



Ramona Godbole <rgodbole@usaid.gov>

Re: (SBU) Action Memo - Viral Hemorrhagic Disease outbreaks in Central Africa

Diane Bui <dbui@usaid.gov>

Sat, Feb 1, 2025 at 9:34 PM

To: Megan Fotheringham <mfotheringham@usaid.gov>

Cc: Stephanie Martz <smartz@usaid.gov>, Christopher Bennett <chrbennett@usaid.gov>, Jessica Tanner <jtanner@usaid.gov>, Nicholas Enrich <nenrich@usaid.gov>, Alison Cheng <acheng@usaid.gov>, Cara Chrisman <cchrisman@usaid.gov>, Kendra Chittenden <kchittenden@usaid.gov>, Nida Parks <nparks@usaid.gov>, Nora Madrigal <nmadrigal@usaid.gov>, Travis Betz <tbetz@usaid.gov>, Courtney Magill <cmagill@usaid.gov>, Samantha Pierre <spierre@usaid.gov>, Ramona Godbole <rgodbole@usaid.gov>, "Cassidy, Moyra (GH/PPP/SAEO)" <mmcnamara@usaid.gov>

Removing OAA for purposes of the GH Action Memo approving the PIO Follow-on Instruction Letters

Hi all,

We also need an Action Memo to Nick to request his approval and signature of the PIO Follow-on Instruction Letters for the Ebola Uganda response. Please find an initial draft Action Memo [here](#).

Kindly request that P3 and ID review and edit (including adding links to the relevant documents listed in the Attachments).

Thanks,
Diane

On Sat, Feb 1, 2025 at 8:22 PM Megan Fotheringham <mfotheringham@usaid.gov> wrote:

Stephanie, Chris

Diane and I have refined the PIO template letter using the IFRC letter. (Linked below). We think we have a good draft that you can now use to update the IOM and UNICEF versions that sync with your agreement specific information. We need to get these letters issued tomorrow.

Could you please let us know when the drafts for IOM and UNICEF are updated? Diane will confirm they are finalized and we'll move them forward for signature.

Tks
Megan

Megan Fotheringham, MPP, MPH
Phonetic Pronunciation: Meg-AN Father-ing-ham
Acting Director, Office of Infectious Disease
Bureau for Global Health, US Agency for International Development
Office hour meetings can be scheduled [here](#)
cell phone: +1-571-232-2205
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On Sat, Feb 1, 2025 at 2:03 PM Diane Bui <dbui@usaid.gov> wrote:

Hi all,

Attached for review and comment are initial draft letters re: permitted Ebola response activities under:

- (1) [IFRC](#)
- (2) [IOM](#)
- (3) [UNICEF Umbrella](#)

The letters still require the specific details regarding activity, SOWs, funding, etc. which I understand the AORs are drafting.

Hope that's helpful,

Diane

On Sat, Feb 1, 2025 at 11:12 AM Megan Fotheringham <mfotheringham@usaid.gov> wrote:

+[Jessica Tanner](#) +[Diane Bui](#)

Jessica, Diane,

Per Jerry's request, pulling you into this chain regarding getting the suspension for three PIOs lifted so that they can work on the Uganda Ebola response efforts. I'm pasting below the relevant project information that is in question. The rest of this email trail contains the background and Agency FO direction.

Megan

Mechanism: UNICEF - \$USD 1,500,000.00

Fiscal Year/Account: FY 2021/GHP-USAID (GH-C-AI/2021/2022)

Date range for this request: 30 days with intent to review state of emergency at that time

Place of performance: Uganda

Earmarks: Global Health Security

Mechanism: IOM - \$USD 250,000.00

Fiscal year/Account: FY 2024/GHP-USAID (GH-C-AI/2024/2025)

Date range for this request: 30 days with intent to review state of emergency at that time

Place of performance: Uganda

Earmarks: Global Health Security

Mechanism: IFRC - \$USD 250,000.00

Fiscal Year/Account: FY 2022/GHP-USAID (GH-C-AI/2022/2023)

