FCMUN VIII

At Mount Holyoke College

March 27th - March 29th

The Ebola Crisis

Letter from the Directors:

Dear Delegates,

First and foremost, welcome to Five College Model United Nations! My name is Maria Saraf and I am one of the Crisis Directors for The Ebola Crisis. I am a junior at Mount Holyoke College studying Biology and Politics. Although I am on the Pre-med track, I am highly interested in the intricate political realities that Model UN embodies and the various expressions of dominance and cooperation that it offers. I am originally from Pakistan and moved to the Boston area in Massachusetts at the ripe age of fourteen. I am passionate about the interaction between health and politics and how that translates into political dialogue in the world we live in.

I have been involved with Model UN since I was introduced to it my sophomore year of college. The complex interplay between reality and fiction, power and cooperation, and freedom and restrictions all held a specific charm for me. Currently, I travel to conferences with the Mount Holyoke team and serve as treasurer for Model UN at Mount Holyoke.

As you prepare for March's conference, feel free to contact me at saraf22m@mtholyoke.edu or my Co-Crisis Director Katyaayani Pandey at pande24k@mtholyoke.edu with any questions!

Sincerely,
Maria Saraf
Crisis Director, The Ebola Crisis
Five College Model United Nations 2015

Welcome Delegates!

I am Kaatyaayani Pandey and I will be your Co-Crisis Director for The Ebola Crisis at FCMUN 2015 with Maria Saraf this year. I am a freshman at Mount Holyoke College majoring in Politics. Born and brought up in New Delhi, India, I was introduced to Model UN in my sophomore year of high school and ever since have taken an avid interest in this activity. At the collegiate level, I attended SCSY 2014 in my first semester and am looking forward to attending more conferences in the spring.

I have always been more inclined towards humanitarian committees as opposed to others such as those involving security and defense related issues because I can relate to these issues at a more personal level. I believe Model UN sensitizes youth to contemporary challenges faced by world leaders in the hopes of achieving a better tomorrow; and my preference for humanitarian committees is fueled by the realization that all global issues ultimately boil down to the way humans interact. I constantly find that the lack of respect for differences at the personal level escalates into conflicts on a broader scale and can end up claiming many lives.

Even today, with the outbreak of deadly diseases such as Ebola, those living in relative safety do not realize the gravity of the situation until it directly impacts them. This committee will seek to emulate such conditions and challenge you to find solutions to a fictitious problem that is one step away from becoming a reality for us all.

The Crisis Team for this committee has worked hard for months to make it a riveting experience for you, so we hope the weekend will be as memorable for you as it would be for us.

All the best and happy researching!

