015 through frequent coordination among staff from these OIGs.

The Inspector General community is exercising its commitment to effective oversight of the U.S. Government's international Ebola response and preparedness efforts in part through the framework laid out in Section 8L. Pursuant to the requirements of this section of law, the Chair of the Council of Inspectors General for Integrity and Efficiency (CIGIE) is responsible for designating a Lead Inspector General (IG) for overseas contingency operations (OCOs) that have extended beyond 60 days. The Lead IG resolves conflicts of jurisdiction on investigations, inspections, and audits among the DoD, State, and USAID IGs. The Lead IG also appoints an associate IG in a coordinating role to assist the Lead IG. On February 24, 2015, the CIGIE Chair designated Jon T. Rymer, the DoD Inspector General, as the Lead IG for OUA.¹⁸ Mr. Rymer subsequently appointed Catherine M. Trujillo, the USAID Acting Deputy Inspector General, as the Associate IG to lead OUA oversight planning, coordinating and reporting activities.¹⁹

Section 8L requires the Lead IG to develop a joint strategic plan to conduct comprehensive oversight over all aspects of the OCO and to ensure through either joint or individual audits, inspections, and investigations, independent and effective oversight of all programs and operations of the U.S. Government in support of the contingency operation. The Lead IG is also

responsible to review and ascertain the accuracy of information provided by Federal agencies related to obligations and expenditures, costs of programs and projects, accountability of funds, and the award and execution of major contracts, grants, and agreements in support of the OCO. Each OIG has identified its own specialized approach for addressing this requirement. These approaches are discussed further in Appendix A.

The Lead IG is required to submit quarterly and biannual reports to Congress. Biannual reports are to include the status and results of investigations, inspections, and audits, as well as information on referrals to the Department of Justice and overall plans for the review of the OCO by the OIGs, including plans for investigations, inspections, and audits. Quarterly reports are to include information on the status of the contingency operation.

Under the Lead IG arrangement established for OUA, the DoD IG assumed responsibility for implementing staffing authorities associated with OUA oversight, while the USAID Deputy Acting IG assumed responsibility for addressing Section 8L requirements related to joint oversight planning and coordination, and quarterly and biannual reporting.

Section 8L authorities and requirements under the IG Act terminate at the end of the first year after which Congress has appropriated less than \$100 million for a pertinent overseas contingency operation. Although Congress appropriated substantial funding for Ebola response and preparedness in December 2014, it designated the funds as “emergency,” and not “overseas contingency operation” funds, and did not link them to OUA. No subsequent appropriations were made for OUA and, on June 30, 2015, the President formally declared an end to the operation.²⁰ Consequently, Section 8L authorities and responsibilities relating to the EVD outbreak in West Africa conclude at the end of FY 2015.²¹

These time constraints on the use of Section 8L authorities with respect to OUA have had the effect of limiting potential uses of alternative staffing options. DoD IG Rymer delegated Section 8L personnel authorities to the USAID and DOS OIGs on May 4, 2015.²² Due to the above time limits on the use of these authorities (the authorities expired at the end of fiscal year 2015), however, none of the affected OIGs identified plans to exercise them.

In order to help provide comprehensive Ebola oversight and meet stakeholder expectations, in coordinating planning and reporting activities, USAID OIG extended the focus of these efforts beyond oversight partners at DoD and DOS OIGs to include the OIG for HHS, which has been a primary participant in U.S. Government efforts to combat EVD. Coordinated oversight efforts have been broadened beyond OUA, the military mission to support efforts to combat Ebola, to

include comprehensive oversight of all U.S. Government response and preparedness activities and programs related to the Ebola outbreak in West Africa.

The participating OIGs are employing a decentralized approach to implementation of Ebola-related oversight activities. Under this approach, the OIGs leverage to the greatest extent possible existing systems and resources, minimizing the need for additional overhead. Although DoD OIG established a dedicated OCO oversight unit under a Deputy Inspector General for Overseas Contingency Operations, and USAID OIGs retained additional personnel to support Ebola quarterly reporting, the OIGs have no plans to constitute any new units to support these efforts.

Participating OIGs share and discuss plans, contribute to mandatory reporting, and coordinate on outreach, communications, and joint activities. In executing joint planning, coordination, and reporting functions relating to Ebola oversight, the OIGs will seek to leverage existing systems and resources within their respective organizations. The participating OIGs will work within existing frameworks to ensure collaboration by all four staffs on joint, coordinated undertakings so as to promote efficiency and reduce duplication of effort. Each OIG will designate a point of contact for coordination on joint issues as appropriate.

For all other Ebola-related oversight activities, the OIGs will manage their respective resources and processes in an independent way. This will be the case, for example, in the development agency- or department-specific deliverables.

PLANNING

The purpose of joint planning is to provide comprehensive oversight coverage of U.S. Government international response and preparedness efforts relating to the Ebola outbreak in West Africa, to minimize overlap or redundant work, and to ensure that oversight addresses the effectiveness of the overall U.S. Government strategy to reduce EVD transmission in West Africa and eliminate all cases of the disease. This plan reflects coordination efforts of the relevant OIGs and describes planned oversight of Ebola-related activities, the types of activities that may be worked jointly, and how related coordination efforts will be organized.

This plan also identifies areas for strategic focus for oversight efforts based on consultation among the OIGs. These areas of focus will be used by the OIGs to inform future oversight planning and reporting activities. The OIGs may update and revise these focus areas as the U.S. Government's Ebola response and preparedness efforts evolve.

