



U.S. COVID-19 GLOBAL RESPONSE & RECOVERY FRAMEWORK

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Executive Summary

The world is in a very different place than when the first U.S. COVID-19 Global Response and Recovery Framework was released in July 2021. At that time, tens of thousands of people were dying from COVID-19 every week. Vaccine doses were in short supply globally, especially in low and lower-middle income countries and COVID-related disruptions to daily life were contributing to widespread economic, social, and humanitarian challenges. Further, the Omicron variant had not yet emerged to significantly change the nature of the pandemic, and oral antiviral treatments had not yet been approved.

Today, more than 64 percent of the global population has been fully vaccinated. Estimates indicate that global vaccinations averted nearly 20 million deaths in 2021 alone. The United States has donated more COVID-19 vaccines than any other country, and is proud to be an arsenal of vaccines for the world. As of September 2022, the United States has delivered over 620 million doses free of charge to 116 countries globally, with additional doses freely available to countries who need them. The world now has a surplus of vaccines. The United States has also provided over \$19 billion in assistance to improve countries' capacities to get shots into arms and other lifesaving interventions. The United States also convened world leaders at two Global COVID-19 Summits, accelerating response efforts and mobilizing \$3.2 billion in commitments to vaccinate the world, save lives, and build stronger health security.

The pandemic is at inflection point. Today, the United States and its partners have the tools, expertise, and global leadership to turn COVID-19 from a global emergency into a manageable illness. But inequities persist. Too many countries lack equitable access to vaccines, oxygen, tests, and therapeutics, and the capabilities needed to effectively deliver them. Further, as of September 2022, only 26 percent of countries have COVID-19 vaccination rates above the global target of 70 percent, the majority of which are high income. Low-income countries have fully vaccinated less than 17.3 percent of their populations. Many lower-income countries lack the infrastructure, capacity, and health workers to reach those at highest risk and achieve vaccination targets. Further, while oral antiviral treatments are now available and provide an additional layer of protection against severe disease and death, people in lower-income countries face significant barriers to accessing these medicines and the timely testing necessary for receiving treatment. COVID-19 has also disrupted other essential health services (e.g., childhood immunizations) and placed an extraordinary burden on frontline health workers leading too many to get sick, die or leave their professions.

The 2022 U.S. Global COVID-19 Response and Recovery Framework (the "Framework") aims to end the emergency phase of the pandemic. The Framework asserts that the United States must work with its partners to minimize COVID-19-related cases, hospitalizations and deaths; integrate COVID-19 response activities into existing health systems while ensuring impacts on other health services are minimized; and strengthen global readiness for future pandemic threats. Through this work, we aim to honor the more than 6.5 million lives lost globally to COVID-19. To achieve these goals, the United States and its partners must pursue three objectives.

Vaccinate the highest risk and hardest-to-reach. First, we must accelerate widespread, sustained, and equitable access to and delivery of safe and effective COVID-19 vaccinations –



integrating COVID-19 vaccination into health systems while minimizing disruptions to other routine immunizations. Supplies of currently recommended vaccines are now ample and available globally in the near term. But insufficient demand and the presence of barriers to uptake mean that immunocompromised, elderly, and other high-risk groups, as well as those in rural, remote, and other hard to reach locations, have lower vaccination rates and/or remain vulnerable to severe illness and death. Action is needed to accelerate the demand for and delivery of primary vaccinations and boosters, particularly to high risk and hard-to-reach populations, and, as national-level vaccination coverage targets are met, to integrate COVID-19 vaccinations into routine health systems.

Scale and integrate testing and treatment. Second, we must strengthen health systems to facilitate prevention, detection, and response to COVID-19, including through widespread, sustained, and equitable access to diagnostics and therapeutics – integrating COVID-19 management into health systems while minimizing disruptions to other essential health services. Testing is required for surveillance, detection, and clinical care, but access remains limited, and testing rates are declining. Lifesaving oral antivirals have been developed and approved for emergency use, but quantities are limited in low-income countries, and their effective use requires timely testing and linkage to care. Action is needed to scale up demand, supply, and proven approaches for testing and treatment strategies, including access to oxygen. Further, COVID-19 surges and ongoing caseloads continue to strain health systems and disrupt routine health services. Saving lives at scale and strengthening country-level health security during this pandemic and for any future threats requires the development of resilient health systems, underpinned by well-trained and protected community and frontline health workers, that can provide quality public health services and clinical care.

