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Fighting Global Poverty in a Pandemic

The impact of the COVID-19 pandemic on a global scale is still unfolding. The number of confirmed cases has spiraled since the World Health Organization (WHO) declared the virus an international public-health concern on January 30, 2020.[1] The global economy has come to a complete standstill, while strict lockdown measures are forcing millions of people around the world to stay at home. Although the virus threatens near universal disruption, it's the communities facing poverty, already pushed to the margins, which face the greatest risks. **A new World Bank estimate suggests that COVID-19 will drive 49 million people into extreme poverty in 2020.[2]**

As a leader in global health and development, the United States must urgently respond to contain and mitigate the impact COVID-19 and protect hard-fought gains in global health in low-income countries. Providing resources to programs that successfully impact poverty and have demonstrable track-records for improving health outcomes will be critical in the fight against COVID-19 and its effect on those most at-risk. **As Congress considers emergency COVID-19 funding, we urge support for the priorities below as part of an emergency international relief package to stop coronavirus and mitigate the secondary impacts and economic shocks that deepen poverty.**

This policy overview includes background on:

- Stepping Up the Fight Against Infectious Diseases of AIDS, Tuberculosis, and Malaria
- Ensuring Access to Immunization for All
- Fighting Famine and Malnutrition

[1] World Health Organization. (2020, January 30). Rolling updates on coronavirus disease (COVID-19). Retrieved May 21, 2020, from https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen

[2] World Bank https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest

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Stepping Up the Fight Against Infectious Diseases

Just twenty years ago, HIV/AIDS, tuberculosis, and malaria were wreaking havoc on populations across the globe, killing millions in a worldwide crisis. Recognizing the need for global cooperation, the world came together to change the future. Donor and developing countries pooled their resources and created the international partnership – the Global Fund to Fight AIDS, Tuberculosis and Malaria. Over the past two decades, the Global Fund has **helped save 32 million lives.** [3]

The U.S. government has been a global leader in fighting these pandemics through their annual support for the Global Fund and the U.S. bilateral global health programs: the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative, and the global tuberculosis program at the U.S. Agency for International Development (USAID). Maintaining this leadership will be critical for fighting these leading killers and to avert secondary impacts on the health systems from the newest pandemic, caused by the novel coronavirus (COVID-19).

The Basics: AIDS, Tuberculosis, and Malaria

HIV/AIDS: The world has made extraordinary progress in combatting HIV/AIDS through the scale-up of effective treatment programs, including anti-retroviral therapy. AIDS-related deaths have declined 56 percent since the peak of 1.7 million deaths in 2004, but around **770,000 people each year still succumb to the disease, and 1.7 million people are newly infected each year.**[4]

Tuberculosis (TB): TB is a disease caused by a bacterium and spread through air when people who are infected cough, sneeze, or spit. TB is curable, but without access to accurate diagnosis and effective treatment, it is deadly. **Since 2015, TB is the leading cause of death from infectious disease** and causes 1.5 million deaths per year.[5] Over 10 million people become sick with TB every year, and of those, nearly 4 million people are missed by their health care system.[6]

Malaria: Deaths from malaria have dropped 60 percent globally since 2000.[7] Investments through the Global Fund and the U.S. President's Malaria Initiative (PMI) have enabled the rapid scale-up of

[3] The Global Fund. (2019).The Global Fund Results Report 2019. Available at https://www.theglobalfund.org/media/8752/corporate_2019resultsreport_report_en.pdf?u=637244547890000000
[4] UNAIDS. (2019). Global HIV & AIDS Statistics – 2019. Available at https://www.unaids.org/en/resources/fact-sheet
[5] World Health Organization. (2019). Global Tuberculosis Report. Available at https://apps.who.int/iris/bitstream/handle/10665/329368/9789241565714-eng.pdf?ua=1
[6] Chin, Daniel P, Hanson, Christy (2017), Finding the Missing Tuberculosis Patients, *The Journal of Infectious Diseases*, Volume 216, Issue suppl_7, Pages S675–S678, https://doi.org/10.1093/infdis/jix368
[7] Global Fund to Fight AIDS, Tuberculosis and Malaria. (N.d.). "Malaria." Available at https://www.theglobalfund.org/en/malaria/

