KEY DEVELOPMENTS

- The U.S. Department of State (DoS) and the U.S. Agency for International Development (USAID) remain committed to assisting the world’s most vulnerable countries in fighting the coronavirus disease (COVID-19) pandemic. On July 15, U.S. Secretary of State Michael R. Pompeo announced an additional $208 million to support the global response to COVID-19, bringing total pledged DoS and USAID funding to more than $1.5 billion. To date, pledged funding from USAID includes $299 million in assistance from USAID’s Global Health Emergency Reserve Fund for Contagious Infectious-Disease Outbreaks (ERF-USAID), approximately $235 million in Global Health Programs (GHP-USAID) funds, $558 million in humanitarian assistance from USAID’s International Disaster Assistance (IDA) account, and $243 million from the Economic Support Fund (ESF).

- In coordination with the National Security Council, USAID is working with U.S. Government (USG) interagency partners, including the U.S. Department of Defense, and the private sector to fulfill U.S. President Donald J. Trump’s commitment to provide ventilators to countries in need. To date, USAID has delivered ventilators to Brazil, Colombia, Ecuador, El Salvador, Fiji, Honduras, India, Indonesia, Pakistan, Paraguay, Peru, Russia, and South Africa to support care for COVID-19 patients. On July 22, USAID delivered the first shipment of 100 U.S.-manufactured ventilators to Indonesia and on July 14, USAID provided 50 ventilators to Paraguay. The medical equipment will assist health workers in treating COVID-19 cases.

- USAID continues to engage with bilateral and multilateral donor partners to coordinate global response efforts, identify funding needs, address operational challenges, and plan for second- and third-order impacts caused by the COVID-19 pandemic. In July, USAID leadership participated in a briefing by the UN Office for the Coordination of Humanitarian Affairs (OCHA) on the updated COVID-19 Global Humanitarian Response Plan (GHRP). The GHRP update increased the funding requirements from $6.7 to $10.3 billion for urgent humanitarian needs, including health, protection and socioeconomic requirements caused by the pandemic.

TOTAL PLEDGED USAID FUNDING FOR THE COVID-19 RESPONSE

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>ERF-USAID</td>
<td>$299,000,000</td>
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<tr>
<td>ESF</td>
<td>$243,000,000</td>
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<tr>
<td>GHP-USAID</td>
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<tr>
<td>IDA</td>
<td>$558,000,000</td>
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<tr>
<td></td>
<td><strong>$1,335,000,000</strong></td>
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*Pledged funding reflects total USAID funding announced by U.S. Secretary of State Michael R. Pompeo for the COVID-19 response as of July 24, 2020.

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**KEY FIGURES**

15,628,936
Number of Confirmed COVID-19 Cases Worldwide

636,262
Number of Deaths Related to COVID-19 Worldwide

188
Number of Areas, Countries, and Territories, with Confirmed COVID-19 Cases

*Source: Johns Hopkins University Center for Systems Science and Engineering (JHU CSSE), July 24, 2020; Figures are subject to change due to periodic adjustment and updating.
AFRICA

- USAID partner the UN Children’s Fund (UNICEF) is assisting communities at risk of coronavirus disease transmission in five regions in Burkina Faso with nearly $690,000 in USAID support. The UN agency is strengthening risk communication and community engagement by developing and disseminating information in communities regarding methods to prevent the spread of COVID-19, as well as training community members on countering misinformation. In addition, to increase community awareness of infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) services available in health care facilities, UNICEF is working to improve coordination between national ministries, local radio stations, and community service organizations.

- Prior to the COVID-19 outbreak, Rwanda had been implementing Ebola virus disease (EVD) preparedness activities for nearly two years, which allowed Rwanda to pivot from EVD preparedness to COVID-19 response. Specifically, health care workers began utilizing USAID-renovated EVD isolation units and a contingency stock of personal protective equipment (PPE) to isolate and care for suspected COVID-19 cases. In addition, a USAID partner converted an EVD hotline to receive COVID-19 calls from the public 24 hours per day. Frontline health care workers had already received USAID-supported IPC training, which provided a foundation for managing suspected COVID-19 cases.