Kaatyaayani Pandey
Crisis Director, The Ebola Crisis
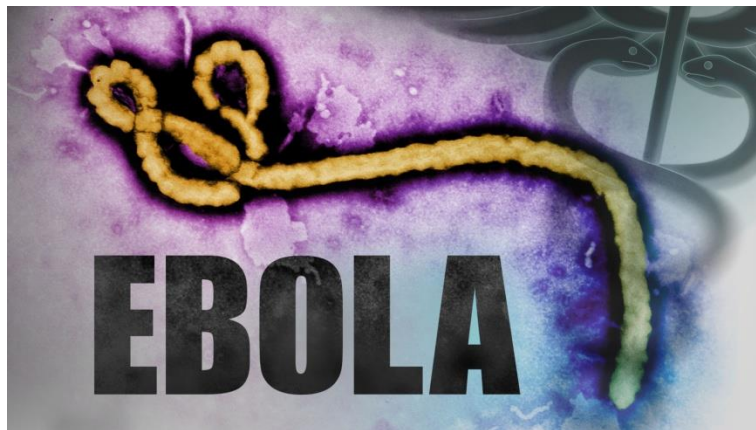Five College Model United Nations 2015
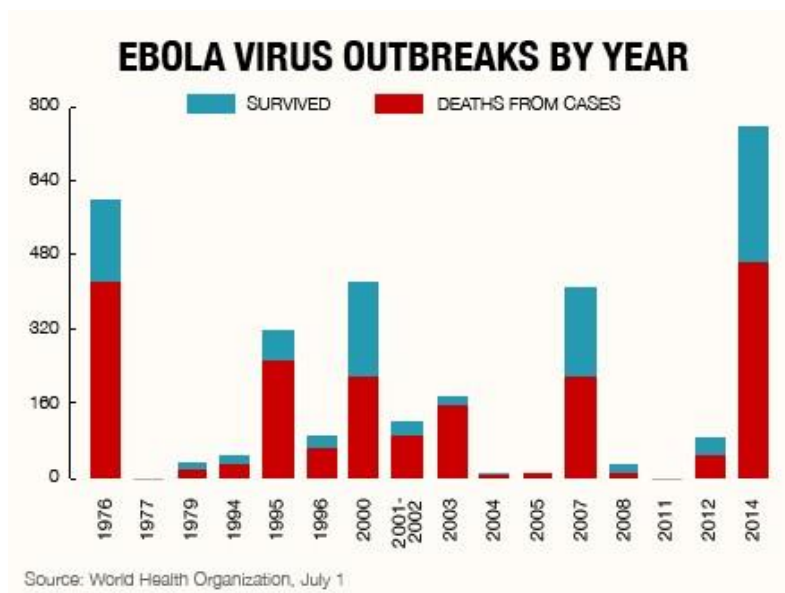
Helpful Figures

Figure 1: The Ebola Virus

Figure 2: Ebola Outbreaks in the Past

Figure 3: Affected States (The Democratic Republic of Congo), early 2019

Figure 4: Map of Africa

History of the Committee

Prior to 2020, The World Health Organization consisted of the World Health Assembly, the decision-making body with 194 delegates from Member States, and the Executive Board, a 34 member body that facilitated the work of the Assembly. However, with the outbreak of a new strain of Ebola in 2019 and extensive research that led to an increasing fear among epidemiologists and researchers that the virus may become air borne, the UN decided to temporarily modify the mandate of WHO. In the year 2020, the change in WHO governance has given more authority to the Executive Board of WHO in the interest of expediency, allowing the adoption of directives by the World Health Assembly with minimum debate. This new Executive Board consists of 25 individuals qualified in the field of health who are expected to use their knowledge to decide the course of global health policy. Member States have agreed to comply with the directives of the Board to facilitate an effective global response to the crisis at hand. After the Ebola crisis has been dealt with, however, the original mandate will be reinstated.

Delegates may refer to the previous mandate of WHO at:
http://www.gfmer.ch/TMCAM/WHO_Minelli/Index.htm

Figure 5: The WHO Assembly

Background

The Ebola virus disease is a fatal illness spread through human-to-human contact of bodily fluids. It was transmitted from wild animals to humans and causes flu-like symptoms followed by internal bleeding. Case fatality rates have varied in different outbreaks; however, the 2014 outbreak had a 70% fatality rate. The Ebola outbreaks have originated from different regions in Western and Central Africa, and had been, for the most part, localized to the continent. Early supportive care, such as rehydration and treatment of specific symptoms, improves survival, but there are no licensed treatments or vaccines for the virus.

The first recorded outbreak of Ebola took place in 1976, occurring simultaneously in Nzara (Sudan) and Yambuku (Democratic Republic of Congo). The 2014 outbreak was the most widespread and complex since it was first discovered in 1976, until the current new strain was found in 2019. The 2014 outbreak in West Africa is believed to have started in Guinea, from where it spread to Sierra Leone and Liberia. An unrelated outbreak also occurred in an isolated part of the Democratic Republic of Congo. Challenges, such as weak healthcare infrastructure and the infection of health-care workers due to improper compliance with infection control precautions, made it hard to contain the virus.