Strategic Oversight Issue Areas

As part of the effort to promote comprehensive oversight of the U.S. Government’s international Ebola preparedness and response activities, the participating OIGs have identified strategic issue areas for focused oversight attention. OIG oversight programs related to Ebola have been and will continue to be developed by each respective OIG. To the extent that these oversight programs present opportunities for collaboration and joint work, this will be coordinated across OIGs. The participating OIGs identified the following four strategic oversight issue areas based on information about the primary international Ebola-related programs activities planned and consideration of related risks:

- Managing Financial and Procurement Processes
- Executing Response Plans and Activities
- Restoring Health Systems and Increasing Preparedness
- Rebuilding Socioeconomic Sectors Impacted by the Outbreak

Managing Financial and Procurement Processes

Financial and procurement systems play an important role in any major international response effort, and this is particularly so for contingency operations. In past contingency operations, the challenges associated with the rapid influx of response resources in crisis environments have added to financial and procurement system risks. In Afghanistan and Iraq, for example, the Commission on Wartime Contracting noted that “Poor planning, management, and oversight of contracts has led to massive waste...”²³

The U.S. Government response to the Ebola crisis has involved the large-scale application of financial and program resources to an international public health crisis that the UN Secretary General described as having “significant political, social, economic, humanitarian, and security dimensions.”²⁴ The urgency and scale of the U.S. Government response as well the assessed levels of corruption present in the Ebola-affected countries in West Africa, increased the risk of fraud and waste in financial and procurement activities and added to the challenge of properly implementing corresponding plans.

The oversight community has already completed some work in this area, including a DoD OIG audit of the U.S. Army administration of contracts for OUA and a USAID OIG audit of the USAID mission in Guinea’s systems for ensuring appropriate financial audit oversight of funded programs. In addition, USAID OIG has an ongoing audit of USAID’s use of acquisition and

assistance instruments used in the Ebola response, DoD OIG plans to audit logistics contracts, and DOS OIG plans to examine an aeromedical evacuation contract. Meanwhile, HHS OIG plans to review CDC's Ebola-related awards. In addition, the OIGs for DoD, DOS, HHS, and USAID all plan to execute financial verification activities designed to provide assurance that these agencies' financial reporting on Ebola-related activities is accurate.

Executing Response Plans and Activities

Guinea, Liberia, and Sierra Leone lacked experience identifying EVD or containing its transmission, and the countries faced several challenges in addressing the epidemic, including community resistance, the presence of EVD in urban settings, inadequate treatment facilities, lack of personal protective equipment and training on infection prevention and control, and insufficient human resources in certain affected areas.²⁵ Public health officials had difficulty collecting accurate data to confirm cases of EVD and symptomatic individuals hid due to mistrust of government or healthcare institutions or their fear of being ostracized by their communities.²⁶ As a result of these and other factors, the EVD outbreak grew and spread, resulting in the affliction of more than 28,000.²⁷

The U.S. Government responded to the uncontained outbreak by providing extensive support for response efforts. Effective screening, aggressive contact tracing, rapid EVD identification, and prompt isolation of EVD patients were important aspects of the strategy to halt the EVD epidemic as they helped prevent further transmission. CDC, DoD, and USAID-funded partners trained thousands of healthcare workers on how to screen individuals for potential EVD signs and symptoms and how to implement contact tracing programs. The U.S. Government provided mobile laboratories and opened new laboratory testing facilities in the region to increase diagnostic capacity, and constructed Ebola treatment units and funded community care centers in the region to isolate and treat EVD victims and help stanch the spread of the disease. U.S. Government efforts also included measures to promote coordination, operations, and communication efforts surrounding the response. The U.S. Government supported the operation of emergency operations centers, safe burial teams, and core healthcare systems in West Africa.

The U.S. Government also committed significant numbers of personnel to response efforts. HHS contributions included thousands of CDC personnel working in the United States and more than 1,000 CDC personnel deployed to West Africa. USAID reported that more than 465 personnel were mobilized to support efforts to address the EVD outbreak. At its peak, DoD deployed nearly 3,000 troops in Liberia in support of Operation United Assistance.

The oversight community has extensive ongoing and planned work in this area. This work includes ongoing USAID OIG audits on the management of medical commodities and USAID Office of Foreign Disaster Assistance (OFDA) responses to the Ebola crisis in Liberia as well as an HHS OIG review of hospital preparedness and response to high-risk infectious diseases. In addition, DoD OIG is currently evaluating health-related force protection measures employed during OUA and DOS OIG is auditing medical evacuation efforts executed as part of the broader Ebola response. Future USAID OIG audits will address this issue area in connection with the management and utilization of Ebola treatment units and community care centers, training of healthcare workers, the transition of selected response activities and assets, and OFDA response efforts in Sierra Leone.

Restoring Health Systems and Increasing Preparedness

Prior to the EVD outbreak, health systems in Guinea, Liberia, and Sierra Leone had limited capacity and were supported by weak infrastructure.²⁸ In 2013, Guinea, Liberia and Sierra Leone spent \$7, \$14, and \$11 per person on health services, respectively.²⁹ When EVD spread, the health institutions in these countries were quickly overwhelmed and the quality and availability of care deteriorated.³⁰

As the EVD outbreak intensified across the three countries, important health services unrelated to EVD response were also affected. Health resources were diverted from basic health services to the EVD response, significant numbers of healthcare workers succumbed to EVD, and some patients and healthcare workers avoided health facilities out of a fear of contracting the disease.³¹

To return non-Ebola health services to pre-outbreak levels, the U.S. Government, in conjunction with other members of the international community, has focused on reestablishing and strengthening service delivery and providing technical assistance.³² In the process, the U.S. Government hopes to capitalize on the knowledge and skills that healthcare workers and institutions developed during the outbreak, such as knowledge of how to apply appropriate infection prevention and control measures.³³ The U.S. Government also aims to revive demand for health services within communities across the three countries by increasing trust in the health system and promoting healthy behaviors.³⁴

U.S. Government health system recovery efforts in West Africa are also focused on improving health system preparedness and response capacity.³⁵ In Guinea, Liberia, and Sierra Leone, the U.S. Government has tied some plans to restore health systems with aims to strengthen global health security in preventing, detecting, and responding to disease outbreaks.

