

Beat: Health

THE USA CONTINUES TO LEAD THE GLOBAL RESPONSE TO COVID19 OVER A GLOBAL UPDATE

\$12 Bn GRANTED BY US GOV

Paris, Washington DC, 20.06.2020, 00:03 Time

USPA NEWS - The United States continues to lead the global effort to respond to and end the COVID-19 pandemic. Building upon decades of investment in life-saving health and humanitarian assistance, the American people should be proud of the real results we are achieving through our help to nations around the world, which also helps protect the homeland. The U.S. government has so far allocated more than \$12 billion that will benefit the global COVID-19 response, and we continue to ensure that the substantial U.S. funding and scientific efforts on this front remain a central and coordinated part of the worldwide effort against the disease. Our efforts are far from over but continue to make a real and lasting impact.

Since the outbreak of COVID-19, the U.S. Government has announced more than \$1.2 billion in State Department and U.S. Agency for International Development (USAID) emergency health, humanitarian, economic, and development assistance specifically aimed at helping governments, international organizations, and non-governmental organizations (NGOs) fight the pandemic.

Since the outbreak of COVID-19, the U.S. Government has announced more than \$1.2 billion in State Department and U.S. Agency for International Development (USAID) emergency health, humanitarian, economic, and development assistance specifically aimed at helping governments, international organizations, and non-governmental organizations (NGOs) fight the pandemic. This funding, provided by Congress, will save lives by improving public health education; protecting healthcare facilities; and increasing laboratory, disease-surveillance, and rapid-response capacity in more than 120 countries. (Source : Office of the Spokesperson)The United States has mobilized as a nation to make this an impressive global effort. Working with the private sector, we are actively fulfilling President Trump’s commitment to provide ventilators to our partners and allies in Africa, Asia, Europe, and Latin America. Our foreign assistance funding to date for the response to the COVID-19 pandemic now includes more than \$200 million specifically for ventilators.-----

The COVID-19 assistance to-date from the State Department and USAID includes the following:

“ç Approximately \$428 million in emergency health assistance from USAID’s Global Health Emergency Reserve Fund for Contagious Infectious-Disease Outbreaks and Global Health Programs account. These funds prioritize interventions to mitigate the pandemic and prepare communities in developing countries affected by and at-risk of COVID-19. This includes funding for ventilators ““ highly specialized, state-of the art medical equipment used in hospitals and other medical facilities to help support patients who are having trouble breathing. These life-saving devices are compact, and will give recipient countries flexibility in treating patients most seriously affected by advanced COVID-19 symptoms easily and quickly throughout the country. As an added benefit, the ventilators can also be used to treat patients for other respiratory ailments beyond the virus for years to come.

“ç More than \$462 million in humanitarian assistance from USAID’s International Disaster Assistance (IDA) account. This assistance supports case-management and keeps essential health care operating; provides risk-communication and community-engagement programs; supports efforts to prevent and control infections; provides safe water and hygiene items; provides emergency food assistance; and strengthens local capacity and coordination by working with existing health structures and with others in the humanitarian community. These funds prioritize populations affected by ongoing humanitarian crises, particularly internally-displaced people (IDPs) and other displaced persons, because of their heightened vulnerability, the elevated risk of severe outbreaks in camps and informal settlements, and anticipated disproportionate mortality in these populations.

“ç More than \$206 million from the Economic Support Fund (ESF). These funds promote American foreign-policy interests by financing shorter-term mitigation efforts and addressing the second-order impacts of the pandemic in the long term, across a variety of sectors. ESF funding is also being used to provide ventilators.

“ç More than \$173 million in humanitarian assistance from the Migration and Refugee Assistance (MRA) account, provided through the State Department’s Bureau of Population, Refugees, and Migration. These funds help international organizations and NGO partners address the increased vulnerability created by the pandemic of refugees and host communities as well as among migrants and other vulnerable and conflict-affected people. This includes strengthening local health responses and provision of emergency relief items to vulnerable families.

This new COVID-19 foreign assistance is provided in addition to the “more than \$100 billion in global health funding and nearly \$70

billion in overseas humanitarian assistance provided by the United States in the last decade alone.

These new amounts do not include assistance being provided by other U.S. Government Departments and Agencies, including the Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services and the Department of Defense (DoD).

In addition to this direct funding from the U.S. Government, our All-of-America approach is helping people around the world to confront the ongoing pandemic. Through the generosity of American private businesses, non-profit groups, charitable organizations, faith-based organizations, and individuals, Americans have now provided more than \$4.6 billion in donations and assistance globally for COVID-19 response, more than any other nation.

To meet the most urgent needs, U.S. Government Departments and Agencies are coordinating efforts to prioritize foreign assistance to maximize the potential for impact. The United States is providing the following assistance through the State Department and USAID:
Africa:

“¢ Angola: \$570,000 for health assistance is helping provide risk-communications and water and sanitation, as well as to prevent and control infections in key health facilities in Angola. This assistance comes on top of long-term U.S. investments in Angola, which total \$1.48 billion over the past 20 years, including over \$613 million for health assistance.

“¢ Bénin: \$1.5 million in health assistance will help Béninois respond to the outbreak by funding the coordination and planning of outbreak-response activities, strengthening surveillance and rapid-response capabilities, and risk-communications and engagement with communities. This assistance joins \$1.72 billion in total assistance for Benin over the past 20 years, over \$364 million of which was for health.

