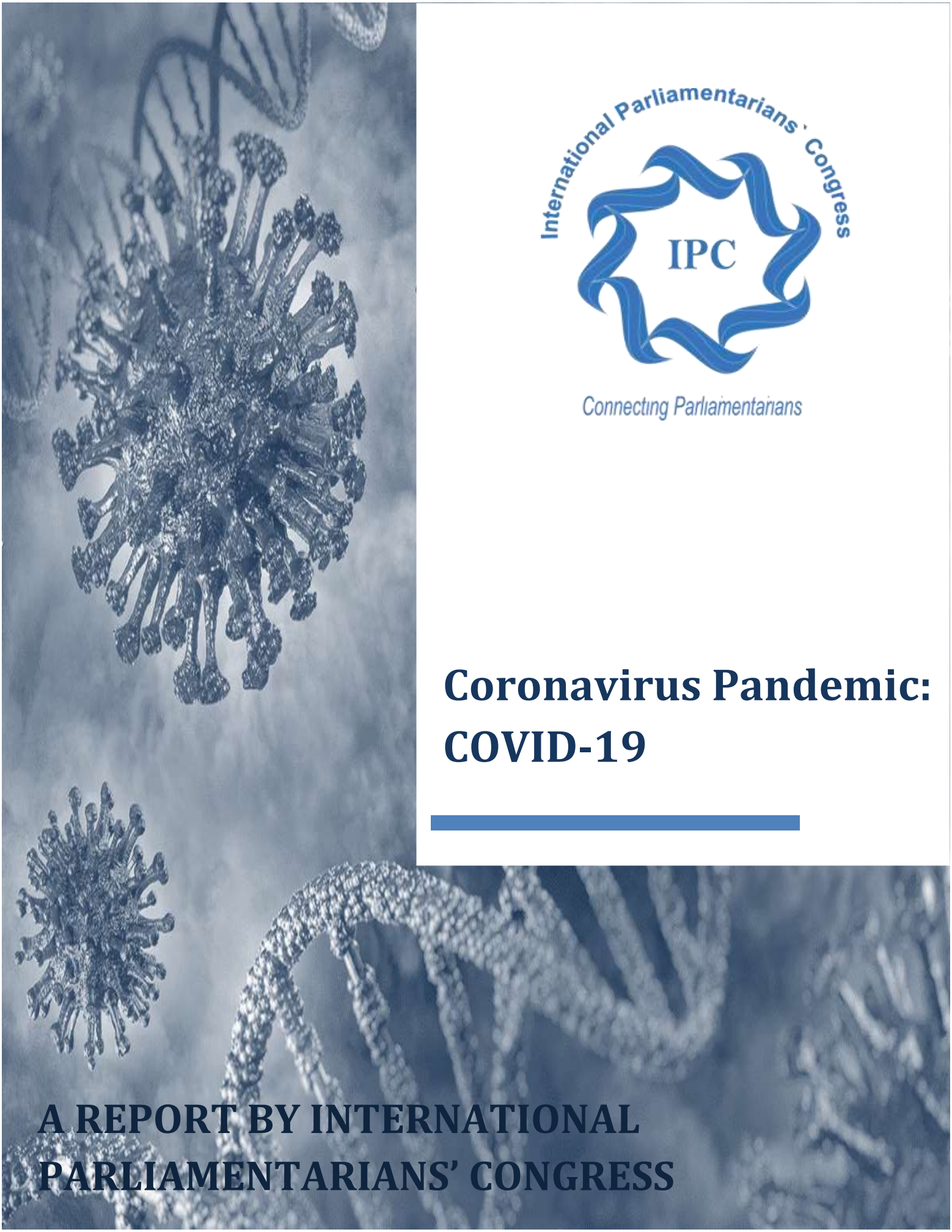

International Parliamentarians' Congress

IPC

Connecting Parliamentarians

# Coronavirus Pandemic: COVID-19

## A REPORT BY INTERNATIONAL PARLIAMENTARIANS' CONGRESS

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PRESIDENT

# MESSAGE BY THE PRESIDENT

The beginning of second decade of twenty first century has brought novel changes in the global landscape. When the mobility came to a virtual halt around March to May in the year 2020 as a result of the pandemic, humanity realized the fragility of its cherished success and development expressed in terms of scientific achievements and access beyond planet earth.

2. The spread of novel coronavirus disease commonly known as COVID-19 to no less than 216 countries, areas, and territories across the world in a span of few months certainly necessitates greater attention and coordinated efforts involving all stakeholders. The parliamentary community vested with the responsibility to deal with challenges faced by common citizenry needs to join hands and cooperate in order to learn from each other's experiences so that better solutions for these daunting challenges may be evolved.

3. In this backdrop I felt the need to mobilize resources under the framework of International Parliamentarians' Congress which is a transnational forum of individual member of national Parliaments across the globe. Under the Constitution of the IPC, the members affirm their commitment for upholding the principles of equality and fraternity, believe in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations, large and small. They also resolve to establish conditions under which Sustainable Development Goals could be achieved for the greater good of the people as well as to promote social progress and better standards of life in larger freedom.

4. As founding President of the International Parliamentarians' Congress, I take the opportunity to present this report on the pandemic COVID-19. I hope that this report will support the Parliamentarians in their efforts to tackle this health emergency which has crippled economies across the world and continues to challenge health authorities in various countries.

Senator Muhammad Sadiq Sanjrani
**President**
**International Parliamentarians' Congress (IPC)**

# FOREWORD

International Parliamentarians' Congress (IPC) is an international forum of Members of Parliament who resolve to find solutions to global and regional issues impacting the whole humanity. The Congress was established following a Resolution adopted by the Senate of Pakistan on 29th August 2019. The International Parliamentarians' Congress seeks to realize the vision of founding President Senator Muhammad Sadiq Sanjrani, Chairman Senate of Pakistan, to bring together Honorable Members of Parliament representing diverse nationalities, cultures and civilizations with the common goals of achieving peace, prosperity and progress through cooperation, mutual understanding, sharing and exchange of ideas and experiences.

The Congress operates six Standing Committees covering pertinent subjects like, climate change and food security; human rights, peace, security, conflict resolution and interfaith harmony; trade, investment and developmental cooperation; health research, standardization and quality control and human development; and monitoring and observation of elections in the world.

The main organs of the Congress include General Assembly, the Governing Board, and a Secretariat. Countries around the world are classified in five major geopolitical groups i.e. Africa, 11) Americas, iii) Central Asia, South Asia and South West Asia, iv) East Asia and South East Asia, v) Europe and Oceania, and similarly the six thematic committees are represented by all regions.

I take the opportunity to present this report on novel coronavirus with the aim to generate an understanding of various facets of the pandemic which has significantly impacted the life across the world since early 2020. The overall assistance provided by Mr. Hyder Ali Sundrani, Assistant Secretary General and Ms. Chandni Research Assistant (IPC) and Ms. Fakiha Mahmood, Research Officer, PIPS is acknowledged with profound gratitude.

The invaluable feedback of our readers certainly helps us bring useful improvements in future ventures. Visit our website https://ipc.org.pk/in order to shareyour feedback.

