World Health Organisation

AUMUN'21

Agenda: Contemplating upon the prospective relaxation of COVID-19 policies worldwide in light of the vaccination drive.

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Letter from the Executive Board:

We welcome you all to The World Health Organisation at AUMUN 2021. It is our honour and privilege to serve as your Executive Board for the duration of the conference. The Study Guide at hand will help you throughout your preparation for the conference from now on. However, we need to stress the importance of conducting your research, before the committee's sessions.

This guide will provide you with a background that will form the basis for your research. We would highly recommend that you do a good amount of research beyond what is covered in the study guide. We have to underline that we will firmly seek the engagement of all of you in the debate and the committee work, so please, do not hesitate to disturb us for anything you may need. We can assure you that we will remain at your disposal during your preparation and your time in the committee, for any inquiries that may arise.

First-time delegates are advised to read the MUN Rules of Procedure prescribed by the conference and consult with informative videos demonstrating the manner/conduct of the committee. Rest, the same aspect for research applies as well. Do not feel taken aback on the research, foreign policy and other details of the allotted country.

Furthermore, you all are entrusted upon a task greater than winning a trophy, that is, to do justice to the responsibility of finding solutions to one of the most critical and challenging problems the world is facing today.

We hope that this conference turns out to be a great learning experience for all of us, and we have substantive discussion and debate on the two days of the conference. Once again, please feel free to reach out to us in case there is any way you feel we can make your experience a more comfortable one.

Regards,

Aryan Dwivedi
Co-Chairperson

Abrar Anwar
Co-Chairperson

Introduction to the World Health Organization:

The World Health Organization (WHO) was established on April 7th, 1948, as a member of the United Nations Development Group (UNDG) dedicated to the promotion of global health. WHO followed the Health Organization of the League of Nations, which was chartered in Article 23 of the Covenant of the League 2.

Horrific events of World War II demonstrated to the United Nations, successor to the League, that protection of fundamental health was an international priority critical to social, economic, and political recovery and progress. Thus, a new institution, the WHO, created in the spirit of the Health Organization, was tasked with the responsibility of not only assuming the earlier responsibilities of the Health Organization but also addressing the growing threats and potential benefits to health from developing science and technology.

Since its founding, WHO has been regarded as the supreme directing authority in the sphere of public health. The World Health Organization is the first inter-governmental institution to include the term “world” in its title. This addition to the name of the predecessor agency, the League of Nations Health Organization, reflects how the new United Nations wished to stress the fact that international problems must not be solved merely by the actions of a nation or a single alliance, but by the actions of a global community. In particular, the protection of fundamental human health transcends all borders and treaties, and disease affecting a single member state has the potential to undermine the health in all other member states. Thus, the WHO possesses neutral status and nearly universal membership, resulting in almost unparalleled convening power.

The Constitution of the WHO is considered to be the fundamental health doctrine which defines health in the modern context of the post-World War II world. Previously, health was generally considered to be a physiological state. However, health for the WHO was defined in the Preamble to the Constitution as a multidimensional “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Additionally, the Preamble underscores the importance of health as “fundamental to the attainment of peace and security,” and the need for the “fullest cooperation of individuals and States.” This revised definition of health set a comprehensive international standard that was reflective of the scientific and medical developments of the mid-twentieth century. Furthermore, this comprehensive definition of health was stated as a fundamental right in the Universal Declaration of Human Rights, issued by the United Nations General Assembly in 1948.

The mandate of the World Health Organization dictates that resolutions be passed via the World Health Agency, which is a forum for resolutions between member states. The WHO itself ordinarily puts forth communiques/press releases as paperwork.

Brief overview of COVID-19:

Introduction:

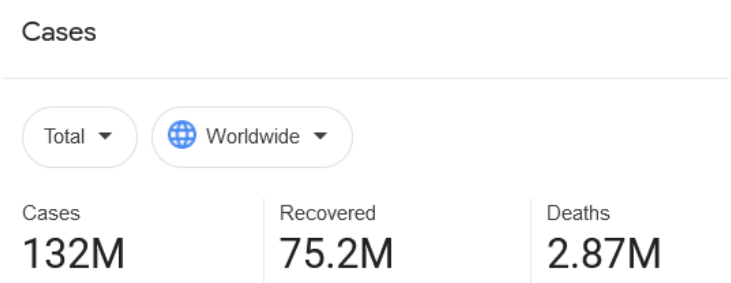
In the month of January in the year of 2020, worldwide attention was turned to a virus proliferating rapidly among people; (in the province of Wuhan initially and eventually through other parts of China, followed by the rest of the world) this virus was none other than the SARS CoV-2, which lead to the Coronavirus Disease 2019 (COVID-19) becoming a pandemic. The SARS CoV-2 belongs to a family of coronaviruses that can cause illnesses ranging from the common cold to severe respiratory diseases.