“¢ Botswana: \$1.5 million in health assistance to address the outbreak. Funding will support risk-communications and community engagement, with a focus on the most vulnerable populations, the procurement of essential health commodities and logistic support, and strengthening case-management and the prevention and control of infections in key health facilities. This assistance builds on nearly \$1.2 billion in total assistance in Botswana over the last 20 years, over \$1.1 billion of which has been for health.

“¢ Burkina Faso: Nearly \$14.3 million in health and humanitarian funding will go toward risk-communications, water and sanitation, preventing and controlling infections in health facilities, public-health messaging, and emergency food assistance. This includes \$2.5 million in health assistance, \$9 million in IDA humanitarian assistance, and nearly \$2.8 million in MRA humanitarian assistance, which will help protect the health of vulnerable people in Burkina Faso during the pandemic. Over the past 20 years, the United States has invested a total of more than \$2.4 billion in Burkina Faso, including over \$222 million for health.

“¢ Burundi: More than \$3 million in total funding for the response to COVID-19 includes \$2 million in health assistance and more than \$1 million in MRA humanitarian assistance to help protect the health of vulnerable people. The health assistance will improve the planning and coordination of response activities, the strengthening of surveillance and rapid-response capabilities, strengthening capacities for case-management and the prevention and control of infections, and the training of health workers. The United States has invested more than \$997 million in total assistance for Burundi, including more than \$254 million for health, over the past 20 years.

“¢ Cameroon: \$16.7 million for health and humanitarian assistance will help provide infection-control in key health facilities, strengthen laboratories and surveillance, prepare communities, bolster local messaging, and provide emergency food assistance. This includes \$14.1 million for health and IDA humanitarian assistance from USAID and more than \$2.6 million in MRA humanitarian assistance to support refugees, IDPs, and host communities. This assistance builds upon more than \$960 million in total U.S. Government investment in the country over the past 20 years, over \$390 million of which was for health.

“¢ Central African Republic: More than \$10 million in humanitarian assistance, including \$6.5 million in IDA humanitarian assistance that will go toward risk-communications, preventing and controlling infections in health facilities, and safe water supplies, and more than \$3.5 million in MRA humanitarian assistance that will help protect the health of vulnerable people in the Central African Republic during the pandemic. The U.S. Government has provided \$822.6 million in total in the Central African Republic over the last 20 years, including \$4.5 million in emergency health assistance in Fiscal Year (FY) 2019.

“¢ Chad: \$4.2 million in humanitarian assistance, including \$1.5 million from the IDA account for preventing and controlling infections in health facilities, raising community awareness of COVID-19, and improving hygiene, and nearly \$2.7 million in MRA humanitarian assistance to help protect the health of vulnerable people in Chad during the pandemic. This new assistance builds upon the foundation of nearly \$2 billion in total U.S. assistance over the last 20 years, including more than \$30 million for health.

“¢ Republic of Congo (ROC): \$250,000 in health assistance will address the outbreak, by supporting the coordination and planning of response activities, risk-communications and community-outreach activities and the training of health workers in protocols for preventing and controlling infections in health facilities. The United States has invested in the Republic of Congo for decades, including more than \$171.2 million in total U.S. assistance over the last 20 years, over \$36.9 million of which has been for health.

“¢ Côte d'Ivoire: \$3.2 million in health assistance to address the outbreak by financing risk-communications and community engagement; the training of health care providers in protocols for preventing and controlling infections in health facilities and the appropriate management of cases of COVID-19 and influenza-like illnesses; and ensuring these facilities are appropriately supplied with essential health commodities. Funding will also finance the training of health workers in critical community-level surveillance techniques, such as case-finding and contact-tracing. Over the past 20 years, the United States has invested more than \$2.1 billion in

long-term development and other assistance in Côte d'Ivoire.

Democratic Republic of the Congo (DRC): Approximately \$26.1 million in total including \$16 million for health and IDA humanitarian assistance that will improve the prevention and control of infections in health facilities, and support improved awareness of COVID-19, including by working with religious leaders and journalists on risk-communication messaging. Nearly \$5.1 million in MRA humanitarian assistance will help protect vulnerable people in the DRC during the pandemic. The \$6 million in health assistance funding will support supply-chain management and logistics, as well as the procurement of essential health commodities; strengthening critical disease-surveillance activities, including community-based surveillance, contact-tracing, and case-finding; strengthening practices to prevent and control infections at health facilities and train health workers, as well as community-based efforts to improve access to water and basic hygiene materials, with the direct distribution of kits to households to prevent infections. Health assistance also will support mobilizing thousands of volunteers in targeted, high-risk Provinces to conduct risk-communications and community-engagement activities. Finally, approximately \$5 million in ESF will go toward distance and alternative education for Congolese children and youth so they can continue to learn and maintain protective routines and social connections while schools remain closed across the country. This builds upon more than \$6.3 billion in total U.S. assistance over the past 20 years, including more than \$1.5 billion for health.

“¢ Djibouti: \$750,000 in total, including \$500,000 in health assistance to address the outbreak and \$250,000 in MRA humanitarian assistance to assist vulnerable migrants and host communities as they deal with the pandemic. Health assistance will support strengthening the capacity for testing, supply-planning, supply-chain management and the distribution of urgent health commodities needed for COVID-19. The health assistance also will fund risk-communications and community-outreach activities, the training of health workers to implement protocols to prevent and control infections in health facilities and manage cases of COVID-19; and disease-surveillance and rapid-response protocols and functionality. The United States has already invested more than \$338 million in Djibouti over the last 20 years.