Senator Muhammad Ali Saif
Secretary General
**International Parliamentarians Congress**

## ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| **ACT** | Access to COVID-19 Tools |
| **ADB** | Asian Development Bank |
| **AMC** | Advance Market Commitment |
| **CEPI** | Coalition of Epidemic Preparedness Innovations |
| **CERF** | Central Emergency Response Fund |
| **$CO_2$** | Carbon Dioxide |
| **COVAX** | COVID-19 Vaccine Facility |
| **COVID-19** | Coronavirus Disease 2019 |
| **GDP** | Gross Domestic Product |
| **GoP** | Government of Pakistan |
| **GSK** | GlaxoSmithKline |
| **IDB** | Inter-American Development Bank |
| **IMF** | International Monetary Fund |
| **MERS-CoV** | Middle East Respiratory Syndrome Coronavirus |
| **MPTF** | Multi Partner Trust Fund |
| **NCOC** | National Command and Operation Center |
| **NCCC** | National Coordination Committee for COVID-19 |
| **NDMA** | National Disaster Management Authority |
| **NIAID** | National Institute of Allergy and Infectious Diseases |
| **NOx** | Nitrogen Oxide |
| **OPEC** | Organization of Petroleum Exporting countries |
| **OFID** | OPEC Fund for International Development |
| **PLA** | People's Liberation Army |
| **RoK** | Republic of Korea |
| **SDGs** | Sustainable Development Goals |
| **UAE** | United Arab Emirates |
| **UK** | United Kingdom |
| **UN** | United Nations |
| **UNDESA** | UN Department of Economic and Social Affairs |
| **UNDP** | United Nations Development Program |
| **UNFPA** | United Nations Population Fund |
| **UNICEF** | United Nations Children's Fund |
| **USA** | United States of America |
| **USD** | US Dollar |
| **WHO** | World Health Organization |

# Contents

## 1. Introduction

The global spread of Coronavirus commonly known as COVID-19 has generated unprecedented health, economic and social crisis across the world. The pandemic has created health emergencies in many countries including most developed one, especially for countries where health systems are unable to cope with the increasing demand due to the lack of health-care workers, medical equipment and supplies.

The UN forecasts[1] expect that the pandemic will push 71 million people across the world back into extreme poverty in 2020. It will be the first rise in global poverty since 1998. The very first month of the global pandemic resulted in the 60% drop in the income of these people who mostly worked in the informal economy. Almost half of the global workforce, i.e. 1.6 billion people, has been affected significantly as they rely on unsafe jobs in the informal economy. Especially, the world's one billion slum dwellers are facing an uncertain future in the wake of the pandemic. No less than 1.6 billion students unable to attend primary education institutions.

Though the emergence of second wave in some countries has alarmed the policy makers and health professionals alike, the efforts are going on in many parts of the world to come up with effective vaccine to curb the pandemic.Moreover,life is returning towards normal in areas where the benchmark of heard immunity has largely been achieved. All in all a post disaster phase in expected soon. Therefore, the path towards recovery needs to be trodden in a more efficient way. In other words, the mode needs to be shifted towards the recovery phase beyond the initial strategies which focused primarily on crisis management.

While Parliaments across the world are developing innovative ways to continue work during the pandemic, this report presents a broad overview of the COVID-19 pandemic which has penetrated almost every corner of the world. By providing the situation report through rigorous statistics, this report delves into some specific themes like the impact on the world economy as well as the efforts to deal with the challenge of climate change. It also provides the way forward especially for the parliamentary community to develop effective response in the wake of pandemic which continues to shake the policy making structures across the world.

## 2. What is Coronavirus?

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 experience mild to moderate respiratory illness and recover without requiring special treatment. The infection leads to critical illness in older people and among those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer. The COVID-19 virus spreads primarily

[1] See The Sustainable Development Goals Report 2020.

through droplets of saliva or discharge from the nose when an infected person coughs or sneezes[2].

One of the key features of COVID-19 is its novel character. It means that while mankind has witnessed many pandemics and similar large-scale and fast moving crises in the past including wars, natural disasters and financial crunches, the emergence and subsequent outbreak of COVID-19 is unique in various aspects. Resultantly, the nature of the policy responses developed to deal with this pandemic is unknown, contested and highly uncertain.[3]

## 3. Brief history of Corona Virus

Scientists have known of the human coronavirus since the 1960s. But only rarely has it garnered wider recognition over the past half a century. The history of human coronaviruses started in 1965 when Tyrrell and Bynoe found that they could passage a virus named B814. It was found in human embryonic tracheal organ cultures obtained from the respiratory tract of a kid with a common cold. The child had typical symptoms and signs of the common cold and the washing was found to be able to induce common colds in volunteers challenged intra-nasally. The virus termed B814, could be cultivated in human embryo tracheal organ tissue but not in cell lines used at that time for growing other known etiologic agents of the common cold.

Within the same time frame Almeida and Tyrrell found a similar virus in chickens. They performed electron microscopy on fluids from organ cultures infected with B814 and found particles that resembled the infectious bronchitis virus of chickens.

In the late 1960s, Tyrrell was leading a group of virologists working with the human strains and several animal viruses. These included infectious human bronchitis virus, mouse hepatitis virus and transmissible gastroenteritis virus of swine. All of these had been demonstrated to be morphologically the same as seen through electron microscopy. This new group of viruses was named coronavirus corona denoting the crown-like appearance of the surface projections and was later officially accepted as a new genus of viruses. It was found that respiratory coronavirus infections occur more often in the winter and spring than in the summer and fall.

While the research was proceeding to explore the human coronaviruses thenumber of animal coronaviruses were growing rapidly. It was found in many animals including rats, mice, chickens, turkeys, calves, dogs, cats, rabbits and pigs.

## 4. Where did the Coronavirus emerge?

The name coronavirus comes from the Latin word corona, meaning crown. Under an electron microscope the looks like it is surrounded by a solar corona. 'CO' stands for corona, 'VI' for

[2]https://www.who.int/health-topics/coronavirus#tab=tab_1.
[3]GilibertoCapano , Michael Howlett , Darryl S.L. Jarvis , M. Ramesh &NihitGoyal, "Mobilizing Policy (In)Capacity to Fight COVID-19: Understanding Variations in State Responses," *Policy and Society*, vol. 39, no. 3, (2020) 285-308.

virus, and 'D' for disease.During the 2002–2003 outbreak, SARS coronavirus infection was reported in 29 countries in North America, South America, Europe, and Asia. Overall, 8098 infected individuals were identified with 774 SARS-related fatalities.

Since 2003, 5 new human coronaviruses have been discovered. Three of these are Group-I viruses that are closely related and likely represent the same viral species. In 2004 van der Hoek reported the discovery of a new human coronavirus NL63, isolated from a 7-month-old girl with coryza, conjunctivitis, fever and bronchiolitis. The field of coronavirology has advanced significantly in recent years. The SARS epidemic was a dramatic reminder that animal coronaviruses are potential threats to the human population.

Another was in 2012, when the Middle East respiratory syndrome coronavirus (MERS-CoV) led to an outbreak of Middle East respiratory syndrome (MERS) in Saudi Arabia, the United Arab Emirates and the Republic of Korea among other countries. In both cases the coronaviruses were new to science. Happily both outbreaks were contained thanks to a combination of human intervention and still unknown natural circumstances. The first reports of cases of what would become COVID-19 came on December 31, 2019. China's national health commission confirmed and its human-to-human transmission in January. In 2020 coronaviruses became a household name all over the world.

However, it remains unclear exactly how the virus first spread to humans. Some reports trace the earliest cases back to a seafood and animal market in Wuhan. It may have been from here that SARS-CoV-2 started to spread to humans.

## 5. Coronavirus symptoms

According to the WHO the most common symptoms of Covid-19 are fever, tiredness and a dry cough. In more severe cases, it can lead to pneumonia, multiple organ failure and even death.

Current estimates of the incubation period the time between infection and the onset of symptoms range from one to 14 days. Most infected people show symptoms within five to six days.

However, infected patients can also be asymptomatic, meaning they do not display any symptoms despite having the virus in their systems. Infected patients feel Persistent pain or pressure in the chest and Bluish lips or face.

Some patients may also have a runny nose, sore throat, nasal congestion and aches and pains or diarrhoea. Some people report losing their sense of taste and smell. About 80% of people who get Covid-19 experience a mild case about as serious as a regular cold and recover without needing any special treatment.

