

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

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

Pursuant to House Report 116-444:

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

Pursuant to Joint Explanatory Statement:

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

The Global Health Security (GHS) Challenge

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

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

FY 2021 GHS Programming

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

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

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

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

USAID's FY 2021 GHS funds were used to expand the number of countries where USAID helps build health security capacities. With FY 2021 funds, USAID added five new countries, investing in a total of 38 countries (an increase from 33 in FY 2020) in Africa, Asia, Latin America, Middle East, Eurasia and Europe¹. This includes:

- Expanding activities in four new intensive support countries²: Guatemala, Pakistan, Zambia, and Ukraine;
- Expanding activities in one new Targeted Support country³: Kazakhstan; and
- Shifting three countries from Targeted Support to Intensive Support countries: Ghana, Mozambique, and the Philippines.

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

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

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

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

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

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

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

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

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

FY 2021 Global Health Security Investments in Action

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

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

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

Additional country-level results include:

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

USAID Comprehensive Approach to Global Health Security

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

Strengthening Country Capacities

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

implemented in coordination with other USG Departments and Agencies. This includes working with partners to make progress toward achieving 2005 International Health Regulations (IHR) core public health capacities. USAID's support is targeted based on global health security risks, policy priorities, and activities that are milestone-driven, utilizing the World Health Organization (WHO) JEE¹ tool and associated indicators as a common set of metrics. USAID has expanded existing GHS capacity strengthening programs in intensive and targeted partner countries (see Table 1) and established programs in additional countries to prevent avoidable epidemics, detect threats early, and respond rapidly and effectively to disease outbreaks and emerging infectious disease threats to prevent them from becoming national or global emergencies.

At the country level, USAID is:

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

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

Responding Rapidly and Effectively to Outbreaks

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

Detecting Threats Early to Stop Spillover

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

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

severity of outbreaks. For example, USAID is piloting and implementing spillover reduction interventions in communities, as well as working with farmers and the private sector to improve animal health to reduce emerging infectious diseases and antimicrobial resistance in livestock on farms and in markets in Asia and Africa. If viruses do spillover, it can take just days to spread from a remote village to any country in the world. It is critical for countries to understand the risks posed by contact with animals and develop behavior change and policy interventions in communities to reduce spillover of infectious disease threats.

Addressing unknown viral threats: To better understand the underlying causes of increased outbreaks, USAID supports upstream surveillance of wildlife, domestic animals, and people across regions with high-risk animal-human interfaces to understand where and how viruses spillover. Data and sequences will feed into the development of specific and broad spectrum medical countermeasures (diagnostics, vaccines, therapeutics) by partners such as CEPI, to increase protection from and preparation for infectious diseases.

Adhering to Strict International Biosafety and Biosecurity Standards

USAID's long-standing GHS Program has built health security capacities in partner countries where infectious disease threats are most likely to occur. USAID takes very seriously the need to mitigate risks that may be associated with working in these environments for GHS activities to be undertaken with appropriate biosafety and biosecurity controls, protocols, and training, as appropriate. During FY 2021, USAID worked closely with the USG interagency to carefully survey the landscape of biothreats, examine risks associated with our One Health activities, as well as design stringent safeguards to address the full range of related biosafety and biosecurity concerns. USAID is also examining our data management policies and procedures to continually improve and refine how we can make Agency-funded data open to the public and available to researchers around the world for use in critical activities like vaccine development and other critical countermeasures, while implementing adequate privacy and security safeguards.

USAID requires, when appropriate in a given project, implementing partners to submit both a detailed Biosafety and Biosecurity Plan and a Data Management Plan for approval. Biosafety and Biosecurity Plans include: a requirement for biological samples from animals to be inactivated immediately upon collection and prior to being tested in the laboratory; mandatory and regular annual training for all staff implementing the project; mandatory and regular assessments of laboratories implementing the project; and regular reporting to USAID to document compliance related to initial and refresher staff training, proper use of protocols, and lab assessments; and detailing the procedures for collecting, handling, and storing of samples, and testing and understanding viruses.

