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What is the most immediate concern right now as we continue to advocate for malaria support during COVID-19?

Recognizing the crisis posed by COVID-19 — both as a health challenge in its own right, but also as a potential threat to the viability of programs for HIV, TB and malaria — the Global Fund stepped forward with its COVID-19 Response Mechanism. As of August 14, 2020, the Global Fund had approved nearly US\$698 million in funding to support COVID-19 efforts in 113 countries. This funding supports national COVID-19 responses and improvements to health and community systems and also mitigates the pandemic's impact on essential services for HIV, TB and malaria. Mitigating the effect of COVID-19 on malaria response, for instance, is crucial.

However, even as the toll from COVID-19 continues to grow across the world, the Global Fund's COVID-19 Response Mechanism is running out of money. This potentially imperils the ability of countries to access essential resources for current and future COVID-19 response demands. To ensure that countries are able to obtain vital financing for health responses over the next two years, the Response Mechanism needs an additional US\$4 billion in contributions from the United States. (That is roughly *one-third* of the overall need from all donors - reflecting the share of Global Fund resources the U.S. Congress has committed to.)



What role do you believe the public sector can play? The private sector?

A challenge as massive as COVID-19 requires assistance from every possible source. In

addition to working to bring COVID-19 under control, all of us have a stake in ensuring that other critical public health programs, including efforts to address malaria, are preserved and strengthened in these uncertain times.

We cannot meet the COVID-19 challenge without smart, robust and sustained action from the public sector. National governments account for more than 90 percent of contributions to the Global Fund, provide funding to other multilateral health agencies and often have bilateral channels for health assistance to low- and middle-income countries.

But the public sector's role in combatting COVID-19 extends well beyond money. In the few months that COVID-19 has been with us, we have learned that national responses do best when they are led by governments that communicate clear, consistent messages on the importance of physical distancing, wearing masks and taking other proven steps to slow the spread of the novel coronavirus. The public sector needs to ensure sufficient investments in testing, contact tracing and treatment programs.

Given the speed and ferocity with which the COVID-19 pandemic has spread, public leaders will inevitably be tempted to divert funds from other health priorities to address COVID-19. This would be a tragic mistake. [One recent modeling study](#) found that disruption of malaria control programs due to COVID-19 could cause malaria incidence to double, potentially leading to an additional 81,000 malaria deaths in Nigeria alone. If there is one thing that COVID-19 has taught us, it is that we have badly under-invested in health programs of all kinds. Rather than divert critical funding from essential health programs to pay for COVID-19 responses, our public leaders need to summon the will to increase investments in health programs generally.

We also need leadership and commitment from the private sector if we hope to bring COVID-19 under control and preserve the gains we have made in combatting other leading infectious diseases. Leaders in private industry and philanthropy should urge their governments to increase funding for the Global Fund in order to close the funding gap for the COVID-19 Response Mechanism and to ensure continued progress to fighting HIV, TB and malaria. The private sector also has a unique role to play in generating the diagnostics, therapeutics and vaccines needed to respond to COVID-19 and other infectious diseases. This is similar to its longstanding crucial role in innovation in malaria prevention and response.

What lessons can we already learn from the response to COVID-19?

We've learned that the U.S., the leading provider of global health assistance, is not safe from global infectious diseases threats. With only about 4 percent of the world's population, the U.S. accounts for nearly one in four COVID-19 deaths. The U.S. vulnerability to a pandemic and need for preparedness have been vividly seen. In a world that is intricately connected by commerce, family ties and cultural links, no country, even the world's most powerful one, is immune from the risks posed by infectious diseases.

We have also learned hard lessons about the critical importance of pandemic preparedness. The strength and viability of health systems in distant continents isn't a distant problem.

One thing we have learned is that countries that have benefited from robust funding for HIV, TB and malaria have been better prepared than other countries to pivot quickly to respond to COVID-19. This repeats the lessons learned from the earlier Ebola outbreak in western Africa in 2014-2015, where countries that had built health infrastructure through HIV investments performed comparatively better than their neighbors in bringing Ebola under control. Global Fund investments have contributed to resilience and community health capacity as new pandemics like Ebola have arisen. Crucial funding provided for HIV, TB and malaria must be accompanied by investments focused on strengthening pandemic preparedness in all parts of the world. Going forward, pandemic preparedness must be prioritized, both in domestic investments and in international health assistance.

COVID-19 has served as a painful reminder that health emergencies almost always impose the greatest harm on those who are most vulnerable and marginalized. Across the world, we have seen that those who are poorer are more vulnerable to COVID-19. People with preexisting chronic diseases are more likely than healthier individuals to have poor outcomes when infected with the coronavirus. And we have also seen how stigma, violence and other social harms associated with COVID-19 are most likely to be experienced by women, girls, migrants and other marginalized communities.

What is the best-case scenario as we look to prevent malaria right now?

As we begin to better control COVID-19?

Our best hope is for the world — including the U.S. — to step forward to provide the funding needed to enable the Global Fund and others to support countries in their efforts to respond to COVID-19 and to mitigate the pandemic's effects on malaria control efforts. This leadership would take on board one of the essential lessons of the COVID-19 pandemic — that we have under-invested in health and under-prioritized efforts to respond to infectious diseases. The potential benefits of such leadership can't be overstated. According to a [recent analysis](#) by researchers from Imperial College London, the world could cut in half malaria deaths in Africa by supporting mosquito net distribution in the context of COVID-19.

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