rapid diagnostic tests, treatment, and prevention measures such as sleeping under an insecticide treated bed net. **Still, annually there are 228 million cases of malaria per year, and 405,000 deaths,** the overwhelming majority of which occur among young children in sub-Saharan Africa.[8] Prevention and treatment of malaria has been scaled up in recent years but more needs to be done to protect the most vulnerable.

U.S. Leadership and the Global Fund to Fight AIDS, Tuberculosis, and Malaria

In 2002 the U.S. became a leading donor in the global fight against diseases of poverty by being one of the first countries to contribute to the innovative multilateral partnership, the Global Fund to Fight AIDS, TB, and Malaria. The Global Fund pools funding from donor countries and private sector contributions. High-burdened countries that are affected by the three diseases develop and submit proposals, and the Global Fund provides funding as well as oversight and accountability.

The key concepts that make the Global Fund unique are the values placed on country ownership, inclusive government structures, transparency/accountability, and leveraging resources through donor participation alongside developing country co-financing. But overall, **impact of the programs is the utmost goal.**

The Global Fund and its partners have a relentless focus on impact, and regularly report key indicators across programs to demonstrate how contributions to the Fund result in better health for people in low-income countries. In 2019, in countries where the Global Fund invests:

- 18.9 million people are on antiretroviral therapy for HIV
- 5.3 million people were tested and treated for TB
- 131 million mosquito nets were distributed
- **And 32 million lives have been saved to date by the Global Fund** [9]

Progress Under Threat

- With the emergence of COVID-19, decades of **progress enabled by U.S. leadership are in jeopardy**. We cannot press pause on the pandemics of HIV/AIDS, TB and malaria while we fight the COVID-19 pandemic. Resources diverted to address immediate coronavirus needs are necessary but will likely undermine the success of programs if not addressed.
- **The response to COVID-19 is having a devastating impact on the control of TB.** Effective TB programs are built on the ability to diagnose respiratory infection, actively seek out people with TB and trace contacts, and closely monitor treatment -- exactly the capabilities countries will need to confront COVID-19.
- Estimates of the potential impact of COVID-19 on TB deaths are shocking. With a three-month lockdown and a ten-month restoration of services **the world could see an additional 6.3 million cases of TB and an additional 1.4 million TB deaths *between 2020 and 2025.***

http://www.stoptb.org/assets/documents/news/Modeling%20Report_1%20May%202020_FINAL.pdf

[8] World Health Organization. (2019). Malaria fact sheet. Available https://www.who.int/en/news-room/fact-sheets/detail/malaria
[9] Global Fund to Fight AIDS, Tuberculosis, and Malaria. (N.D.). "Results and Impact." Available at https://www.theglobalfund.org/en/impact/

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Bipartisan Congressional support for the Global Fund has grown over the past two decades. At the October 2019 replenishment conference in France, representatives from the U.S. Congress committed to fully funding the Global Fund's next 3-year plan at $1.56 billion a year to save 16 million more lives, avert 234 million new infections, and to help the world to get back on track to end these diseases. But, in light of the novel coronavirus, the progress on these diseases of poverty is in no way guaranteed.

The U.S. must maintain our support for the Global Fund in fiscal year 2021 and should support an emergency COVID-19 response contribution to the Global Fund any next legislation.

Additionally, **funding for bilateral tuberculosis programs must be increased to an annual level of $400 million and at least an additional $200 million in supplemental emergency response funding** to mitigate the impact of COVID-19 on current TB programs.

