

COVID-19 – GLOBAL RESPONSE

FACT SHEET #1, FISCAL YEAR (FY) 2020

APRIL 21, 2020

KEY FIGURES*

2,402,250

Total Number of Confirmed COVID-19 Cases Worldwide

163,097

Total Number of Deaths Related to COVID-19 Worldwide

213

Number of Areas, Countries, and Territories, with Confirmed COVID-19 Cases

**Source: The UN World Health Organization (WHO), April 21, 2020; Figures are subject to change due to periodic adjustment and updating.*

KEY DEVELOPMENTS

- In response to the coronavirus disease (COVID-19) pandemic, the U.S. Department of State (DoS) and USAID announced \$100 million in emergency health funding, under USAID’s Emergency Reserve Fund (ERF-USAID) on February 7, to assist the world’s most vulnerable countries in fighting the COVID-19 outbreak.
- Separately, on March 6, U.S. President Donald J. Trump signed the Coronavirus Preparedness and Response Supplemental Appropriations Act 2020, which provided an additional \$250 million for the Economic Support Fund (ESF) account, \$435 million for the Global Health Programs (GHP-USAID) account—of which \$200 million is to be merged with the ERF-USAID—and \$300 million in International Disaster Assistance (IDA) for DoS and USAID’s COVID-19 global response.
- On March 9, USAID activated the COVID-19 Task Force to coordinate USAID’s response to COVID-19 and ensure USAID can continue its life-saving mission across the world. On March 13, USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA) activated a COVID-19 Response Management Team to support USAID Office of Food for Peace (USAID/FFP) and USAID/OFDA operations and coordinate COVID-19 readiness and response activities in existing humanitarian crises.
- Furthermore, President Trump signed the Coronavirus Aid, Relief, and Economic Security Act on March 27, which provided an additional \$258 million for USAID’s humanitarian programming and \$95 million in operational expenses to ensure the safety and security of the USAID workforce.
- As of April 17, USAID had obligated nearly \$100 million to support infection prevention and control (IPC)—including cleaning and disinfection protocol, educating staff on personal protective equipment (PPE) use, establishing isolation areas, and implementing triage mechanisms—the provision of PPE, COVID-19 case management, and water, sanitation, and hygiene (WASH) support, as well as capacity building and training. This assistance builds upon decades of bilateral U.S. support to strengthen public health capacity around the world, helping equip countries to respond to the outbreak.

TOTAL USAID FUNDING¹ FOR THE COVID-19 RESPONSE

USAID/GH ²	\$99,000,000
	\$99,000,000

¹ Year of funding indicates the date of obligation—a legal commitment of funds in an Agency’s accounting system with a corresponding procurement action—not appropriation, of funds. Funding represents amounts obligated as of April 17, 2020.

² USAID’s Bureau for Global Health (USAID/GH)

GLOBAL RESPONSE STRATEGY

- In responding to the COVID-19 pandemic, USAID, together with DoS, launched the Strategy for Supplemental Funding to Prevent, Prepare for, and Respond to Coronavirus Abroad. Through four interrelated pillars, DoS and USAID are working to accomplish the following:
 - Protect American citizens and the U.S. Government (USG) community overseas, facilitate the continuation of USG work overseas, and communicate effectively;
 - Prevent, prepare for, respond to, and bolster health institutions to address the COVID-19 pandemic and the possible re-emergence of the disease;
 - Prevent, prepare for, and respond to COVID-19 in existing complex emergency settings, and address the potential humanitarian consequences of the pandemic; and
 - Prepare for, mitigate, and address second-order economic, security, stabilization, and governance impacts of COVID-19.
 - To achieve these interrelated objectives, USAID is tailoring assistance based on country capacity and reported needs through implementing the USG Action Plan to Support the International Response to COVID-19 (SAFER Action Plan). The SAFER Action Plan is focused on scaling up community approaches to slow the spread of COVID-19; addressing critical needs of health care facilities, health care workers, and patients; identifying, investigating, and responding to COVID-19 cases through expanded disease detection and surveillance mechanisms; employing strategies to address second order impacts of COVID-19; and developing plans for the utilization of therapeutics, vaccines, and other life-saving supplies.
 - USAID is working with DoS, the U.S. Centers for Disease Control and Prevention and other interagency partners to prioritize countries to receive funding for the COVID-19 response. The prioritization process is based on a series of factors, such as caseload and existence of community transmission, data indicating connectivity to a COVID-19 hotspot, unstable political situations or displaced populations, weak ranking of health system stability and limited compliance with international health regulations; and assessment that USG support can make an impact on containing or mitigating COVID-19 in the country. Once USAID prioritizes a country for available funding, the Agency works with various stakeholders, including DoS and USAID country staff, to select the most appropriate mechanisms to fill identified response gaps. USAID is also collaborating with governments, multilateral organizations, non-governmental organizations (NGOs), the private sector, and other actors working on the ground to support the COVID-19 response.
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AFRICA