The outbreak of a new strain of Ebola in 2019, known as the Mutated Untreatable Nascent Ebola, or MUN Ebola, was first discovered in Yambuku, a small village in the Democratic Republic of Congo. Believed to have evolved from a previous virus originating from the same place, this new strain has developed the ability to affect mental acuity along with flu-like symptoms in the initial stages of infection. Within a month, three states had affected individuals: The Democratic Republic of Congo, the United Republic of Tanzania and the Republic of Angola. Today, an estimated 0.8% of the population in each country present signs of the infection, totaling an infected population of roughly 1 million people, about 55 times more infected people than those during the 2014 outbreak. The Director-General of the World Health Organization had declared the outbreak a Public Health Emergency of International Concern (PHEIC) in 2019 and called for immediate action. Research teams from various countries are collaborating on a treatment for the ongoing epidemic, but the lack of funding and direction has led to

inadequate results. Currently, there is no treatment or vaccine available for the virus. Widespread panic and ignorance about the virus itself has also impeded further efforts towards its containment and eventual eradication.

In 2020, the UN decided to alter the mandate of The World Health Organization (WHO) to grant more power to the decisions of the Executive Board. Citing convenience and expediency, the UN reduced the membership of the Board to 25 members and gave them the authority to create global health policy that would be accepted and followed by all nations. The World Health Assembly would still consist of the same 194 Member States, but these states would be subject to the authority of the Executive Board and have to pass the Board's directives with minimum debate and discussion.

Thus, the purpose of this committee would be to direct funding and research into the new strain of the Ebola virus and create global health policy to address the epidemic and its consequences. The committee should not shy away from policy that addresses peacekeeping in areas affected or unaffected; however, they may only work to influence such peacekeeping actions.

Contemporary Challenges

Bioterrorism

According to the definition provided by the Center for Disease Control and Prevention *"A bioterrorism attack is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants."*

These agents typically occur naturally but can be altered chemically to make them resistant to medication, thereby making them potentially more hazardous. Bioterrorism agents can be spread through air, water and food and are typically very hard to detect. Thus, given the potency of the Ebola virus, and the rising tide of terrorism, this virus in the wrong hands could have catastrophic effects on the population of the world.

Poor Management of Previous Outbreaks
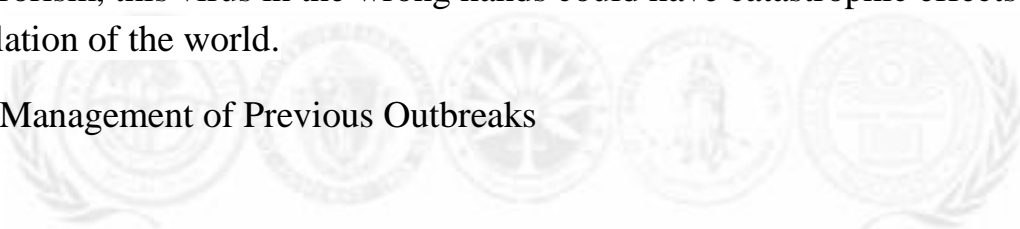
Due to political instability and lack of health infrastructure in the West African region that was most severely affected by the Ebola outbreak of 2014, the response of the respective governments was profoundly inadequate as they failed to contain the spread of the virus. According to reports by the World Health Organization, there were over 21,000 confirmed cases of Ebola Haemorrhagic Fever in Guinea, Sierra Leone and Liberia, with over 8,000 deaths in these three countries alone.

Although it is convenient to accuse local governments for not being able to contain the crisis, in such situations where resources are scarce and the calamity can transcend political boundaries with ease, it is important to note the contribution of international actors as well, especially health experts from medically advanced countries. This type of aid came gradually, after international bodies had assessed the situation and asked member countries for aid. In this case, however, the stakes are higher and the WHO has been given the responsibility of dealing with the outbreak more efficiently and rapidly.

