



Independent observer
of the Global Fund

COVID-19: AN AGENDA FOR ACTION

In December 2019, doctors in Wuhan in Hubei province in China began seeing cases of a new respiratory disease. By 2 January 2020, the cause had been identified as a novel corona virus. There was speculation that the source was a market in the city. The number of cases grew rapidly and on 20 January the China National Health Commission confirmed that the virus could be transmitted from human-to-human. The next day there were cases reported from Taiwan and the USA, and the [spread continued](#). On 10 January, the [gene sequencing data of the isolated 2019-nCoV](#), a virus from the same family as the [SARS coronavirus](#), was posted on [Virological.org](#) by researchers from Fudan University.

On 30 January 2020, the Director-General of the World Health Organization (WHO) declared 'the novel coronavirus outbreak a [public health emergency of international concern](#) (PHEIC), WHO's highest level of alarm.' The global health community had been aware of this new respiratory disease for less than a month. By 7 February 2020, 34,396 cases had been reported globally. In the United States there were just 12 infections recorded and, in the UK, a mere nine. There were few, but growing, numbers of infections elsewhere, but most cases were in China.

A year later, by 7 February 2021, there have been nearly 106, million cases and 2.3 million deaths globally. The United States leads the world with nearly 27 million cases and over 460,000 deaths. The United Kingdom was the worst affected country in Europe. By 7 February it had close to four million infections and over 110,000 deaths. In general, Europe and the Americas are bearing the brunt of this disease while, so far, its spread is slower and numbers are lower in the rest of the world – with one exception: South Africa. Like HIV, the pandemic is heterogeneous.

In the early months of COVID-19 we wondered what we could learn from the HIV/AIDS pandemic, what effect COVID-19 might have on people living with HIV (PLHIV), and if resources would be diverted from

HIV and other health issues. As time passed it became apparent that this was the most serious disease to affect humanity for a century and it would affect the terrain of global health in every aspect.

When the Global Fund was established in 2002 it was primarily as a financing mechanism to address the challenge of AIDS, tuberculosis (TB) and malaria (hence the name, Global Fund for AIDS, TB, and Malaria or the Global Fund). The mantra of the founders was 'raise it, spend it, prove it'. A fourth area was added to its mandate, that of health systems. The regular meetings to replenish the Global Fund have seen resources rise slowly but steadily. The Fund survived the Trump administration in the United States, this country being its biggest donor. The overarching challenge at the beginning of 2021 is the COVID-19 epidemic.

COVID-19 is in many ways unique, but perhaps most significantly we will, in time, be able to deal with the medical aspects of the virus. What we do not know, and cannot know, is its impact on the health of billions of people ? especially in the poorer nations. Specifically, with regard to HIV and TB, there are already examples of patients missing appointments, lost to follow up and failing to access life-saving medications (see the article on [Uganda](#) in this month's GFO).

Over the next five issues, the GFO will provide a series of articles to address COVID-19 and its impact on other diseases and health more broadly. The outline below is our draft plan and can be responsive to the interests and needs of our readers so, as always, we would welcome your feedback.

1. COVID-19 and HIV and AIDS. Where they do and do not overlap epidemiologically, scientifically, medically, socially, culturally.
2. The impact of COVID-19 on health systems in the developing world. This will include demands for health care, reprioritisation and allocation of domestic resources.
3. Funding health care, the donor perspective. The processes for and amounts of money that have been reallocated by the [Organisation for Economic Co-operation and Development \(OECD\)](#) and other donor countries.
4. The economic and social effects of COVID-19. This will assess how economies and the poorest citizens will be affected by this pandemic.
5. Ways forward. There will be numerous commissions of enquiry looking at how we responded to COVID-19 and what we should learn. Our final article will look at the mandates such commissions should have. We will make suggestions based on our extensive experience with HIV, TB and malaria.

*Alan Whiteside OBE D.Econ., is the Chair of Global Health Policy, School of International Policy and Governance, Wilfrid Laurier University and Balsillie School of International Affairs, Waterloo, Canada; and Professor Emeritus University of KwaZulu-Natal, South Africa.

[Read More](#)