“¢ Eswatini: \$1.1 million in health assistance to address the outbreak by bolstering Eswatini's emergency health response, which could include the procurement of supplies, contact-tracing, laboratory diagnostics, and raising public awareness. This assistance builds upon the foundation of U.S. Government investments in the Kingdom, which total more than \$529 million assistance over the last 20 years, including more than \$490 million for health.

“¢ Ethiopia: More than \$42.5 million in assistance to counter COVID-19, including \$26.5 million in IDA humanitarian assistance for risk-communications, the prevention and control of infections in health facilities, disease-surveillance, contact-tracing, coordination, and emergency food assistance; more than \$5.6 million in MRA humanitarian assistance for vulnerable people, including refugees, migrants, and host communities; and more. This assistance is in addition to the United States' long-term investments in Ethiopia over the past 20 years of more than \$13 billion, over \$4 billion of which was for health.

“¢ Ghana: \$1.6 million in health assistance to address the outbreak by strengthening outbreak-response capabilities, including community-based surveillance for case-finding and contact-tracing; improve laboratory diagnostic capacity; optimize the management of COVID-19 cases and the prevention and control of infections in health facilities; and promote risk-communications and community-engagement activities. This assistance builds upon \$3.8 billion in total U.S. Government investments in Ghana over the last 20 years, including over \$914 million for health.

“¢ Guinea: \$1.3 million in health assistance to address the outbreak by financing risk-communications and community-outreach activities, the training of health workers to implement protocols to prevent and control infections in health facilities; and disease-surveillance and rapid-response protocols and functionality. The United States has invested nearly \$1 billion in total assistance in Guinea over the last 20 years, including over \$365.5 million for health.

“¢ Kenya: Nearly \$14.4 million for health and humanitarian assistance, including \$13.5 million in health and IDA humanitarian assistance to provide emergency food assistance; bolster risk-communications; prepare health-communication networks and media for possible cases; and help provide public-health messaging for media, health workers, and communities; and \$947,000 in MRA humanitarian assistance for refugees and host communities. This assistance specific to COVID-19 comes on top of long-term U.S. Government investments in Kenya, which total \$11.7 billion over the last 20 years, including more than \$6.7 billion for health.

“¢ Lesotho: \$750,000 in health assistance to address the outbreak by strengthening outbreak-response capabilities, including community-based surveillance for case-finding and contact tracing, strengthening laboratory diagnostic capacity, and optimizing case-management and the prevention and control of infections in health facilities. The health assistance also will finance risk-communications and community-engagement activities. This assistance builds upon decades of U.S. investments in Lesotho, which total more than \$1 billion over the last 20 years, including more than \$834 million for health.

“¢ Liberia: \$2.3 million in health and IDA humanitarian assistance will provide critical aid for all 15 Liberian Counties (emergency-operation centers, training, contact-tracing, hospitals, and community health care), support quarantine efforts, and provide village-level support. The United States has helped lay a strong foundation for Liberia's response to COVID-19 through more than \$4 billion in total assistance over the past 20 years, including more than \$675 million for health.

“¢ Madagascar: \$2.5 million in health assistance to address the outbreak by strengthening laboratory capacity for diagnostics;

deploying mobile laboratories for decentralized diagnosis; improving regional and District surveillance, including data systems and the training of community health volunteers in contact-tracing; promoting risk-communications and community-engagement activities, including a staffed hotline, mass-media campaigns and prevention messages; the training of health professionals infection and prevention control training, procurement of essential health commodities, and improvements in waste management. The United States has invested more than \$1.5 billion in total assistance for Madagascar over the last 20 years, including over \$722 million for health.

Malawi: \$4.5 million in health assistance to address the outbreak. Funding will support the COVID-19 response and preparedness activities at the district level, including surveillance activities, strengthening infection and prevention control practices, screening at points of entry, and case management. Funding will also support risk communication and community engagement, including radio and social media campaigns; and technical assistance to optimize supply chain logistics and management. The United States has provided more than \$3.6 billion in total assistance for Malawi over the past 20 years, including more than \$1.7 billion for health.

“ç Mali: More than \$9.1 million in assistance for the response to COVID-19, which includes \$2.4 million for health assistance and \$2.7 million in IDA humanitarian assistance for risk-communications, the prevention and control of infections in health facilities, and coordination; and more than \$4 million in MRA humanitarian assistance to support vulnerable in Mali during the pandemic. Health assistance will support risk-communications and community engagement, including by establishing community communication networks with modern and traditional methods and to call on citizens to counter misinformation and rumors, as well as support to the Ministry of Health’s National Hotline; strengthening diagnostic networks and disease-surveillance systems, optimizing real-time surveillance to accelerate the detection and investigation of cases and contact-tracing and train and mobilize existing community-surveillance, early-warning and emergency rapid-response teams to report infections and assist ill persons in getting prompt and appropriate care. The health funding also will finance activities to prevent and control infections at priority case-detection points (including points of entry to Mali along high-traffic cargo routes) and public and community health facilities, including through the procurement of equipment and supplies to prevent infections and manage medical waste. This new assistance builds upon decades of U.S. Government investments in Mali, which total more than \$3.2 billion over the last 20 years, including more than \$807 million for health.

“ç Mauritania: \$250,000 in health assistance to address the outbreak by financing risk-communications and community-engagement activities, strengthening supply-chain management and logistics, and improving the prevention and control of infections in health facilities. The United States has provided more than \$424 million in total assistance over the last 20 years for Mauritania, including more than \$27 million for health, which builds a strong foundation for their pandemic response.