Prepare for future variants and pandemic threats. Third, we must strengthen the global health security architecture to prevent, detect, and respond to COVID-19 and future pandemic threats. Existing international and multilateral bodies – including, but not limited to, the World Health Organization (WHO) and the wider UN system – need strengthened capacities, and where existing structures do not exist, new mechanisms and/or entities are needed to better coordinate partners, create incentives, mobilize financing, establish channels for information flow, and facilitate research.

The U.S. commitment to an equitable COVID-19 response and recovery remains unwavering. With the steps envisaged in this Framework, we aim to end this global emergency, protect health systems around the world, and strengthen our defenses against future health emergencies.



Introduction

Context

The first edition of the United States' COVID-19 Global Response and Recovery Framework was released in July 2021. At that time, vaccine doses were in short supply globally, especially in low and lower-middle income countries, deaths rates were more closely linked to COVID-19 case rates, and widespread lockdowns and other COVID-related disruptions to daily life were contributing to widespread economic, social, and humanitarian challenges. Further, the Omicron variant had not yet emerged to significantly change the nature of the pandemic, and there was no immediate indication that boosters and variant-adapted vaccines would be needed globally, and oral antivirals had not yet been approved. The July 2021 Framework was therefore developed to address those circumstances, with focuses on providing equitable access to vaccine supply, reducing morbidity and mortality by strengthening health systems, mitigating and recovering from the economic and social impacts of COVID-19, and building a stronger global health security architecture.

More than a year later, the global response and recovery from COVID-19 are at an inflection point. The overall burden of COVID-19 infection remains very high globally, due to the rise of the highly-contagious Omicron variant. However, in contrast to the initial stages of the pandemic, the protection offered by prior infection and the uptake of highly effective vaccines and therapeutics have greatly reduced death rates. Further, in some locales, the availability and uptake of testing has enabled people testing positive to rapidly isolate, reducing the need for more drastic measures, often with negative socioeconomic side-effects, to curb the spread of the virus.

Progress to Date

Since 2021, there have been tangible improvements to the COVID-19 global response. The world now has a surplus of vaccines, due to concerted global manufacturing efforts and substantial volumes of dose donations, and countries can obtain sufficient vaccine doses to meet their national coverage targets. As of September 2022, the United States has delivered over 620 million doses free of charge to 116 countries globally, with additional doses freely available to countries who need them. The United States has also provided over \$19 billion in assistance to improve countries' capacities to get shots into arms and other lifesaving commodities and interventions. The United States also convened world leaders at two Global COVID-19 Summits, accelerating response efforts and mobilizing \$3.2 billion in commitments to vaccinate the world, save lives, and build stronger health security. To date, more than 64 percent of the global population has been fully vaccinated, far outpacing all examples of historic vaccine uptake rates, and a June 2022 study in *The Lancet* found that global vaccinations averted nearly 20 million deaths in 2021¹.

Further, the COVID-19 pandemic spurred rapid development of global platforms to facilitate the delivery of medical countermeasures, and robust international collaborations were established to

¹ <https://www.sciencedirect.com/science/article/pii/S1473309922003206?via%3Dihub>



strengthen coordination on global medical supply chains and future preparedness. The ACT-Accelerator (“ACT-A”) has coordinated global response efforts and raised over \$23 billion from donors, including the United States, to procure and deliver critical countermeasures and other response needs. The United States and other partners are supporting the establishment of a Pandemic Prevention, Preparedness, and Response Fund in partnership with the World Bank and World Health Organization, with the goal of enhancing global capacity to address future health threats.

Many communities globally are still working to recover from severe pandemic-related economic and social disruptions. Despite these challenges, over the past year, the global economic outlook has changed dramatically, with the resumption of cross-border travel, opening of factories shuttered by COVID-19 outbreaks, and reopening of in-person classes for students. Today, Russia’s war of aggression in Ukraine, as well as global supply chain disruptions impacting global food security and fuel prices, have supplanted the pandemic as the primary determinants of key economic performance indicators and instability.