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Ensuring Access to Immunization for All

Thirty years ago, at the World Summit for Children, global leaders made historic, unprecedented political commitments to drive down child mortality. Since that monumental global commitment, with U.S. leadership the world has cut child deaths by more than half, from 12.6 million in 1990 to 5.3 million in 2018.[10] A leading driver in decreasing under-five mortality was access to basic childhood immunizations. UNICEF reports that increased access to immunization now saves 2 to 3 million lives each year.

Vaccines now protect more children than ever before, but in 2019, 13.5 million infants did not receive any vaccines.[11] Low immunization levels among poor and marginalized children compromise gains made in all other areas of maternal and child health. Over 1.5 million people die annually from diseases that can be prevented by vaccination.[12]

Driving Down the Leading Killers of Kids

While huge strides have been made, **almost 15,000 children still die each day - mostly from preventable and/or treatable causes like diarrhea and pneumonia.** Additional opportunities to further reduce child mortality are thanks to two new vaccines which prevent two of the leading childhood killers, pneumonia and diarrhea, which claim the lives of nearly 1.5 million children under-five each year.[13] Pneumonia and diarrhea are not rare, incurable diseases, they can often be treated with simple antibiotics or oral rehydration salts. But now, these illnesses can be prevented with a vaccine altogether, if a child has access to it.

- **Pneumococcal disease** is an infection that can attack young children with deadly results. Pneumonia is the single largest infectious cause of death in children worldwide. Every day more than 2,000 children under the age of five die from pneumonia, and the vast majority of these deaths occur in Africa and Asia.[14] Most pneumonia deaths are caused by the pneumococcal bacterium, which occurs when the bacterium infects the lungs and causes fever, coughing, and difficulty breathing.
- **Rotavirus** is a major cause of a leading childhood killer — diarrhea. Diarrheal diseases like Rotavirus kill over 500,000 children each year when acute diarrhea leads to severe

[10] UNICEF (2019). State of the World's Children 2019. Available at: https://www.unicef.org/reports/state-of-worlds-children-2019
[11] UNICEF (N.d.). "Immunization." Available at https://www.unicef.org/immunization
[12] Ibid.
[13] UNICEF (2019). "Pneumonia." Available at https://data.unicef.org/topic/child-health/pneumonia/
[14] World Health Organization (2019). "Pneumonia." Available at https://www.who.int/en/news-room/fact-sheets/detail/pneumonia

dehydration.[15] While many other causes of diarrhea such as bacteria and parasites can be prevented by improving water and sanitation, rotavirus is so resilient that these efforts are not enough. Children must be vaccinated to protect them from this virulent disease.[16]

The Basics: Immunizations

Vaccines are widely regarded as one of the "best buys" in global health. While other critical health interventions may cure or treat illness, vaccines prevent children and adults from getting sick in the first place. By preventing deaths, promoting health, and reducing the burden on stretched health care systems, vaccines are extremely cost-effective. Vaccines are made of a killed or weakened infectious organism in order to prevent the disease that produces immunity therefore protecting the body from the disease. Widespread vaccination even benefits individuals who may not be immunized by reducing the overall prevalence of the disease in a community and breaking the chain of transmission, an effect known as "herd immunity." [17]

Vaccines are responsible for some of the most important achievements in public health. For example, after a concerted global vaccination effort, smallpox, which had afflicted human society since the ancient Egyptians, was eradicated in 1979. Investments in polio vaccines have eliminated the debilitating disease in all but three countries. The introduction of basic vaccines that prevent measles, whooping cough, diphtheria, and tetanus, have saved countless lives, but still every year, 1 in 5 children out of each birth cohort in Gavi supported countries miss the life-saving effects of vaccines.[18] **These same global immunization campaigns reiterate the need for political will alongside a committed health system approach to reach the hardest to reach children.**