“ç Mauritius: \$500,000 in health assistance to address the outbreak under the national response strategy for COVID-19, including by strengthening coordination and logistics; developing and disseminating risk-communications and prevention materials at the community level; strengthening protocols for the prevention and control of infections in health facilities; disseminating case-management guidelines and training health workers in their use; improving surveillance and rapid-response protocols and functionality; and expanding laboratory capacity. This assistance builds upon the foundation of more than \$13 million in total U.S. Government investments over the past 20 years, including more than \$838,000 for health.

“ç Mozambique: \$6.8 million, including \$4.8 million for health assistance and \$2 million in IDA humanitarian funding will finance risk-communications and community engagement, including mass-media prevention messages; water and sanitation; and the prevention and control of infections in key health facilities in Mozambique. The health assistance also will fund the training of health workers in case-management and ensuring health facilities are prepared to respond to the outbreak. The United States has invested nearly \$6 billion in Mozambique over the past 20 years, including more than \$3.8 billion for health.

“ç Namibia: \$750,000 in health assistance to address the outbreak by improving laboratory capacity for diagnostics and technical assistance in supply-chain management and logistics. This assistance comes in addition to nearly \$1.5 billion in total U.S. Government investments to Namibia over the past 20 years, including more than \$970.5 million in long-term health assistance.

“ç Niger: Nearly \$6.4 million in assistance includes nearly \$800,000 for health assistance and \$3 million in IDA humanitarian assistance for risk-communications, the prevention and control of infectious diseases in health facilities, and coordination; and more than \$2.6 million in MRA humanitarian assistance will support vulnerable people in Niger during the pandemic, including refugees, and vulnerable migrants, and host communities. This assistance comes on top of more than \$2 billion in total U.S. Government investments for Niger in the past 20 years, nearly \$233 million for health.

Nigeria: More than \$41.3 million in assistance, which includes more than \$3.3 million for health assistance and \$34 million in IDA humanitarian funding for risk-communications, water and sanitation, infection-prevention, coordination, and emergency food assistance; and nearly \$4.1 million in MRA humanitarian assistance for vulnerable people. This assistance joins more than \$8.1 billion in total assistance for Nigeria over the past 20 years, including more than \$5.2 billion for health.

“ç Rwanda: \$2.2 million in assistance for Rwanda’s response to COVID-19 includes \$1.7 million for health assistance that will help

with disease-surveillance and case-management, and \$474,000 in MRA humanitarian assistance to support refugees and host communities in Rwanda. This comes on top of long-term U.S. Government investments in Rwanda that total more than \$2.6 billion in total assistance over the past 20 years, including more than \$1.5 billion for health.

“¢ Sénégal: \$3.9 million in health assistance to support risk-communications, water and sanitation, the prevention and control of infections in health facilities, public health messaging, and more. In Sénégal, the U.S. has invested nearly \$2.8 billion in total over the past 20 years, nearly \$880 million for health.

“¢ Sierra Leone: \$2.7 million in health and IDA humanitarian assistance to address the outbreak by strengthening surveillance activities, case-finding, contact-tracing, risk-communications, community engagement, and the management of cases of COVID-19 at health facilities. This assistance joins decades of U.S. investments in Sierra Leone, totaling more than \$954 million in total assistance over the past 20 years, including nearly \$260 million for health.

“¢ Somalia: More than \$17.1 million in humanitarian assistance for the response to COVID-19 will fund risk-communications, the prevention and control of infectious diseases in health facilities, case-management, and more, including for internally displaced persons, refugees, returnees, and vulnerable migrants. This assistance comes in addition to \$5.3 billion in total assistance for Somalia over the last 20 years, including nearly \$30 million for health.

“¢ South Africa: Approximately \$8.4 million in health assistance to counter COVID-19 will fund risk-communications, water and sanitation, the prevention and control of infections in health facilities, public health messaging, and more. The United States has also pledged to send up to 1,000 ventilators to South Africa, the first 50 of which arrived on May 11, 2020. This assistance joins more than \$7 billion in total assistance by the United States for South Africa in the past 20 years, nearly \$6 billion invested for health.

“¢ South Sudan: Nearly \$40.6 million in assistance includes \$32.2 million in IDA humanitarian assistance for case management, prevention and control of infections, logistics, coordination efforts, risk communications, water, sanitation and hygiene, and emergency food assistance; \$2.8 million in health programming; and more than \$5.6 million in MRA humanitarian assistance that will support refugees and host communities in South Sudan during the pandemic. The health assistance will fund expanded training of health workers and peer educators on proper practices to prevent and control infections in health facilities to protect communities and patients, particularly those at high risk or who are immunocompromised, and strengthening the capabilities of health facilities and communities to manage and refer cases of COVID-19. The health assistance also will fund expanding efforts to address community concerns, including by tracking and combating rumors, misconceptions, and grievances. This funding builds upon past U.S. investments in South Sudan that total \$6.4 billion over the past 20 years, including more than \$405 million for health.

“¢ Sudan: More than \$27.6 million in assistance includes \$1 million in health assistance and \$20.3 million in IDA humanitarian assistance for strengthening laboratory capacity, disease surveillance and contact-tracing, case-management, risk-communications, disease-surveillance, the prevention and control of infections, water, sanitation and hygiene; \$5 million in ESF for cash assistance to vulnerable families adversely affected by COVID-19; and more than \$1.3 million in MRA humanitarian assistance to support vulnerable people. The United States has invested more than \$1.6 billion in total assistance for Sudan over the last 20 years, more than \$3 million of which was for health.