Galvanizing International Support for Global Health Security

USAID works in partnership with other nations, international organizations, and non-governmental and private sector stakeholders to build country capacities to prevent avoidable epidemics, detect threats early, and respond rapidly and effectively to disease outbreaks and other critical infectious disease threats (including reducing antimicrobial resistance) to prevent them from becoming national or global emergencies.

Within the USG, USAID is deepening and broadening our engagement with our interagency

colleagues, including the intelligence community, U.S. Centers for Disease Control and Prevention (CDC), Defense Advanced Research Projects Agency (DARPA), Defense Threat Reduction Agency (DTRA), U.S. Department of Defense/Global Emerging Infections Surveillance (GEIS), National Institutes of Health, Department of State, and U.S. Department of Agriculture.

Programming Process

With FY 2021 funds, the GHS Program is centrally-managed by USAID’s Bureau for Global Health on behalf of the Agency. Programming efforts continue to include robust coordination between headquarters and the countries, as well as with the USAID Regional Bureaus, USAID/Missions, Department of State, National Security Council, Office of Management and Budget, U.S. Centers for Disease Control and Prevention, and key multilateral partners, including the World Health Organization (WHO), UNICEF, Food and Agriculture Organization of the United Nations (FAO), International Federation of Red Cross and Red Crescent Societies (IFRC) and the Coalition for Epidemic Preparedness Innovations (CEPI).

USAID’s Bureau for Global Health staff regularly coordinate and collaborate with Mission GHS Advisors on both technical and programmatic actions. The Mission GHS Advisors coordinate regularly with the Ministries of Health, Agriculture, Livestock, Wildlife and the Environment, to ensure coordinated country programming. As part of the GHSA interagency process, the Intensive Support Country missions submit interagency GHS work-plans and semi-annual progress reports in collaboration with other USG agencies.

| Table 1. FY 2021 Allocation of Global Health Security Funds (Summary Table) | |
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| U.S. Agency for International Development (USAID) | |
| | FY 2021 |
| | GHP-USAID |
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| Total | 190,000,000 |
| Intensive-Support Countries | 121,600,000 |
| Bangladesh | 6,150,000 |
| Burkina Faso | 3,450,000 |

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|-------------------------------------|-----------|
| Cameroon | 7,415,000 |
| Côte d'Ivoire | 4,045,000 |
| Democratic Republic of Congo | 6,440,000 |
| Ethiopia | 4,185,000 |
| Ghana | 2,600,000 |
| Guatemala | 3,750,000 |
| Guinea | 6,750,000 |
| India | 3,350,000 |
| Indonesia | 5,900,000 |
| Kenya | 7,210,000 |
| Liberia | 7,750,000 |
| Mali | 4,000,000 |
| Mozambique | 3,000,000 |
| Nigeria | 4,000,000 |
| Pakistan | 3,000,000 |
| Philippines | 3,650,000 |
| Senegal | 6,460,000 |
| Sierra Leone | 5,765,000 |
| Tanzania | 4,855,000 |
| Uganda | 7,525,000 |
| Vietnam | 7,850,000 |

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| Zambia | 2,500,000 |
| Targeted-Support Countries | 14,340,000 |
| Brazil | 350,000 |
| Burma | 300,000 |
| Cambodia | 2,465,000 |
| Egypt | 200,000 |
| Kazakhstan | 1,900,000 |
| Laos | 420,000 |
| Madagascar | 700,000 |
| Malaysia | 370,000 |
| Nepal | 300,000 |
| Niger | 1,200,000 |
| Peru | 2,200,000 |
| Rwanda | 480,000 |
| Thailand | 1,455,000 |
| Ukraine | 2,000,000 |
| Global Response Activities | 17,440,000 |
| Coalition for Epidemic Preparedness Innovations (CEPI) | 4,000,000 |
| Food and Agriculture Organization of the United Nations (FAO) | 5,290,000 |
| The National Academies of Sciences, Engineering, and Medicine (NASEM) | 550,000 |