By focusing on equity and the hardest to reach, UNICEF has reported that more lives are saved. When investing in vaccine programs we must focus on reaching communities that are not only remote and geographically isolated, but also the poorest and those that lack access to basic services. Focusing on the bottom quintile and finding the final fifth of the population that lacks services is critical for saving lives and ending preventable child death. Using this “equity-based” approach can help countries see faster progress in saving lives and it is more cost effective than business as usual approaches.[19]

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[15] Gavi, the Vaccine Alliance. (N.d.) “Rotavirus vaccine support.” Available at https://www.gavi.org/types-support/vaccine-support/rotavirus
[16] Gavi, the Vaccine Alliance. (N.d.) “Rotavirus vaccine support.” Available at https://www.gavi.org/types-support/vaccine-support/rotavirus
[17] Centers for Disease Control and Prevention (2016). “Vaccines and Immunizations Glossary: Herd Immunity” Available at https://www.cdc.gov/vaccines/terms/glossary.html
[18] Gavi, the Vaccine Alliance (2020). “Gavi Facts and Figures.” Available at https://www.gavi.org/sites/default/files/document/2020/Gavi-Facts-and-figures-June.pdf
[19] UNICEF. (2017). *Narrowing the Gaps: The Power of Investing in the Poorest Children.* Available at https://www.unicef.org/publications/files/UNICEF_The_power_of_investing_in_the_poorest_children.pdf

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Progress Under Threat

The Lancet, a leading medical journal, points to early findings of increased child and maternal mortality rates in the age of COVID-19.[1] The most severe scenario modelled up to a 50 percent reduction in essential maternal and child health interventions, including reduced access to nutrition supplements to prevent child wasting, could result in 1.1 million additional child deaths and 56,700 additional maternal deaths in just a 6 month period.[1]

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30229-1/fulltext

U.S. Leadership and Gavi, the Vaccine Alliance

In the world's poorest countries, parents will sacrifice huge portions of their income, walk for miles, and wait in line for hours for these vaccines—or simply miss out. Gavi, the Vaccine Alliance is built to tackle this challenge. Gavi helps empower low-income countries to ensure vaccines reach the most vulnerable children. Gavi is a public-private partnership dedicated to protecting children from vaccine-preventable diseases. Support from Gavi enables developing countries to access new and underutilized vaccines at reduced cost and supports the introduction and scale-up of these vaccines into routine immunization systems to ensure children in the most remote places can receive them. **Since 2000, U.S. funding for Gavi has protected a whole generation of children, 760 million of them, from potentially fatal infectious diseases.**

Gavi's New Five-Year Strategy: Gavi has released its next five-year strategic plan to immunize 300 million more children and will save 7-8 million lives in the poorest countries. This would require $7.4 billion from all donors, which was in line with the funding of the previous 5-year strategic period. On June 4th, 2020, in the face of COVID-19, Gavi raised $8.8 billion from all donors – $1.4 billion more than they initially set out to raise from governments, philanthropy, and private sector.

Gavi's success is a testament of global innovation and partnership. As a commitment to improve their own child health, all Gavi-eligible countries co-finance a portion of vaccine costs and over the next five years more counties will graduate from Gavi financing. But, there's a huge gap in coverage still. More than 15 million children annually in low-income countries are still missing out on the full course of the most basic vaccines and over 10 million do not even receive a first dose. Every year the number of births in Gavi-supported countries increases, meaning immunization programs need to immunize more children just to maintain the same level of coverage. U.S. support will be critical to raising the funding necessary to keep up with the need.

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Gavi's Response to COVID-19

There is near universal agreement among public health and infectious disease experts that a vaccine offers the best hope for ending the COVID-19 pandemic. Gavi, the Vaccine Alliance and its partners face the dual challenge of preparing for a massive, rapid global rollout of an eventual COVID-19 vaccine while ensuring existing life-saving immunization programs do not collapse.

Over 20 low- and middle-income countries are already experiencing shortages of vaccines due to disruptions to production and international transportation. Immunization campaigns and new national vaccine introductions have been suspended, which collectively would have immunized over 13.5 million people.[20] This number of children missing out on immunizations is expected to rise sharply as additional vaccination campaigns are canceled.