“¢ Tanzania: \$3.7 million in assistance includes \$3.4 million in health assistance funds the strengthening of laboratory capacity for optimal diagnostics, risk-communications, water and sanitation, the prevention and control of infections, public health messaging, and more. It also includes \$310,000 in MRA humanitarian assistance to support vulnerable refugees, migrants, and host communities with a focus on children, youth, and their care providers. The United States has invested more than \$7.5 billion total in Tanzania over the past 20 years, nearly \$4.9 billion for health.

“¢ Uganda: \$4.2 million in assistance includes \$2.3 million in health assistance to address the outbreak and nearly \$1.9 million in MRA humanitarian assistance will support refugees and host communities, including youth, and their care providers, in Uganda during the pandemic. The health assistance will strengthen the prevention and control of infections and case-management practices in health facilities, including by training health workers in new protocols; promote risk-communications and community engagement, including materials and messages to address most vulnerable groups; and improve management systems to ensure the accountability and availability of, and access to, health commodities, essential medicines, and health supplies in health facilities to maintain the continuity of services. This assistance is provided in addition to the nearly \$8 billion in total U.S. Government investments for Uganda over the last 20 years, including nearly \$4.8 billion for health.

“¢ Zambia: \$3.4 million for health assistance will fund risk-communications, water and sanitation, the prevention and control of infections, public health messaging, and more. This assistance joins \$4.9 billion total U.S. Government investments for Zambia over the past 20 years, nearly \$3.9 billion in U.S. health assistance.

“¢ Zimbabwe: Nearly \$15 million, including nearly \$3 million for health assistance and \$12 million for IDA humanitarian assistance will help to prepare laboratories for large-scale testing, support case-finding activities for influenza-like illnesses, implement a public-health emergency plan for points of entry, and emergency food assistance. The health assistance will fund the strengthening of laboratory capacity, the prevention and control of infections and the management of cases of COVID-19 in health facilities, including hand-washing stations, screening centers, preparing hospitals to be ready to treat COVID-19 patients, training health workers, and setting up alternative care-delivery points. Funding also will also support the training of rapid-response teams, community health

workers and volunteers; and risk-communications and community engagement. This new assistance builds on a history of U.S. investments in Zimbabwe ““ nearly \$3 billion total over the past 20 years, nearly \$1.2 billion of which was for health.

Regional Efforts in the Sahel: \$5 million in ESF will strengthen the efforts of partner governments and civil society to manage and respond to COVID-19 with transparent communication and response. These investments will cover Burkina Faso, Niger, The Gambia, Chad, and Mali.

“ç Regional Efforts in West Africa: \$5 million in ESF will go towards conducting information campaigns with local authorities and communities and engaging community groups, community radio stations, and local media actors to develop targeted messaging in local languages. This assistance will also engage citizens in local-led advocacy, dialogue, and inclusive behavior change. These investments will cover Cameroon, Côte d’Ivoire, Togo, Bénin, and Guinea.

“ç Regional Sub-Saharan Africa Humanitarian Assistance: More than \$6 million in MRA humanitarian assistance to help vulnerable people during the pandemic.

Asia:

“ç Afghanistan: \$20.6 million in COVID-19 assistance includes more than \$7.1 million for health and IDA humanitarian assistance to support the detection and treatment of COVID-19, as well as protection and health support, for IDPs, and nearly \$3.1 million in MRA humanitarian assistance for Afghan returnees. In addition, the United States has redirected \$10 million in existing resources to support the United Nations Emergency Response Plan for COVID-19 to conduct disease-surveillance, improve laboratories, manage cases of the disease, prevent and control infections in health facilities, engage with local communities, and provide technical assistance to the Government of Afghanistan, and \$500,000 to procure COVID-19 prevention and control supplies for correctional facilities.

“ç Bangladesh: More than \$43.4 million in assistance includes \$21.4 million for health and IDA humanitarian assistance to help with case-management, surveillance activities, the prevention and control of infections in health facilities, risk- communications, water, sanitation, hygiene, and emergency food assistance. In addition, more than \$22 million in MRA humanitarian support will support vulnerable people during the pandemic, including refugees and host communities. This builds upon nearly \$4 billion in total U.S. assistance over the past 20 years, which included more than \$1 billion for health.

“ç Bhutan: \$1 million in total assistance includes \$500,000 in ESF to support microenterprises to generate income for those affected by COVID-19 and to strengthen food security for Bhutanese unemployed because of the shutdown of tourism and construction sectors as well as increase the skills of these individuals, including unemployed youth. It also includes \$500,000 in health assistance to strengthen diagnostic laboratory capabilities and clinical case-management, provide virtual training for healthcare providers and lab personnel, and design and produce risk-communications materials. This assistance builds upon more than \$6.5 million in total U.S. Government investments over the past 20 years, including \$847,000 for health.

“ç Burma: Nearly \$13.5 million total, including approximately \$8.3 million for health and \$3 million in IDA humanitarian assistance for the prevention and control of infections in health facilities, case-management, laboratories, risk-communications and community engagement, as well as water and sanitation supplies, including assistance to IDP camps that are facing water shortages. This also includes nearly \$2.2 million in MRA humanitarian assistance to support vulnerable people and host communities during the pandemic. This assistance comes on top of long-term U.S. Government investments in Burma that total more than \$1.3 billion over the past 20 years, which includes more than \$176 million for health.