Date range for this request: 30 days with intent to review state of emergency at that time

Place of performance: Uganda

Earmarks: Global Health Security

Megan Fotheringham, MPP, MPH

Phonetic Pronunciation: Meg-AN Father-ing-ham

Acting Director, Office of Infectious Disease

Bureau for Global Health, US Agency for International Development

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SIPR: fotheringham@state.sgov.gov

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On Sat, Feb 1, 2025 at 11:07 AM Gerald Smith <gesmith@usaid.gov> wrote:

In the meantime, get ahold of the GH/GC attorneys to start framing the letters.

Gerald T. Smith

Acting Division Director & Supervisory Contracting/Agreement Officer

Washington Operations

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Bureau for Management

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On Sat, Feb 1, 2025 at 11:03 AM Nicholas Enrich <nenrich@usaid.gov> wrote:

Hi Nadeem,

I can meet if helpful, but the urgent task is to lift the stop work orders for the relevant awards per DCOS directive.

Thanks,
Nick

Nicholas Z. Enrich

Acting Assistant Administrator

Bureau for Global Health

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

On Sat, Feb 1, 2025 at 8:59 AM Nadeem Shah <nshah@usaid.gov> wrote:

I'm waiting to speak with Jerry - will report out shortly.

Nadeem Shah
Deputy Director - Washington Operations
M/OAA/OD
Rm. 11.8.0E, UA
Phone: (202)718-0756

On Sat, Feb 1, 2025 at 10:49 PM Nadeem Shah <nshah@usaid.gov> wrote:

Hi Nick,

If you would like to convene a meeting later today, please let me know. I can be free at 3.

Just fyi, PEPFAR folks are meeting at 2 today.

Best,

Nadeem

Nadeem Shah
Deputy Director - Washington Operations
M/OAA/OD
Rm. 11.8.0E, UA
Phone: (202)718-0756

On Sat, Feb 1, 2025 at 10:43 PM Jami Rodgers <jrodgers@usaid.gov> wrote:

Nick,

Thanks for flagging. Once the instruments are identified, please let OAA COs know so we can send a notice to the relevant partners ASAP to proceed within scope of the approved waiver.

Jami

Jami J. Rodgers, CPCM
U.S. Agency for International Development (USAID)
Director, Office of Acquisition and Assistance (M/OAA)
Chief Acquisition Officer and Senior Procurement Executive
USAID Annex | [500 D Street, SW Washington, DC 20547](#)
jrodgers@usaid.gov | 202.304.0786

On Sat, Feb 1, 2025 at 10:37 AM Nicholas Enrich <nenrich@usaid.gov> wrote:

Hi Jami and Nadeem,

Per Joel's message below, we need to urgently lift the stop work orders on the relevant mechanisms, which were included in the waiver request. Please take urgent on the OAA mechanisms.

Megan and team can help identify the mechanisms that need to lift the stop work orders.

Please let me know if you have any questions.

Thanks,
Nick

Nicholas Z. Enrich

Acting Assistant Administrator
Bureau for Global Health
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

----- Forwarded message -----

From: **Joel Borkert** <jborkert@usaid.gov>

Date: Sat, Feb 1, 2025 at 10:22 AM

Subject: Re: (SBU) Viral Hemorrhagic Disease outbreaks in Central Africa

To: Nicholas Enrich <nenrich@usaid.gov>

Cc: Brian Frantz <bfrantz@usaid.gov>, Tera Dahl <tdahl@usaid.gov>, Timothy Meisburger <tmeisburger@usaid.gov>, Kenneth Jackson <kennjackson@usaid.gov>, Ramona Godbole <rgodbole@usaid.gov>, Megan Fotheringham <mfotheringham@usaid.gov>, Kenneth Jackson <kensjackson@usaid.gov>, Jami Rodgers <jrodgers@usaid.gov>, Aiyong (Paul) Seong <aseong@usaid.gov>, Masouma Rezaie <marezaie@usaid.gov>, Erin Braxton <ebraxton@usaid.gov>

Nick and Brian,

You have full authorization to proceed. Please keep me and Tera informed. **Please make sure any stop work orders for the requested waivers sent up yesterday are lifted immediately.** Also, think about what additional resources you may need over the next week and month, so we are

prepared to execute. Please set up a time on Monday to schedule a very quick overview of the response process.