Remaining Challenges

Despite some improvements, the global response to the COVID-19 pandemic laid bare inequities in access to critical medical resources such as vaccines, oxygen, tests, and therapeutics, and the capabilities needed to effectively deliver them. As of September 2022, only 26 percent of countries and economies have vaccination rates above the global target of 70 percent, the majority of which are high-income; low income countries and economies have fully vaccinated less than 17.3 percent of their populations. The Lancet study estimates that nearly twice as many lives could have been saved in 2021 in low- and lower middle- income countries had there been greater vaccine availability and uptake². Many of these lower-income countries lack the infrastructure, capacity, and community-level messaging tools to reach those at highest risk and to achieve their country-level vaccination targets. Further, while oral antivirals are now available and provide an additional layer of protection against severe disease and death, people in lower-income countries face significant barriers to accessing them, given very limited quantities available and difficulties in accessing timely testing necessary for receiving treatment.

Additionally, the COVID-19 pandemic itself and attendant public health response efforts have impacted other lifesaving health programs. Compared to 2019, marked declines in reported coverage for critical childhood routine immunizations has put children at greater risk of life-threatening diseases like measles and polio. For example, only one-third of low- and middle-income countries have returned to pre pandemic baselines for routine immunizations, such as diphtheria, tetanus toxoid, and pertussis (DTP3). Additionally, the COVID-19 pandemic further exacerbated the estimated global shortage of 18 million health workers by 2030, mostly in lower-middle income countries. Despite this challenging context, there have also been some notable successes; for example, the number of people receiving life-saving anti-retroviral therapy for HIV/AIDS has continued to rise throughout the pandemic as systems adapted their service delivery to this new reality.

² <https://www.sciencedirect.com/science/article/pii/S1473309922003206?via%3Dihub>



Looking Forward

Continued progress against COVID-19 is vital. While the world is contending with multiple overlapping crises, and new health threats continue to emerge, the COVID-19 pandemic continues to impose great costs to lives and livelihoods around the world, with tens of thousands of deaths from the disease globally each month. Even while the COVID-19 pandemic is no longer the primary driver of global economic performance, persistent surges and even mild cases of COVID-19 continue to have insidious effects on economies and societies, as worker and student absenteeism causes losses to productivity. Due in part to COVID-19, there are now worker shortages in key job sectors such as truck driving and other skilled labor categories, including in the health care sector. Further, women and girls have borne a disproportionate burden of the pandemic's socioeconomic effects, with higher rates of employment loss, school dropouts, and increases in reported gender violence, all of which will take time and effort to recover from.

Linking COVID-19 vaccination, testing, and treatment with broader immunization efforts and health system delivery will be key to ending the emergency phase of this pandemic, reducing morbidity and mortality, and sustaining and strengthening health systems over the long term. Further, now is the time to harness the temporarily-high political will for reviewing and reforming the global health architecture – including its tools, technical resources, norms, financing, and programming – to enhance global capacity to prevent, detect, and respond to future health threats globally. **The United States has the tools, expertise, and global leadership to drive forward on all of these fronts simultaneously.**

The 2022 edition of the Framework lays out a foundation for understanding and managing U.S. Government activities amidst this new and evolving context. In comparison to the previous edition, this Framework narrows its aperture to carefully focus on health response and recovery efforts, removing objectives to address political, social, and economic effects, in recognition that while these remain U.S. priorities, they are now less closely linked to COVID-19 itself. The new Objective 1 places continued emphasis on vaccinating the world, while recognizing the need to prioritize high-risk groups and to maintain and support routine immunization for other vaccine-preventable diseases. The new Objective 2 elevates the role of COVID-19 diagnostics and therapeutics, while ensuring that these efforts are integrated with and support broader health systems. Finally, the new Objective 3 has been updated to acknowledge progress made, and continues to include efforts to strengthen the broader global health architecture, and to embed lessons learned from this pandemic into normative, financial, and programmatic global health security activities.

With the steps envisaged in this Framework, we aim to end the emergency phase of the pandemic, restore and bolster health systems around the world, and strengthen our defenses against future health emergencies – all of which are critical to fostering an equitable global recovery and safeguarding the economic well-being and security of people in the United States and around the world.



GOALS

End the emergency phase of the pandemic by minimizing COVID-19-related cases, hospitalizations and deaths; integrate COVID-19 response activities into existing health systems while ensuring impacts on other health services are minimized; and strengthen global readiness for future pandemic threats.

