

Updated March 5, 2020

# COVID-2019: Global Implications and Responses

## Overview

As of March 4, 2020, the novel coronavirus that began sickening patients in Wuhan, China, in early December 2019 had spread to over 75 countries, including the United States. Daily new cases and deaths related to the virus outside China now exceed those reported in China, where the epidemic appears to be coming under control. The World Health Organization (WHO) has named the new virus “severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2) and the disease that it causes “coronavirus disease 2019” (COVID-19). WHO has declared the outbreak a Public Health Emergency of International Concern and raised its global risk assessment to “Very High.” It has refrained from labeling the outbreak a “pandemic,” however. Doing so, WHO Director-General Tedros Adhanom Ghebreyesus has said, could “signal that we can no longer contain the virus, which is not true.” On March 5, Tedros told countries, “This is not the time to give up.” Rather, “This is a time for pulling out all the stops.”

## The Virus

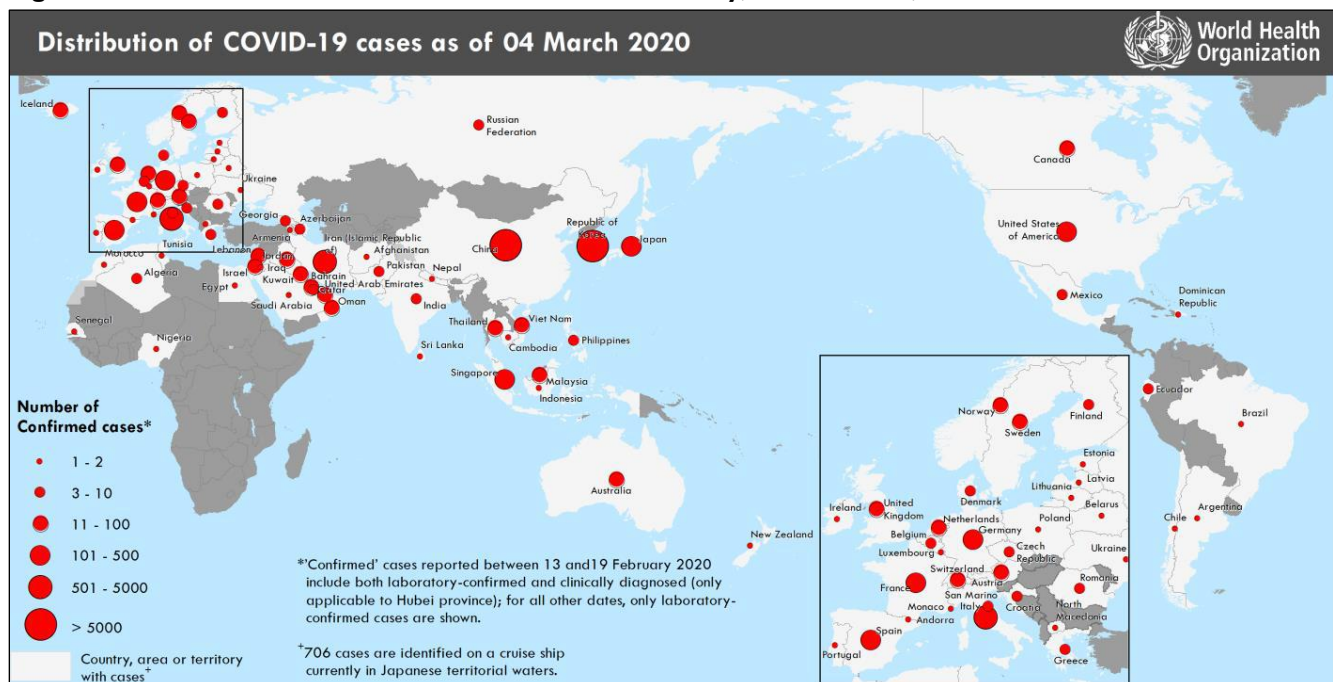
Coronaviruses are a large family of zoonotic viruses—viruses transmissible between animals and humans—that can cause illness ranging from the common cold to more severe diseases such as Middle-East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most common symptoms among confirmed COVID-19 patients include fever, dry cough, and shortness of breath. As of March 5, 2020, WHO reported more than 95,000

confirmed COVID-19 cases globally, including more than 3,200 deaths. Nearly 85% of cases and more than 90% of deaths have been in mainland China, overwhelmingly in Hubei Province, whose capital is Wuhan. About 80% of cases outside China are in three countries: South Korea, Italy, and Iran.

According to WHO, current data suggest that COVID-19 is less transmissible than seasonal influenza but causes more severe illness, with deaths in 3.4% of reported cases globally. Of confirmed COVID-19 patients in China, about 80% experienced mild to moderate illness, 14% had severe illness, and 6% became critically ill. More than 30 countries have confirmed community transmission of COVID-19, but WHO Director-General Tedros observed on March 4 that “most cases can still be traced to known contacts or clusters of cases,” such as within families.