This number of children missing out on immunization is sure to grow as country lockdowns persist and health care resources are redirected to COVID-19. In Pakistan, electronic immunization records have enabled providers in the Sindh province to document a 55 percent decrease in childhood immunization visits since COVID-19 restrictions were put in place.[21] In this one province, every day 10,800 children are missing a routine immunization visit. The 2014 West Africa Ebola outbreak provides a glimpse of the potential impact: 16,000 additional children died from measles after 1 million missed their immunizations.[22]

Gavi, the Vaccine Alliance is the leading international organization driving the equitable delivery of life-saving vaccines. Gavi has made $200 million immediately available to countries to respond to COVID-19. **Additional resources would:**

- Support low-income countries to maintain immunization programs during the COVID-19 crisis. This is particularly critical to avoid multiple disease outbreaks as countries respond to COVID-19. Priorities include protective equipment and training for health care workers delivering immunizations
- Accelerate the availability of a COVID-19 vaccine in low and middle-income countries once it is developed. Gavi has extensive experience shepherding new vaccine introduction, working collaboratively with vaccine manufacturers, governments, and civil society.

[20] Gavi, the Vaccine Alliance. (2020). "COVID-19: massive impact on lower-income countries threatens more disease outbreaks." Available at https://www.gavi.org/news/media-room/covid-19-massive-impact-lowerincome-countries-threatens-more-disease-outbreaks

[21] Interactive Research and Development (IRD). (2020). Available at https://www.linkedin.com/company/irdglobal/?trk=similar-pages_result-card_full-click&originalSubdomain=uy

[22] Miles, Tom. (2018). "West Africa's Ebola outbreak cost $53 billion – study." *Reuters*, October 24, 2018. Available at https://www.reuters.com/article/us-health-ebola-cost/west-africas-ebola-outbreak-cost-53-billion-studyidUSKCN1MY2F8 4

Fighting Famine and Malnutrition

The world has collectively and consistently failed to secure even the most basic nutrition for many of the world's most vulnerable children.

Ensuring kids get a healthy start to life is about more than food aid or adding calories to their diet. It's about making sure pregnant women, infants, and toddlers have access to the essential nutrition – not just the calories – they need. Childhood malnutrition goes hand-in-hand with poverty globally: it is both a devastating consequence and a key driver of poverty. Its effects often follow a child throughout her lifetime – from her basic health to how far she's likely to get in school to how much she'll earn. **The consequences of early malnutrition are devastating and permanent, but they are also entirely preventable.**

The 1,000 Days That Decide Everything

Almost half of all early childhood deaths are linked to some form of malnutrition.[23] And a staggering one out of every four children globally is stunted. That's 165 million babies and young children failing to grow well each year because they didn't get the right micronutrients and vitamins needed to thrive.[24] Stunting happens in a child's earliest days and months, but its consequences last a lifetime.

Proper nutrition during the window starting with a woman's pregnancy and ending with a child's second birthday sets children on a path toward reaching their full potential. These "1,000 days" have a profound impact on a child's life, from their brain development to their IQ to their immune system to their growth. During pregnancy, infancy, and early childhood, the nutrition a child receives has an irreversible effect – for good or for bad. Once this essential window for physical and cognitive development closes for an individual child, it does not reopen.

Kids with proper nutrition in the first 1,000 days are far more likely to overcome the most common childhood killers, such as pneumonia or diarrhea.[25] They go farther in school, earn more than their peers who were not adequately nourished, and they're more likely and able to raise healthy families of their own. What happens in those first 1,000 days starts either a vicious or a virtuous cycle.