Civil Unrest and Conflict

The worst affected countries of the 2014 Ebola crisis were unfortunately also fledgling democracies coming out of decades of civil unrest and political instability. Many were afraid that the outbreak of Ebola would unravel years of efforts to stabilize the government and economies of these countries. Understandably, the citizens were frustrated and lacked faith in the democratic process. There were protests and riots; during the 2014 outbreak in Liberia protesters blocked highways, looted clinics and attacked security personnel, threatening an uprising against the state. Today, citizens are afraid of history repeating itself.

Due to the current inadequate response by the states and the severity of the situation, the struggling governments of the affected nations as well as those countries fearful of the epidemic are finding it difficult to find allies within their respective countries and the domestic political situation is becoming increasingly tenuous.

Characters

Executive Board of WHO:

1. Albania

   Albania needs support in public health. Although all citizens are covered by health insurance, lack of funding and resources make it harder for the country to deal with modern day health issues. It has a potential for economic growth; the country needs to exploit its natural resources for consumer use as well as tourism. Albania wants to prevent the spread of Ebola to Europe especially and is looking to increase foreign investment in its health industry.

2. Argentina

   Argentina has Latin America's third largest economy that benefits from natural resources and a highly literate population. It bases its foreign policy on principles of non-intervention and international cooperation and is actively involved in UN peacekeeping missions. Medical expertise and equipment is comparable to those in developed nations and although most people are insured, there exists a disparity between public and private health care. Argentina wants to ensure order and control to avoid the further spread of the disease.

3. Australia

   Australia is one of the wealthiest countries in the world and has a highly developed healthcare system. It has a high military expenditure and maintains diplomatic relations with almost all nations. Although concerned with the epidemic in the rest of the world, Australia prefers the isolation route. Previously involved in UN peacekeeping missions and disaster relief, Australia has pledged to contribute only financially towards the research currently ongoing on the new strain of Ebola.

4. Belgium

   Belgium has a very globalized economy and its political and economic stability is heavily connected to that of the rest of Europe. The country has a

highly productive workforce and is well equipped to contain the epidemic should it spread to Europe. It has a universal healthcare system with multiple tiers to ensure adequate coverage for all citizens. Most of Belgium's pharmaceuticals and medical equipment, however, are imported and rely on the stability of the international market. It wants to ensure the stability of this market.
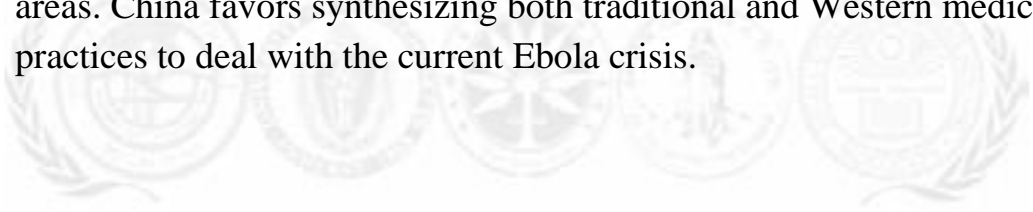
5. Brazil
   Brazil's fast growing economy has given it recognition and influence in the international world. Its foreign policy is based on non-involvement in the affairs of other nations and peaceful settlement of disputes. Healthcare in Brazil is a constitutional right and the country has multiple public laboratories capable of generating drugs and vaccines for medical purposes. It wants to collaborate with Japan to pioneer the search for a treatment.

6. Chad
   An extreme shortage of facilities and physicians has contributed to the many health related issues that plague the nation. With low funding and lack of information, Chad is seriously unequipped to deal with the crisis. Poverty and corruption has led to a mismanagement of resources in favor of the elite. The fear of the Ebola crisis and its spread to the country has led the government to call for a temporary break of contact with the affected nations.