The oversight community's planned work in this area includes USAID OIG audits of healthcare worker training efforts as well as programs to help rebuild Liberia's healthcare system. In addition, USAID OIG has tentative plans to examine efforts to promote the performance of health systems in the region through the Ebola preparedness efforts and the Global Health Security Agenda.

Rebuilding Socioeconomic Sectors Impacted by the Outbreak

The EVD outbreak caused great social and economic disruption in West Africa. Educational systems in the three most heavily affected countries shut down for much of the previous school year and more than 18,200 children reportedly lost one or both parents or primary caregivers to EVD.³⁶ Socioeconomic effects from the EVD outbreak have included job losses, market disruption, reduced agricultural production, decreased household purchasing power, and increased food insecurity.³⁷ Economic growth estimates for each country in 2014 fell below pre-outbreak expectations and The World Bank estimated that, through 2015, Gross Domestic Product losses for the three countries would amount to \$2.2 billion.³⁸

As EVD spread in West Africa in 2014 and early 2015, food security became a major concern in the nations most severely affected by the outbreak. In Guinea, Liberia, and Sierra Leone, EVD-related fears and travel bans created market disruptions, shortfalls in agricultural production, and a general decline in economic activity.³⁹ The EVD crisis reached its peak at the start of the planting season in 2014 and conditions surrounding the outbreak affected food supplies, agricultural markets, and sales.⁴⁰ Food prices increased while household incomes and purchasing power decreased, stressing the food security of millions and exposing others to crisis conditions.⁴¹

The U.S. Government has taken steps to promote food security by providing assistance to vulnerable groups and working to increase availability of food through the recovery of local food production and restoration of proper market function.⁴² The U.S. Government is also developing plans and partnerships to strengthen social protection programs and improve basic education and workforce development.⁴³ In addition, it has discussed commitments to foster private sector investment; promote trade, investment, and infrastructure; and increase electricity access in West African communities impacted by the EVD epidemic.⁴⁴

The oversight community's planned work in this area includes USAID OIG audits of USAID's efforts to strengthen agriculture value chains and water supply and sanitation services in West Africa, and increase educational capacity and access to finance in Liberia.

The following table shows how the participating OIGs’ oversight plans and activities relate to the strategic oversight issue areas discussed above. It also represents these efforts in relation to the four lines of effort under the U.S. Ebola response and preparedness strategy.

Table 1. The following table provides a breakdown of OIG oversight activities by strategic oversight issue area and applicable U.S. strategic line of effort.

U.S. Strategy Line of Effort	Strategic Oversight Issue Areas			
	Managing Financial and Procurement Processes	Executing Response Plans and Activities	Restoring Health Systems and Increasing Preparedness	Rebuilding Socioeconomic Sectors Impacted by the Outbreak
Control the Outbreak	DoD, DOS, HHS, USAID	DoD, DOS, HHS, USAID	USAID	
Mitigate Second-Order Impacts	USAID		USAID	USAID
Build Coherent Leadership and Operations	USAID	HHS		
Strengthen Global Health Security	HHS, USAID		USAID	

USAID OIG, DoD OIG, and HHS OIG are exploring joint projects to examine coordination efforts between U.S. Government departments and agencies in the implementation of the U.S. Government strategy for reducing EVD transmission in West Africa.

Oversight of USAID activities and programs will be conducted by USAID OIG in Washington, D.C., and through its Regional Inspector General offices in Dakar, Senegal and Pretoria, South Africa. Oversight of DoD activities will be conducted mainly through DoD OIG offices in Alexandria, Virginia. Oversight of HHS component activities will be conducted by HHS OIG through its offices in Washington, D.C., and Atlanta, Georgia. Oversight of State Department activities will be conducted by DOS OIG in Washington, D.C.

QUARTERLY AND BIENNIAL REPORTING

Section 8L of the IG Act establishes quarterly and biannual reporting requirements. On a quarterly basis, the OIGs are to report on the progress of the contingency operation. On a biannual basis, the OIGs are to report on the status and results of investigations, inspections, audits, and referrals to the Department of the Justice. Biannual reports are also to include overall plans for the review of the contingency operation by the participating OIGs.

In order to execute this reporting function, the participating OIGs obtain information on the status of the contingency operation and international Ebola response and recovery efforts from their respective departments/agencies as well as required oversight information in a timely manner to support the coordination with and the development of quarterly and biannual reports by the Associate IG. Oversight information will include coordination with both audit and investigations offices to ensure comprehensive data collection. Data calls supporting the development of these reports are due shortly after the end of the reporting period and will include status of U.S. Government programs and operations in terms of the activities they support as well as department/agency financial data, including obligations and expenditures related to the contingency. The Associate IG will integrate these inputs into comprehensive quarterly and bi-annual joint reports.

Current plans are for OIG quarterly reporting on the progress of Ebola response and preparedness activities to conclude with a report covering U.S. Government activities through the end of FY 2015. The first quarterly report on the subject covered the period from the start of the outbreak through March 31, 2015.⁴⁵ The second quarterly report and biannual report covered the outbreak through June 30, 2015.⁴⁶ The last quarterly report will cover the outbreak through September 30, 2015. Since several of the involved OIGs are also required to report on other OCOs in a similar timeframe, publishing of Ebola-related quarterly and biannual reports will be coordinated, synchronized, and staggered with other Lead IG OCO reporting and available within 6 weeks of the end of the reporting period. Since resources are limited, this will enable the OIGs to provide sufficient attention to each OCO and to develop a higher-quality product than if the reporting was accomplished concurrently with other OCOs.

COORDINATION OF ACTIVITIES

Unlike the agency-centric jurisdiction of an individual OIG, the mission of the Lead IG includes coordinating, developing, and executing a joint strategic oversight plan to conduct

comprehensive oversight and reporting over all aspects of the contingency operation. To execute this plan for the oversight of Ebola-related activities, the OIGs for USAID, DoD, DOS, and HHS have identified, assigned, and are managing staff to conduct and report the results of audits, inspections, evaluations, and investigations in accordance with the standard operating procedures in place for each OIG.