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| World Health Organization (WHO) | 1,600,000 |
| Other GHS Programs | 6,000,000 |
| Emergency Response and Emergency Reserve Fund (ERF) | 25,000,000 |
| Program Support and Operations | 11,620,000 |

Table 2. FY 2021 Allocation of Global Health Security Funds by Country and Project

| Country | Obligation Amount in FY 2021 | Implementing Partner | Description | Percentage |
|------------------------------------|------------------------------|--|--|----------------|
| Grand Total | 190,000,000 | | | 100.00% |
| Intensive-Support Countries | 122,376,325 | | | 64.41% |
| Bangladesh | 4,800,000 | | | 2.53% |
| | 700,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 2,500,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,600,000 | Tufts University | Strengthen country capacities to identify, assess, and monitor risk associated with emerging zoonotic viruses in wildlife and develop and introduce risk reduction measures. | |
| Burkina Faso | 3,800,000 | | | 2.00% |
| | 1,300,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 800,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,700,000 | JSI Research & Training Institute, Inc | Supporting strengthening health information systems (HIS), interoperable information architecture and data use, and building capacity for local leadership and engagement on health data use. | |
| Cameroon | 6,455,000 | | | 3.40% |
| | 590,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community | |

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| | | | engagement, and other critical One Health needs. | |
| | 925,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 1,250,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 940,000 | International Federation of Red Cross and Red Crescent Societies (IFRC) | Strengthen national capacity to better prevent, detect, and respond to infectious disease threats. | |
| | 250,000 | Africa One Health University Network (AFROHUN) | Develop and strengthen the Africa One Health (OH) university network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the African region. | |
| | 1,200,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 1,300,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| Côte d'Ivoire | 3,775,000 | | | 1.99% |
| | 305,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 1,035,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 460,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms | |

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| | | | to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,165,000 | Tufts University | Strengthen country capacities to identify, assess, and monitor risk associated with emerging zoonotic viruses in wildlife and develop and introduce risk reduction measures. | |
| | 60,000 | Africa One Health University Network (AFROHUN) | Develop and strengthen the Africa One Health (OH) university network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the African region. | |
| | 750,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| Democratic Republic of Congo (DRC) | 9,742,920 | | | 5.13% |
| | 586,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 2,114,920 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 1,509,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 100,000 | Africa One Health University Network (AFROHUN) | Develop and strengthen the Africa One Health (OH) university network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the African region. | |
| | 2,975,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 1,100,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; | |

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| | | | Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| | 1,358,000 | International Federation of Red Cross and Red Crescent Societies (IFRC) | Strengthen national capacity to better prevent, detect, and respond to infectious disease threats. | |
| Ethiopia | 4,260,000 | | | 2.24% |
| | 75,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 500,000 | World Vision Inc. | To increase PVO participation in polio eradication and immunization, increase linkages between polio eradication and other health services, and improve case detection of acute flaccid paralysis (AFP) and other reportable diseases in underserved or hard to reach populations, including cross-border and transit populations. | |
| | 960,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 480,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 60,000 | Africa One Health University Network (AFROHUN) | Develop and strengthen the Africa One Health (OH) university network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the African region. | |
| | 1,225,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 960,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| Ghana | 2,760,000 | | | |

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| | 1,360,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,000,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 400,000 | Family Health International (FHI360) | Specializes in risk communication and community engagement, vaccine readiness, clinical care (including clinical management, community- and home- based care) disease surveillance, national laboratory systems, infection prevention and control, human resources, and health emergency management response. | |
| Guatemala | 1,800,000 | | | |
| | 1,300,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 500,000 | Family Health International (FHI360) | Specializes in risk communication and community engagement, vaccine readiness, clinical care (including clinical management, community- and home- based care) disease surveillance, national laboratory systems, infection prevention and control, human resources, and health emergency management response. | |
| Guinea | 6,480,000 | | | 3.41% |
| | 2,250,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,000,000 | International Federation of Red Cross and Red Crescent Societies (IFRC) | Strengthen national capacity to better prevent, detect, and respond to infectious disease threats. | |
| | 1,930,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 1,300,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |

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| India | 3,150,000 | | | 1.66% |
| | 300,000 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| | 1,200,000 | Cargill | Mitigate risk of emerging infectious diseases and antimicrobial resistance (AMR) through improvements to on-farm biosecurity and livestock production practices | |
| | 700,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 450,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| | 500,000 | Jhpiego | Works with countries to achieve a shared vision of attaining and maintaining epidemic control, with stronger local partners capable of managing and achieving results through sustainable, self-reliant, and resilient health systems | |
| Indonesia | 7,143,000 | | | 3.76% |
| | 440,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 2,500,000 | Cargill | Mitigate risk of emerging infectious diseases and antimicrobial resistance (AMR) through improvements to on-farm biosecurity and livestock production practices | |
| | 2,550,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 763,000 | International Federation of Red Cross and Red Crescent Societies (IFRC) | Strengthen national capacity to better prevent, detect, and respond to infectious disease threats. | |

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| | 190,000 | Southeast Asia One Health University Network (SEAOHUN) | Develop and strengthen the Southeast Asia One Health (OH) University Network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the Southeast Asia region. | |
| | 500,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| | 200,000 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| Kazakhstan | 1,142,230 | | | |
| | 550,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 592,230 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| Kenya | 8,249,000 | | | 4.34% |
| | 445,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 1,170,000 | World Vision Inc. | To increase PVO participation in polio eradication and immunization, increase linkages between polio eradication and other health services, and improve case detection of acute flaccid paralysis (AFP) and other reportable diseases in underserved or hard to reach populations, including cross-border and transit populations. | |
| | 1,320,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 1,050,000 | Cargill | Mitigate risk of emerging infectious diseases and antimicrobial resistance (AMR) through improvements to on-farm biosecurity and livestock production practices | |

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| | 1,000,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,344,000 | International Federation of Red Cross and Red Crescent Societies (IFRC) | Strengthen national capacity to better prevent, detect, and respond to infectious disease threats. | |
| | 310,000 | Africa One Health University Network (AFROHUN) | Develop and strengthen the Africa One Health (OH) university network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the African region. | |
| | 710,000 | Washington State University | Deepen knowledge of unknown viruses with zoonotic and epidemic/pandemic potential at high-risk animal/human interfaces to provide data which is publicly shared for risk mitigation, policy reform, and development of diagnostics, medicines, and vaccines | |
| | 900,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| Liberia | 5,130,000 | | | 2.70% |
| | 1,030,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,600,000 | Tufts University | Strengthen country capacities to identify, assess, and monitor risk associated with emerging zoonotic viruses in wildlife and develop and introduce risk reduction measures. | |
| | 1,300,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 1,200,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| Mali | 3,750,000 | | | 1.97% |

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| | 750,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 700,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,470,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 830,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| Mozambique | 2,820,000 | | | |
| | 1,150,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 1,020,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 150,000 | USAID Adapting and Modifying Optimized Sample Transport Routes for Achieving Impact (AMOSTRA) | Ensure VL, EID, and TB test samples are effectively transported to referral laboratories in a timely and safe manner, assuring the quality of samples. | |
| | 300,000 | Programa Inter-Religioso Contra a Malaria (PIRCOM) | Multi-Purpose Agents (APEs) provide preventive, curative and treatment care to their communities, and key actors at the community level are considered in Mozambique to extend primary health care to local communities, particularly at rural level. | |
| | 200,000 | Chemonics | Strengthen human resources for health and health workforce development in order to build sustainable, well-governed, and effective coordination structures for preparedness and response to infectious threats in the context of the One Health Platform. | |
| Nigeria | 4,400,000 | | | 2.32% |