“ç Cambodia: More than \$11 million in total assistance for the response to COVID-19 includes \$5 million in ESF for relief and job-skills training for vulnerable people, such as returning migrants, and expanded efforts to counter trafficking and protect children. It also includes more than \$6 million in health assistance to help the Cambodian Government prepare laboratory systems, activate case-finding and event-based surveillance, communicate risk, support technical experts for response and preparedness, and more. The U.S. Government has invested more than \$1.6 billion in total assistance over the past 20 years, which includes more than \$730 million for health.

“ç India: Nearly \$5.9 million in health assistance to help India slow the spread of COVID-19, provide care for the affected, disseminate essential public health messages to communities, strengthen case-finding and surveillance, and mobilize innovative financing mechanisms for emergency preparedness and response to the pandemic. Additionally, the funds will support State-specific COVID-19 challenges and address bottlenecks in supply-chains that stem from the lock-down of India’s borders. This builds on a foundation of nearly \$2.8 billion in total assistance to India over the last 20 years, which includes more than \$1.4 billion for health.

“ç Indonesia: \$11 million includes more than \$9 million in health funding to help the Indonesian Government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, and more. It also includes nearly \$1.5 million in MRA humanitarian assistance for refugees, vulnerable migrants, and their host communities. The U.S. Government has invested more than \$5 billion in total assistance over the past 20 years, including more than \$1 billion for health.

“ç Kazakhstan: More than \$3.1 million for health assistance will help prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk communication, and more. This assistance builds upon U.S. investments of more than \$2 billion in total assistance over the last 20 years, including \$86 million for health.

“ç Kyrgyz Republic: Approximately \$900,000 for health assistance will help prepare laboratory systems, activate case-finding and

event-based surveillance, support technical experts for response and preparedness, bolster risk communication, and more. The United States has invested nearly \$1.2 billion in total assistance for the Kyrgyz Republic over the past 20 years, including more than \$120 million for health.

Laos: \$4.4 million for health assistance is helping the government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, and more. This assistance builds upon U.S. Government investment in Laos over time, including more than \$348 million over the past decade, of which nearly \$92 million was health assistance.

“ç Malaysia: \$1.2 million total includes \$1 million in health assistance that will fund the prevention and control of infections in health facilities, community engagement, disease-surveillance and contact-tracing systems, bolster risk-communications, and more in response to COVID-19. It also includes \$200,000 in MRA humanitarian assistance to support COVID-19 response efforts for refugees and asylum seekers in Malaysia. This assistance builds upon a foundation of decades of U.S. investment in Malaysia, totaling more than \$288 million over the past 20 years, including more than \$3.6 million for health.

“ç Maldives: \$2 million in ESF will support the expansion of social-protection services led by local civil-society organizations and assist them to advocate effectively for COVID recovery policies. Funding will provide technical assistance to the government to develop effective economic, fiscal, monetary measures in response to the COVID-19 pandemic. U.S. investments in Maldives include more than \$30 million in total assistance since 2004.

“ç Mongolia: Nearly \$1.2 million for health assistance is helping the Mongolian Government prepare laboratory systems, activate case-finding and event-based surveillance, and support technical experts for response and preparedness, and more. The United States has invested more than \$1 billion in total assistance for Mongolia over the past 20 years, including nearly \$106 million for health.

“ç Nepal: \$7.3 million in total assistance includes \$2.5 million in ESF to support local governments and disaster-management committees to respond to the economic and social impacts of COVID-19, and will provide small grants to the private sector and CSOs to enable economic recovery, mitigate food insecurity, and address the needs of vulnerable populations. It also includes \$4.8 million for health assistance that is helping the Nepali Government to conduct community-level risk-communications, prepare laboratory systems, activate case-finding and surveillance, support technical experts for response and preparedness, and more. Over the past 20 years, U.S. Government investment in Nepal totals more than \$2 billion, including more than \$603 million for health.

“ç Pacific Islands: \$24.2 million total in assistance from USAID, which includes \$14.5 million in IDA humanitarian assistance to support risk-communications, the prevention and control of infectious diseases in health facilities, logistics, coordination efforts, and more; \$5 million in ESF for small grants to strengthen the capacity of CSOs to combat disinformation and hate speech at the community and national levels, to protect the rights of vulnerable and marginalized groups, and to increase their resilience and ability to respond to the economic impacts of COVID-19; and \$4.7 million for health assistance, which is helping governments prepare laboratory systems, activate case-finding and event-based surveillance, and support technical experts for response and preparedness. To date, the United States Government, through multiple government agencies, has provided over \$159 million to help Pacific Island countries respond to COVID-19, including over \$131 million for the Freely Associated States of Palau, Marshall Islands, and the Federated States of Micronesia. Over the last 20 years, the United States has invested over \$5.21 billion in assistance to the Pacific Islands. Over the last decade, the United States has invested more than \$620 million for health in the Pacific Islands.

“ç Papua New Guinea (PNG): \$3.55 million for health assistance is helping the Government of PNG prepare laboratory systems, activate case-finding and event-based surveillance, and support technical experts for response and preparedness, risk-communications, the prevention and control of infectious diseases in health facilities, and more. The United States has invested over \$108 million total in Papua New Guinea over the past 20 years, including more than \$52 million for health.