About one in six people the WHO says, become seriously ill. The elderly and people with underlying medical problems such as high blood pressure heart problems or diabetes or chronic respiratory conditions are at a greater risk of serious illness from Covid-19. Coronavirus usually causes a mild to moderate respiratory (lung) infection. In the elderly or those who are immunocompromised or have other chronic diseases it may lead to a severe pneumonia and can be fatal. The disease has proven fatal in about 2% of COVID-19 patients 98% of those infected have recovered. Some people become infected but don't develop any symptoms and don't feel unwell. Most people about 80% recover from the disease without special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty in breathing. Older people and those with underlying medical problems like high blood pressure, heart problems or diabetes are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.

## 6. Protection from COVID-19

In fighting COVID-19 everyone is equal. Everyone has the same responsibility and shares the same risk. COVID-19 is very contagious and capable of asymptomatic spread, so it's even more important to mobilize all of society and get everyone involved in the process. And every one must follow the instructions where the government and healthcare organizations imposed in country. During an epidemic its advisable to avoid large gatherings and multiple person to person contacts. Regularly wash hands, especially after sneezing or coughing. Avoid touching eyes nose or mouth. Follow cough, sneeze hygiene practices (cough or sneeze in a tissue or elbow/ sleeves and discard used tissues appropriately in the dustbin and do not reuse.

The most common way that this illness spreads is through close contact with someone who has the infection. Close contact is within around 6 feet. The disease is most contagious when a person's symptoms are at their peak. However, it is possible for someone without symptoms to spread the virus. A new study suggests that 10% of infections are from people exhibiting no symptoms.

Also, one of the best ways is public awareness is needed to prevent and control to virus. All countries were advised to avoid public gatherings and close contact with others and just stay at home. While traveling all people should follow standard hygiene measures for themselves. Wash hands frequently or use an alcohol-based sanitizer with at least 60 per cent alcohol, practice good respiratory hygiene cover mouth and nose with bent elbow or tissue when cough or sneeze and immediately dispose of the used tissue and avoid close contact with anyone who is coughing or sneezing. Another way for protection from virus is to wear face mask when out of house and best protection way is to stay home.

## 7. Coronavirus cases worldwide

The first reports of cases of what would become COVID-19 came on December 31, 2019. China's national health commission confirmed human-to-human transmission in January.

According to WHO, as of 22 July, 14,765,256 cases of COVID-19 have been reported worldwide, among these 202,726 new casesemerged in the last 24 hours. The death count stands at 612,054 worldwide, out of these 4,286 deaths reported in last 24 hours. The scope of these cases expands across 216 countries, areas or territories. The Government of Pakistan data shows that as of 22 July, no less than 8719731 patients of coronavirus have recovered from the disease across the world and 62068 patients are critically ill from this disease world over.

### Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

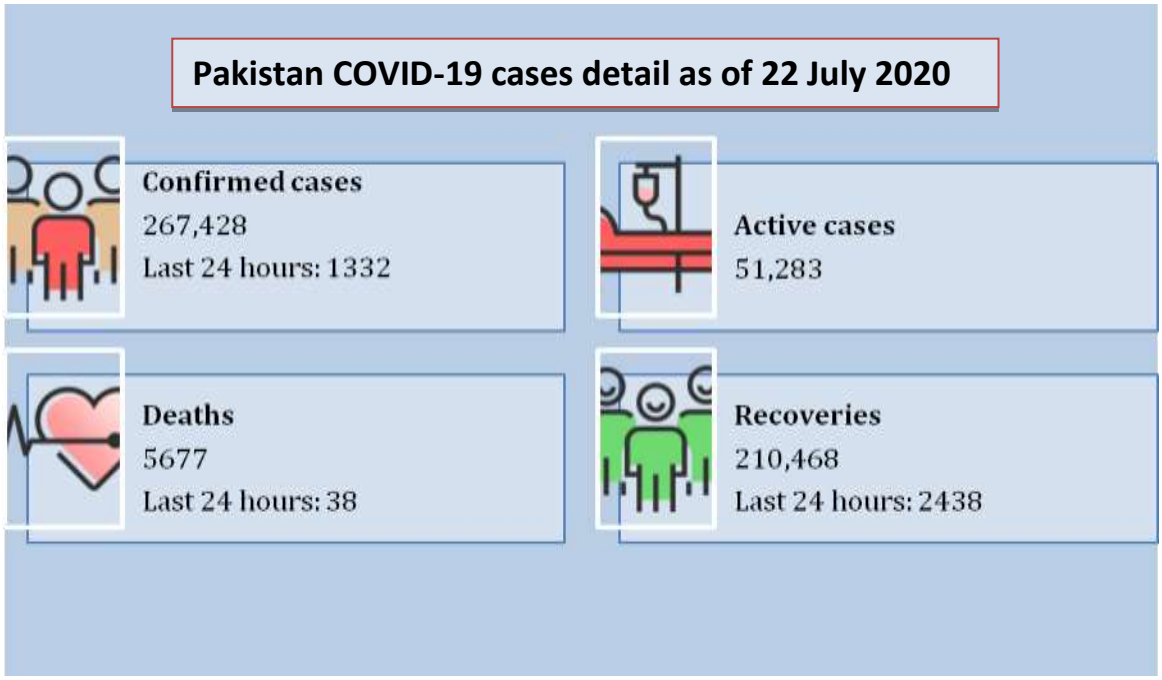
| | | |
|---|---|---|
| **Globally** | 14 765 256 cases (202 726) | 612 054 deaths (4 286) |
| **Africa** | 623 851 cases (12 666) | 10 157 deaths (259) |
| **Americas** | 7 811 127 cases (109 052) | 313 809 deaths (2 240) |
| **Eastern Mediterranean** | 1 414 462 cases (13 918) | 35 628 deaths (483) |
| **Europe** | 3 124 701 cases (21 047) | 208 469 deaths (524) |
| **South-East Asia** | 1 520 780 cases (42 639) | 35 891 deaths (770) |
| **Western Pacific** | 269 594 cases (3 404) | 8 087 deaths (10) |

After wreaking havoc on the Europe and United States of America, the coronavirus disease is setting new precedents with an outbreak of second wave in the USA. Though life is returning to normalcy in Europe, for now the Latin America has come under siege. Some Central American nations are witnessing their highest-ever weekly increases in the number of confirmed COVID-19 cases. During the week around prior to 22 July around 900,000 confirmed new cases and

almost 22,000 confirmed deaths were reported in this region. Majority of these cases were reported in Brazil, Mexico and the US.[4]

## 8. Coronavirus situation in Pakistan

The coronavirus COVID-19 was confirmed to have reached Pakistan in February 2020.The Health care system still struggle to monitor and report current cases. The month of June witnessed the tipping point for the spread of coronavirus disease in Pakistan, which began declining slowly leading towards gradual flattening of the curve towards the end of July. As of 22 July, Pakistan had 267,428 confirmed cases of COVID-19, out of this total only 1332 cases emerged in the last 24 hours. With 210,468 patients having successfully recovered from the disease the recovery rate in Pakistan stood at 78.7%, no less than 2438 patients recovered in the last 24 hours. A glance over the data from official sources reveals that since the beginning of July, the number of recoveries has consistently remained greater than newly reported cases on daily basis with few exceptions. Resultantly, the graph of active cases which was going up on an exponential rate during April and May,stabilized towards the end of July.




| Confirmed | Active cases | Deaths | Recoveries |
|---|---|---|---|

[4]https://www.weforum.org/agenda/2020/07/covid-19-what-you-need-to-know-about-the-coronavirus-pandemic-on-22-july/.

| | cases | | | |
|---|---|---|---|---|
| **AJK** | 1,937 | 615 | 47 | 1,275 |
| **Balochistan** | 11,469 | 1,953 | 135 | 9,381 |
| **GB** | 1,878 | 348 | 45 | 1,485 |
| **Islamabad** | 14,701 | 2,517 | 161 | 12,023 |
| **KPK** | 32,523 | 5,788 | 1,153 | 25,582 |
| **Punjab** | 90,816 | 22,296 | 2,095 | 66,425 |
| **Sindh** | 114,104 | 17,766 | 2,041 | 94,297 |

***Source: http://covid.gov.pk/stats/pakistan, (accessed 22 July, 2020)***

On the governance side, a National Coordination Committee for Covid-19 has been established to monitor the situation and take necessary decisions. The committee has the representation of all provinces and relevant stakeholders.National Command and Operation Center has been working as a nerve center to synergize and articulate unified national efforts against COVID-19 as well as to implement the decisions of National Coordination Committee on COVID-19. National Disaster Management Authority (NDMA) leads the operations and coordinates with the provincial and district authorities for the necessary implementation of the preventive and curative actions.