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| | 640,000 | World Vision Inc. | To increase PVO participation in polio eradication and immunization, increase linkages between polio eradication and other health services, and improve case detection of acute flaccid paralysis (AFP) and other reportable diseases in underserved or hard to reach populations, including cross-border and transit populations. | |
| | 680,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 1,350,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,730,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| Pakistan | 2,750,000 | | | |
| | 2,750,000 | JSI Research & Training Institute, Inc | Improving access to basic health services along Pakistan's border with Afghanistan, and working across the country to increase the surveillance and control of domestic and cross-border disease transmission. | |
| Peru | 2,200,000 | | | |
| | 900,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 800,000 | Washington State University | Deepen knowledge of unknown viruses with zoonotic and epidemic/pandemic potential at high-risk animal/human interfaces to provide data which is publicly shared for risk mitigation, policy reform, and development of diagnostics, medicines, and vaccines | |
| | 500,000 | Abt Associates Inc. | Develops integrated, sustainable solutions as a one-stop shop for countries seeking to create sustainable, high-performing health institutions – whether public, private, or nonprofit – that deliver high-quality health care that is accountable, affordable, accessible, and reliable. | |
| Philippines | 2,946,750 | | | |

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| | 500,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 700,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 35,000 | Southeast Asia One Health University Network (SEAOHUN) | Develop and strengthen the Southeast Asia One Health (OH) University Network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the Southeast Asia region. | |
| | 200,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 500,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| | 1,011,750 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| Senegal | 6,635,000 | | | 3.49% |
| | 350,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 1,255,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 1,250,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |

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| | 310,000 | Africa One Health University Network (AFROHUN) | Develop and strengthen the Africa One Health (OH) university network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the African region. | |
| | 1,460,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 810,000 | Washington State University | Deepen knowledge of unknown viruses with zoonotic and epidemic/pandemic potential at high-risk animal/human interfaces to provide data which is publicly shared for risk mitigation, policy reform, and development of diagnostics, medicines, and vaccines | |
| | 1,200,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| Sierra Leone | 5,497,425 | | | 2.89% |
| | 1,450,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,365,000 | Tufts University | Strengthen country capacities to identify, assess, and monitor risk associated with emerging zoonotic viruses in wildlife and develop and introduce risk reduction measures. | |
| | 978,000 | International Federation of Red Cross and Red Crescent Societies (IFRC) | Strengthen national capacity to better prevent, detect, and respond to infectious disease threats. | |
| | 1,200,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 504,425 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| Tanzania | 4,080,000 | | | 2.15% |

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| | 300,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 1,600,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 970,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 310,000 | Africa One Health University Network (AFROHUN) | Develop and strengthen the Africa One Health (OH) university network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the African region. | |
| | 900,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| Uganda | 7,055,000 | | | 3.71% |
| | 220,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 1,425,000 | Management Sciences for Health (MSH) | Strengthen capacities in the Joint External Evaluations (JEE) anti-microbial resistance (AMR) technical areas which focus on AMR stewardship, healthcare-associated infections (HCAI) and the rational use of medicines and antibiotics from the human health side | |
| | 850,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,500,000 | Tufts University | Strengthen country capacities to identify, assess, and monitor risk associated with emerging zoonotic viruses in wildlife and develop and introduce risk reduction measures. | |

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| | 610,000 | International Federation of Red Cross and Red Crescent Societies (IFRC) | Strengthen national capacity to better prevent, detect, and respond to infectious disease threats. | |
| | 350,000 | Africa One Health University Network (AFROHUN) | Develop and strengthen the Africa One Health (OH) university network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the African region. | |
| | 1,100,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| | 800,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to the Ugandan government, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| | 200,000 | Management Sciences for Health (MSH) | Strengthening supply chain systems to make the Ugandan public health system more resilient when faced with shocks | |
| Ukraine | 1,700,000 | | | |
| | 1,700,000 | Pact | Strengthen Ukraine's national health security, building on the momentum of recent public health reforms and the imperative to build a more resilient public health system and stronger partnerships with civil society and communities | |
| Vietnam | 7,755,000 | | | 4.08% |
| | 505,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 2,500,000 | Cargill | Mitigate risk of emerging infectious diseases and antimicrobial resistance (AMR) through improvements to on-farm biosecurity and livestock production practices | |
| | 1,350,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,600,000 | Tufts University | Strengthen country capacities to identify, assess, and monitor risk associated with emerging zoonotic viruses in wildlife and develop and introduce risk reduction measures. | |