Within days of Chinese scientists’ sharing the genetic sequence of the virus on January 11, 2020, scientists around the globe developed lab tests to diagnose COVID-19. Current diagnostic supplies are insufficient to meet global demand, however. While trying to increase supply of these tests, developers are also trying to create faster, cheaper, and more easily administered tests. No specific treatments or vaccines for COVID-19 exist. The U.S. National Institutes of Health (NIH) indicated in late January that a candidate vaccine for COVID-19 could be ready for early-stage human testing in spring 2020.

**Figure 1. Locations with Confirmed COVID-19 Cases Globally, as of March 4, 2020**



Source: World Health Organization.

## China's Experience

China's government first reported cases of pneumonia of an unknown cause to WHO on December 31, 2019, but did not raise the alarm to its own people until January 20. Observers have suggested that by withholding information, the government may have squandered an early window of opportunity to stem the virus's spread. After January 20, Chinese authorities began taking aggressive actions to prevent the virus from spreading further, including imposing controversial *cordons sanitaires*, or restrictions on movement in and out of defined areas, on as many as 760 million people. Reported infections "peaked and plateaued" in China between January 23 and January 27, and have been declining since then, except for a spike on February 1, according to the report of a WHO-China Joint Mission that investigated the outbreak in China. The mission included representatives from NIH and the U.S. Centers for Disease Control and Prevention (CDC). Bruce Aylward, the mission's Canadian co-team leader, told Vox that key to China's apparent success in changing the course of the epidemic was not the lockdowns. Instead, it was painstaking implementation of traditional public health measures: finding cases, isolating them, and tracing their close contacts, plus suspension of public gatherings.

## WHO Response

**PHEIC.** On January 30, 2020, WHO Director-General Tedros declared a Public Health Emergency of International Concern (PHEIC), prompting countries to take specific actions, including heightening surveillance and reporting of the disease. In the case of the United States, Department of Health and Human Services (HHS) Secretary Alex Azar declared "a public health emergency for the entire United States." 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 United Nations Central Emergency Response Fund (CERF) and the World Bank Pandemic Emergency Financing Facility (PEF).

**Pandemic Designation Debate.** Some observers have questioned why WHO has not labeled the global COVID-19 outbreak a pandemic. On February 26, Tedros defended WHO's caution, arguing, "For the moment, we are not witnessing sustained and intensive community transmission of this virus, and we are not witnessing large-scale severe disease or death."

**WHO Funds.** On February 5, WHO announced a \$675 million COVID-19 preparedness plan for February through April. It aims to provide international coordination and operational support, bolster country readiness and response capacity—particularly in low-resource countries—and accelerate relevant research and innovation. As of March 4, donors had pledged to provide \$289 million.

**Appeal on Personal Protective Equipment.** WHO has highlighted a global shortage of personal protective equipment for health care workers, estimating a 40% production surge is necessary to meet demand. Tedros has urged industry and governments to "act quickly to boost supply, ease export restrictions and put measures in place to stop speculation and hoarding."

## U.S. Response

**Leadership.** On January 29, President Donald J. Trump announced the formation of the President's Coronavirus Task Force, led by HHS and coordinated by the National Security Council. On February 27, the President appointed Vice President Mike Pence as the Administration's COVID-19 task force leader, and the Vice President subsequently appointed President's Emergency Plan for AIDS Relief (PEPFAR) Ambassador Deborah Birx as the "White House Coronavirus Response Coordinator."

**Funds for Global COVID-19 Control.** The Department of State and the U.S. Agency for International Development (USAID) have committed to use up to \$100 million of existing funds to assist China and other affected countries "to contain and combat" COVID-19. HHS has made available up to \$105 million from the Infectious Disease Rapid Response Reserve Fund for domestic and international COVID-19 responses. In late February, the Administration announced the committed funds would be exhausted by the end of the month. On February 24, the Administration asked Congress for an emergency supplemental appropriation of \$1.25 billion for COVID-19 response efforts, and to allow repurposing of another \$1.25 billion in existing funds from across the government, including HHS funds for current Ebola response activities. On March 4, the House passed H.R. 6074, which would provide \$8.3 billion in emergency supplemental appropriations for COVID-19 preparedness and response. This includes \$300 million to continue CDC's global health security programs (global disease detection and emergency response) and \$1.25 billion for various Department of State and USAID accounts. USAID's bilateral global health programs would receive \$435 million—including at least \$200 million for the Emergency Reserve Fund—to prevent, prepare for, and respond to COVID-19. The Senate is expected to pass the bill on March 5.

**Travel Issues and Evacuations.** The President has issued two proclamations suspending the entry into the United States of most foreign nationals who have been in mainland China (effective February 2) or Iran (effective March 2) within the prior 14 days. On February 2, the Department of Homeland Security issued instructions subjecting returning U.S. citizens with travel to China's Hubei Province in the prior 14 days to mandatory quarantine of up to 14 days.

The U.S. government arranged charter flights to repatriate U.S. citizens and permanent residents from Wuhan and the *Diamond Princess* cruise ship off Japan. CDC has elevated its travel warning for China, Iran, Italy, and South Korea to the highest level (Level 3, "Avoid nonessential travel"). The State Department has raised its travel advisory for China to the highest level (Level 4, "Do not travel"), added a COVID-19 caution to its existing Level 4 advisory for Iran, and raised its advisories for Italy and South Korea to Level 3 ("Reconsider travel").

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