



Global COVID-19 Policy Priorities

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. Although the virus threatens near universal disruption, it's the communities facing poverty, already pushed to the margins, that face the greatest risks.

As Congress considers emergency COVID-19 funding, we urge support for the priorities below as part of an emergency international relief package of at least \$12 billion, including the following.

Protect the fight against AIDS, tuberculosis, and malaria

Global Fund to Fight AIDS, Tuberculosis and Malaria	\$1 billion
USAID Global Health - Tuberculosis	\$200 million, including at least \$35 million for the Global Drug Facility (GDF)

COVID-19 presents an urgent threat to the fight against the pandemics of HIV/AIDS, tuberculosis and malaria. 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.

The response to COVID-19 is having a devastating impact on the control of TB, the world's leading cause of death from infectious disease. 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. While every available resource is understandably being diverted to respond to COVID-19, additional resources can help leverage existing TB program capacity rather than undermine it.

The diagnosis and treatment of TB is high-contact and labor intensive. With outreach at a standstill and patients reluctant or unable to access the health system, diagnosis and treatment of TB will suffer. **In India, notification of new TB cases plummeted by 80 percent when**

national lockdown measures went into effect.¹ On average, people living with untreated TB will unknowingly transmit TB to 10-15 other people.

The technology and capacity to diagnose TB is being overtaken by the urgent need to scale up COVID-19 testing. The Xpert system, which has revolutionized TB testing allowing rapid, accurate diagnosis of drug-resistant tuberculosis, can also diagnose COVID-19. However, this could mean machines will be less accessible for TB diagnosis. **In South Africa, which has the highest TB-HIV co-infection burden in the world, TB diagnoses on Xpert machines have fallen by 50 percent.**²

The 10 million people who develop active TB disease each year are more vulnerable to additional respiratory infections, and it is expected they will be more vulnerable to COVID-19 and will experience more severe disease. In addition, people who have survived TB often have permanent lung damage and this may predispose them to COVID-19 infection or worse outcomes. 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.**³

Emergency funding would be used to:

- Support the Global Fund's COVID-19 Response Fund, which has made funding immediately available to countries to mitigate the impact of COVID-19 on HIV/AIDS, TB, and malaria programs.
- Provide assistance through USAID to shore up TB programs, including community and faith-based organizations providing outreach and support at the local level.
- Support the Global TB Drug Facility to address critical TB drug and diagnostic supply shortages through an expanded strategic stockpile. The US is a longtime supporter of the GDF, which ensures access to low-cost, quality-assured medications and supplies.

¹ Rao, Menaka. "Amid lockdown, TB patients struggle for diagnosis, treatment; experts predict rise in mortality." *The Caravan* (India), April 29, 2020. <https://caravanmagazine.in/health/amid-lockdown-tb-patients-struggle-for-diagnosis-treatment-experts-predict-rise-in-mortality>

² Steyn, Daniel. "Covid-19: SA's TB response has already been affected." *City Press* (South Africa), April 28, 2020. <https://city-press.news24.com/News/covid-19-sas-tb-response-has-already-been-affected-20200427>

³ Forthcoming analysis by Stop TB Partnership with Imperial College, Avenir Health, John Hopkins University, and USAID.

Invest in vaccine delivery

Gavi, the Vaccine Alliance	\$900 million
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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.**⁴ 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 **65 percent decrease in childhood immunization visits** since COVID-19 restrictions were put in place.⁵ 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.⁶

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. An additional \$900 million contribution 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.

⁴ Gavi, the Vaccine Alliance. COVID-19: massive impact on lower-income countries threatens more disease outbreaks. April, 3 2020. <https://www.gavi.org/news/media-room/covid-19-massive-impact-lower-income-countries-threatens-more-disease-outbreaks>

⁵ Interactive Research and Development (IRD), April 25, 2020. <https://twitter.com/IRDGlobal/status/1253991264883793923>

⁶ Miles, Tom. "West Africa's Ebola outbreak cost \$53 billion – study." *Reuters*, October 24, 2018. <https://www.reuters.com/article/us-health-ebola-cost/west-africas-ebola-outbreak-cost-53-billion-study-idUSKCN1MY2F8>

- 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.

Protect the youngest and most vulnerable

Basic Education	\$300 million, including at least \$50 million for the Global Partnership for Education
Food for Peace - Nutrition	\$200 million
USAID Global Health - Nutrition	\$50 million
UNICEF	\$325 million

While children appear to be the least severely affected by COVID-19 disease, the disruptions caused by the pandemic threaten to have a devastating impact on the health and education of young children.

Basic Education. Nine out of 10 children around the world -- 1.5 billion students -- are affected by school closures. While many countries are attempting to implement remote learning options, solutions that rely on internet connectivity are likely to exacerbate learning inequalities.⁷ The Global Partnership for Education has made \$200 million immediately available to countries to support urgent needs. Additional funding should be made available for:

- Transition to remote learning, including curriculum development and teacher training, household distribution of learning materials, and distribution of lessons through radio and text messages.
- Dedicated outreach to and support for students with disabilities and other vulnerable groups.
- Recovery once schools are able to open, including catch-up learning programs for students.

Nutrition. Without urgent action, the number of people facing hunger is expected to double to 265 million by the end of 2020.⁸ Food aid is a critical component of the COVID-19 response, but

⁷ Carvalho, Shelby; Hares, Susannah. " More from Our Database: School Closures, New Education Policies May be Increasing Educational Inequality." <https://www.cgdev.org/blog/more-our-database-school-closures-new-education-policies-may-be-increasing-educational>

⁸ World Food Programme. *Global Report on Food Crises*. April 20, 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>

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 to health and nutrition services, wasting, a form of severe malnutrition, is the single biggest driver of increased child deaths.**⁹ 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 \$200 million 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.

UNICEF. As the leading international agency for children's health and welfare, UNICEF is responding on multiple fronts to protect children from the impact of COVID-19. In UNICEF's request for emergency funding, the single largest expenditure is for improvements in water and sanitation. **Over 2 billion people worldwide lack reliable access to clean water for handwashing and other basic infection control measures.** Funding for UNICEF would support the protection of children through:

- Improving infection control through the provision of critical medical and water, sanitation and hygiene supplies.
- Supporting continued access to essential health services.
- Engaging and educating communities on COVID-19 prevention and care.

⁹ Robertson, Timothy et al. "Early Estimates of the Indirect Effects of the Coronavirus Pandemic on Maternal and Child Mortality in Low- and Middle-Income Countries ." April 15, 2020. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3576549