“ç Pakistan: Nearly \$18 million in total assistance for Pakistan’s response to COVID-19 includes \$5 million to support 66,000 COVID-affected vulnerable families under the Government of Pakistan’s emergency cash-assistance program; \$10 million in health assistance to strengthen monitoring and better prepare communities to identify potential outbreaks, including funding for the training of healthcare providers and other urgent needs; and nearly \$2.9 million in MRA humanitarian assistance to help vulnerable people in Pakistan. U.S. long-term investment in Pakistan over the past 20 years includes more than \$18.4 billion in total assistance, which includes nearly \$1.2 billion for health.

“ç The Philippines: More than \$19.1 million in total COVID-19 assistance includes \$5 million in ESF to provide grants and skills training to heavily affected sectors and communities; facilitate access to credit for micro and small enterprises; and support the efforts of the national government to improve crisis-management and procurement and promote a regulatory environment that enhances the resilience of communities and businesses. In addition, about \$6.5 million in health assistance will help upgrade laboratories and specimen-transport systems and intensify case-finding and event-based surveillance, support Filipino and international technical experts in risk-communications and the prevention and control of infectious diseases in health facilities; and \$6.8 million in IDA humanitarian assistance will improve community-level preparedness and response, promote handwashing and hygiene, and more. Finally, \$875,000 in MRA humanitarian assistance will support vulnerable people during the pandemic. The United States has

invested more than \$4.5 billion in total assistance over the past 20 years, which includes \$582 million for health assistance.

“¢ Sri Lanka: More than \$5.8 million in total assistance includes \$2 million in ESF to increase social services for areas and populations most affected by the COVID-19 crisis, address the specific threats to social cohesion, and mitigate negative economic impacts; \$2 million in additional ESF for strengthening small and medium-sized enterprises and increasing women’s economic participation; and \$1.3 million in health assistance to help the Sri Lankan Government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, conduct risk-communications, prevent and control infectious diseases in health facilities, and more. Finally, \$590,000 in MRA humanitarian assistance will support vulnerable people during the pandemic. Over the past 20 years, U.S. assistance in Sri Lanka has totaled more than \$1 billion, which includes \$26 million for health.

“¢ Tajikistan: Approximately \$866,000 for health assistance is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk-communications, and more. This support builds on more than \$1 billion in total U.S. assistance over the past 20 years, which includes nearly \$125 million for health.

“¢ Thailand: More than \$6.5 million for health assistance will help the Thai Government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, promote risk-communications, prevent and control infectious diseases in health facilities, and more. \$730,000 in MRA humanitarian assistance will support surveillance and response capacity in all nine camps on the Thailand-Burma border hosting refugees from Burma. This assistance builds upon long-term U.S. Government investments in Thailand of more than \$1 billion in total assistance over the past 20 years, which includes nearly \$214 million for health.

“¢ Timor-Leste: Almost \$1.1 million for health assistance is helping the Government of Timor-Leste prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk-communications, and more. The United States has invested more than \$542 million in total assistance for Timor-Leste since independence in 2002, including nearly \$70 million for health.

“¢ Turkmenistan: Approximately \$920,000 for health support has been made available to help prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk communication, and more. Over the past 20 years, the United States has collaborated closely with the Government of Turkmenistan and local partners to implement bilateral and regional programs totaling more than \$207 million, including over \$21 million in the health sector.

“¢ Uzbekistan: Approximately \$3.9 million in health funding is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk-communications, and more. This COVID-19 response assistance builds on more than \$1 billion in total assistance over the past 20 years, including more than \$122 million in the health sector.

“¢ Vietnam: Nearly \$9.5 million in total assistance for response to COVID-19 includes \$5 million in ESF, which will bring much-needed resources to bear immediately, including to support private-sector recovery by enhancing access to finance for businesses; improve firms’ capacity during an expected surge in demand; and working with the Government of Vietnam to bolster its relief interventions. It also includes almost \$4.5 million in health assistance to help the Government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for preparedness and response, conduct community education and engagement, prevent infections in health-care settings, public health screening at points of entry, and more. Over the past 20 years, the United States has invested more than \$1.8 billion in total assistance for Vietnam, including more than \$706 million for health.

Regional Efforts in South and Central Asia: \$2 million in ESF will provide essential services to vulnerable migrants in Central Asia stranded across the region as a result of border closures and ensure their safe return home in accordance with their own wishes and the help of NGOs and national governments. Additionally, \$800,000 in health assistance is helping governments and NGOs across the region prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, promote risk-communications, prevent and control infectious diseases in health facilities, and more. Furthermore, nearly \$2.8 million in MRA humanitarian assistance will support vulnerable people in Southeast Asia and \$425,000 in MRA humanitarian assistance will help vulnerable people in Central Asia during the pandemic. In addition to historic bilateral support to individual countries in the region, the United States has provided more than \$226 million for health assistance regionally, and in total more than \$3 billion in development and other assistance provided regionally over the last 20 years.

Europe and Eurasia:

“¢ Albania: More than \$2 million for health assistance is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk-communications, and more. Over the last 20 years, the United States has invested more than \$693 million in total assistance to Albania, including more than \$51.8 million for health.

“¢ Armenia: \$2.7 million for health assistance is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk-communications, and more. The United States has invested more than \$1.57 billion in total assistance to Armenia over the past 20 years, including nearly \$106 million for health.

“¢ Azerbaijan: Nearly \$3.6 million in total assistance includes \$3 million in health assistance which is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk-communications, and more. It also includes \$565,000 in MRA humanitarian assistance that will help vulnerable people and host communities during the pandemic. Over the past 20 years, the United States has invested more than \$894 million in total assistance to Azerbaijan, including nearly \$41 million for health.