- USAID, through UNICEF, also supported the National Hygiene Service to conduct IPC activities through regional hygiene brigades in 14 regions of Senegal. Since the launch of COVID-19 response activities, the brigades have trained nearly 450 hygiene officers and approximately 550 community health workers on basic IPC and WASH techniques; installed nearly 500 large-size public handwashing stands with soap in health structures, isolation centers, and other high-risk areas, with accompanying demonstrations on proper handwashing techniques; distributed more than 2,400 small handwashing kits to households with positive COVID-19 cases or contacts and conducted awareness-raising sessions with the households receiving the material; and disinfected more than 400 schools, approximately 1,800 houses with a member testing positive, and approximately 1,400 health structures, isolation centers, and other public places.

ASIA

- In Nepal, USAID’s Suaahara project assisted nearly 400 municipalities in locating areas at heightened risk of COVID-19 transmission, screening migrant returnees for COVID-19 symptoms, and coordinating relief efforts related to the disease outbreak. Project staff identified nearly 7,500 households with members who had a cough, fever, or difficulty breathing, and referred the individuals to nearby health facilities. Through USAID support, the project also provided tele-counseling to more than 1 million families on topics including handwashing, identification of COVID-19 symptoms and treatment options, countering misinformation, and the importance of physical distancing. Finally, the project sent personalized text messages to a network of approximately 1.2 million households and reached an estimated 3.6 million people through social media with messages on COVID-19 prevention.

- In the Philippines, USAID supported the launch of a mobile application for epidemiological surveillance using unique identification to enhance case investigation, contact tracing, and laboratory results. In addition, a USAID partner recruited two field epidemiologists to support the National Epidemiology Bureau to improve the completeness and timeliness of the event-based surveillance system and COVID-19 reporting.

- USAID partner UNICEF purchased 3,000 infrared thermometers for distribution to schools, government and non-government residential care facilities, juvenile detention and training centers, and migrant learning centers in Thailand with the aim of improving health screening and preventing the transmission of COVID-19 among children.

- In Papua New Guinea, USAID partner FHI 360 helped conduct assessments of IPC practices in 16 health facilities. In addition, FHI 360 began the process of procuring tents for disinfectants, handwashing stations, sanitizers, triage, waste disposal containers, and other critical IPC commodities for the facilities.

- In Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan, USAID-funded materials, including laboratory reagents and specimen transport supplies, arrived to support polymerase chain reaction (PCR) testing.

- In Cambodia, USAID partner UNICEF supported the production of 14 TV spots, with sign language, and 25 radio spots—including in Khmer and four indigenous languages—that reached more than 8 million people nationwide. A COVID-19 text message blast went to 4.5 million people. In addition, UNICEF supported the distribution of nearly 180,000 print materials.
• In Mongolia, USAID supported on-the-job training for nearly 700 health care workers on patient flow, isolation management, triage, and PPE usage in 20 health facilities and seven tertiary hospitals.

EUROPE & EURASIA
• In Serbia, a USAID partner procured critical supplies that were delivered to the national reference laboratory at the Institute of Virology.

LATIN AMERICA & THE CARIBBEAN
• To reduce the spread of COVID-19 and decrease related morbidity and mortality among vulnerable communities in Venezuela, a USAID partner is delivering critical health and WASH assistance for both community members and health workers.
• Through USAID support, implementing partners have provided essential commodities for COVID-19 detection in Haiti. USAID has also trained 12 nurses to support the sampling of COVID-19 suspected cases; the health care workers have assisted with the sampling and testing of more than 2,600 people since the beginning of May. Increased testing capacity enables earlier diagnosis of COVID-19, which allows for rapid response, including quarantine and isolation to prevent further transmission.
• In Guyana, USAID support has helped to ensure that all ten administrative regions have Rapid Response Teams that are fully trained and equipped to conduct case investigations and contact tracing to identify additional potential cases and limit the spread of COVID-19. Additionally, USAID has provided technical assistance to the Ministry of Public Health to strengthen capacity to model disease scenarios and potential impacts of various physical distancing measures.
• USAID support has helped the Government of Paraguay identify and fulfill equipment needs to reduce potential infections in critical care units, including the acquisition of 100 video laryngoscopes and 200 adult laryngoscopes benefiting 54 intensive care services and 46 emergency and emergency services throughout the country. Additionally, USAID has helped revise IPC measures for the ambulance service responsible for transferring COVID-19 patients, including cleaning and disinfection supplies.

