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COVID-19: Global Implications and Responses

Overview

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is believed to have emerged in Wuhan, China, in late 2019, and it has since spread around the globe. Confirmed cases of Coronavirus Disease 2019 (COVID-19) are most numerous in the United States, Russia, and Brazil (**Figure 1**). As of June 11, 2020, the World Health Organization (WHO) estimated that over 7.4 million people had contracted COVID-19 worldwide, and that over 400,000 people had died from it. WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC) on January 30 and labeled it a "pandemic" on March 11. For more information, see CRS Report R46319, *Novel Coronavirus 2019 (COVID-19): Q&A on Global Implications and Responses*).

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). According to the U.S. Centers for Disease Control and Prevention (CDC), the most common symptoms among confirmed COVID-19 patients include fever or chills, shortness of breath, and a cough. Data suggest that older adults, those who live in nursing homes or long-term care facilities, and those with preexisting medical conditions (such as heart and lung disease, cancer, and diabetes) are more likely to be severely sickened or die from COVID-19.

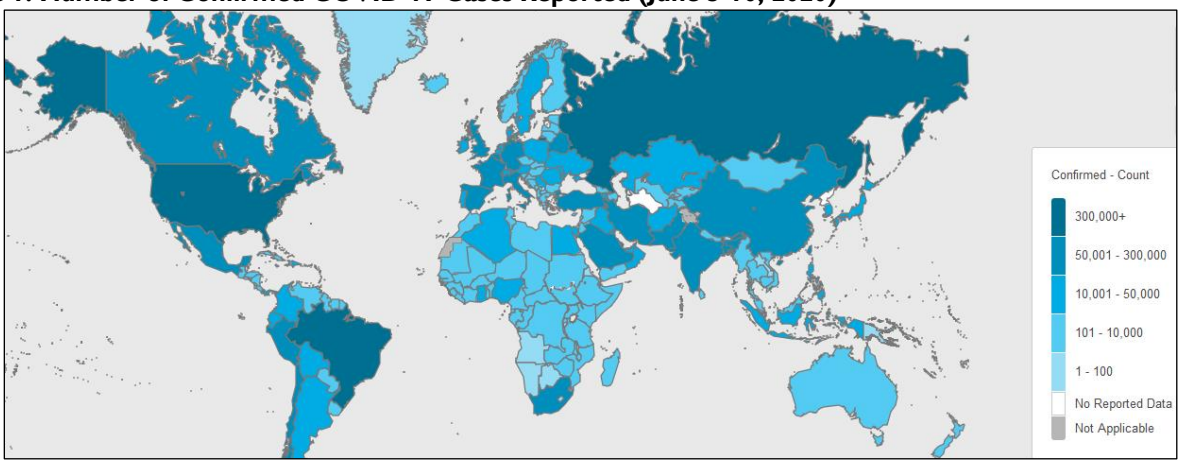
Many health experts suspect the true worldwide case count is significantly higher than reported due to asymptomatic cases and insufficient diagnostic testing and contact tracing in some countries. Globally, nearly half of reported cases and deaths have been in the Americas. The United States accounted for 27% of both reported cases and reported deaths worldwide. Several countries are seeing rapid increases in COVID-19 cases, including Brazil, Chile, India, Russia, and Pakistan.

No vaccines for COVID-19 exist, and current diagnostic supplies are insufficient to meet global demand. As a result, governments, philanthropies, international organizations, scientists, and manufacturers have undertaken efforts to expedite research and development (R&D) for COVID-19 vaccines, as well as other medical products (e.g., diagnostic tests). Globally, at least 200 experimental COVID-19 vaccine candidates are under development. Health experts are also considering how to develop sufficient supply of any vaccine created and bolster supply chain networks, particularly in low-resource and conflict settings. Some experts believe that the best-case scenario for a vaccine would be spring 2021; they caution that supplies of vaccine will not likely meet global need for several years.