Pakistan's response to deal with the pandemic began from imposition of strict lockdown. However, the economic difficulties compelled the policy makers to pursue a smart lockdown approach which seeks to contain spread of disease by imposing curfews of lockdown in targeted areas so that the economic activity may continue on the whole.

## 9. Coronavirus vaccination

Possible vaccines and some specific drug treatments are under investigation in various parts of the world. They are being tested through clinical trials. The identification of a virus genetic sequence is critical to develop a vaccine and therapeutic treatments. The rapid identification of COVID-19 allowed scientists around the world to immediately start developing test kits, treatment options and vaccines.

Clinical trials usually take place in three phases. The first, involving a few dozen healthy volunteers, test the vaccine for safety monitoring for adverse effects. The second, involving several hundred people usually in a part of the world affected by the disease look at how effective the vaccine is. The third does the same in several thousand people.

According to WHO, as of 21 July, 2020, no less than 24 candidate vaccines are under clinical evaluation across the world. And around 142 candidate vaccines are at preclinical evaluation stage world over. The developers who have been undertaking clinical trials include: Sinovac, Wuhan Institute of Biological Products/Sinopharm, Beijing Institute of Biological Products/Sinopharm, University of Oxford/AstraZeneca, CanSino Biological Inc./Beijing Institute of Biotechnology, Anhui ZhifeiLongcom Biopharmaceutical/Institute of

MicrobiologyChines Academy of Sciences, Moderna/NIAID, Inovio Pharmaceuticals/International Vaccine Institute, Osaka University/AnGes/Takara Bio, Genexine Consortium, Cadila Healthcare Limited, Bharat Biotech, Institute of Medical Biology, Chinese Academy of Medical Sciences, Novavax, Kentucky Bioprocessing Inc, BioNTech/FosunPharma/Pfizer, Gamaleya Research Institute, Clover Biopharmaceuticals Inc./GSK/Dynavax, Vaxine Pty Ltd/Medytox, University of Queensland/CSL/Seqirus, Imperial College London, Curevac, People's Liberation Army (PLA) Academy of Military Science/Walvax Biotech, and Medicago Inc.[5]

The World Health Organization (WHO) together with Gavi[6] and the Coalition of Epidemic Preparedness Innovations (CEPI)[7] has been leading the global efforts to come up with vaccine for COVID-19. An international, multi-stakeholder collaboration called the Access to COVID-19 Tools (ACT) Accelerator was announced on 24 April at an event hosted by WHO. Subsequently, fundraising was launched at a pledging conference hosted by the European Union on 4 May.[8]

According to the WHO press release of 15 July, 2020, seventy-five countries have submitted expressions of interest to protect their populations and those other nations through joining the COVAX Facility, a mechanism designed to guarantee rapid, fair and equitable access to COVID-19 vaccines across the world. These countries would finance the vaccines from their own public finance budgets and partner with up to 90 lower-income countries that could be supported through voluntary donations to Gavi's COVAX Advance Market Commitment (AMC). Together, this group of up to 165 countries represents more than 60% of the world's population. Among the group are representatives from every continent and more than half of the world's G20 economies.

The COVAX facility aims to deliver two billion doses of safe, effective vaccines that have passed regulatory approval and/or WHO prequalification by the end of 2021. These vaccines will be delivered equally to all participating countries, proportional to their populations, initially prioritizing healthcare workers then expanding to cover 20% of the population of participating countries.[9]

[5]https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines.
[6]Gavi, the Vaccine Alliance is a public-private partnership that helps vaccinate half the world's children against some of the world's deadliest diseases.Since its inception in 2000, Gavi has helped to immunise a whole generation – over 760 million children – and prevented more than 13 million deaths, helping to halve child mortality in 73 developing countries.
[7]CEPI is an innovative partnership between public, private, philanthropic, and civil organisations, launched at Davos in 2017, to develop vaccines to stop future epidemics.
[8]https://www.gavi.org/news/media-room/gavi-launches-innovative-financing-mechanism-access-covid-19-vaccines.
[9] World Health Organization, "More than 150 countries engaged in COVID-19 vaccine global access facility," Press Release 15 July 2020, https://www.who.int/news-room/detail/15-07-2020-more-than-150-countries-engaged-in-covid-19-vaccine-global-access-facility.

## 10. Major steps taken by China

In January Wuhan city China which is home to more than 11 million people was the first city to go into lockdown, with buses, trains and flights out of the city cancelled. The restrictions were extended to other cities in Hubei province, creating a huge quarantine zone of around 50 million people. On 11 March, some key industries in Wuhan were told they could resume. A day after Chinese President Xi Jinping visited for the first time since the outbreak began. On 27 March China announced a temporary ban on visitors, as confirmed cases of imported coronavirus rose. China built two new 1,000-1,300-bed hospitals to fight the coronavirus, one created in six days and the second in 15 days, using prefabricated modules. This is not the first time China has quickly manufactured hospitals dedicated to handling outbreaks. During the 2002-2003 SARS outbreak, Beijing built a hospital in seven days with 7,000 people working day and night. People in China are courageous and united in the effort to combat COVID-19. The higher mortality rate in Wuhan was attributed in part to the lack of medical resources available at the time of immediate need. Wuhan's lack of disaster control management response mechanisms led to poor disease containment, widespread cross-infection in patients and healthcare workers in hospitals and weeks of chaos.


In drastic contrast government officials in Zhejiang Province were well prepared to mobilize immediately and allocate resources and manage and monitor the evolving epidemic in a proactive fashion with impressive results. In Hangzhou, 204 public health physicians have been investigating cases identifying close contacts and making sure they remain under surveillance. Also, in Hangzhou, doctors completed the worlds first double-lung transplant surgery on a COVID-19 patient.

The shortage of protective medical supplies and lack of knowledge about COVID-19 were the main factors causing the large number of healthcare workers to contract the virus in the early weeks of the outbreak in Wuhan. Over the past 6-8 weeks however, 31 medical teams consisting of more than 42,000 doctors and nurses were sent to Wuhan to combat the outbreak. Zhejiang Province sent 1,985 healthcare workers and as of today not one is infected. During the epidemic

the China might have lost billions of dollars by essentially stopping all business but in the end this will have been a wise decision and correct action.

During the early days of the outbreak in Wuhan there were no test kits available and screening depended on laboratory nucleic acid sequencing analysis a labour-intensive and costly method. The National Medical Products Administration of China took immediate action to speed up the work of biotech companies to develop detection kits. The first kit was introduced on 13 January. The Chinese government also made clear that testing for the new virus was free, and COVID-19-related charges that weren't covered by a person's insurance would be paid for by the government. In china many restrictions from the health crisis are still in place. Isolation wards are still open for patients even with mild symptoms. Quarantine centers are housing suspected patients and contacts of confirmed patients. Testing labs are still running. And monitoring systems are still on high alert for new cases. China is now in a "suppression" phase of the epidemic. They have gotten transmission down to nearly zero.