History:

The first case of person being affected by a coronavirus was all the way back in 1960, wherein the individual reported having common cold like symptoms. COVID-19 was initially recognized in the month of December 2019 in Wuhan, China. It was reported to the WHO country office in China on 31st December 2019. The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020. After initially being an epidemic in China, COVID-19 eventually started to spread to other countries. South Korea, Italy and Iran were among few of the first countries besides China which had become hotspots for the virus. On March 11th 2020, the WHO declared COVID-19 as a pandemic, after initially refusing to do in the earlier months.

Safety Measures:

The spread of COVID-19 can be prevented to a degree at public level by certain measures which include: a) hand hygiene, b) avoiding touching the oral, nasal and orbital regions, c) usage of face masks and d) coughing into elbow e) social distancing.



Total cases worldwide as of 07th April 2021

When one says, ‘relaxation’ of COVID-19 policies, which policies are being spoken of?

COVID-19 policies refer to some common policies adopted by numerous member states that include, but are not limited to:

1) Lockdowns
2) Curfews/movement restrictions during designated time periods
3) Education/Working from home
4) Rollout of stimulus checks and other economic aid for citizens
5) Temporary closure of enterprises; commercial and otherwise
6) Mandatory usage of masks
7) Mandatory thermal screening of citizens
8) Travel bans (both out of and into the country)

What are lockdowns? The case for, and the case against lockdowns:

A **lockdown** is a restriction policy for people or community to stay where they are, usually due to specific risks to themselves or to others if they can move and interact freely. The term "stay-at-home" or "shelter-in-place" is often used for lockdowns that affect an area, rather than specific locations.

During the COVID-19 pandemic, the term lockdown was used for actions related to mass quarantines or stay-at-home orders.

By early April 2020, 3.9 billion people worldwide were under some form of lockdown—more than half the world's population. Nearly 300 million people, or about 90 per cent of the population, were under some form of lockdown in the United States, and 1.3 billion people have been under lockdown in India.

The degrees of intensity and rules of lockdown imposed vary across nation states, with differences even among different states/regions of a given country in certain cases. Following are a few examples to illustrate the same:

United States of America:

For example, in the US, there were differing policies among states; on one end of the spectrum one may look at California with arguably the country's strictest lockdown measures, while on the other end of the spectrum one may consider the state of Florida, which "opened up" and eased restrictions early in the pandemic.

Timeline for Government Response (State-Issued)

Date	Action Taken
March 4, 2020	State of emergency declared.
March 12, 2020	Mass gatherings (over 250 people) and social gatherings (over 10 people) banned.
March 19, 2020	State-wide stay-at-home order issued.
March 24, 2020	Intakes in prisons and juvenile correction centers postponed.
April 1, 2020	Closure of all public and private schools (including institutions of higher education) ordered for the remainder of the 2019–2020 academic year.
April 9, 2020	State offered to pay hotel room costs for hospital and other essential workers afraid of returning home and infecting family members.
April 24, 2020	Program to deliver free meals to elderly residents announced.
April 29, 2020	Expansion of the state's Farm to Family program (which helps connect farmers to food banks) announced.
May 6, 2020	Worker's compensation extended for all workers who contracted COVID-19 during the state's stay-at-home order.
May 6, 2020	Property tax penalties waived for residents and small businesses that have been negatively affected by the pandemic.
May 7, 2020	State entered Stage 2 of its 4-stage reopening roadmap.
May 8, 2020	Executive order signed that would send every registered voter a mail-in ballot for the general election.
May 18, 2020	Businesses that are part of Stage 3 allowed to reopen.
May 26, 2020	Hair service businesses allowed to reopen (with restrictions).
June 18, 2020	Universal masking guidance issued by Department of Public Health.
June 28, 2020	Bars ordered to close in several counties.
July 1, 2020	Most indoor businesses, including restaurants, wineries, and movie theaters ordered to close in several counties.
July 13, 2020	Closure of gyms, indoor dining, bars, movie theaters, and museums re-imposed.
August 28, 2020	Unveiled a new set of guidelines for lifting restrictions, titled a "Blueprint for a Safer Economy".
August 31, 2020	BSE county-level restrictions take effect. See below for initial classifications. More than 80% of population is under "Widespread" restrictions.
September 29, 2020	Majority of population now under "Substantial" or lower BSE restrictions.[A]
November 10, 2020	Majority of population back up to "Widespread" BSE restrictions.[A]
November 21, 2020	Nighttime curfew implemented for counties under "Widespread" BSE restrictions.
December 3, 2020	Regional stay-at-home orders announced.
January 25, 2021	Nighttime curfew and regional stay-at-home orders lifted.
March 13, 2021	Majority of population back under "Substantial" or lower BSE restrictions.[A]