OBJECTIVES:

1. Accelerate widespread, sustained, and equitable access to and delivery of safe and effective COVID-19 vaccinations, and integrate COVID-19 vaccination into health systems while minimizing disruptions to other routine immunizations and health services.
2. Strengthen health systems to facilitate prevention, detection, and response to COVID-19, including through widespread, sustained, and equitable access to diagnostics and therapeutics, and integrate COVID-19 management into health systems while minimizing disruptions to other essential health services.
3. Strengthen the global health security architecture to prevent, detect, and respond to COVID-19 and future pandemic threats.



Objectives and Lines of Effort

Objective 1: *Vaccinate the highest risk and hardest-to-reach*

Accelerate widespread, sustained, and equitable access to and delivery of safe and effective COVID-19 vaccinations, and integrate COVID-19 vaccination into health systems while minimizing disruptions to other routine immunizations and health services.

Problem Statement

While supplies of currently recommended vaccines are now ample and available globally in the near term, insufficient demand and the presence of barriers to uptake mean that immunocompromised, elderly, and other high-risk groups, as well as those in rural, remote, and other hard to reach locations, have lower vaccination rates and/or remain vulnerable to severe illness and death. There is a critical need for ongoing development and evaluation of vaccine products, including variant-adapted and more broadly protective vaccines as appropriate, as well as the need to ensure sustained availability of both vaccines and ancillary products. Action is needed to accelerate the demand for and delivery of primary vaccinations and boosters, particularly to high risk groups, and, as national-level vaccination coverage targets are met, to integrate COVID-19 vaccinations into routine health systems.

Lines of Effort

- A. **Accelerate vaccine access and uptake:** Accelerate vaccine access and uptake among all eligible populations, including pediatric populations, to achieve country-driven coverage targets, with greatest emphasis on vaccinating and boosting high-risk and hard-to-reach populations. Support availability of vaccines (including variant-adapted vaccines as appropriate), ancillary commodities, and storage and distribution mechanisms, and anticipate rollout of novel vaccine technologies.
- B. **Boost vaccine confidence:** Address insufficient vaccine confidence and combat mis- and disinformation.
- C. **Support sustainable and diverse vaccine production:** Invest in and support local and regional supply production and approaches to ensure more diversified manufacturing of and a sustainable market and ecosystem for vaccines and ancillary products.
- D. **Strengthen vaccination planning:** Strengthen detailed planning processes and data systems that enable countries to better plan and monitor vaccine rollout and utilization at the local level.
- E. **Enhance vaccination systems:** Enhance existing and/or develop complementary systems for tracking vaccine delivery and adverse reactions, and evaluation of the effectiveness of and equity in vaccination programs.



- F. **Leverage vaccine program investments:** Leverage and integrate COVID-19 vaccine-related investments where possible to strengthen public health systems and pandemic response platforms, and to support other public health needs.

Objective 2: *Scale and integrate testing and treatment*

Strengthen health systems to facilitate prevention, detection, and response to COVID-19, including through widespread, sustained, and equitable access to diagnostics and therapeutics and integrate management of COVID-19 into health systems while minimizing disruptions to other essential health services.

Problem Statement

Testing is required for surveillance, detection, and clinical care, but access remains limited, testing rates are declining, and while rapid tests offer important advantages, their use may limit the ability to detect new variants. Lifesaving oral antivirals have been developed and approved for emergency use, but quantities are limited in low-income countries, and their effective use requires timely testing and linkage to care. Ongoing research is needed to assess effectiveness in diverse settings and identify safe and effective treatments across the spectrum of COVID-19 disease; for example, treatment options that can prevent people diagnosed with COVID-19 from progressing to serious illness and death and highly effective antiviral medicines that can be taken in outpatient settings. Action is also needed to scale up demand, supply, and proven approaches for testing and treatment strategies, including access to oxygen.

Further, COVID-19 surges and ongoing caseloads continue to strain health systems and disrupt routine health services. Saving lives at scale and strengthening country-level health security during this pandemic and for any future threats requires the development of resilient health systems, underpinned by well-trained and protected health workers, that can provide quality public health services and clinical care for all.