- While relatively few African countries have reported high caseloads to date, health experts note that many health systems are likely underprepared to respond to a rising number of confirmed COVID-19 cases. Nevertheless, due to movement and border restrictions as well as school closures, individuals and households are already feeling strains on their lives and livelihoods. USAID continues to monitor data and provide support as needed.
 - USAID is committed to building upon decades of assistance in Africa through the COVID-19 response, deploying nearly \$22 million in funding as of April 17 to Angola, Burkina Faso, Cameroon, Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Zambia, and Zimbabwe to respond to and prevent the spread of COVID-19. USAID-supported activities in Africa include community engagement, health systems and laboratory capacity strengthening, IPC, risk communication, disease surveillance, the delivery of essential medications, and WASH support.
 - For example, USAID provided approximately \$1.4 million to support risk communication and WASH activities in Burkina Faso to mitigate the spread of COVID-19 in the country and throughout the region. In addition, USAID had provided nearly \$4 million in COVID-19 response funds as of April 17 to support health assistance in South Africa, ensuring that frontline workers have the tools they need to properly respond to the outbreak.
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ASIA

- USAID had provided nearly \$40 million in assistance to countries in the region as of April 17, including Bangladesh, Burma, Cambodia, and Indonesia, to address the immediate effects of the COVID-19 crisis. USAID funding is supporting rapid diagnostic and case management capacity, IPC in health centers, testing and laboratory capacity, surveillance, the provision of PPE, and risk communication activities.

- For example, USAID provided \$3.4 million to Bangladesh for COVID-19 preparedness and response activities. The assistance will support response coordination, COVID-19 case management, disease surveillance, and the provision of WASH supplies, among other activities. USAID also provided critically needed PPE to Burma on March 6—31,500 masks, 1,500 face shields, 1,500 gowns, 1,500 shoe covers, and 1,000 safety goggles—from an emergency stockpile co-managed with WHO in Dubai, United Arab Emirates. This equipment protected healthcare workers in the early weeks of the outbreak.
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EUROPE & EURASIA

- With Italy recording more than 181,228 confirmed cases as of April 21 and Spain registering 200,210 confirmed cases as of the same date, the pandemic has had a dramatic impact on the region.
 - In response to the effects of the COVID-19 pandemic in Europe and Eurasia (E&E), USAID had provided approximately \$12.4 million in assistance as of April 17 in Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Moldova, North Macedonia, Serbia, and Ukraine to help activate case management and surveillance mechanisms, prepare laboratory systems, support IPC in health facilities, and share risk communication information with at-risk populations throughout the region.
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LATIN AMERICA & THE CARIBBEAN

- USAID had allocated approximately \$7.3 million in funding to countries in Latin America and the Caribbean (LAC) as of April 17 for COVID-19 prevention and response activities. The funding will support risk communication activities, disease surveillance, IPC, capacity building, and WASH interventions to stem the spread of the disease while also building upon USAID's continued health assistance in the region.
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MIDDLE EAST & NORTH AFRICA

- USAID had provided nearly \$1.9 million in funding to support COVID-19 emergency prevention and preparedness activities in Iraq, Morocco, and Tunisia, as of April 17. Supported activities include technical assistance for disease surveillance and rapid response, IPC, and laboratory diagnostics. Through local partner organizations, USAID also plans to provide support for awareness and youth engagement campaigns through social media, IPC, and laboratory strengthening in the Middle East and North Africa (MENA).