As the U.S. response to the Ebola outbreak evolves, as described in the four pillars of the strategy, the level of coordination and effort for oversight may correspond to a variety of project types and coverage, including:

- Individual OIG projects for oversight of department/agency programs executed independently by USAID, DoD, DOS, or HHS components;
- Joint OIG projects for oversight of interagency programs executed by USAID, DoD, DOS, and/or HHS components; and
- Joint OIG projects that include one or more of the OIGs for USAID, DoD, DOS, and HHS and other federal OIGs or oversight organizations, where appropriate, for oversight coverage of additional interagency programs.

The OIGs will seek opportunities, where appropriate, to plan and execute joint audits and reviews. When a joint project is identified, the parties will enter into a memorandum of understanding, determine the lead agency for the project, and which OIG systems and processes will be used for review and clearance of the project.

Although this plan does not specifically address law enforcement efforts in detail, it is important to note that when criminal activity is suspected during the course of an audit, evaluation, or inspection, the allegations are referred to the respective law enforcement component for investigation. Bribery, kickbacks, and criminal conflicts of interest were by far the most prevalent categories of crimes identified that related to contingency contracts in prior contingency operations.

Investigations may be worked jointly, if appropriate. Each OIG will maintain its own hotline or other office designated to receive complaints from an external source obtained through the internet, telephone, fax, standard mail, or in person. The source may be anonymous, confidential, or named. Contacts may include assistance/general information requests, multiple allegations or issues, and inter-agency correspondence relating to existing contacts. Each OIG will process Ebola-related contacts according to individual operating procedures and will comply

with all applicable whistleblower protection provisions. Contacts determined to fall outside of an OIG's jurisdiction will be transferred to the appropriate federal agency.

USAID OIG established a dedicated Ebola Hotline to receive complaints of fraud, waste, or abuse relating to U.S. Government programs supporting the response to contain and stop the spread of EVD. The Hotline has also been made available to receive complaints relating to U.S. Government programs that support efforts to mitigate second-order impacts; ensure that disease outbreak response efforts have needed leadership and operational support; and strengthen global health security by increasing health system disease surveillance, laboratory, and infection control capacity. Complaints to the Ebola Hotline may include information about mismanagement or violations of law, rules, or regulations by U.S. Government employees, implementers of U.S. Government-funded programs, or program participants. USAID OIG accepts complaints directly from employees, program participants, or the general public. The Ebola Hotline is accessible through a web-based form on the USAID OIG webpage in English and in French as well as by telephone, fax, and mail.

Telephone: 1-800-230-6539 or 202-712-1023

Email: ebolahotline@usaid.gov

PDF form for fax or

mail: http://oig.usaid.gov/sites/default/files/ebola_complaint_form.pdf

Fax: 202-216-3801

Mailing address:

U.S. Agency for International Development

Attn: Ebola Hotline

Office of Inspector General

P.O. Box 657

Washington, DC 20044-0657

Hotline Web site in English:

<http://oig.usaid.gov/content/ebola-hotline-report-fraud-or-corruption>

Hotline Web site in French:

<http://oig.usaid.gov/content/ebola-hotline-report-fraud-or-corruption-french>

The DoD Hotline implemented emergency procedures to handle any contact alleging a potential Ebola infection, including immediate notification to CDC.⁴⁷

Telephone: 800-424-9098 or 703-604-8799
DSN: 664-8799

Website for PDF form for fax or
mail: <http://www.dodig.mil/hotline/hotlinecomplaint.html>
Fax: 703- 604-8567

Mailing address:
DoD Hotline
THE PENTAGON
WASHINGTON, D.C. 20301-1900
<http://www.dodig.mil/hotline/>

DOS OIG Hotline information:

Telephone: 1-800-409-9926 or 1-202-647-3320
Email: oighotline@state.gov
<https://oig.state.gov/hotline>

HHS OIG Hotline information:

Telephone: 1-800-HHS-TIPS (1-800-447-8477)
PDF form for fax or mail: http://oig.hhs.gov/fraud/report-fraud/hotline_complaint_submission_form.pdf
Fax: 1-800-223-8164

Mailing address:
US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026
<https://forms.oig.hhs.gov/hotlineoperations/>

As allegations are received by an OIG, the OIG will work with its partners in USAID, DoD, DOS, or HHS OIGs, and other domestic and international law enforcement partners as appropriate to investigate them. USAID OIG investigative work will be managed from

headquarters in Washington, D.C., and assigned to investigators posted in Dakar and Washington, D.C. DoD OIG manages investigative activities through its Alexandria, Virginia offices. DOS OIG manages its investigative activities through its Washington, D.C. office. HHS also manages its investigative activities through its Washington, D.C. office.

COMMUNICATIONS AND OUTREACH

Communications are generally designed to inform both internal and external audiences. Each OIG will determine its internal communications requirements. External communications that are agency- or department-specific will be left to the individual organizations to conduct. Communications that involve the OIGs, e.g., press releases or reports to Congress, will be coordinated with the Associate IG's communications point of contact prior to release to minimize duplication. All formal OIG communications to the Office of Management and Budget and/or Congress involving OUA or the overall U.S. Government international response to the Ebola outbreak will be provided for staff review by the affected OIGs prior to release.

USAID OIG has provided targeted fraud awareness training to USAID staff and other organizations in Washington, D.C., Guinea, Liberia, and Sierra Leone. As USAID staff are recruited and trained, and programs are launched, USAID OIG will continue to offer guidance on vulnerability awareness and management.

Appendix A: Audit and Inspection Plans and Activities

The DoD, DOS, HHS, and USAID OIGs all have oversight roles relating to U.S. Government Ebola response and preparedness programs and operations. In addition to outreach and investigative efforts, these OIGs have issued three reports related to Ebola response and preparedness while work is in progress or planned on 17 others.