On critical situation the China share its experience and donate more test kits and materials and send medical teams to Pakistan which will strengthen the public health cooperation between the two countries and promote a community of shared future. China is ready to join hands to fight against Covid-19 in Pakistan.

## 11. What was the reason for worldwide spread of Coronavirus?

The first cases of coronavirus were identified in the Chinese city of Wuhan in December the disease has spread worldwide. The new coronavirus has spread rapidly in many parts of the world. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. A pandemic occurs when a disease that people are not immune to spreads across large regions.

The WHO continues to closely monitor the spread of the virus said TedrosAdhanom, director general of the WHO during the announcement. "We are deeply concerned both by the alarming levels of spread and severity and by the alarming levels of inaction" he said. We have called every day for countries to take urgent and aggressive action. At the end of December public health officials from China informed the World Health Organization that they had a problem. The unknown new virus was causing pneumonia like illness in the city of Wuhan. They quickly determined that it was a coronavirus and that it was rapidly spreading through and outside of Wuhan.

Although it originated in China the country took aggressive action at the start of the outbreak, shutting down transportation in some cities and suspending public gatherings. Officials isolated sick people and aggressively tracked their contacts and had a dedicated network of hospitals to test for the virus. The number of new infections reported in China has been declining which indicated to WHO officials that transmission was slowing down and that their containment measures were working.

The virus jumps between people who are in very close contact with each other. It also probably spreads when an infected person sneezes or coughs. Coughs and sneezes produce little droplets of mucus and saliva. If these droplets make it into another person's eyes, mouth or nose then they can get sick. The viruses in those little droplets can also fall onto surfaces like tables or doorknobs. If someone touches that surface and touches their eyes, mouth or nose they can also get sick. Chinese officials have said that they have seen cases where people with the virus infected others before they started showing symptoms. Research out of China showed that people without symptoms still have high levels of the virus in their throats and noses, so they may be passing it along if they cough or sneeze. Covid-19 is a respiratory illness and is largely spread via droplets in the air. These are typically expelled when an infected person travel to other countries.

The virus is transmitted through direct contact with respiratory droplets of an infected person generated through coughing and sneezing and touching surfaces contaminated with the virus. The COVID-19 virus may survive on surfaces for several hours but simple disinfectants can kill it. The major problem of spreading the number of cases is rising because the medical system is not only playing catch up to a virus and also reassuringly closing the gap between infection and virus.

## 12. Measures to contain the spread of COVID-19

The shock of the coronavirus has created a life or death crisis not just for individuals and for Health care system but for also businesses and economies as a whole. Countries across the globe have from time to time imposed curbs on movement and social contact in a bid to contain the virus. In many parts of the world borders are closed, airports, hotels and businesses shut and school cancelled. Though restrictions have eased in various countries, outbreak in some other areas has compelled lockdown measures in moderate to mild capacities.

Due to outbreak of COVID _ 19 the one basic aspect of life that effected the most because of this virus is religion as in most of the countries such as Iran, Malaysia, South Korea, Pakistan and Saudi Arabia etc. Saudi Arabia imposed a curfew to keep people indoors and imposed restrictions to control the virus. Saudi Arabia has announced has Hajj for specific people residing within the Kingdom with strict SoPs in place.

The coronavirus pandemic is impacting lives across the world. The United Nations (UN) has expressed concern that the COVID-19 crisis will lead to a reversal of decades of progress in the fight against poverty and that already high levels of inequality within and between countries will be further exacerbated. The crisis will therefore inevitably and adversely impact the implementation of the 2030 Agenda for Sustainable Development. The COVID-19 pandemic is expected to negatively influence almost all SDGs. The current crisis will also severely affect the prospects for industrialization in developing countries.

The global coronavirus pandemic threatens to cause damage to international food trade and trigger a new food crisis. Coronavirus outbreaks roiled global agriculture supply chains and upended trade and after some countries restricted exports of main grains and increased procurement for reserves. The fast spreading global epidemic has brought huge uncertainty on international agriculture trade and markets. The tourism and travel related industries are among the worst hit at sector level. The International Air Transport Association warns that virus outbreak can cost worldwide air carriers between $63 billion and $113 billion in proceeds in 2020. With major disruptions confronting sporting events, restaurants and other services, share of main hotel companies have also dropped in the last few weeks.

The coronavirus shock could not have come at a worse time for global trade which has been reeling from trade tensions between the US and China the world's biggest economies. But the current blow is still not a severe as the one dealt by the crisis 10 years back. The global financial crisis was kind of endogenous in the economic system meaning that there was a strong capital stock distortion in some countries and there was a problem of over-indebtedness. These two roots of a crisis are much harder to cure than the situation that we are facing today where we have an interruption of production structures.

As reported by World Health Organization (WHO) In total, 3.7 billion people have no internet access. The majority are in poorer countries where the need to spread information about how to combat COVID-19 is most urgent. Migrants and the poorest are most vulnerable to the virus. More than one billion children across the globe are currently locked out of classrooms because of quarantine measures. No matter that teachers are running daily online classes many of these children simply cannot take part. Working from home is only a reality for service sector workers and administrators. But, as figures show, not all of them will be able to connect. Even then they may find that their connectivity is affected by the sheer volume of people using the web.

The world and nations also face down somehow positively environmental changing. After COVID_19 the air quality level in the world major cities improved dramatically in March and April. Air quality improved largely because of the reduction in factory and road traffic productions of carbon dioxide ($CO_2$), Nitrogen Oxides ($NO_x$) and related ozone ($O_3$) formation and particulate matter (PM). During the same period the global air traffic dropped by 60%.

Outbreak of this challenge at least 47 countries and territories across the globe have already decided to postpone national and subnational elections due to the pandemic. In some places, we can expect executives to seize on election delays to engineer extended tenures and greater power. The COVID-19 shock will also have a serious impact on poverty. The World Bank and the International Monetary Fund (IMF) stressed the need to provide debt relief to developing countries. In addition to activating emergency programmes that offer grants and loans, the two financial institutions called on official bilateral creditors to provide immediate debt relief to the world's poorest nations.

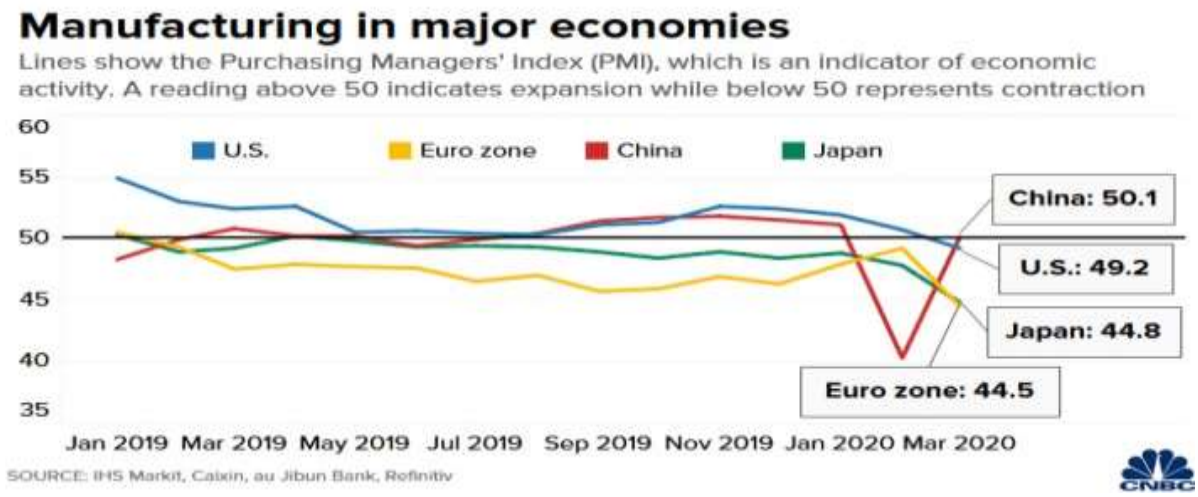
## 13. World economy and coronavirus

The outbreak of coronavirus (COVID-19) the pandemic is causing economic slowdown worldwide. The official data reveals a widespread slowdown in its economic activity and signifies the virus caused a 20% GDP decline in the first two months of 2020. By March, Chinese services and manufacturing sector slumped to record lows its automobile sales sank a record 80%, and exports shrank by some 17% in January and February combined.

