



COVID-19: Global Implications and Responses

Overview

Congressional interest in the global implications of pandemics and the novel coronavirus pandemic is high, with over 50 pieces of related legislation introduced in the 116th Congress to date (see CRS Report R46319, *Novel Coronavirus 2019 (COVID-19): Q&A on Global Implications and Responses*). The virus, which is believed to have started in Wuhan, China, in late 2019, is now named “severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2) and is known by the disease it causes, “coronavirus disease 2019” (COVID-19). The virus has spread across the globe and is now concentrated in the United States and Europe (Figure 1). As of May 7, 2020, the World Health Organization (WHO) estimated that 3.6 million people had contracted the disease, with over 250,000 deaths. WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC) on January 30 and labeled it a “pandemic” on March 11.

The Virus

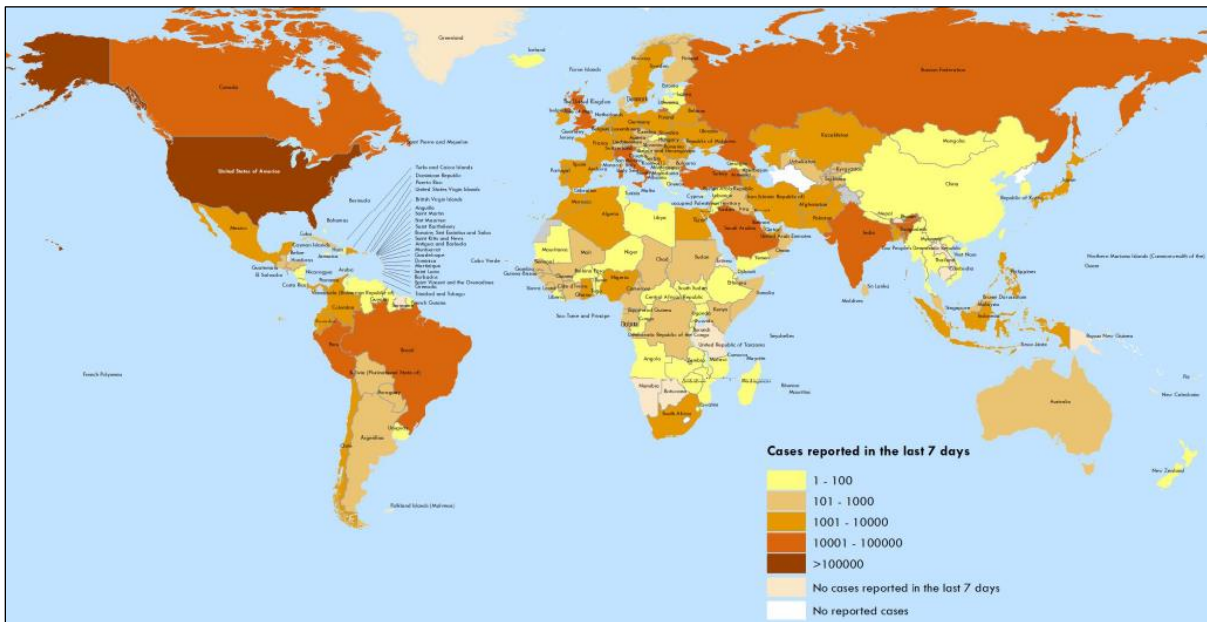
Coronaviruses are a large family of zoonotic viruses—viruses transmissible between animals and humans—that can cause illness ranging from the common cold to more severe diseases such as Middle-East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most common symptoms among confirmed COVID-19 patients include dry cough, shortness of breath, and fever. Data suggest that older adults and those with preexisting

medical conditions (such as high blood pressure, heart and lung disease, cancer, and diabetes) are more likely to be severely sickened or die from COVID-19.

Although more than 3.5 million COVID-19 cases have been confirmed globally, many health experts suspect the true case count is significantly higher due to asymptomatic cases and insufficient diagnostic testing in some countries. Globally, roughly 45% of reported cases and 59% of reported deaths were in Europe. The United States accounted for 32% of reported cases and 26% of reported deaths worldwide.

While current diagnostic supplies are insufficient to meet global demand, scientists are creating tests that are cheaper, more easily administered, and provide faster diagnosis. Several have been authorized by the U.S. Food and Drug Administration and other global regulatory bodies. No specific treatments or vaccines for COVID-19 exist. As of May 7, roughly 200 COVID-19 therapeutics and vaccines were in development globally, including 123 candidate vaccines. Through “Operation Warp Speed,” the Trump Administration has identified 14 candidate vaccines for accelerated development. Globally, at least eight groups have launched safety trials of vaccine candidates, including in the United States, the United Kingdom, and China. Some hope that a COVID-19 vaccine would be available by fall 2020, though experts caution sufficient supplies of the vaccines will not likely meet global need for several years.

Figure 1. Number of Confirmed COVID-19 Cases Reported in the Past Seven Days (May 1-May 7, 2020)



Source: WHO, *COVID-19 Situation Report - 108*, May 7, 2020.