7. China
   The world's most populous country, China has the world's fastest growing economy and is a regional power within Asia. China has a major market for health-related multinational companies and is a hub for much health care research and development. However, most of the healthcare facilities are located in the cities, and much access is limited to millions living in rural areas. China favors synthesizing both traditional and Western medical practices to deal with the current Ebola crisis.

8. Cuba

Cuba has made successes in control of infectious diseases and can serve as a good model for countries with inefficient health care systems to drastically improve their quality and accessibility of care through modest infrastructure development and a good healthcare strategy. The Cuban healthcare system is entirely government run and has a developing medical research industry. Cuba wants to improve healthcare systems in struggling economies.

9. Democratic Republic of the Congo

As the country where the epidemic started, the Democratic Republic of Congo has the most to lose from failure of the Board to achieve a consensus over immediate action. The DR Congo maintains underutilized natural resources that could boost the country's struggling economy. Political instability and a lack of infrastructure contribute to the rise and rapid spread of Ebola, while lack of knowledge about contamination facilitates an increasing number of cases.

10. Egypt

Egypt has significant cultural, political and military influence in North Africa and the Middle East. It has a relatively large economy that supports a growing population. Egypt has historically played the role of mediator in the North African and Middle Eastern region and continues to do so today. It has major issues with illegal immigration and fears the spread of Ebola across the border. Egypt wants to contain the epidemic more than anything.

11. Gambia

Gambia's economy is dependent on farming, fishing and tourism, all of which would be severely hindered by the Ebola crisis. One third of the country lives below the international poverty line, and this plays out in the underdeveloped healthcare system and its accessibility. Health care centers are sparse and not equipped to deal with an epidemic of a contagious disease. Gambia wants to increase international funding and relief for susceptible areas in Africa.

12. India

Although India has a universal healthcare system, the quality and accessibility of care is far from equitable. Those who can afford it favor private healthcare, while those who can't are left to deal with the shortages of physicians, hospitals and medicines. High malnutrition and poor sanitation contribute to the rapid spread of diseases, a substantial concern considering the contagious Ebola crisis at hand. India wants to primarily contain the epidemic.

13. Japan

A major economic power, Japan enjoys many benefits of a major industrial nation. The country's high life expectancy rates and low infant mortality rates point towards the advances of its healthcare system, from public knowledge to available treatments. Japan offers universal health coverage and tightly regulates the health industry to maximize benefits and minimize costs. It is a leading nation in scientific research, particularly in the fields of biomedical research and technology. Japan wants to pioneer the search for a definitive treatment for Ebola.

14. Lebanon

Lebanon has a diversified healthcare system with public and private healthcare providers available to most citizens. However, with the lack of funding, shortages in staff and hospitals leave many citizens without adequate coverage or access to needed care. Although it has a high level of public debt, the Lebanese economy may see a revival due to a recent discovery of oil within the region of the country. Currently, agriculture, remittances and tourism account for the majority of the economy. The instability in the Arab world, particularly in Syria, is sure to have negative impacts on the Lebanese government and economy. Lebanon wants to ensure the stability of North African nations to avoid a spillover into the Middle East.

15. Liberia

The 2014 Ebola crisis created political and economic instability in Liberia, and the current crisis will bring more of the same if it reaches the country.

Liberia has a high percentage of people living below the international poverty line and thus has a healthcare system lacking essential equipment, staff and medicine. Low public health awareness and malnutrition, among other factors, contribute to the prevalence of contagious diseases. Liberia's economy is dependent on foreign aid and investment, including aid form international relief organizations, which contribute towards a non-sustainable pattern. Like Gambia, Liberia wants to increase international funding and relief for susceptible areas in Africa.