Lines of Effort

- A. **Gather and use information about SARS-CoV-2:** Expand systems to gather scientific knowledge and data about SARS-CoV-2 and other pathogens of public health importance, such as surveillance systems and genomic sequencing – from laboratories to clinics to communities – to track new cases and detect new variants, and platforms to assess the effectiveness of control efforts.
- B. **Ensure support of diagnostics and therapeutics:** Support efforts to ensure adequate and equitable supply, storage, distribution, and delivery of diagnostics (including self-tests and multiplex tests as appropriate), therapeutics, oxygen, and other essential medical goods, including investment in and support of local and regional supply production, regulatory capacity and, where appropriate, regulatory reliance, and sustainable markets and ecosystems.



- C. **Ensure access to testing:** Ensure widespread access to and uptake of testing (including professionally and self-administered rapid antigen testing) for informed public health programming, management of isolation and quarantine, and optimized clinical care.
- D. **Enhance systems for diagnosis and treatment:** Enhance existing and develop complementary systems to expand access to treatments, including oral antivirals, through piloting and scaling test and treatment strategies, enhancing identification of eligible populations for treatment, tracking testing and treatment provision, and monitoring outcomes, including uptake and effectiveness of treatment programs. Further enhance systems to enable understanding of the susceptibility, impacts, and options for prevention and treatment of long COVID and multisystem inflammatory syndrome in children (MIS-C).
- E. **Foster demand:** Foster demand for COVID-19 products and services among eligible populations, with a focus on rural, remote, and other hard-to-reach and under-served locations, and enhance population knowledge on how to access services.
- F. **Support health care worker safety and capacity:** Provide high-quality personal protective equipment, support (e.g. fair pay), and training to health workers, to enhance local and regional capacity to address ongoing needs and prevent, detect, and respond to emergency needs.
- G. **Mitigate and prevent disruptions to essential health services:** Mitigate and prevent disruptions to essential health services such as those addressing routine immunizations, HIV, tuberculosis, malaria, maternal and child health, nutrition, emergency care, key health screenings, and family planning and reproductive health.
- H. **Expand communication systems:** Expand and enhance communication systems to provide factual information, counter mis- and disinformation, and collate local information that might prove useful to infectious disease surveillance.
- I. **Leverage COVID-19 investments:** Leverage and integrate COVID-19 investments where possible to strengthen public health systems to prevent, detect, and respond to other health threats and to support other public health needs.

Objective 3: *Prepare for future variants and pandemic threats*

Strengthen the global health security architecture to prevent, detect, and respond to COVID-19 and future pandemic threats.

Problem Statement

The pandemic raised awareness of weaknesses in global health security, most of which have yet to be resolved. We must continue to identify and overcome these barriers to greater health security even as we continue to deal with ongoing high levels of COVID-19 variants and work to improve preparedness for future potential COVID-19 variants and other pandemic threats. Existing international and multilateral bodies – including, but not limited to, the World Health Organization (WHO) and the wider UN system – need strengthened capacities, and where



existing structures do not exist, new mechanisms and/or entities are needed to better coordinate partners, create incentives, mobilize financing, establish channels for information flow, and facilitate research.

Lines of Effort

- A. **Improve core health security capacities:** Improve incentives to build, and directly support building, core health security capacities (as outlined in the Joint External Evaluation Monitoring Tool for the International Health Regulations 3rd edition), including by working through existing global health security initiatives such as the Global Health Security Agenda.
- B. **Support the launch of a Pandemic Prevention, Preparedness, and Response Fund:** Support the launch of a Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response with support of the World Bank and World Health Organization to improve national, regional, and global health security capacity and pandemic preparedness.
- C. **Improve global coordination on health security:** Strengthen and enhance international arrangements and governance regimes for global health security, including through a pandemic instrument, to better prepare for the next pandemic, incorporating lessons learned from the COVID-19 pandemic, and building on important multilateral approaches like the ACT Accelerator and COVAX to improve coordination for future pandemic response needs, including for essential medical products.
- D. **Support global access platforms in transition:** Support the transition of priority ACT Accelerator and COVAX functions back to partner agencies or other institutional/organizational operations, and/or national health systems as appropriate to support ongoing COVID-19 response needs.
- E. **Ensure complementarity of U.S. health security programming:** Ensure that U.S. bilateral global health security and COVID-19-specific programming is complementary to and leverages the work of multilateral global health security institutions, such as the Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response, and that these efforts are mutually reinforcing.
- F. **Leverage primary health care systems and public health structures for preparedness and response:** Leverage primary healthcare systems and other community-level structures to enhance pandemic preparedness and response capabilities through active, integrated, and electronic surveillance – from labs to clinics to communities – and early warning systems; national laboratory networks (including genomic sequencing); risk communication and community engagement; and infection prevention and control.
- G. **Strengthen the WHO:** Strengthen and reform the WHO and other parts of the UN system critical for health security.
- H. **Enhance international scientific collaboration:** Advance and promote international collaboration on scientific research to prevent and fight pandemics and other biothreats.