According to the UN Department of Economic and Social Affairs (DESA) the COVID-19 pandemic is destroyed global supply chains and international trade. With nearly 100 countries closing national borders during the pandemic, millions of workers in the whole world are facing the bleak prospect of losing their jobs. During this critical time the urgent and bold policy measures are needed not only to contain the pandemic and save lives but also to protect the most vulnerable in our societies from economic problems and to sustain economic growth and financial stability.

COVID-19 is severely impacting manufacturing production in developing countries because demand from high-income countries for manufacturing goods and raw materials is decreasing. Value chains are being disrupted due to delays in the delivery of necessary components and supplies from more technologically advanced countries and other factors, including policies inability of employees to reach the workplace or financial constraints which affect the normal production process. UN economists have estimated a USD 50 billion decrease in manufacturing production in February 2020 and the IMF warns that the negative economic effects will be felt "very intensively" in developing countries that sell raw materials. All these negative channels will inevitably have an impact on exports from developing countries. The losses in export volume will be further intensified by the decline in energy and commodity prices.

According to United Nations around 1.25 billion workers are seeing their livelihoods threatened by the COVID-19 pandemic. Manufacturers, already slow down by the U.S.-China trade war in the last two years have once again come under pressure as the coronavirus spreads around the world. The Covid-19 pandemic first hit manufacturers outside China that rely on factories in the Asian economic giant for materials and parts also known as "intermediate goods" to make their own products. But Chinese factories suspended operations for longer than expected as authorities worked to contain the virus. As more countries impose lockdown measures, a greater number of manufacturing firms were hit. Some were forced to temporarily shut down, while those that remain open faced restrictions in getting their supply of intermediate goods and materials. On top of that a reduction in demand for goods exacerbated the challenges that manufacturers face. As a result, factories across the U.S. to Europe and Asia have reported declines in output over the past month.




The UN trade agency, warned of a slowdown of global growth to under 2% this year, effectively wiping $1 trillion off the value of the world economy. The Asian Development Bank on 3 April warned that the global cost of the outbreak could hit $4.1 trillion. The extent of the economic damage still depends on how the virus spreads throughout Europe, the US and other major economies. Unless the pandemic is stopped, economies and markets around the world will continue their free fall. But even if the pandemic is more or less contained, overall growth still might not return by the end of 2020.

Although there is no significant way to tell exactly what the economic damage will COVID-19 pandemic cause and how many countries get a benefit. The economists are convinced that it will have severe negative impacts on the global economy. And still depend on how the countries policies are changing or developing to deal with crisis.

**IMF-World Economic Outlook, June 2020 *Update***

**Selected Economies Real GDP Growth**
*(Percent change)*

| | | | Projections | | Difference from April 2020 WEO Projections 1/ | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2020 | 2021 |
| Argentina | –2.5 | –2.2 | –9.9 | 3.9 | –4.2 | –0.5 |
| Australia | 2.8 | 1.8 | –4.5 | 4.0 | 2.2 | –2.1 |
| Brazil | 1.3 | 1.1 | –9.1 | 3.6 | –3.8 | 0.7 |
| Canada | 2.0 | 1.7 | –8.4 | 4.9 | –2.2 | 0.7 |
| China | 6.7 | 6.1 | 1.0 | 8.2 | –0.2 | –1.0 |
| Egypt 2/ | 5.3 | 5.6 | 2.0 | 2.0 | 0.0 | –0.8 |
| France | 1.8 | 1.5 | –12.5 | 7.3 | –5.3 | 2.8 |
| Germany | 1.5 | 0.6 | –7.8 | 5.4 | –0.8 | 0.2 |
| India 2/ | 6.1 | 4.2 | –4.5 | 6.0 | –6.4 | –1.4 |
| Indonesia | 5.2 | 5.0 | –0.3 | 6.1 | –0.8 | –2.1 |
| Iran 2/ | –5.4 | –7.6 | –6.0 | 3.1 | 0.0 | 0.0 |
| Italy | 0.8 | 0.3 | –12.8 | 6.3 | –3.7 | 1.5 |
| Japan | 0.3 | 0.7 | –5.8 | 2.4 | –0.6 | –0.6 |
| Kazakhstan | 4.1 | 4.5 | –2.7 | 3.0 | –0.2 | –1.1 |
| Korea | 2.9 | 2.0 | –2.1 | 3.0 | –0.9 | –0.4 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Malaysia | 4.7 | 4.3 | –3.8 | 6.3 | –2.1 | –2.7 |
| Mexico | 2.2 | –0.3 | –10.5 | 3.3 | –3.9 | 0.3 |
| Netherlands | 2.6 | 1.8 | –7.7 | 5.0 | –0.2 | 2.0 |
| Nigeria | 1.9 | 2.2 | –5.4 | 2.6 | –2.0 | 0.2 |
| Pakistan 2/ | 5.5 | 1.9 | –0.4 | 1.0 | 1.1 | –1.0 |
| Philippines | 6.3 | 6.0 | –3.6 | 6.8 | –4.2 | –0.8 |
| Poland | 5.3 | 4.1 | –4.6 | 4.2 | 0.0 | 0.0 |
| Russia | 2.5 | 1.3 | –6.6 | 4.1 | –1.1 | 0.6 |
| Saudi Arabia | 2.4 | 0.3 | –6.8 | 3.1 | –4.5 | 0.2 |
| South Africa | 0.8 | 0.2 | –8.0 | 3.5 | –2.2 | –0.5 |
| Spain | 2.4 | 2.0 | –12.8 | 6.3 | –4.8 | 2.0 |
| Thailand | 4.2 | 2.4 | –7.7 | 5.0 | –1.0 | –1.1 |
| Turkey | 2.8 | 0.9 | –5.0 | 5.0 | 0.0 | 0.0 |
| United Kingdom | 1.3 | 1.4 | –10.2 | 6.3 | –3.7 | 2.3 |
| United States | 2.9 | 2.3 | –8.0 | 4.5 | –2.1 | –0.2 |

Source: International Monetary Fund, World Economic Outlook, June 2020 *Update*.
Note: The selected economies account for approximately 83 percent of world output.
1/ Difference based on rounded figures for the current and April 2020 WEO forecasts.
2/ Data and forecasts are presented on a fiscal year basis.

## 14. Climate change scenario in the wake of COVID-19

The United Nations Sustainable Development Report 2020 asserts that despite the drastic reduction in human activity due to the COVID-19 crisis, the resulting 6 per cent drop in emissions projected for 2020 falls short of this target, and emissions are expected to rise as restrictions are lifted. However, the pandemic also offers an opportunity for countries to reassess priorities and to rebuild economies in order to achieve the resilience to climate change.

Under target 13 among the Sustainable Development Goals, member countries have pledged to take urgent action to combat climate change and its impacts. The year 2019 was second warmest on record and the end of the warmest decade (2010-2019), characterized with massive wildfires, hurricanes, droughts, floods and other climate disasters across continents. Global temperatures are on track to rise as much as 3.2°C by the end of the century. To meet the 1.5°C, or even the 2°C, maximum target called for in the Paris Agreement, greenhouse gas emissions must begin falling by 7.6 per cent each year starting in 2020.

