



Updated March 19, 2020

# COVID-19: Global Implications and Responses

## Overview

As of March 18, 2020, the novel coronavirus that began sickening patients in Wuhan, China, in early December 2019 had spread across the globe. According to the World Health Organization (WHO), 15 countries, including the United States, have reported more than 1,000 infections. Europe is the current epicenter for cases and deaths related to the virus. 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 declared the outbreak a Public Health Emergency of International Concern on January 30, raised its global risk assessment to “Very High” on February 28, and labeled the outbreak a “pandemic” on March 11. In using the term pandemic, WHO Director-General Tedros Adhanom Ghebreyesus cited COVID-19’s “alarming levels of spread and severity” and governments’ “alarming levels of inaction.” President Donald J. Trump declared a national emergency in the United States on March 13.

## The Virus

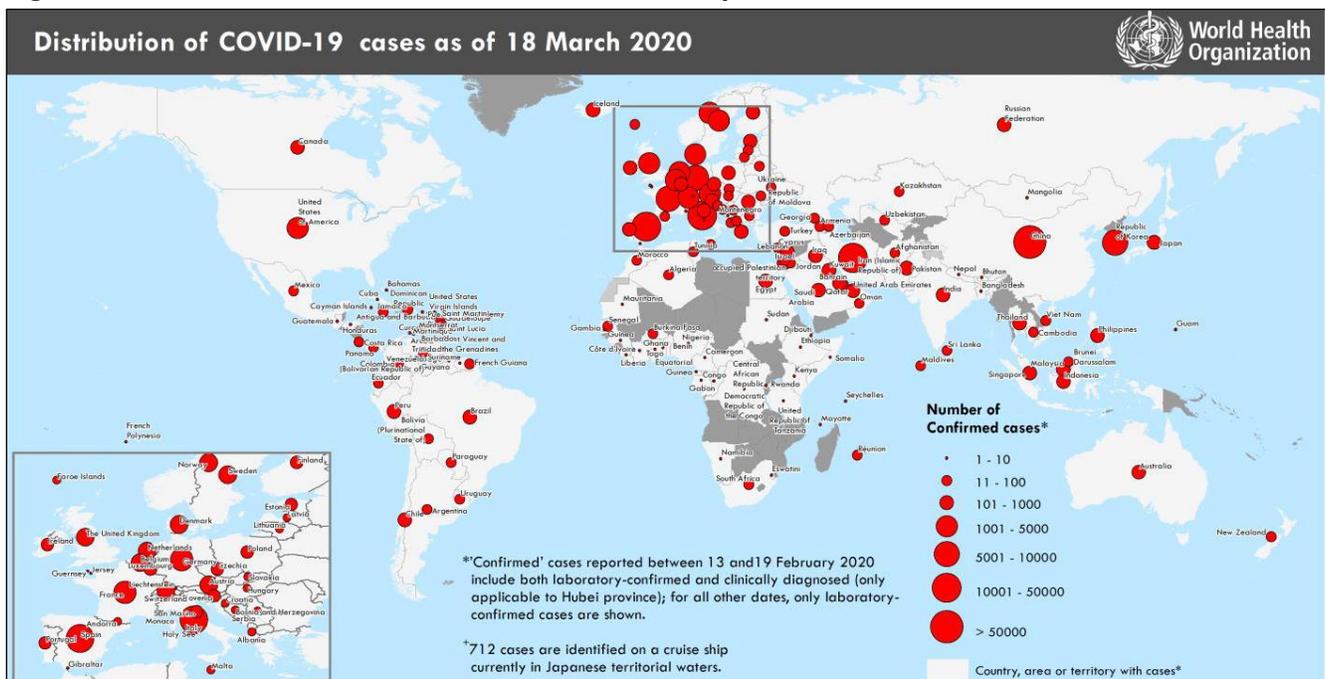
Coronaviruses are a large family of zoonotic viruses—viruses transmissible between animals and humans—that can cause illness ranging from the common cold to more severe diseases such as Middle-East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most common symptoms among confirmed COVID-19 patients include fever and dry cough. As of March 18,

2020, WHO reported over 190,000 confirmed COVID-19 cases globally, including nearly 8,000 deaths (Figure 1). Many health experts suspect the true case count is significantly higher. Transmission is slowing in mainland China, which hit a milestone on March 19 when its daily report for the first time included no new locally transmitted cases. New cases are also generally declining in South Korea, another hotspot. Europe, including hard-hit Italy, Spain, France, and Germany, now accounts for nearly 40% of reported cases and 43% of reported deaths. Iran accounts for 9% of reported cases and 13% of reported deaths.

