Why OIG Did This Review
The U.S. Department of Health and Human Services (HHS) is the U.S. Government’s principal agency for protecting the health of all Americans and providing essential human services. Included in that role is a charge to respond to international epidemics that could threaten the United States.

When the Ebola crisis in West Africa began in early 2014, it overwhelmed the medical capacity of Liberia, Guinea, Sierra Leone, and the international emergency health response community—ultimately prompting the United States to expend efforts and resources to combat the biological threat. Ultimately, Congress provided more than $5.4 billion in emergency funds for Ebola prevention and response, of which HHS received $2.76 billion.

The objective of this review was to determine whether HHS’s Ebola response efforts were effective and efficient.

How OIG Did This Review
We reviewed each of HHS’s components’ preparation and coordination, both internally and with other components, related to the overall HHS Ebola response activities. We obtained and reviewed applicable documents related to any needs and risk assessments that the components conducted during the planning and creation of its Ebola response plans. Our review covered the period from the identification of the Ebola crisis in 2013 through the issuance of funds from the Consolidated and Further Continuing Appropriations Act.

HHS Did Not Always Efficiently Plan and Coordinate Its International Ebola Response Efforts

What OIG Found
As part of a global effort, HHS made significant contributions to controlling the Ebola crisis during 2014 and 2015 and was ultimately effective in accomplishing its mission to help stop the spread of Ebola. However, HHS did not always efficiently plan and coordinate its international Ebola response efforts. Specifically, HHS had no strategic framework in place to coordinate global health security at the international or departmental levels before the Ebola outbreak, HHS was not prepared to deploy the resources needed for such a large-scale international response, and HHS did not have in place internal or external communication channels for responding to an international public health emergency.

HHS’s response efforts were further complicated by external factors. Specifically, the World Health Organization did not declare the epidemic an emergency until well after the epidemic had significantly expanded in West Africa, and Congress did not provide funding until HHS’s response was well underway.

Without effective internal controls that include a department-wide strategic framework for responding to an international health crisis, HHS may continue to inefficiently plan and coordinate its international response efforts in future health crises.

What OIG Recommends and HHS Comments
We recommend that HHS (1) develop department-wide objectives and a strategic framework for responding to international public health emergencies, (2) develop policies and procedures that clearly define HHS components’ roles and responsibilities for responding to international public health emergencies, (3) develop large-scale international response plans, (4) develop various means of obtaining and using quality data for decision making, and (5) work with other U.S. Government agencies to develop a flexible multi-agency international response framework.

In response to our draft report, HHS concurred with our recommendations and discussed actions that it would take or had taken to address the recommendations. For example, HHS stated that it would work across its components to establish a framework for responding to international public health responses.