DEPARTMENT OF DEFENSE OIG

Completed Work

Audit of Army's Administration of Contracts for Operation United Assistance (July 10, 2015). The objective of this audit was to determine whether Army controls for monitoring contractor performance were adequate for supporting OUA contracts. Specifically, the audit examined whether Army contracting officer's representatives (CORs) performed effective contractor surveillance on seven OUA task orders, whether CORs were properly trained and appointed, and whether CORs implemented well-developed quality assurance surveillance plans.

The audit found that U.S. Army Contracting Command - Rock Island (ACC-RI) controls for monitoring contractor performance for seven task orders valued at \$7.6 million, supporting OUA, were generally effective. However, for one of seven task orders the ACC-RI procuring contracting officer did not appoint CORs in accordance with DoD requirements. This occurred because the procuring contracting officer did not include the COR appointment authority in the administrative contracting officer's delegation letter. DoD OIG requested that Army officials provide comments on the final report and, as a result, the Army had not responded to the report's one recommendation at the time of its issuance.⁴⁸

U.S. Strategy Line of Effort: Control the outbreak

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

Evaluation of DoD Force Health Protection Measures During Operation United Assistance (September 30, 2015). This evaluation was designed to assist DoD in ensuring the health and well-being of personnel deployed during OUA. The numerous endemic diseases of West Africa presented a force health protection threat to all deployed personnel. DoD OIG examined the force health protection measures used to protect against malaria, yellow fever, food and water borne illnesses, Ebola virus disease, and other illnesses and injuries.

Appendix A: Audit and Inspection Plans and Activities

The evaluation found that DoD's policies on the transportation and treatment of known or suspected highly contagious patients were incongruent with the capabilities that DoD created for OUA. This disconnect between policy and capability will place the training and sustainment of these capabilities at risk for future operational requirements. DoD OIG also found that there are conflicting clinical laboratory requirements for the storage of blood products from patients who have been diagnosed with highly contagious diseases, such as Ebola virus. The evaluation also found that there are conflicting clinical laboratory requirements for the storage of blood products from patients who have been diagnosed with highly contagious diseases, such as EVD. These conflicting requirements could jeopardize the hospital's accreditation status with one or more of the U.S. laboratory-certifying agencies. DoD OIG also found an inequitable disbursement of family separation allowance for those Service members who were required to spend 21 days physically separated from their families following their deployment to Ebola virus endemic regions of West Africa.⁴⁹

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Executing Response Plans and Activities

Ongoing Work

Audit of Contract Oversight for the Logistics Civil Augmentation Program (LOGCAP) Task Orders Supporting Operation United Assistance. This audit will determine whether the U.S. Army is providing sufficient contract oversight for Logistics Civil Augmentation Program task orders issued to support OUA.⁵⁰

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

Planned Work

Financial Information Verification Activity. DoD OIG will perform work to ascertain the accuracy of OCO obligations, disbursements, and accountability of amounts reported in the DoD Cost of War report, as applicable, and other relevant OCO reports. As part of this work, steps will be added to test the accuracy of sampled OCO transactions from the accounting system to the supporting documentation. The results will be included in a product that reports on that body of work.⁵¹

U.S. Strategy Line of Effort: Control the Outbreak

Appendix A: Audit and Inspection Plans and Activities

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

DEPARTMENT OF STATE OIG

Ongoing Work

Audit of Aeromedical Biological Containment Evacuation Services Contract Provided to Phoenix Air Group. The Aeromedical Biological Containment Evacuation Services contract supports transportation for emergency response personnel into and out of hazardous or non-permissive environments and medical evacuation of critically ill or injured patients, including those infected with highly contagious pathogens. This audit will determine whether the Bureau of Administration, Office of Logistics Management, Office of Acquisitions Management, and the Office of Medical Services (MED) properly administered and provided oversight of the contract in accordance with acquisition regulations, and whether MED received reimbursement for non-Department of State medical evacuations, as required.⁵²

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Managing Financial and Procurement Processes, Executing Response Plans and Activities

Planned Work

Financial Information Verification Activity. DOS OIG will take steps to verify financial data provided by DOS to determine whether the information is accurate, using standard auditing processes and sampling, consistent with auditing plans.⁵³

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

DEPARTMENT OF HEALTH AND HUMAN SERVICES OIG

Ongoing Work

Review of Hospital Preparedness and Response to High-Risk Infectious Diseases. Hospitals serve an important community role in preparing for and responding to public health threats from high-risk infectious diseases. Several HHS operating divisions provide guidance, oversight, and

Appendix A: Audit and Inspection Plans and Activities

technical assistance to hospitals in fulfilling this role, including CDC, the Centers for Medicare and Medicaid Services, and ASPR. This evaluation is examining HHS guidance, assistance, and oversight of hospital preparedness and response to high-risk infectious diseases, and will determine the current status of and barriers to hospital preparedness at a nationally-projectable sample of hospitals.⁵⁴

U.S. Strategy Line of Effort: Build Coherent Leadership and Operations

Strategic Oversight Issue Area: Executing Response Plans and Activities

Planned Work

Review of the Centers for Disease Control and Prevention’s Ebola-Related Awards. CDC specifically identified \$1.2 billion for its international response efforts. This audit will determine whether CDC awarded Ebola-related funds in FY 2015 in compliance with federal and departmental regulations.⁵⁵

U.S. Strategy Line of Effort: Control the Outbreak, Strengthen Global Health Security

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

Financial Information Verification Activity. HHS OIG performs data analytics to identify high-risk areas and reviews other relevant factors to determine how to focus its oversight resources. HHS OIG is applying a similar analysis to Ebola response, recovery, and prevention efforts and plans to perform oversight work accordingly.⁵⁶

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT OIG

Completed Work

Audit of USAID/Guinea’s Systems for Ensuring Appropriate Oversight of Funded Programs (Report No. [7-675-15-003-P](#), November 6, 2014). USAID/Guinea’s FY 2013 award list had 48 awards worth about \$135 million. Ten of them, worth \$6 million, were made to foreign organizations or the Guinean Government. USAID OIG determined that USAID/Guinea did not manage its audit program effectively. For instance, a review of the mission’s award list

Appendix A: Audit and Inspection Plans and Activities

showed that 22 expired awards dating back to 1999 still appeared in the financial systems with an open status, which mission officials attributed, in part, to high staff turnover. They said that certain close-out procedures, like negotiated indirect cost rate agreement audits, are the responsibility of USAID in Washington, D.C., and that employees there had not completed them on time.