The critical U.S. investments in the direct nutrition interventions are supported in 19 countries with high rates of under-five child mortality and stunting, but more must be done reach the most

[23] Robert E Black et al. (2013), "Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries," *The Lancet* 382, no. 9890: pp. 427-451, https://doi.org/10.1016/s0140-6736(13)60937-x)
[24] Ibid
[25] UNICEF (2020). "Malnutrition." Available at https://data.unicef.org/topic/nutrition/malnutrition/

vulnerable and at-risk mothers and children, especially under the new economic pressures caused by COVID-19.

U.S. Leadership Needed on Global Nutrition, Not Just Hunger

United States has long been a global leader in saving the lives of mothers and children, working in partnership with developing countries to increase access to lifesaving, cost-effective, evidence-based interventions. Additionally, feeding the hungry is a pillar of our humanitarian efforts overseas.

But it may come as a surprise that money to improve nutrition globally is less than 1 percent of global overseas development assistance.[26]

The disconnect between perception and reality lies in the important distinction between food and nutrition. Food is necessary to ensure good nutrition, but it is not sufficient. The diet of poor children in developing countries often consists of just a staple starch (like rice or millet) and legumes (peas, lentils) with very little protein or adequate vegetables.[27] A child with a full belly is not necessarily getting the right balance of nutritious food and vitamins necessary for healthy growth and development. We must do more to ensure access to good nutrition.

A recent reorganization at the U.S. Agency for International Development (USAID) has repositioned the Office of Global Nutrition from the Bureau of Global Health into the Bureau of Resilience and Food Security. While this may lift nutrition interventions in ongoing food security efforts, there must also be a real commitment to increase investments in quality nutrition, particularly in the 1,000-day window, in our humanitarian and other anti-hunger efforts. The issue of incorporating nutrition efforts with the U.S. emergency food aid efforts will be critical in the face of COVID-19.

Malnutrition in a Pandemic

Without urgent action, the number of people facing hunger is expected to double to 265 million by the end of 2020.[28] Food aid is a critical component of the COVID-19 response, but young children need specific nutritional support to feed their growing minds and bodies. Malnutrition contributes to nearly half of the deaths of children under five, and **in projections of the impact of disruption**

[26] Global Nutrition Report. (2018). *2018 Global Nutrition Report.* Available at https://globalnutritionreport.org/reports/global-nutrition-report-2018/
[27] Save the Children UK. (2012). *A Life Free from Hunger: Tackling child malnutrition*. Available at http://www.savethechildren.org.uk/sites/default/files/docs/A-Life-Free-From-Hunger-UK-low-res.pdf.
[28] World Food Program. (2020). Global Report on Food Crises. Available at https://www.wfp.org/publications/2020-global-report-food-crises

to health and nutrition services, wasting, a form of severe malnutrition, is the single biggest driver of increased child deaths.[29] Additional funding should be made available for:

- Treatment and prevention of wasting, including through the provision of specialized nutritious food such as ready-to-use therapeutic food (RUTF, e.g. Plumpy'Nut). There is a projected shortfall in funding for RUTF required to respond to increased malnutrition as a result of COVID-19.
- Maintaining proven, high-impact nutrition interventions, such as vitamin A supplementation that can reduce deaths by up to 24 percent in children who are deficient, treatment of anemia in women and adolescent girls, and promotion of and support for breastfeeding.

The global emergency support to fight against famine will be critical. U.S. assistance through the bilateral Food for Peace and International Disaster Assistance programs support the World Food Program (the food-assistance branch of the United Nations and the world's largest humanitarian organization addressing hunger and promoting food security), UNICEF, and other frontline humanitarian actors. These global leaders have the logistics expertise to provide access to food where COVID-19 has most disrupted the supply chain. **We urge that all of these programs focus on the quality of nutrition in their humanitarian aid, especially as they address hunger for women and young children.**

[29] Roberton, Timothy et al. (2020). "Early Estimates of the Indirect Effects of the Coronavirus Pandemic on Maternal and Child Mortality in Low- and Middle-Income Countries." Available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3576549