COVID-19 policy timeline in the state of California

Timeline for State Government Response

Date	Action Taken
March 1, 2020	Public health emergency declared.
March 17, 2020	All bars and nightclubs ordered to close for 30 days.
March 17, 2020	School closures extended to April 15, and state-mandated school testing cancelled.
March 28, 2020	Emergency alert sent to cell phones throughout Florida from the state's Surgeon General regarding public safety.
March 30, 2020	Stay-at-home order issued for several South Florida counties.
April 1, 2020	Stay-at-home order issued for entire state.
June 1, 2020	Statewide moratorium on evictions and foreclosures extended by 30 days.
June 3, 2020	"Phase 2" of reopening begins, except for the counties of Miami-Dade, Broward, and Palm Beach.
June 26, 2020	Banned alcohol sales at all bars across the state.
September 25, 2020	"Phase 3" of reopening begins.

COVID-19 policy timeline in the state of Florida
(Note the contrast in policy severity between the two states)

United Kingdom:

The United Kingdom was one of the country's to take a hard hit due to COVID-19 in Europe, and a while into the pandemic they famously adopted a "tier system lockdown" according to which the severity of lockdown restrictions in a city depended on which tier the particular city fell in.

The United Kingdom has now rolled out a plan to "reopen" the country by the month of June with pubs and other institutions set to function as normal by then. The country has vaccinated 31 million people so far, out of a total population of 66 million, and has one of the highest COVID-19 vaccination rates in the world.

India:

On 23 March 2020, the Government of India under Prime Minister Narendra Modi ordered a nationwide lockdown for 21 days, limiting movement of the entire 1.38 billion or 138 Crore population of India as a preventive measure against the COVID-19 pandemic in India. It was ordered after a 14-hour voluntary public curfew on 22 March, followed by enforcement of a series of regulations in the country's COVID-19 affected regions. The lockdown was placed when the number of confirmed positive coronavirus cases in India was approximately 500.

On 1 May, the Government of India extended the nationwide lockdown further by two weeks until 17 May. The Government divided all the districts into three zones based on the spread of the virus—green, red and orange—with relaxations applied accordingly.

Different state governments in India later adopted varying policies and varying frequency and severity of lockdowns imposed, usually depending upon the number of cases in given state.

New Zealand:

The first case of the disease in New Zealand was reported on 28 February 2020. As of 6 April 2021, the country has had a total of 2,524 cases. 26 people have died from the virus, with cases recorded in all twenty district health board areas. The pandemic peaked in early April 2020, with 89 new cases recorded per day and 929 active cases.

All borders and entry ports of New Zealand were closed to non-residents on 19 March 2020, with returning citizens and residents being required to self-isolate.

A four-level alert level system was introduced on 21 March to manage the outbreak within New Zealand. The alert level was initially set at level 2, but was subsequently raised to level 3 on the afternoon of 23 March. Beginning on 25 March, the alert level was moved to level 4, putting the country into a nationwide lockdown. The alert level was lowered to level 3 on 27 April, partially lifting some lockdown restrictions, and down to level 2 on 13 May, lifting the rest of the lockdown restrictions while maintaining physical distancing and gathering size limits.

The country moved down to level 1 on 8 June, removing all remaining restrictions except border controls.

On 14 February 2021, three community cases of COVID-19 were detected in Auckland. On the same day, at 11:59 pm, Auckland moved up to level 3 and the rest of New Zealand to level 2. On 22 February at 11:59 pm, Auckland moved down to level 1.

Rationale behind nation states adopting a lockdown:

(The case in favour of lockdowns)

1) To prevent overwhelming of healthcare systems:

   As the COVID-19 pandemic surges, hospitals must figure out how to manage an influx of people who are very sick with COVID-19 on top of their usual patient loads.
   Most hospitals usually operate somewhere near their capacity.
   This means there's not a lot of excess room during normal times. So when something happens that creates lots of extra need for hospital care – like a disaster or a pandemic – they have to try to balance the limited resources they have with that demand.
   If the healthcare system fails to meet this balancing act in any given region, it could lead to deaths that would have normally been preventable.