In addition, the mission did not verify whether some audits were performed in accordance with Agency policies or submitted on time. In one example, an audit on an implementer was scheduled for completion in September 2013, but was actually finished in June 2014, 9 months later. In this case, mission officials said they believed that the prime recipient was responsible for verifying that audits of sub-recipients were conducted. They also said they did not know they needed to review the statement of work for a sub-recipient that spent more than \$300,000 of USAID funds within its fiscal year. USAID made management decisions on each of USAID OIG's four recommendations.

U.S. Strategy Line of Effort: Build Coherent Leadership and Operations

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

Ongoing Work

Audit of Selected Activities from USAID/Office of Foreign Disaster Assistance's Response to the Ebola Crisis in Liberia. The objective of this audit is to determine whether the program is achieving its goal of assuring a maximum level of community preparedness for and responsiveness to exposure to Ebola through effective social mobilization, case detection, and case management.

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Executing Response Plans and Activities

Audit of USAID's Use of Acquisition and Assistance Implementing Instruments in Responding to Ebola. This audit will provide an overview of how USAID selected awards in response to a rapidly moving crisis. The audit will determine whether the acquisition and assistance instruments USAID chose were suitable for the Ebola response, and whether USAID made and modified the awards appropriately for implementing USAID's Ebola response strategy.

U.S. Strategy Line of Effort: Control the Outbreak, Mitigate Second-Order Impacts

Appendix A: Audit and Inspection Plans and Activities

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

Audit of USAID’s Management of Medical Commodities Provided in Response to the Ebola Outbreak. This audit will help identify areas of vulnerability and help USAID to design and implement controls to mitigate these vulnerabilities during future crises. USAID OIG is conducting this audit to determine whether USAID made informed decisions in purchasing, distributing, and managing commodities to effectively respond to the Ebola outbreak.

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Managing Financial and Procurement Processes, Executing Response Plans and Activities

Audit of Selected Activities from USAID/Food for Peace’s Response to the Ebola Crisis in West Africa. According to a UN Food and Agriculture Organization and World Food Program report, as of December 2014, approximately 500,000 people in Guinea, Liberia, and Sierra Leone were experiencing severe food insecurity as a result of the Ebola outbreak. To address the increased food insecurity resulting from disrupted agricultural production and trade, market and border closures, and price increases in food and transportation, USAID funded emergency interventions that provided cash, food vouchers, and agricultural inputs to households impacted by the secondary effects of Ebola – Pillar II activities. This audit will determine whether select USAID/Food for Peace programs were on track to address food insecurity resulting from the effects of Ebola.

U.S. Strategy Line of Effort: Mitigate Second-Order Impacts

Strategic Oversight Issue Area: Rebuilding Socioeconomic Sectors Impacted by the Outbreak

Audit of USAID/OFDA Funded Management and Utilization of Ebola Treatment Units and Commodity Care Centers in Liberia and Sierra Leone. This audit will determine whether USAID/OFDA was effectively managing and utilizing Ebola treatment units and Community Care Centers to support host country government needs. One of the primary causes for EVD infection in Liberia, Sierra Leone, and Guinea was the poor, or lack of adequate, healthcare systems. Most of the areas affected by the disease did not have health facilities to treat patients. In addition, existing hospitals did not have enough beds or medical supplies. Part of the funding from the U.S. Government assisted Liberia with the construction of temporary and permanent structures to treat Ebola patients – Ebola treatment units, including medical supplies, and personal protective equipment.

Appendix A: Audit and Inspection Plans and Activities

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Executing Response Plans and Activities

Planned Work

Audit of Selected USAID/OFDA-Funded Training of Healthcare Workers in Ebola Affected Countries

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Executing Response Plans and Activities, Restoring Health Systems and Increasing Preparedness

Review of USAID/OFDA’s Transition of Selected Ebola Response Activities and Assets in Liberia

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Executing Response Plans and Activities

Audit of Selected Activities for USAID/OFDA’s Response to the Ebola Crisis in Sierra Leone

U.S. Strategy Line of Effort: Control the Outbreak

Strategic Oversight Issue Area: Executing Response Plans and Activities

Audit of USAID/Liberia-Funded Ebola Program to Help Rebuild Liberia’s Healthcare System

U.S. Strategy Line of Effort: Mitigate Second-Order Impacts, Strengthen Global Health Security

Strategic Oversight Issue Area: Restoring Health Systems and Increasing Preparedness

Audit of USAID’s Ebola Response to the Agriculture Value Chain in West Africa

U.S. Strategy Line of Effort: Mitigate Second-Order Impacts

Strategic Oversight Issue Area: Rebuilding Socioeconomic Sectors Impacted by the Outbreak

Appendix A: Audit and Inspection Plans and Activities

Audit of USAID/Liberia’s Educational Capacity-Building Program

U.S. Strategy Line of Effort: Mitigate Second-Order Impacts

Strategic Oversight Issue Area: Rebuilding Socioeconomic Sectors Impacted by the Outbreak

Audit of USAID’s Ebola Response Programs for Access to Water Supply and Sanitation Services in West Africa

U.S. Strategy Line of Effort: Mitigate Second-Order Impacts

Strategic Oversight Issue Area: Rebuilding Socioeconomic Sectors Impacted by the Outbreak

Audit of USAID/Liberia Access to Microfinance Program

U.S. Strategy Line of Effort: Mitigate Second-Order Impacts

Strategic Oversight Issue Area: Rebuilding Socioeconomic Sectors Impacted by the Outbreak

Financial Information Verification Activity. USAID OIG will add discrete steps to its future Government Management Reform Act (GMRA) work to test financial data from a sample of Ebola response, recovery, and preparedness awards. The results of this work will be folded into overall GMRA report results and will also be reported in a separate product with a specific focus on the testing of awards related to Ebola response, recovery, and preparedness efforts

U.S. Strategy Line of Effort: Control the Outbreak, Mitigate Second-Order Impacts, Build Coherent Leadership and Operations, and Strengthen Global Health Security

Strategic Oversight Issue Area: Managing Financial and Procurement Processes

In addition to the above, OIG has tentative plans to address the Agency’s efforts to promote the performance of health systems in the region through the Ebola preparedness efforts and the Global Health Security Agenda.