China’s Experience

The Wuhan city government first publicly acknowledged cases of pneumonia of an unknown cause on December 31,

2019, linking them to a local seafood market that sold live animals. Chinese authorities did not acknowledge that the virus was spreading from person-to-person until January 20,

however, and before then reprimanded medical workers who sought to warn colleagues about the dangers of infection. China is now widely seen as having “squandered” an early window of opportunity to stem the virus’s global spread. After January 20, Chinese authorities began taking aggressive actions to contain the epidemic, including painstaking efforts to find cases, isolate them, and trace their close contacts, plus controversial restrictions on movement. Reported infections “peaked and plateaued” in China between January 23 and January 27, and declined afterwards, except for a spike on February 1, according to the report of a WHO-China Joint Mission that investigated the outbreak in China. A major focus for China now is preventing importation of new cases from outside its borders.

WHO Response

PHEIC. On January 30, 2020, WHO Director-General Tedros Adhanom Ghebreyesus declared the pandemic a Public Health Emergency of International Concern (PHEIC), prompting countries to take specific actions, including heightening surveillance and reporting of the disease. A PHEIC declaration can prompt countries to provide additional resources for global and domestic response and enable WHO to access certain emergency funding, such as from the WHO Contingency Fund for Emergencies (CFE).

“Pandemic.” WHO defines a pandemic as “the worldwide spread of a new disease” for which most people do not have immunity. WHO began calling COVID-19 a pandemic on March 11, though the criteria were met earlier.

WHO COVID-19 Plan. On February 5, 2020, WHO announced a \$675 million COVID-19 plan for February through April to provide international coordination and operational support, bolster country readiness and response capacity—particularly in low-resource countries—and accelerate relevant research and innovation. The WHO issued an updated plan in April, though it did not include a request for additional funding. As of May 6, donors provided \$451 million for the plan, which the WHO has used to purchase and ship Personal Protective Equipment (PPE) to 133 countries and supply 1.5 million diagnostic kits to 126 countries.

Access to COVID-19 Tools. On April 24, WHO, Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness and Innovation (CEPI), and others announced the creation of the Access to COVID-19 Tools (ACT) Accelerator, a framework to ensure equitable global access to COVID-19 diagnostics, therapeutics, and vaccines. As of May 6, the global community, led by the European Union, raised \$7.4 billion for the ACT Accelerator and other global COVID-19 responses. The United States neither participated in the launch nor provided funding for the ACT Accelerator.

U.S. International Response

Funds for Global COVID-19 Control. As of May 6, the State Department and the U.S. Agency for International Development (USAID) have pledged \$900 million for COVID-19-related health and humanitarian assistance. The USAID reports that these funds are being used to support public health information campaigns; expand access to water, sanitation, and hygiene; and bolster infection prevention and control in more than 100 countries.

Resources available for international COVID-19 responses are available from additional sources. In January 2020, for example, HHS made available up to \$105 million from the Infectious Disease Rapid Response Reserve Fund (IDRRRF) for domestic and international COVID-19 responses. In addition, Congress provided \$8.3 billion for domestic and international COVID-19 responses through the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123). Enacted March 6, 2020, the act included \$300 million for the Centers for Disease Control and Prevention’s (CDC’s) global health security programs and \$1.25 billion for USAID and State Department responses, including evacuations.

WHO Funding. On April 14, 2020, President Trump announced that the United States would suspend funding to the WHO, pending a 60- to 90-day review of the WHO response. The President and some world leaders assert that the WHO had mishandled the early response to the COVID-19 pandemic and are pushing for an investigation of the response. Congressional responses have been mixed. Several bills have been introduced calling for the suspension of WHO funding until certain reforms are made. Other Members maintain that withholding funding during the outbreak might stymie pandemic control efforts and have introduced legislation aimed at simultaneously investigating the WHO COVID-19 response while maintaining financial support for global COVID-19 containment efforts led by the WHO.

Travel Restrictions. Starting January 31, the President issued a series of proclamations suspending entry into the United States of most foreign nationals who, within the 14 days prior to arrival, had been in mainland China (effective February 2), Iran (effective March 2), the Schengen Area of Europe (26 countries; effective March 13), and the United Kingdom or the Republic of Ireland (effective March 16). On March 21, the United States, Canada, and Mexico began limiting nonessential travel across their borders. On April 20, they extended the measures for an additional 30 days.

On March 19, the State Department issued a global Level 4 (“Do Not Travel”) health advisory, advising Americans “to avoid all international travel due to the global impact of COVID-19.” The department advised U.S. citizens outside of the United States to return home immediately, “unless they are prepared to remain abroad for an indefinite period,” and it advised U.S. citizens living abroad to avoid all international travel. On March 14, the department authorized “the departure from any diplomatic or consular post in the world of U.S. personnel and family members who have been medically determined to be at higher risk of a poor outcome if exposed to COVID-19.” On March 27, CDC issued a “Global COVID-19 Pandemic Notice,” advising travelers to “avoid all non-essential travel to all global destinations.”

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