Thanks,
Joel

Respectfully,

Joel M. Borkert
Deputy Chief of Staff
U.S. Agency for International Development
Office: (202) 712-4573
Cell: (202) 975-3203

On Sat, Feb 1, 2025 at 9:58 AM Nicholas Enrich <nenrich@usaid.gov> wrote:
Good morning Joel,

To follow up on Brian's email from last night, I wanted to update you on the Uganda Ebola outbreak. The White House/NSC notified USAID/GH this morning that it is moving forward with an interagency USG Response to the Uganda Ebola outbreak.

The NSC is implementing the protocol from the USG Playbook for Biological Incident Response, which requires the immediate establishment (within 24 hours) of an Immediate Response Coordination Structure (IRCS) for biological incidents that are categorized as significant threats to U.S. national security. This protocol dictates specific roles and responsibilities for each department and agency. Under that protocol, USAID/GH has a specific role to play to support the coordinated international response (in partnership with CDC and State).

The NSC is expecting USAID/GH to start its work on Monday and organize an interagency all hands meeting. Given that the Agency hasn't yet confirmed delegations of authority for engaging with the NSC, before I can green light my team to start work, I'm requesting your approval that we can move forward within this operating structure and engage with the NSC via this ICRS.

My team is more than happy to provide additional background/context on the Playbook Policy and interagency Immediate Response Coordination Structure (IRCS) structure if/as needed. Please don't hesitate to let me know and we can set that up.

Kind regards,
Nick

Nicholas Z. Enrich
Acting Assistant Administrator
Bureau for Global Health
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

On Fri, Jan 31, 2025 at 5:23 PM Brian Frantz <bfrantz@usaid.gov> wrote:
Hi Joel and team,

(GH colleagues copied in)

I just wanted to offer a quick update on the various disease outbreaks in Central Africa that we're tracking, as shared yesterday evening. A couple of these are good news stories:

-- Burundi: We received the report today that the suspected Marburg case tested negative. So this is no longer a potential outbreak of concern.

-- DRC: Today, the National Institute for Biomedical Research lab in Kinshasa confirmed the samples of previously suspected cases of Ebola in Equateur province (re-)tested negative for Ebola (and Marburg). So this is also no longer a potential outbreak of concern.

-- Tanzania: No change -- the number of confirmed Marburg cases remains two.

-- Uganda: We don't have any additional confirmed cases of Ebola yet, but the situation remains highly concerning because of the large number of contacts of the one confirmed case. I was expecting to see 1-2 waiver requests come through today to support the response, but the team is still working to pull together some of the funding details. Nevertheless, they should reach the 6th floor soon, so head's up.

Finally, I understand the NSC pulled together an interagency meeting at the staff level today during which the NSC sought a recommendation on whether to proceed with the establishment of the typical response structure that I tried to describe below for the Uganda Ebola outbreak. All agencies thought it would be a good idea to do so, so NSC staff is circling back with its leadership to make that determination. Assuming the NSC decides to stand up the typical structure, GH is prepared to staff it as they normally do in line with our exchange below -- i.e., serving as one of two Deputy Operating Officers, lead for Regional Preparedness, etc. (I've re-attached the structure being used for the Tanzania Marburg outbreak for ease of reference).

Let us know if you have any further questions or concerns. We'll ensure the Agency Front Office remains updated if there are notable changes as things evolve -- probably via night notes -- but since I threw 4 potential hemorrhagic disease outbreaks just in our little part of the world at you yesterday evening, I wanted to make sure you knew that you at least don't need to worry about 2 of them.