CONTEXT

- On December 31, 2019, the WHO Country Office in mainland People's Republic of China (PRC) reported that it became aware of several cases of pneumonia with an unknown cause in Wuhan City, Hubei Province, PRC. In January, Chinese authorities identified a new type of coronavirus, which is responsible for the current COVID-19 pandemic. Shortly after, on January 13 and 15 respectively, the Ministry of Public Health in Thailand and the Ministry of Health, Labor, and Welfare in Japan reported the first cases of laboratory-confirmed COVID-19 outside of PRC. As of April 21, COVID-19 has spread to 213 areas, countries, and territories, infecting 2,402,250 people.
- Following the worldwide spread of the disease, WHO declared the COVID-19 outbreak a Public Health Emergency of International Concern on January 30 and a global pandemic on March 11.
- In response, on March 9, USAID activated the COVID-19 Task Force to protect the safety and security of USAID's global workforce, ensure that USAID can continue its life-saving mission across the world, and support partner countries in their response to COVID-19. Furthermore, on March 13, USAID/OFDA activated a COVID-19 Response Management Team based in Washington, D.C., to support readiness and response activities related to COVID-19 in existing humanitarian crises, coordinate readiness and response efforts with other USAID offices, and address USAID/FFP and USAID/OFDA staff safety and operational issues.

USAID FUNDING OBLIGATED FOR THE COVID-19 RESPONSE¹

ACTIVITY	LOCATION	AMOUNT
USAID/GH		
AFRICA		
Health, WASH	Angola, Burkina Faso, Cameroon, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Zambia, Zimbabwe	\$21,600,000
TOTAL USAID/GH FUNDING FOR THE COVID-19 RESPONSE IN AFRICA		\$21,600,000
ASIA		
Health, WASH	Afghanistan, Bangladesh, Burma, Cambodia, India, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Mongolia, Nepal, Pakistan, Papua New Guinea, the Pacific Islands, the Philippines, Sri Lanka, Tajikistan, Thailand, Timor Leste, Turkmenistan, Uzbekistan, Vietnam	\$38,101,145
TOTAL USAID/GH FUNDING FOR THE COVID-19 RESPONSE IN ASIA		\$38,101,145
EUROPE AND EURASIA		
Health, WASH	Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Moldova, North Macedonia, Serbia, and Ukraine	\$12,350,000
TOTAL USAID/GH FUNDING FOR THE COVID-19 RESPONSE IN E&E		\$12,350,000
LATIN AMERICA AND THE CARIBBEAN		
Health, WASH	Caribbean, Dominican Republic, Haiti, Jamaica, and Paraguay	\$7,300,000
TOTAL USAID/GH FUNDING FOR THE COVID-19 RESPONSE IN LAC		\$7,300,000
MIDDLE EAST AND NORTH AFRICA		
Health, WASH	Iraq, Morocco, and Tunisia	\$1,890,000
TOTAL USAID/GH FUNDING FOR THE COVID-19 RESPONSE IN MENA		\$1,890,000
GLOBAL AND REGIONAL		
Health, WASH	Various	\$17,758,855
USAID/GH FUNDING FOR COVID-19 RESPONSE – GLOBAL AND REGIONAL		\$17,758,855
TOTAL USAID FUNDING FOR THE COVID-19 GLOBAL RESPONSE²		\$99,000,000

¹ Year of funding indicates the date of obligation, not appropriation, of funds. Funding figures reflect funding obligated as of April 17, 2020. The total does not include most of the \$500 million in USG assistance for the COVID-19 pandemic announced to date. Implementing partners include NGOs, private organizations, and UN agencies.

² Please note that this total does not include funding for USAID operating expenses (OE). Of the \$102 million appropriated for OE-COVID as of April 17, approximately \$19 million had been obligated as of the same date.

ADDITIONAL INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to organizations that are conducting relief operations. USAID encourages cash donations because they allow aid professionals to procure the exact items needed; can be transferred quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
 - More information can be found at USAID Center for International Disaster Information: www.cidi.org.
- USAID has established an inbox (covid19tf_pse@usaid.gov) to coordinate private sector engagement around the COVID-19 response. In addition, the UN supports an initiative for businesses seeking to donate money, goods or services. Please visit connectingbusiness.org for more information.
- Finally, USAID reminds the public that it may accept unsolicited applications and proposals. The Agency has set up a COVID-19 Concepts portal at: <https://www.usaid.gov/coronavirus/funding-requests-unsolicited-proposals>.