According to WHO, current data suggest the elderly and those with preexisting medical conditions (such as high blood pressure, heart and lung disease, cancer, and diabetes) are more likely to develop severe illness from COVID-19. As of February 20, about 80% of surveyed COVID-19 patients in China experienced mild to moderate illness, 14% had severe illness, and 6% became critically ill. In Italy, as of March 16, 59% of confirmed cases surveyed had mild symptoms.

Current diagnostic supplies are insufficient to meet global demand, and scientists are trying to create tests that are cheaper and more easily administered and that provide faster diagnosis. No specific treatments or vaccines for COVID-19 exist. On March 16, the U.S. National Institutes of Health (NIH) announced the start of a Phase 1 clinical trial of a candidate vaccine for COVID-19.

Figure 1. Locations with Confirmed COVID-19 Cases Globally, as of March 18, 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 China's people until January 20. 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 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 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 United States, Department of Health and Human Services (HHS) Secretary Alex Azar declared on January 31 "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 WHO Contingency Fund for Emergencies (CFE) and the World Bank Pandemic Emergency Financing Facility (PEF).

**"Pandemic."** WHO defines a pandemic as "the worldwide spread of a new disease," a situation in which a new virus emerges and spreads around the world and most people do not have immunity. WHO initially resisted calling COVID-19 a pandemic, but on March 11, with the number of affected countries having tripled in the previous fortnight, it did so. This is the first coronavirus outbreak that WHO has labelled a pandemic.

**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 17, donors had contributed \$103.4 million and pledged an additional \$102.6 million for the plan. On March 13, WHO and the United Nations Foundation announced a COVID-19 Response Solidarity Fund, to raise money for the plan.

**Appeal on Personal Protective Equipment.** WHO has highlighted a global shortage of personal protective equipment (PPE) for health care workers and expressed concern about PPE price increases. From the start of the COVID-19 outbreak through March 3, WHO estimates average prices increased sixfold for surgical masks, tripled for N95 respirators, and doubled for medical gowns.

## U.S. Response

**Leadership.** On January 29, President 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. 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 made available \$100 million of existing funds to assist China and other affected countries "to contain and combat" COVID-19. HHS made available up to \$105 million from the Infectious Disease Rapid Response Reserve Fund (IDRRRF) for domestic and international COVID-19 responses; the \$105 million from the IDRRRF was exhausted by the end of February, according to Administration officials. On February 24, the Administration submitted an emergency supplemental appropriation request of \$2.5 billion for COVID-19 response efforts, including \$1.25 billion of repurposed funds from across the government. Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123), enacted March 6, provides \$8.3 billion for domestic and international COVID-19 response. It includes \$300 million to continue the Centers for Disease Control and Prevention's (CDC's) global health security programs, and \$1.25 billion for USAID pandemic preparedness activities and Department of State activities, including evacuations.

**Travel Restrictions.** The President has issued a series of proclamations suspending entry into the United States of most foreign nationals who, within the 14 days prior to arrival, have been in mainland China (effective February 2), Iran (effective March 2), the Schengen Area of Europe (26 countries; effective March 13), or the United Kingdom or the Republic of Ireland (effective March 16). On March 18, President Trump and Canada's Prime Minister Justin Trudeau announced their intention to suspend nonessential travel across the U.S.-Canada border, while allowing goods trade across the border to continue.

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 resident in the United States to return home immediately, "unless they are prepared to remain abroad for an indefinite period," and it advised U.S. citizens resident 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." CDC recommends travelers avoid nonessential travel to mainland China, Iran, 29 countries in continental Europe, the United Kingdom and Ireland, Malaysia, and South Korea. It also recommends that travelers defer cruise travel worldwide.

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