Enjoy the weekend -- hope you manage to get a little rest.

Cheers,
Brian

On Thu, Jan 30, 2025 at 8:08 PM Joel Borkert <jborkert@usaid.gov> wrote:
Thanks, Brian!

Please share with your team we absolutely support smart lateral engagements and coordination at the appropriate level with partners, governments, and the interagency. Just be mindful of the guidance already sent out and make sure our engagements stay in line with it.

Tracking the likely need for a quick waivers. We will process and push up. This is very important. It has leaderships attention and we will do our best to support!

Thanks,
Joel

Respectfully,

Joel M. Borkert
Deputy Chief of Staff
U.S. Agency for International Development
Office: (202) 712-4573
Cell: (202) 975-3203

On Thu, Jan 30, 2025 at 6:56 PM Brian Frantz <bfrantz@usaid.gov> wrote:
Hi Joel,

Thanks for the chat. As mentioned, sharing some information below on several confirmed and suspected viral hemorrhagic disease outbreaks that we're following in Central Africa. Previous outbreaks of these diseases had case fatality rates of 25-90%, so quite significant. You might have seen the night note further below regarding the Ebola outbreak

in Uganda. We're also tracking a few others that we've summarized below. I would appreciate a bit of steer to enable our robust engagement with interagency partners both in Washington and the field -- as well as other donors, host government institutions, and USAID implementing partners in the field -- as we normally would to track the spread of these diseases to determine if/when they might pose a national security risk to the United States and respond to prevent them from reaching that point.

Uganda, Ebola: A summary of the situation is in the night note below. This is the most serious situation that we are tracking, and the USG has activated its typical interagency process for this particular outbreak (called a BINA). There will be regular interagency engagement, and USAID typically plays a significant role in the process, including serving as a Deputy Operating Officer on the USG response team. Just to give you an idea of what these response teams look like, I've attached the structure for the Tanzania Marburg response team (see next bullet).

Marburg, Tanzania: There are two confirmed cases in Tanzania with 68 suspected cases, and eight probable deaths. The Government of Tanzania responded to a previous Marburg outbreak in 2023 in the same region where the current one is concentrated (near the Rwanda and Burundi borders). Tanzania does have response capacity, but we need to maintain a close eye on the outbreak in partnership with others (host government, other donors, our implementing partners). We actually requested a waiver to the pause in programming a couple of days ago in order to enable this.

Marburg (suspect), Burundi: There is currently a suspected case in Burundi, which has extremely low capacity to respond and contain. In late 2024, neighboring Rwanda overcame an outbreak that resulted in 66 confirmed cases, 15 deaths (22.7% case fatality rate), and 51 recoveries. That was considered an exemplary response, and Burundi has nowhere near the level of capacity to respond in the way Rwanda did.

Ebola (suspect), DRC: There are three suspected cases in the Equateur province (fairly remote, west-northwest of the country, bordering Republic of Congo). Initial tests of the cases were negative, but the tests that were used were expired, so there is a need for additional testing in Kinshasa. DRC has a proven capacity to respond to outbreaks, but, again, good for us to key an eye on it in partnership with others, and it's not clear if/how the ongoing instability in Kinshasa might affect the country's responsiveness (DRC was slow to respond to an ongoing Mpox outbreak in its early stages due to political distractions at the time).

Two things I would really appreciate your reaction on:

1) Some of the staff that we typically count on to support responses to these kinds of outbreaks have asked questions about their ability to engage as robustly as they normally do in coordination meetings, both in Washington with interagency partners and in the field. Similar questions to the sort that came up in SMM the other day from a few folks. Most of this is just smart coordination work that we need to be doing to track and determine if/when an outbreak becomes a serious threat to U.S. national security. As such, my view is that we absolutely should be doing this type of engagement -- it's part of the information-gathering process and sharing of our staff's well-developed expertise to ultimately help contain these sorts of outbreaks. But please let me know if you think I'm off base.