MIDDLE EAST & NORTH AFRICA
• In late June, the UN World Food Program (WFP) began expanding its emergency food assistance programs for refugees in Jordan to include unconditional cash transfers with $10.1 million in USAID funding. The UN agency will provide cash transfers sufficient in value to meet 100 percent of caloric needs for more than 41,100 refugees affected by the COVID-19 pandemic. Individuals can use the cash transfers to purchase food items through a network of 200 shops operated by WFP partners or redeem them at ATMs.
• Also in Jordan, USAID supported the procurement of 525 infrared thermometers for the exclusive use of health care workers. With this investment, health care workers are better positioned to safely care for patients in 450 reopened maternal and child health centers throughout the kingdom.
• With USAID support, a non-governmental organization (NGO) partner is providing WASH assistance to internally displaced persons (IDPs), returnees, and other vulnerable community members in Iraq. The partner is distributing WASH supplies and hygiene promotion materials, as well as upgrading WASH facilities in public health centers.
• USAID is also working with the Iraqi civil society organization Because I Love Peace to produce a series of COVID-19 awareness videos using the hashtag #Together_Apart. The first video, featuring Noor Alawazi, a well-respected social media influencer and business owner, was released last week and has been viewed more than 20,000 times on her Instagram account and racked up more than 450,000 views within a week on Facebook. This is the first of ten videos that will feature Iraqi celebrities and influencers aimed at emphasizing the importance of limiting non-essential movements, washing and sanitizing your hands regularly, and wearing face coverings in public places.
• In Tunisia, through a $500,000 USAID grant to UNICEF, partners provided thousands of individual and institutional hygiene and sanitation kits to daycare centers, health care facilities, schools, and other governmental institutions hosting
children. When complete, the effort will reach approximately 100 facilities and more than 6,000 people with critical hygiene and sanitation equipment and supplies. In addition, through a $6 million award to UNICEF, USAID will focus on community engagement to raise awareness of COVID-19, and continue provision of essential supplies and equipment to improve hygiene and support frontline health workers. The first activity under the grant is a nationwide communication campaign aligned with border re-openings and designed to raise awareness among Tunisans and tourists about the risks of COVID-19 and the need to adopt measures to prevent a second wave. USAID is also working with the UN Office for Project Services to improve the nation’s ability to manage clinical COVID-19 cases by providing critical resuscitation, infection prevention, and dialysis equipment to key hospitals.

COVID-19 GLOBAL RESPONSE STRATEGY

- In responding to the COVID-19 pandemic, USAID, together with DoS, launched the Strategy for Supplemental Funding to Prevent, Prepare for, and Respond to Coronavirus Abroad. Through four interrelated pillars, DoS and USAID are working to:
  - Protect American citizens and the U.S. Government (USG) community overseas, facilitate the continuation of USG work overseas, and communicate effectively;
  - Prevent, prepare for, respond to, and bolster health institutions to address the COVID-19 pandemic and the possible re-emergence of the disease;
  - Prevent, prepare for, and respond to COVID-19 in existing complex emergency settings and address the potential humanitarian consequences of the pandemic; and
  - Prepare for, mitigate, and address second-order economic, security, stabilization, and governance impacts of COVID-19.
- To achieve these interrelated objectives, USAID is tailoring assistance based on country capacity and reported needs through implementation of the USG Action Plan to Support the International Response to COVID-19 (SAFER Action Plan). The SAFER Action Plan is focused on scaling up community approaches to slow the spread of COVID-19; addressing critical needs of health care facilities, health care workers, and patients; identifying, investigating, and responding to COVID-19 cases through expanded disease detection and surveillance mechanisms; employing strategies to address second-order impacts of COVID-19; and developing plans for the utilization of therapeutics, vaccines, and other life-saving supplies.
- USAID coordinates with DoS, the U.S. Centers for Disease Control and Prevention, and other interagency partners to prioritize countries to receive funding for the COVID-19 response and works closely with various stakeholders, including DoS and USAID country staff, to select the most appropriate mechanisms to fill identified response gaps. USAID is also collaborating with governments, multilateral organizations, NGOs, the private sector, and other actors working on the ground to support the COVID-19 response.

ADDITIONAL INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to organizations that are conducting relief operations. USAID encourages cash donations because they allow aid professionals to procure the exact items needed; can be transferred quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
  - More information can be found at USAID Center for International Disaster Information: www.cidi.org.
- USAID has established an inbox (COVID19TF_PSE@usaid.gov) to coordinate private sector engagement around the COVID-19 response. In addition, the UN supports an initiative for businesses seeking to donate money, goods, or services. Please visit connectingbusiness.org for more information.
- Finally, USAID reminds the public that it may accept unsolicited applications and proposals. The Agency has set up a COVID-19 Concepts portal at: https://www.usaid.gov/coronavirus/funding-requests-unsolicited-proposals.