2) To reduce rates of transmission of COVID-19 (Flattening the curve)

   Cancelling public events, imposing restrictions on private gatherings, and closing schools have the quantitatively most pronounced effects in reducing the incidence of COVID-19. They are followed by workplace closure and stay-at-home requirements, whose effects are not as pronounced.
   (Source: https://voxeu.org/article/flattening-covid-19-curve-what-works)

3) To protect demographics highly vulnerable to COVID-19

   Lockdowns reduce COVID-19 transmission and hence reduce the number of older people and people with co-morbidities contracting COVID, keeping them safe in the process.

4) To reduce overall COVID-19 related mortality rates

5) To subsequently return to normalcy post lockdown as soon as possible

   Flattening the curve entails a point where COVID-19 transmission rates plummets to low levels, which allows a country to safely reopen its commercial and non commercial enterprises and subsequently ensues normalcy.

Detrimental/Adverse impacts of a lockdown:

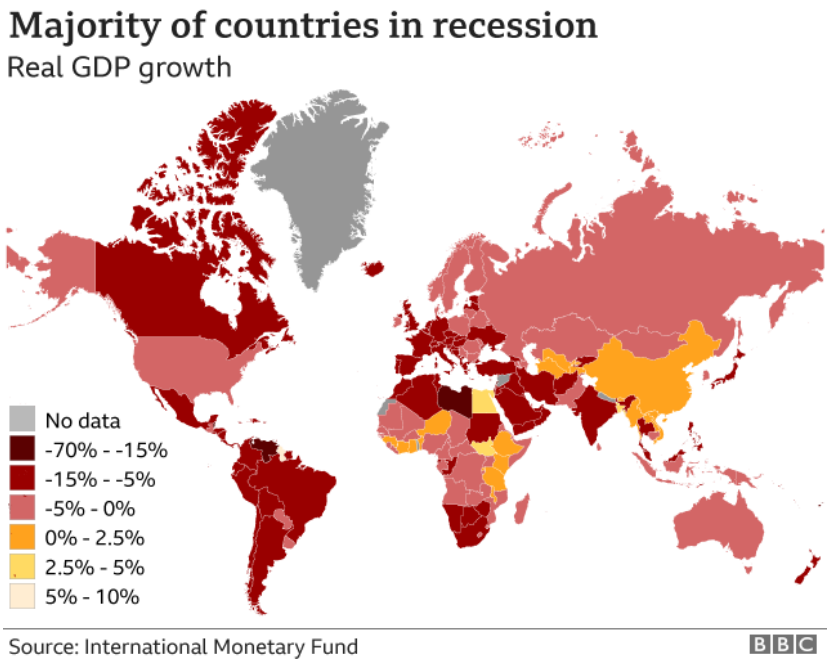
(The case against lockdowns)

Economic downfall:

If the economy is growing, that generally means more wealth and more new jobs.

It's measured by looking at the percentage change in gross domestic product, or the value of goods and services produced, typically over three months or a year.

The IMF estimates that the global economy shrunk by 4.4% in 2020. The organisation described the decline as the worst since the Great Depression of the 1930s.

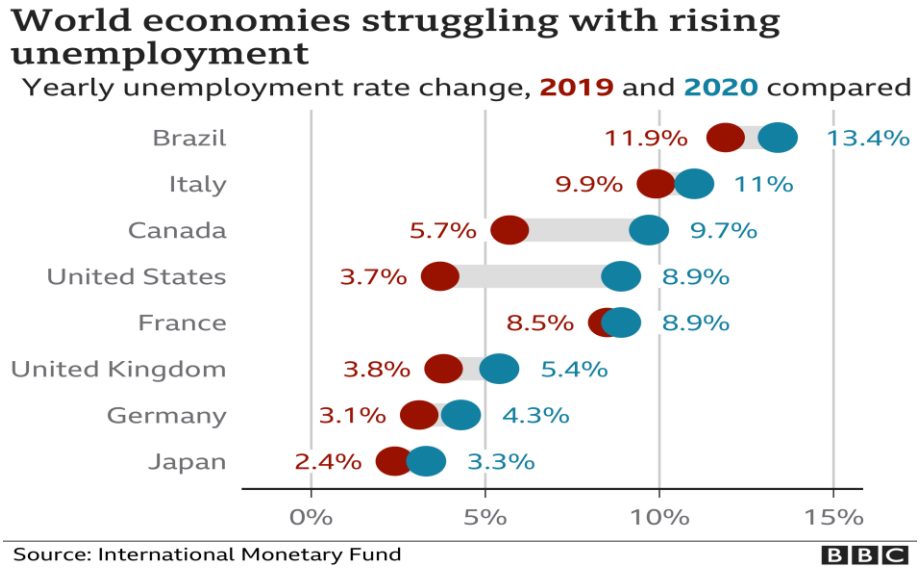


Billions of dollars have also been lost in 2020 in the tourism industry and while the forecast for 2021 is better, many analysts believe that international travel and tourism won't return to the normal pre-pandemic levels until around 2025. For countries that substantially rely on tourism, this is a major blow.