“¢ Belarus: \$1.7 million for health funding is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk-communications, and more. This assistance comes on top of decades of U.S. investment in Belarus, totaling more than \$301 million over the past 20 years, including nearly \$1.5 million for health.

“¢ Bosnia and Herzegovina: \$2.2 million for health assistance is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk-communications, and more. The United States has invested more than \$1.1 billion in total assistance for Bosnia and Herzegovina over the past 20 years, including \$200,000 for health.

“¢ Bulgaria: \$500,000 in health assistance to address the outbreak. This assistance builds on longstanding U.S. assistance for Bulgaria, which totals more than \$558 million in total assistance over the past 20 years, including more than \$6 million for health.

“¢ Georgia: \$2.7 million for health funding is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk communication, and more. The United States has provided more than \$3.6 billion in total U.S. assistance over the past 20 years, including nearly \$139 million for health.

“¢ Greece: \$3.3 million in MRA humanitarian assistance will support COVID-19 response efforts for migrants and refugees in Greece. This assistance builds upon a foundation of U.S. support for Greece, which totals more than \$202 million in total investments over the last 20 years, including nearly \$1.8 million for health.

“¢ Italy: S. support includes \$50 million in health, humanitarian, and economic assistance implemented by USAID to bolster Italy’s response to COVID-19. USAID is expanding and supplementing the work of international organizations, non-governmental organizations, and faith-based groups responding to the pandemic in Italy and mitigating its community impact. USAID is also working with the Italian government to purchase health commodities and working to support Italian companies affected by the COVID-19 pandemic.

“¢ Kosovo: Nearly \$1.6 million in health assistance is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk communication, and more. This assistance to combat COVID-19 is in addition to long-term U.S. investments, which total over \$772 million in total assistance in Kosovo over the past 20 years, including more than \$10 million for health.

“¢ Moldova: Nearly \$2.2 million for health assistance is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk communication, and more. This COVID-19 assistance builds upon U.S. investments of more than \$1 billion in total assistance over the past 20 years, including nearly \$42 million for health.

“¢ Montenegro: \$300,000 in health assistance to address the outbreak. This assistance joins long-term U.S. investment in Montenegro totaling more than \$332 million, including more than \$1 million for health.

“¢ North Macedonia: \$1.5 million for health assistance is helping prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, bolster risk communication, and more. Over the past 20 years, the United States has invested more than \$738 million in total assistance for North Macedonia, including nearly \$11.5 million for health.

“¢ Romania: \$800,000 in health assistance to address the outbreak. In addition, the U.S. Government fully funded an operation by the North American Treaty Organization (NATO) to transport personal protective equipment (PPE) from South Korea to Romania. The United States has invested in Romania for decades, totaling nearly \$700 million in total U.S. assistance in the last 20 years, including more than \$55 million for health.

“¢ Russia: On June 4, USAID completed its shipment of 200 high-quality ventilators to the Russian people. The United States donated the American-manufactured ventilators and startup supplies and delivered them via military air.

“¢ Serbia: More than \$2 million for health assistance is helping: expand testing, activate case-finding and event-based surveillance; deploy additional technical expertise for response and preparedness; bolster risk communication and community engagement; and improve hygiene practices in the home. The United States has invested more than \$1 billion in total assistance to Serbia over the past 20 years, including nearly \$5.4 million for health.

“¢ Turkey: Nearly \$5.7 million in MRA humanitarian assistance will support COVID-19 response efforts for refugees and host communities in Turkey. This funding is in addition to the \$18 million for Syrian refugee assistance inside Turkey announced March 3, and builds upon nearly \$1.4 billion in total U.S. assistance to Turkey over the past 20 years, including more than \$3 million for health assistance, helping lay the foundation for the current response.

“¢ Ukraine: \$15.5 million in total assistance includes \$13.1 million in health and IDA humanitarian assistance that will improve the ability of local health care institutions to care for the sick and combat further spread of COVID-19 while increasing public

communication to lower contagion risk. These funds will also mitigate secondary impacts such as loss of livelihoods and public services to vulnerable populations, including conflict-affected communities in eastern Ukraine. It also includes \$2.4 million in MRA humanitarian assistance to support vulnerable populations during the pandemic. The United States has invested nearly \$5 billion in total assistance to Ukraine over the past 20 years, including nearly \$362 million for health.

“ç Regional Efforts in Europe and Eurasia: \$5 million in ESF will empower civil society actors to safeguard democratic institutions and ensure citizens are heard during the pandemic. Funding will also assist civil society organizations to provide citizen oversight over their governments’ efforts to respond to COVID-19.

Article online:

<https://www.uspa24.com/bericht-17124/the-usa-continues-to-lead-the-global-response-to-covid19-over-a-global-update.html>

Editorial office and responsibility:

V.i.S.d.P. & Sect. 6 MDSStV (German Interstate Media Services Agreement): Jedi Foster P/O Rahma Sophia Rachdi

Exemption from liability:

The publisher shall assume no liability for the accuracy or completeness of the published report and is merely providing space for the submission of and access to third-party content. Liability for the content of a report lies solely with the author of such report. Jedi Foster P/O Rahma Sophia Rachdi

Editorial program service of General News Agency:

United Press Association, Inc.
3651 Lindell Road, Suite D168
Las Vegas, NV 89103, USA
(702) 943.0321 Local
(702) 943.0233 Facsimile
info@unitedpressassociation.org
info@gna24.com
www.gna24.com