Appendix B: Section 8L of the Inspector General Act

§8L Special Provisions Concerning Overseas Contingency Operations

(a) Additional Responsibilities of Chair of Council of Inspectors General on Integrity and Efficiency.—Upon the commencement or designation of a military operation as an overseas contingency operation that exceeds 60 days, the Chair of the Council of Inspectors General on Integrity and Efficiency shall, in consultation with the members of the Council, have the additional responsibilities specified in subsection (b) with respect to the Inspectors General specified in subsection (c).

(b) Specific Responsibilities.—The responsibilities specified in this subsection are the following:

(1) In consultation with the Inspectors General specified in subsection (c), to designate a lead Inspector General in accordance with subsection (d) to discharge the authorities of the lead Inspector General for the overseas contingency operation concerned as set forth in subsection (d).

(2) To resolve conflicts of jurisdiction among the Inspectors General specified in subsection (c) on investigations, inspections, and audits with respect to such contingency operation in accordance with subsection (d)(2)(B).

(3) To assist in identifying for the lead inspector general for such contingency operation, Inspectors General and inspector general office personnel available to assist the lead Inspector General and the other Inspectors General specified in subsection (c) on matters relating to such contingency operation.

(c) Inspectors General.—The Inspectors General specified in this subsection are the Inspectors General as follows:

(1) The Inspector General of the Department of Defense.

(2) The Inspector General of the Department of State.

(3) The Inspector General of the United States Agency for International Development.

(d) Lead Inspector General for Overseas Contingency Operation.—

(1) A lead Inspector General for an overseas contingency operation shall be designated by the Chair of the Council of Inspectors General on Integrity and Efficiency under subsection (b)(1) not later than 30 days after the commencement or designation of the military operation

Appendix B: Section 8L of the Inspector General Act

concerned as an overseas contingency operation that exceeds 60 days. The lead Inspector General for a contingency operation shall be designated from among the Inspectors General specified in subsection (c).

(2) The lead Inspector General for an overseas contingency operation shall have the following responsibilities:

(A) To appoint, from among the offices of the other Inspectors General specified in subsection (c), an Inspector General to act as associate Inspector General for the contingency operation who shall act in a coordinating role to assist the lead Inspector General in the discharge of responsibilities under this subsection.

(B) To develop and carry out, in coordination with the offices of the other Inspectors General specified in subsection (c), a joint strategic plan to conduct comprehensive oversight over all aspects of the contingency operation and to ensure through either joint or individual audits, inspections, and investigations, independent and effective oversight of all programs and operations of the Federal Government in support of the contingency operation.

(C) To review and ascertain the accuracy of information provided by Federal agencies relating to obligations and expenditures, costs of programs and projects, accountability of funds, and the award and execution of major contracts, grants, and agreements in support of the contingency operation.

(D)

(i) If none of the Inspectors General specified in subsection (c) has principal jurisdiction over a matter with respect to the contingency operation, to exercise responsibility for discharging oversight responsibilities in accordance with this Act with respect to such matter.

(ii) If more than one of the Inspectors General specified in subsection (c) has jurisdiction over a matter with respect to the contingency operation, to determine principal jurisdiction for discharging oversight responsibilities in accordance with this Act with respect to such matter.

(E) To employ, or authorize the employment by the other Inspectors General specified in subsection (c), on a temporary basis using the authorities in section 3161 of title 5, United States Code, such auditors, investigators, and other personnel as the lead Inspector General considers appropriate to assist the lead Inspector General and such other Inspectors General on matters relating to the contingency operation.

Appendix B: Section 8L of the Inspector General Act

(F) To submit to Congress on a bi-annual basis, and to make available on an Internet website available to the public, a report on the activities of the lead Inspector General and the other Inspectors General specified in subsection (c) with respect to the contingency operation, including—

(i) the status and results of investigations, inspections, and audits and of referrals to the Department of Justice; and

(ii) overall plans for the review of the contingency operation by inspectors general, including plans for investigations, inspections, and audits.

(G) To submit to Congress on a quarterly basis, and to make available on an Internet website available to the public, a report on the contingency operation.

(H) To carry out such other responsibilities relating to the coordination and efficient and effective discharge by the Inspectors General specified in subsection (c) of duties relating to the contingency operation as the lead Inspector General shall specify.

(3)

(A) The lead Inspector General for an overseas contingency operation may employ, or authorize the employment by the other Inspectors General specified in subsection (c) of, annuitants covered by section 9902(g) of title 5, United States Code, for purposes of assisting the lead Inspector General in discharging responsibilities under this subsection with respect to the contingency operation.

(B) The employment of annuitants under this paragraph shall be subject to the provisions of section 9902(g) of title 5, United States Code, as if the lead Inspector General concerned was the Department of Defense.

(C) The period of employment of an annuitant under this paragraph may not exceed three years, except that the period may be extended for up to an additional two years in accordance with the regulations prescribed pursuant to section 3161(b)(2) of title 5, United States Code.

(4) The lead Inspector General for an overseas contingency operation shall discharge the responsibilities for the contingency operation under this subsection in a manner consistent with the authorities and requirements of this Act generally and the authorities and requirements applicable to the Inspectors General specified in subsection (c) under this Act.