16. Lithuania

Lithuania has a fast growing economy that is increasingly focusing on biotechnology in an effort to transition to a knowledge-based economy. Most of its trading interactions are with other EU members. Lithuania's healthcare system, although in need of more financial investment, has well qualified medical staff and equipment. It is interesting to note that Lithuania has one of the highest homicide rates in the EU and one of the highest suicide rates in the world, making it a prime place for violent and hostile reactions to deadly worldwide epidemics. Lithuania wants to ensure order and control to avoid the further spread of not only the disease, but also the hysteria surrounding it.

17. Malaysia

Malaysia has an industrialized market economy ranked third largest in Southeast Asia and the twenty-ninth largest in the world. Malaysia's foreign policy favors neutrality and is based on maintaining peaceful relations with all other countries. Malaysian peacekeeping forces have contributed to many UN peacekeeping missions. Malaysia has an effective universal healthcare system that ensures adequate availability of medical care for the general population. Shortage of staffing, however, still remains a problem for the country. Malaysia, similarly to Argentina, wants to ensure order and control to avoid the further spread of the disease.

18. Maldives

Rising sea levels and consequent future flooding is a great concern for the Maldives. The economy is based primarily on tourism, mainly brought about

by weddings and honeymoons, followed by the fishing industry. The country's health system offers targeted levels of service due to the small size of the country and is not adequately equipped to deal with the Ebola crisis should it spread that far East. Due to geographical limitations, lack of economies of scale and the heavy dependence on imported medical equipment and pharmaceuticals, the Maldives faces many issues of healthcare accessibility and quality. This makes the country highly susceptible to pandemic diseases. Thus, the Maldives wants to increase international funding and relief for susceptible areas with weak healthcare systems.

19. Namibia

Bordering the Republic of Angola, Namibia is very susceptible to the new strain of Ebola. Namibia is an advocate for regional integration and wants to strengthen ties with the Southern African region. Agriculture, tourism, and mining constitute a major part of the Namibian economy. Although the healthcare facilities in Namibia are relatively sophisticated, the lack of affordable care reduces the number of citizens who have access to healthcare, accounting for one of the lowest life expectancies in the world. The HIV/AIDS epidemic in Namibia compounds the effects of other viral diseases, and may facilitate the spread of Ebola.

20. Nepal

Nepal holds close ties with both of its neighbors, India and China. Political uncertainty negatively affects the economic growth in the country, where high rates of unemployment encourage emigration. Health care services are severely lacking and malnutrition is a serious problem for the country due to inadequate government funding. Poor hygiene and sanitation contribute significantly to the higher disease prevalence in the state compared to other South Asian countries. Similarly to the Maldives, Nepal wants to increase international funding and relief for susceptible areas with weak healthcare systems.

21. Russian Federation

The largest and the ninth most populous country in the world, Russia contains the world's largest mineral reserves and energy resources. It has a highly developed, high-income market economy that relies on natural resources. Although the quality of health care in Russia is lower than in most advanced countries, it is easily accessible. Due to the relatively low life expectancy rates for working-age men, immigration is needed to sustain the country's population and is an important factor to consider in terms of the epidemic. Russia plays a major role in maintaining international peace and security, and has a large stake in the current Ebola crisis.

22. Saudi Arabia

Saudi Arabia has a high-income economy and is the only Arab country to be a part of the G-20 major economies, containing one-fifth of the world's petroleum reserves. It plays a prominent role in the International Monetary Fund (IMF) and the World Bank. It also has the fourth highest military expenditure in the world, after The United States, China and Russia. The royal family dominates political life, with the king assuming legislative, executive, and judicial functions. During the previous 2014 Ebola Crisis, the Saudi King Abdullah donated $35 million to fund treatment centers and equipment. Saudi Arabia wants to maintain world order and contain the epidemic so close to its shores.

23. South Africa

With relative proximity to the affected states comes a greater threat of infection. Having the second highest economy in Africa, South Africa is better equipped to deal with the Ebola crisis than the affected states and maintains significant influence in the region. The South African National Defence Force (SANDF) has played a major role in peacekeeping in the region and has also served in multi-national UN peacekeeping forces. Although it has a relatively high GDP per capita in Sub-Saharan Africa, South Africa is also plagued by high poverty and unemployment. The country wants to ensure order and control to avoid the further spread of the disease.