The initial positive signals emerging from the unprecedented halt in mobility across the world in the wake of COVID-19 were encouraging for those struggling to mitigate the impact of climate change. An early comprehensive estimate suggests that global emissions declined by over 5% in the first three months of 2020 compared to the same period in 2019, with daily emissions in early April around 17% (11%-25%) lower than in 2019. However, the euphoria soon faded as they saw emissions rising again with the gradual lifting of restrictions.

For example, the UK Committee on Climate Change report presented to the Parliament of UK asserts that the economic shutdown and restrictions on movement that have slowed infections are not a blueprint for reducing emission or tackling climate change. Despite the very stringent restrictions placed on individuals and businesses to protect public health, the UK has continued

to emit greenhouse gases in 2020 at a rate that, if unchanged would lead to increase global warming.[10]

Among the principles highlighted for a resilient recovery, the report asserts that the pandemic provides an opportunity to embed the new social norms, especially for travel, that benefit wellbeing, improve productivity, and reduce emissions. Government can lead the way through its own operations e.g. encouraging home working and remote medical consultations, through public communications and through infrastructure provision and investing in measures to facilitate social distancing on public transport. Similarly, with the aim to achieve Net Zero target UK seeks to move entirely over to low carbon heating systems in buildings by 2050.

## 15. Way Forward

i. Parliamentarians while playing their role through effective legislation, representation and oversight need to push for investing more in health sector which in turn could translate in accelerating the efforts to curb the coronavirus pandemic. The coronavirus pandemic has affected almost all segments of the society by generating significant social, economic, political, strategic and technological impacts. By providing link between the masses and highest echelons of governance hierarchy, MPs can play instrumental role formulation of effective and efficient strategies. MPs should utilize the committee system, which enables MPs to delve into a specific issue in greater detail, in order to monitor the utilization of public finances to impact of the pandemic on various sectors like trade, commerce, tourism, education, employment, human rights, and elections etc.

ii. While focusing particularly on those groups which are exposed to higher risk, there is a need to ensure access to safe testing, treatment and care for COVID-19. The healthcare workers at the forefront of this crisis should be provided with personal protective equipment, psychosocial support, training and other necessary commodities. MPs can play significant role in ensuring that the use of digital technologies to address the pandemic is carried out in a manner that privacy, personal data and other security related concerns are adequately addressed.

iii. The imposition of mobility and other restrictions within and across boundaries has directly affected many communities and individuals. MPs should on sure that the mobility restrictions are only temporary and specific and lifted as soon as the situation gets normalized. Special measures should be adopted to provide support especially to the vulnerable groups directly affected from the crisis.

iv. The emergence of second wave in countries which earlier managed to flatten the curve continues to haunt policy makers as well as masses around the world. While efforts are under way for the successful development of vaccines in various research centers in many countries, uncertainties continue to shroud the single effective way to address this

[10] Committee on Climate Change, "Reducing UK Emissions: progress report to Parliament," June 2020.

crisis in a sustainable manner. Collaboration and coordination among various segments of health as well as policy making communities including Parliamentary Assemblies can play significant role in the dealing with this challenge.

v. The spread of misinformation and disinformation pertaining to the coronavirus pandemic is an area which demands targeted intervention from relevant quarters. MPs should strengthen the government response towards the circulation of accurate and appropriate information by keeping checks over the policies and strategies adopted as well as providing solution oriented recommendations at the relevant forums.

vi. There is a need to plan and prepare for the recovery phase which includes lessening the impact of the pandemic as well as the unintended consequences of the special measures put in place to deal with this crisis on the various sections of society.

vii. The unprecedented spread of the pandemic leaves various lessons for future policy making. Various countries responded in multiple fashions in order to deal with this challenge. As the situation unfolded over the past few months various lessons emerged out of the empirical analysis of the policies and strategic adopted. A comprehensive overview of the strategies adopted and their impact on various stakeholders should be carried out in order to deal with such emergencies in a better way if they emerge again.

viii. The coronavirus pandemic provides an opportune moment to pursue a climate resilient future while rebuilding the economy from the damages caused due to the pandemic. Countries need to carry out climate risk assessments, climate forecasting and resilience as integral part of their national response towards the challenge of climate change. Investments in low-carbon and climate resilient infrastructure should make the core of the measures to restore economic growth following COVID-19.

ix. In order to consolidate on the slightly improved climate change situation in the wake of COVID-19, the governments must sit together to strategize and encourage healthier environment. It includes national forestation movement at mass scale to undertake fresh plantation and preserve the forests by declaring them national heritage. In addition world countries must celebrate once in a quarter vehicle free climate change day to encourage younger generation to participate in the climate change drive, which remains imperative for sustainable future for coming generations.

# Annexure – I

**THE GLOBAL FUND**

## Funding approved for COVID-19 Response

### COVID-19 Response Mechanism[11]

Last updated : 23 Jul 2020
**Total approved in USD equivalent:** 501,064,256
**Total countries and multicountries:** 108

| | |
|---|---|
| **Total mitigating COVID-19's impact on HIV, TB and malaria programs** | 104,910,132 |
| **Total reinforcing national COVID-19 response (Other response)** | 111,852,211 |
| **Total reinforcing national COVID-19 response (COVID-19 diagnostic tests)** | 71,701,992 |
| **Total urgent improvements to health and community systems** | 34,456,758 |
| **Total immediate funding** | **322,921,096** |

| Country/Multicountry | Currency | Mitigating COVID-19's impact on HIV, TB and malaria programs | Reinforcing national COVID-19 response | | Urgent improvements to health and community systems | Total immediate funding |
|---|---|---|---|---|---|---|
| | | | Other response | COVID-19 diagnostic tests | | |
| Afghanistan | USD | 1,632,174 | 240,194 | | 469,623 | **2,341,991** |
| Albania | USD | 29,972 | 24,485 | 103,040 | | **157,497** |
| Angola | USD | 317,000 | 78,481 | 1,715,499 | | **2,110,980** |
| Armenia | USD | 220,100 | 166,750 | | | **386,850** |
| Azerbaijan | USD | 1,107,834 | | | | **1,107,834** |

[11]The COVID-19 Response Mechanism supports countries in responding to COVID-19, mitigating the impact on programs to fight HIV, TB and malaria, and initiating urgent improvements in health and community systems.With an initial allocation of US$500 million, for countries with an allocation for 2020-2022 the COVID-19 Response Mechanism leverages the principle of country ownership and allows countries to request funding for control and containment, including laboratory networks, supply chains, and community-led responses.