2) USAID programs often mobilize to support in-country responses to these kinds of outbreaks and prevent further spread, providing technical assistance to host country health institutions and other forms of support. In my judgment, there is a strong case that this type of programming should continue under the pause in foreign assistance when we identify disease outbreaks. As such, we will likely be sending up requests for waivers to the pause to enable the resumption of this kind of work in the cases above. I understand the waiver process itself constitutes the formal approval process, but I just wanted to give you a heads up that these may be coming to you soon unless you tell me they are non-starters. We will most certainly run them through a rigorous review to ensure our requests would not enable support for activities unrelated to the outbreak responses.

Again, grateful for your reactions, and happy to discuss further if helpful.

Cheers,
Brian

Brian Frantz
Acting Assistant Administrator
Bureau for Africa (AFR)
Mobile: +1 (202) 744-5433

----- Forwarded message -----

From: **Rachel Cintron** <rcintron@usaid.gov>
Date: Thu, Jan 30, 2025 at 5:50 PM
Subject: BINA on Ebola Outbreak in Uganda
To: NightNotes <nighnotes@usaid.gov>
Cc: Brian Frantz <bfrantz@usaid.gov>, Anna McCreery <amccrerey@usaid.gov>, Megan Fotheringham <mfotheringham@usaid.gov>, Tracy O'Heir <toheir@usaid.gov>

WARNING: THIS MESSAGE CONTAINS SENSITIVE INFORMATION AND SHOULD BE HANDLED ACCORDINGLY. DISTRO IS LIMITED TO FO, AAs, AND SELECT OTHERS.

[SBU] Ebola Outbreak in Uganda: On January 30, 2025, the Uganda Ministry of Health confirmed an outbreak of the Sudan Ebola Virus (SUDV) in Kampala, Uganda. There is currently one confirmed case—a 32-year-old nurse who tested positive postmortem. The individual was highly symptomatic for 10 days visiting multiple health facilities and taking public transportation in densely populated urban settings – significantly increasing the risk of transmission. There are currently 44 contacts in isolation, including healthcare workers from three hospitals where the patient received treatment. SUDV is highly contagious, with a case fatality rate as high as 90% and no approved vaccines or antiviral treatments. Uganda has faced eight Ebola outbreaks, the most recent of which occurred in late 2022 (lasting four months) and resulted in 142 cases with 55 deaths, including six healthcare workers. DoS reported 10-40,000 American Citizens in Uganda, and DHS reports significant international air travel; while there are not direct flights to the U.S., there are many transatlantic flights (e.g. 184 passengers to the U.S. originating from Uganda per day). This evening the White House convened a BINA (Biological Incident Notification Analysis) and the interagency determined this event constitutes a “Level 3 Threat: Significant Health Event.” At Level 3, an interagency USG Response Team automatically stands up, reporting directly to the NSC and White House. As per USG policy (USG Playbook for Biological Response), there is an expectation that USAID assumes the Deputy Operations Officer role on this USG team. B/IO leadership are following up with Agency leadership regarding a) approval to assume the DOO role on this interagency USG team; and b) clarification on whether the current emergency humanitarian assistance waiver applies in this circumstance.

CLEARANCES:

Drafter: BINA Support Staff

Bureau Level Clearances Clearance Status Date

GH/FO: RGodbole Clear 1/30/2025

A/ID Director: MFotheringham Clear 1/30/2025
A/DAA AFR Bureau: RCintron Clear 1/30/2025
BHA/SDAA: DDarsney Clear 1/30/2025
BHA/TPQ: TOHeir Clear 1/30/2025
M Bureau: KNartey Clear 1/30/2025

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Rachel Cintron
Acting Deputy Assistant Administrator, Sustainable Development
Africa Bureau; 4.09-106
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
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(m) (617)717-8354 | rcintron@usaid.gov

*"Be a lamp, or a lifeboat, or a ladder."
-Rumi*

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Diane Bui
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[USAID](#), Office of the General Counsel
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