24. United Kingdom of Great Britain and Northern Ireland

    Citing a lack of healthcare infrastructure as the main cause of the rapid spread of the Ebola virus, the UK strongly supports the formation of a publicly-funded healthcare system that guarantees healthcare access to residents when needed to combat the current crisis and to avoid future ones. The UK advocates for equitable response to the crisis in terms of the quality and access to care.

25. United States of America

    Widespread panic in the United States has led to the formation of groups calling for the 1930s isolationism. The U.S. has pulled its military forces from most of its bases in Africa, including the Democratic Republic of Congo. Fear of contagion and its dependence on the global economy has encouraged the U.S. to take steps to collaborate further on medical research and offer other forms of support. However, collaboration is difficult since the voice of isolationism is influencing those needed to mobilize the resources.

Parliamentary Procedure

Since The World Health Organization (WHO) is a specialized agency of the United Nations (UN), this committee will abide by the rules of parliamentary procedure. None of the countries will exercise veto power. The committee will be conducted mostly as a moderated caucus and crises will be discussed and debated by the various members with the aim of reaching a common goal. Delegates may use directives to pass global health-related policy and to influence the UN's Peacekeeping Operations. Directives will be passed based on a simple majority vote. The delegates may also use notes as desired.

Each committee session will represent six months. At the beginning of each session, the committee will receive an update of the results of their directives from the previous session and will proceed accordingly.
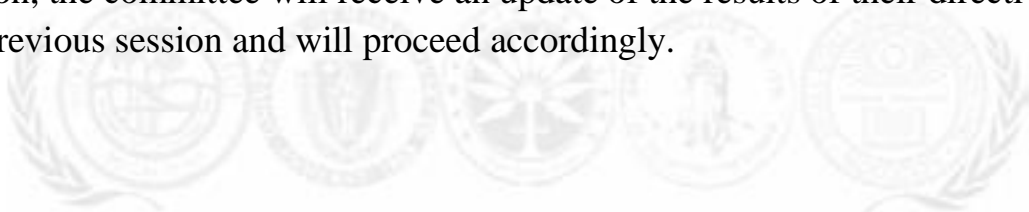
Additional Resources:

WHO website: http://www.who.int/en/

WHO Mandate: http://www.gfmer.ch/TMCAM/WHO_Minelli/Index.htm

UN Peacekeeping: http://www.un.org/en/peacekeeping/

Ebola Facts: http://www.cdc.gov/vhf/ebola/

World Factbook: https://www.cia.gov/library/publications/the-world-factbook/

Citations:

WHO Governance: http://www.who.int/governance/eb/en/

Population by Country: http://www.worldometers.info/world-population/population-by-country/

Ebola Fact Sheet: http://www.who.int/mediacentre/factsheets/fs103/en/

Ebola 2014 Cases: http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html

PHEIC: http://www.who.int/ihr/procedures/pheic/en/

World Factbook: https://www.cia.gov/library/publications/the-world-factbook/

US Troops in Africa: http://www.washingtonpost.com/blogs/worldviews/wp/2014/05/21/map-the-u-s-currently-has-troops-in-these-african-countries/

Military Expenditures: http://en.wikipedia.org/wiki/List_of_countries_by_military_expenditures

Conflict in W.Africa: http://www.crisisgroup.org/en/publication-type/media-releases/2014/africa/statement-on-ebola-and-conflict-in-west-africa.aspx

Response to Ebola: http://www.washingtonpost.com/blogs/monkey-cage/wp/2014/07/15/why-west-african-governments-are-struggling-in-response-to-ebola/

Bioterrorism: http://emergency.cdc.gov/bioterrorism/overview.asp