| | | | | | | |
|---|---|---|---|---|---|---|
| Bangladesh | USD | 1,148,176 | 2,710,892 | 1,434,882 | 2,227,979 | **7,521,929** |
| Belarus | USD | 487,435 | 305,426 | 41,664 | | **834,525** |
| Belize | USD | 12,835 | 21,808 | 37,700 | 48,188 | **120,531** |
| Bhutan | USD | 157,859 | | 18,600 | | **176,459** |
| Bolivia (Plurinational State) | USD | 760,136 | 269,415 | 134,000 | 229,684 | **1,393,235** |
| Botswana | USD | 401,457 | 266,295 | | 152,833 | **820,585** |
| Burkina Faso | USD | 3,352,256 | 4,837,384 | 2,793,720 | 2,583,572 | **13,566,932** |
| Cabo Verde | USD | 51,565 | 6,927 | 99,130 | 31,260 | **188,882** |
| Colombia | USD | 571,950 | 57,990 | | 148,313 | **778,253** |
| Comoros | USD | 146,909 | 61,363 | | 81,176 | **289,449** |
| Congo (Democratic Republic) | USD | 25,803,719 | 3,033,918 | 5,708,381 | 1,162,760 | **35,708,778** |
| Costa Rica | USD | 71,522 | 120,545 | | | **192,067** |
| Cuba | USD | 71,308 | | 317,114 | 176,908 | **565,330** |
| Dominican Republic | USD | 319,865 | 124,000 | | 151,910 | **595,775** |
| Ecuador | USD | 447,072 | | | 9,458 | **456,530** |
| El Salvador | USD | 756,800 | 30,044 | 106,016 | | **892,860** |
| Eswatini | USD | 945,378 | 954,520 | 186,670 | 71,576 | **2,158,144** |
| Ethiopia | USD | 3,819,100 | 9,552,763 | 4,713,244 | 2,082,037 | **20,167,144** |
| Gabon | USD | 189,644 | 67,768 | 50,864 | | **308,276** |
| Georgia | USD | 175,600 | 480,440 | 47,500 | | **703,540** |
| Guinea-Bissau | USD | | 2,169,505 | 79,201 | | **2,248,706** |
| Honduras | USD | 130,366 | 466,299 | 140,439 | | **737,104** |
| India | USD | 3,180,000 | 16,820,000 | | | **20,000,000** |
| Iran (Islamic Republic) | USD | 12,652 | 77,497 | 135,823 | 209,839 | **435,811** |
| Kenya | USD | 8,690,435 | 6,475,749 | 1,082,480 | 363,742 | **16,612,406** |
| Kyrgyzstan | USD | 759,983 | 99,200 | | | **859,183** |
| Lao (Peoples Democratic Republic) | USD | 655,730 | 317,315 | | 136,887 | **1,109,932** |
| Malawi | USD | 9,904,093 | 14,362,895 | 2,995,150 | 3,514,207 | **30,776,345** |
| Mauritius | USD | 32,125 | 17,748 | 25,000 | 30,872 | **105,745** |
| Moldova | USD | | 722,247 | | | **722,247** |
| Mongolia | USD | 93,816 | 430,400 | | | **524,216** |
| Montenegro | USD | | 27,530 | 34,542 | | **62,072** |
| Mozambique | USD | 6,044,840 | 5,184,721 | 7,039,443 | 1,890,007 | **20,159,011** |

| | | | | | | |
|---|---|---|---|---|---|---|
| Multicountry Caribbean CARICOM-PANCAP | USD | 188,398 | | | 79,530 | **267,928** |
| Multicountry Caribbean MCC | USD | 40,140 | | 122,807 | | **162,947** |
| Multicountry Southern Africa MOSASWA | USD | 1,080,152 | | | | **1,080,152** |
| Myanmar | USD | 3,511,931 | 4,742,773 | 616,000 | 1,690,797 | **10,561,501** |
| Namibia | USD | 733,547 | 480,081 | 305,900 | | **1,519,528** |
| Niger | USD | 1,847,028 | | | 2,681,754 | **4,528,782** |
| Nigeria | USD | | | 21,929,112 | | **21,929,112** |
| Panama | USD | 78,978 | | | 10,015 | **88,993** |
| Paraguay | USD | 166,798 | | 174,782 | | **341,580** |
| Philippines | USD | 1,508,392 | | | | **1,508,392** |
| Rwanda | USD | 3,516,842 | 2,091,180 | 750,000 | 1,198,220 | **7,556,242** |
| Sao Tome and Principe | USD | 89,508 | 355,926 | | 10,807 | **456,242** |
| Senegal | USD | 1,606,009 | 170,901 | 1,541,467 | 1,568,119 | **4,886,496** |
| Somalia | USD | 1,326,392 | 1,407,086 | 100,000 | 374,631 | **3,208,109** |
| Suriname | USD | 201,495 | | 26,040 | 1,650 | **229,185** |
| Togo | USD | 1,359,654 | 2,485,552 | 252,217 | 186,037 | **4,283,461** |
| Uganda | USD | 4,758,392 | 13,830,362 | 9,916,472 | 6,059,821 | **34,565,047** |
| Venezuela | USD | 757,194 | 33,060 | | | **790,254** |
| Zambia | USD | 5,626,492 | 6,738,895 | 5,272,080 | 1,277,215 | **18,914,682** |
| Zanzibar | USD | 76,466 | 293,666 | 238,000 | 20,000 | **628,132** |
| Zimbabwe | USD | 3,934,618 | 8,640,215 | 1,417,013 | 3,525,331 | **17,517,177** |
| **Total** | **USD** | **104,910,132** | **111,852,211** | **71,701,992** | **34,456,758** | **322,921,096** |

# Annexure – II

## Contributions to WHO for COVID-19 appeal

## Contributors

| Donor | Funding received US$ |
|---|---|
| African Development Bank | 6 094 000 |
| Australia | 10 069 651 |
| Austria | 3 086 123 |
| Azerbaijan | 10 000 000 |
| Bill and Melinda Gates Foundation | 11 609 378 |
| Bulgaria | 111 982 |
| CAF | 750 000 |
| Canada | 19 489 648 |
| Central Emergency Response Fund (CERF) | 20 000 000 |
| China | 25 100 000 |
| Côte d'Ivoire | 439 351 |
| COVID MPTF | 10 199 231 |
| COVID-19 Solidarity Response Fund | 123 670 641 |
| Cyprus | 110 376 |
| Czech Republic | 258 176 |
| Denmark | 16 138 585 |

| | |
|---|---|
| Estonia | 108 578 |
| European Commission | 93 417 249 |
| Finland | 1 103 753 |
| France | 2 702 256 |
| Gavi, The Vaccine Alliance | 3 555 949 |
| Germany | 81 077 852 |
| Guinea | 193 670 |
| Holy See | 111 720 |
| Iceland | 204 290 |
| Ireland | 7 439 039 |
| Italy | 454 545 |
| Japan | 50 227 272 |
| King Baudouin Foundation | 3 250 000 |
| Kingdom of Saudi Arabia | 10 000 000 |
| Kuwait | 60 000 000 |
| Latvia | 108 577 |
| Liechtenstein | 320 513 |
| Luxembourg | 1 233 509 |
| New Zealand | 1 258 685 |
| Norway | 3 067 790 |
| Novartis International AG | 499 690 |
| OPEC Fund for International Development (OFID) | 1 500 000 |

| | |
|---|---|
| Pandemic Tech, Texas | 20 000 |
| Portugal | 568 828 |
| Republic of Korea | 3 300 000 |
| Republic of Slovenia | 67 873 |
| Serbia | 1 103 753 |
| Singapore | 500 000 |
| Slovakia | 220 507 |
| Standard Chartered Bank | 145 000 |
| Switzerland | 698 538 |
| Tetra Pak Export FZE | 242 825 |
| Thailand | 50 000 |
| United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) | 23 570 718 |
| United Nations Development Programme (UNDP) | 9 643 836 |
| United Nations Development Programme (UNDP) Multi-Partner Trust Fund (MPTF) | 1 498 155 |
| United Nations Population Fund (UNFPA) | 5 780 990 |
| United Nations Children's Fund (UNICEF) | 2 497 091 |
| United Kingdom | 108 354 100 |
| United States | 34 189 300 |
| Viet Nam | 50 000 |
| Vital Strategies/Resolve to Save Lives | 1 433 923 |

| | |
|---|---|
| World Bank | 60 928 855 |
| World Bank/PEF | 14 373 244 |

**In addition, the following donors have pledged further support to WHO:**

Alwaleed Foundation, Australia, Canada, Croatia, COVID-MPTF, European Commission, Germany, GFATM, Ireland, Italy, Inter-American Development Bank (IDB), Kingdom of Saudi Arabia, Lithuania, Netherlands, Norway, Russian Federation, Spain, Switzerland, World Bank/PEF and UNDP/UNOSSC.