Appendix B: Section 8L of the Inspector General Act

(e) Sunset for Particular Contingency Operations.—The requirements and authorities of this section with respect to an overseas contingency operation shall cease at the end of the first fiscal year after the commencement or designation of the contingency operation in which the total amount appropriated for the contingency operation is less than \$100,000,000.

(f) Construction of Authority.—Nothing in this section shall be construed to limit the ability of the Inspectors General specified in subsection (c) to enter into agreements to conduct joint audits, inspections, or investigations in the exercise of their oversight responsibilities in accordance with this Act with respect to overseas contingency operations.

(Pub. L. 95–452, §8L, as added Pub. L. 112–239, div. A, title VIII, §848(2), Jan. 2, 2013, 126 Stat. 1851.)

Acronyms

ACC-RI	U.S. Army Contracting Command - Rock Island
CDC	Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
CIGIE	Council of Inspectors General for Integrity and Efficiency
COR	Contracting officer's representative
DoD	U.S. Department of Defense
DOS	U.S. Department of State
EVD	Ebola virus disease
FY	Fiscal year
GMRA	Government Management Results Act
HHS	U.S. Department of Health and Human Services
IG	Inspector General
MED	Office of Medical Services, U.S. Department of State
NGO	Nongovernmental organization
OCO	Overseas contingency operation
OFDA	Office of Foreign Disaster Assistance, U.S. Agency for International Development
OIG	Office of Inspector General
OUA	Operation United Assistance
USAID	U.S. Agency for International Development
UN	United Nations
WHO	World Health Organization

Endnotes

- ¹ Section 8L(d)(2)(B) of the Inspector General Act of 1978, as amended (5 U.S.C. App.).
- ² WHO, *Ebola Situation Report – 30 September 2015*.
- ³ Section 8L(d)(2)(B) of the Inspector General Act of 1978, as amended (5 U.S.C. App.).
- ⁴ *Ibid.*
- ⁵ White House, *Executive Order -- Ordering the Selected Reserve and Certain Individual Ready Reserve Members of the Armed Forces to Active Duty*, October 16, 2014.
- ⁶ United States Code, 2006 Edition, Supplement 5, Title 10 – Armed Forces, <http://www.gpo.gov/fdsys/granule/USCODE-2011-title10/USCODE-2011-title10-subtitleA-partI-chap1-sec101/content-detail.html>
- ⁷ WHO, *One Year Into the Epidemic of Ebola: A deadly, tenacious and unforgiving virus: Origins of the 2014 Epidemic*, January 2015, p. 3.
- ⁸ WHO, *Ebola Response Roadmap*, August, 28, 2014, p. 4.
- ⁹ USAID, *USAID West Africa – Ebola Outbreak Fact Sheet #1, Fiscal Year 2015*, August 13, 2014; USAID, *West Africa – Ebola Outbreak: Fact Sheet #28, Fiscal Year 2015*, April 7, 2015; and USAID, *West Africa-Ebola Outbreak: Fact Sheet #2, Fiscal Year 2014*, August 20, 2014.
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- ¹¹ WHO, *One Year Into the Epidemic of Ebola: A Deadly, Tenacious And Unforgiving Virus: Key Events In The WHO Response To The Outbreak*, January 2015, pp. 32, 34.
- ¹² CDC, *Morbidity and Mortality Weekly Report: Estimating the Future Number of Cases in the Ebola Epidemic—Liberia and Sierra Leone, 2014 – 2015*, September 26, 2014.
- ¹³ WHO Ebola Response Team, “Ebola Virus Disease in West Africa – The first 9 months of the Epidemic and Forward Projections,” *New England Journal of Medicine*, October 16, 2014.
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- ¹⁵ WHO, *Ebola Situation Report*, 23 September 2015.
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- ¹⁷ White House, *Fact Sheet: The U.S. Response to the Ebola Epidemic in West Africa*, September 16, 2014.
- ¹⁸ Letter from the CIGIE Chair to the DoD IG, February 24, 2015, and corrected copy on February 26, 2015.
- ¹⁹ Letter from the DoD IG to USAID Acting Deputy IG, February 27, 2015.
- ²⁰ Memorandum from Assistant Secretary of Defense for the Director of the Joint Staff, “Termination of OUA”, July 29, 2015.
- ²¹ IG Act of 1978, as amended, (5 U.S.C. App.), Section 8L(2)(e).
- ²² Letter from IG Rymer to IG Linick and Acting DIG Trujillo, May 4, 2015.
- ²³ *Transforming Wartime Contracting: Controlling Costs, Reducing Risks*, Commission on Wartime Contracting in Iraq and Afghanistan, August 2011, retrieved from http://cybercemetery.unt.edu/archive/cwc/20110929214151/http://www.wartimecontracting.gov/docs/CWC_FinalReport-Cover-ExecSum.pdf on September 24, 2015.
- ²⁴ *With Spread of Ebola Outpacing Response, Security Council Adopts Resolution 2177 (2014) Urging Immediate Action, End to Isolation of Affected States*, United Nations Security Council Press Release, September 18, 2015, retrieved from <http://www.un.org/press/en/2014/sc11566.doc.htm> on September 28, 2015.
- ²⁵ WHO, *Ebola Response Roadmap*, August, 28, 2014, p. 4.
- WHO, *Unprecedented number of medical staff infected with Ebola*, August 25, 2014.
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- ²⁶ Médecins Sans Frontières, *Ebola Response: Where Are We Now?* December 2014.
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- ²⁸ WHO, *One Year Into the Epidemic of Ebola: A deadly, tenacious and unforgiving virus: Factors that Contributed to Undetected Spread of the Ebola Virus and Impeded Rapid Containment*, p. 5, retrieved from <http://www.who.int/csr/disease/ebola/one-year-report/ebola-report-1-year.pdf?ua=1> on April 20, 2015.

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