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| | 150,000 | Southeast Asia One Health University Network (SEAOHUN) | Develop and strengthen the Southeast Asia One Health (OH) University Network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the Southeast Asia region. | |
| | 850,000 | Washington State University | Deepen knowledge of unknown viruses with zoonotic and epidemic/pandemic potential at high-risk animal/human interfaces to provide data which is publicly shared for risk mitigation, policy reform, and development of diagnostics, medicines, and vaccines | |
| | 500,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| | 300,000 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| Zambia | 2,100,000 | | | |
| | 1,000,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,100,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| Targeted-Support Countries and Central Programs | 12,447,775 | | | 6.55% |
| Benin | 300,000 | | | |
| | 300,000 | Family Health International (FHI360) | Specializes in risk communication and community engagement, vaccine readiness, clinical care (including clinical management, community- and home- based care) disease surveillance, national laboratory systems, infection prevention and control, human resources, and health emergency management response. | |
| Brazil | 350,000 | | | 0.18% |
| | 350,000 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and | |

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| | | | surveillance. | |
| Burma | 320,000 | | | 0.17% |
| | 250,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 70,000 | Southeast Asia One Health University Network (SEAOHUN) | Develop and strengthen the Southeast Asia One Health (OH) University Network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the Southeast Asia region. | |
| Cambodia | 2,355,000 | | | 1.24% |
| | 280,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 500,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 1,500,000 | Tufts University | Strengthen country capacities to identify, assess, and monitor risk associated with emerging zoonotic viruses in wildlife and develop and introduce risk reduction measures. | |
| | 75,000 | Southeast Asia One Health University Network (SEAOHUN) | Develop and strengthen the Southeast Asia One Health (OH) University Network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the Southeast Asia region. | |
| Central African Republic (CAR) | 350,000 | | | |
| | 350,000 | UNICEF | Supports activities for specific interventions focused on maternal, newborn and child health; nutrition; water, sanitation and hygiene (WASH); education; child/social protection; data collection and analyses; prevention and control of infectious disease (HIV/AIDS, Ebola, Zika, COVID-19, Monkeypox); and health systems strengthening | |
| Dominican Republic | 450,000 | | | |

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| | 450,000 | Family Health International (FHI360) | Specializes in risk communication and community engagement, vaccine readiness, clinical care (including clinical management, community- and home- based care) disease surveillance, national laboratory systems, infection prevention and control, human resources, and health emergency management response. | |
| Egypt | 350,000 | | | 0.18% |
| | 350,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| Honduras | 500,000 | | | |
| | 500,000 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| Jamaica | 500,000 | | | 0.26% |
| | 500,000 | Family Health International (FHI360) | Specializes in risk communication and community engagement, vaccine readiness, clinical care (including clinical management, community- and home- based care) disease surveillance, national laboratory systems, infection prevention and control, human resources, and health emergency management response. | |
| Laos | 682,000 | | | 0.36% |
| | 212,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 370,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 100,000 | Southeast Asia One Health University Network (SEAOHUN) | Develop and strengthen the Southeast Asia One Health (OH) University Network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the Southeast Asia region. | |
| Lebanon | 245,775 | | | 0.13% |

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| | 245,775 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| Madagascar | 1,000,000 | | | 0.53% |
| | 1,000,000 | ICF Incorporated, LLC. | Critical support to countries to build capacity for detection and surveillance in four of the GHSA Action Packages: National Laboratory System; Real-time Surveillance; Antimicrobial Resistance (AMR); and Zoonotic Disease. | |
| Malaysia | 615,000 | | | 0.32% |
| | 495,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 120,000 | Southeast Asia One Health University Network (SEAOHUN) | Develop and strengthen the Southeast Asia One Health (OH) University Network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the Southeast Asia region. | |
| Morocco | 500,000 | | | 0.26% |
| | 500,000 | Family Health International (FHI360) | Specializes in risk communication and community engagement, vaccine readiness, clinical care (including clinical management, community- and home- based care) disease surveillance, national laboratory systems, infection prevention and control, human resources, and health emergency management response. | |
| Nepal | 520,000 | | | 0.27% |
| | 520,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| Niger | 1,250,000 | | | 0.66% |
| | 650,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |

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| | 600,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| Republic of Congo (ROC) | 350,000 | | | |
| | 350,000 | UNICEF | Supports activities for specific interventions focused on maternal, newborn and child health; nutrition; water, sanitation and hygiene (WASH); education; child/social protection; data collection and analyses; prevention and control of infectious disease (HIV/AIDS, Ebola, Zika, COVID-19, Monkeypox); and health systems strengthening | |
| Rwanda | 620,000 | | | 0.33% |
| | 370,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 250,000 | Johns Hopkins University | Provide critical behavior change and risk communication activities support to governments, enabling preparedness, response, and recovery from emerging pandemic threats and infectious disease outbreaks. | |
| Thailand | 830,000 | | | 0.44% |
| | 830,000 | Washington State University | Deepen knowledge of unknown viruses with zoonotic and epidemic/pandemic potential at high-risk animal/human interfaces to provide data which is publicly shared for risk mitigation, policy reform, and development of diagnostics, medicines, and vaccines | |
| Regional Development Mission for Asia (RDMA) | 360,000 | | | 0.19% |
| | 100,000 | University of California, Davis | Development and delivery of courses, modules, scholarships, and educational offerings in infectious disease management, biosecurity and biosafety, AMR, wildlife management, vet public health and field epidemiology, risk communications and community engagement, and other critical One Health needs. | |
| | 260,000 | Southeast Asia One Health University Network (SEAOHUN) | Develop and strengthen the Southeast Asia One Health (OH) University Network to train the next generation of One Health workers to prevent, detect, and respond to emerging infectious diseases and complex health challenges in the Southeast Asia region. | |
| Global Activities | 30,521,305 | | | 16.06% |

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| | 1,000,000 | Jefferson Consulting Group | Supports the full acquisition and assistance life cycle and also provides support for the following activities: assist in the negotiation and administration of contracts, grants, cooperative agreements, PSCs and interagency agreements. | |
| | 2,775,000 | World Health Organization (WHO) | Support development, implementation and/or evaluation of health programs and studies, global strategy development, technical analyses, feasibility studies, capacity building, policy reform, evaluation, research, monitoring, and surveillance. | |
| | 4,000,000 | The World Bank | Leverage the Coalition for Epidemic Preparedness Innovations (CEPI's) mandate to develop vaccines for emerging infectious diseases, and enable equitable access of these vaccines for vulnerable populations to prevent amplification and spread of emerging threats. | |
| | 7,141,000 | UN Food & Agriculture Org. (FAO) | Strengthen animal health surveillance and laboratory systems for the prevention, detection, and response to major zoonotic diseases; enhances multisectoral platforms to address infectious diseases; strengthens programs that address AMR in the livestock sector. | |
| | 9,805,305 | United Nations International Children's Emergency Fund (UNICEF) | Pre-positioned funds for a rapid response mechanism to respond to and mitigate the impact of infectious disease outbreaks, so outbreaks do not spread regionally or globally | |
| | 550,000 | Project Last Mile (PLM) | Collaborates with regional Coca-Cola bottlers and suppliers to strengthen public health systems capacity in supply chain by sharing the expertise and network of the Coca-Cola System with the local Ministry of Health (MoH). Supported work in eight countries in Africa: Ghana, Liberia, Mozambique, Nigeria, Sierra Leone, South Africa, Swaziland, and Tanzania. | |
| | 250,000 | NASEM | NASEM will provide structured opportunity for discussion and scrutiny of critical-and possibly contentious-scientific and policy issues related to research on and the prevention, detection, surveillance, and responses to emerging and reemerging infectious diseases in humans, plants and animals as well as the microbiome in health and disease. | |
| | 5,000,000 | Emergency Reserve Fund (ERF) | Transferred to the Emergency Response Fund for Infectious Disease Outbreaks | |
| Staffing and Program Support | 24,654,595 | | | 12.98% |