Progress Metrics

As with the first Framework, the U.S. Government will use a set of high-level proxy metrics and time bound targets –aligned where possible with global metrics and targets– to track implementation of the *Global Response and Recovery Framework*. Indicators will capture national vaccination coverage both for COVID-19 and routine immunization, country-level capacity to scale up and deliver lifesaving treatments, and progress on enhancing global health security capacity.

Cross-Cutting Principles

The U.S. Government will instill four core principles into its implementation of this Framework, across lines of effort. These principles will underpin the array of activities that departments and agencies will undertake, as well as their broader engagement with international partners and other stakeholders, to advance the plan’s objectives.

- **Humility, Multilateralism, and Partnerships:** The U.S. Government will recommit to working in partnership and with humility, recognizing that no one nation, alone, can defeat the pandemic. The U.S. Government will work as part of the rules-based international system, including through multilateral institutions, to advance the objectives of this Framework. The U.S. Government will enhance relationships with the WHO and other UN agencies, regional organizations, international financial institutions, and other international organizations, and, at the same time, engage new partners and build those partnerships around the globe. The United States will work with and through multilateral and international bodies, coordinating with country counterparts, donor partners and the private sector, working intensively across sectors and with civil society, and exercising leadership in the areas of global health, development and humanitarian assistance, and economic recovery.
- **Diversity, Equity, and Inclusion:** The U.S. Government will promote equity in its COVID 19 activities under the Framework and elevate the voices, participation, and decision-making of women and girls, youth, older persons, persons with disabilities, LGBTQI+ individuals, indigenous peoples, displaced people, and other historically vulnerable, marginalized, and underserved populations, especially those who have been disproportionately affected by COVID-19.³ At the same time, the U.S. Government will commit to embodying the values of diversity, equity, and inclusion in its own operations and pursuing the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities.

³ Such groups may also include, but are not limited to, migrants, religious minorities, racial and ethnic minorities, cultural minorities, caste groups, and people of diverse economic classes and political opinions. These groups often suffer from discrimination in the application of laws and policies and access to resources, services, and social protection, and they may be subject to persecution, harassment, or violence.



- **Evidence-Based and Risk-Based Decision-Making, Learning, and Adapting:** The U.S. Government will commit to evidence-based and risk-based decision-making as it implements the Framework. To use evidence effectively, the U.S. Government will continually monitor, evaluate, and learn from its activities, both assistance programs and other diplomatic, technical, and policy engagements. Given the uniquely complex and dynamic health, humanitarian, economic, and development problem set stemming from the pandemic, sound analysis and data-informed decisions, ongoing monitoring and evaluation, and adaptive management are all essential to successful implementation. To use risk-based decision-making, the U.S. Government will also carefully weigh the benefits of identified policy courses of action against the costs (e.g., financial terms, impacts to diplomatic and policy activities, and socio-economic impacts to individuals/businesses/critical infrastructure). Once decisions are taken, clear communication is vital to effective and coordinated messaging with both global partners and the public.
- **Transparency, Accountability, and Oversight:** The U.S. Government will ensure transparency of and accountability in decision-making and oversight for the use of funds to implement the Framework. The U.S. Government will communicate clearly about new science and changes to evidence-based recommendations and establish clear, high quality metrics to assess progress in implementing the Framework and adjust activities as needed.

Conclusion

While much has changed since the first COVID-19 Global Response and Recovery Framework was published, the U.S. commitment to an equitable COVID-19 response and recovery remains unwavering. This new Framework makes updates to account for progress made to date and in light of the current state of the pandemic, and it updates key objectives and lines of effort. It restates our bedrock commitment to principles such as equity, humility, diversity, learning, and accountability. With the steps envisaged in this Framework, we aim to end this global emergency, protect health systems around the world, and strengthen our defenses against future health emergencies.