China's Experience

The Wuhan city government first publicly acknowledged cases of pneumonia of an unknown cause on December 31, 2019, linking cases to a local seafood market that sold live animals. Chinese authorities did not confirm that the virus was spreading from person-to-person until January 20, 2020, however, and before then reprimanded medical workers who sought to warn colleagues about the dangers of infection. The Trump Administration has been sharply critical of China's early response to the outbreak. On June 1, 2020, Secretary of State Michael R. Pompeo alleged that China's ruling Communist Party "continued to hide and obfuscate and delay the global response to the pandemic." 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 applying broad restrictions on movement. Reported infections peaked in late January. China says that it has now controlled spread of the virus. It has reported a cumulative 84,641 confirmed cases and 4,645 deaths.

Figure 1. Number of Confirmed COVID-19 Cases Reported (June 3-10, 2020)



Source: WHO, *COVID-19 Dashboard*, June 10, 2020.

WHO Response

PHEIC. On January 30, 2020, WHO Director-General Tedros Adhanom Ghebreyesus declared the pandemic a Public Health Emergency of International Concern, 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. WHO issued an updated plan in April, and in May estimated that it would need $1.7 billion to respond to COVID-19 through December 2020. As of June 9, donors have provided $670 million, including $30 million by the United States. WHO has used the funds to purchase and ship personal protective equipment (PPE) to 135 countries, supply over 2 million diagnostic kits to 126 countries, and deploy over 100 emergency medical teams to countries in need.

Access to COVID-19 (ACT) Tools Accelerator. On April 24, WHO, GAVI, the Vaccine Alliance, the Coalition for Epidemic Preparedness and Innovation (CEPI), and others announced the creation of the ACT Accelerator, a framework to ensure equitable global access to COVID-19 diagnostics, therapeutics, and vaccines. 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 did not participate in the launch of or provide funding for the ACT Accelerator.

U.S. International Response

Funds for Global COVID-19 Control. As of June 10, 2020, the State Department and the U.S. Agency for International Development (USAID) have pledged $1 billion for COVID-19-related health and humanitarian assistance. 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. On March 6, 2020, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020, P.L. 116-123, which provides $8.3 billion for domestic and international COVID-19 responses. The act includes $300 million to continue the CDC's global health security programs and a total of $1.25 billion for USAID and the Department of State. Of the USAID and State funds, $985 million is designated for foreign assistance accounts, including $435 million specifically for Global Health Programs. On March 27, 2020, President Trump signed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), P.L. 116-136, which contains emergency funding for U.S. international COVID-19 responses, including $258 million to USAID through the International Disaster Assistance (IDA) account and $350 million to the State Department through the Migration and Refugee Assistance (MRA) account (P.L. 116-127).

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 WHO's COVID-19 response. The President and some world leaders assert that the WHO mishandled the early response to the COVID-19 pandemic and have called for an investigation. On May 30, 2020, President Trump announced that the United States would be "terminating our relationship with the World Health Organization and redirecting those funds [that the United States provides to WHO] to other worldwide and deserving, urgent, global public health needs." The Administration has not provided additional information, raising questions regarding U.S. global health engagement. Congressional responses have been mixed. Some Members have introduced bills calling for suspension of U.S. funding for WHO until it undertakes certain reforms. Other Members have raised concerns that withholding funding during the outbreak might undermine pandemic control efforts and have introduced legislation supporting investigating WHO's COVID-19 response while maintaining U.S. 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 (March 2), the Schengen Area of Europe (26 countries; March 13), the United Kingdom or the Republic of Ireland (March 16), and Brazil (May 26). On March 21, the United States, Canada, and Mexico began limiting nonessential travel across their borders. They have since extended those restrictions until June 22, 2020.

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." It advised U.S. citizens abroad to return home immediately, and it advised U.S. citizens living abroad to avoid all international travel. The State Department updated this global health advisory on March 31, warning that its ability to assist U.S. citizens overseas who wish to return to the United States may become more limited or even unavailable as the COVID-19 situation develops. Updated guidance reiterates that U.S. citizens who wish to return to the United States should make arrangements to do so without delay. As of June 10, the State Department reports coordinating the repatriation of over 100,000 American citizens on 1,140 flights from 136 countries or territories. 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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