Unemployment rate spikes:

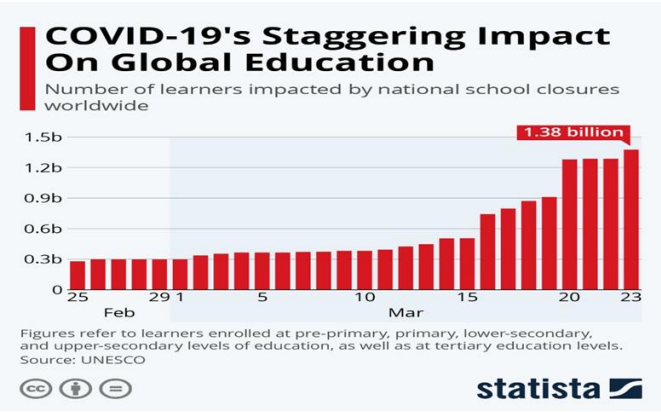
In the United States, the proportion of people out of work hit a yearly total of 8.9%, according to the International Monetary Fund (IMF), signaling an end to a decade of jobs expansion.

Millions of workers have also been put on government-supported job retention schemes as parts of the economy, such as tourism and hospitality, have come to a near standstill.



Educational Impact:

- Economically speaking, education increases the ability of an individual and hence their skills become an asset to the economy after a given point of time.
- Socially speaking, education is responsible for students to improve interpersonal relations, keep their morale up and having a productive daily structured schedule.
- Most governments around the world have temporarily closed educational institutions in an attempt to contain the spread of the COVID-19 pandemic.
- These nationwide closures are impacting over 60% of the world's student population. Several other countries have implemented localized closures impacting millions of additional learners.
- As of 7 June 2020, approximately 1.725 billion learners are currently affected due to school closures in response to the pandemic. According to UNICEF monitoring, 134 countries are currently implementing nationwide closures and 38 are implementing local closures, impacting about 98.5 percent of the world's student population.
- Several forms of examinations such as the SAT, International Baccalaureate, the CBSE Class 10 Boards and the Cambridge AS & A levels have been cancelled in light of the pandemic.
- It is to be noted that the closure of the education sector hits the underprivileged students harder than students belonging to other socioeconomic statuses, as in a lot of cases the underprivileged students depend on schools for provisions like regular and mid-day meals.
  Moreover, most educational institutes that have tried to provide education during a state of lockdown have done so via online platforms which require a connectivity and suitable electronic devices, which sections of society do not have access to.



(Note-Education statistics are from 2020)

Mental Health Issues due to lockdowns and the pandemic:

The COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide while the demand for mental health is increasing, according to a new WHO survey.(As of 5th October 2020) The survey of 130 countries provides the first global data showing the devastating impact of COVID-19 on access to mental health services and underscores the urgent need for increased funding.

WHO has previously highlighted the chronic underfunding of mental health: prior to the pandemic, countries were spending less than 2 per cent of their national health budgets on mental health, and struggling to meet their populations' needs.

And the pandemic is increasing demand for mental health services. Bereavement, isolation, loss of income and fear are triggering mental health conditions or exacerbating existing ones. Many people may be facing increased levels of alcohol and drug use, insomnia, and anxiety. Meanwhile, COVID-19 itself can lead to neurological and mental complications, such as delirium, agitation, and stroke. People with pre-existing mental, neurological or substance use disorders are also more vulnerable to SARS-CoV-2 infection − they may stand a higher risk of severe outcomes and even death.

The WHO conducted a survery in its 6 regions, spanning 130 countries for a period of 2 months in 2020 and countries reported widespread disruption of many kinds of critical mental health services:

- Over 60% reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%).
- 67% saw disruptions to counseling and psychotherapy; 65% to critical harm reduction services; and 45% to opioid agonist maintenance treatment for opioid dependence.
- More than a third (35%) reported disruptions to emergency interventions, including those for people experiencing prolonged seizures; severe substance use withdrawal syndromes; and delirium, often a sign of a serious underlying medical condition.
- 30% reported disruptions to access for medications for mental, neurological and substance use disorders.
- Around three-quarters reported at least partial disruptions to school and workplace mental health services (78% and 75% respectively).

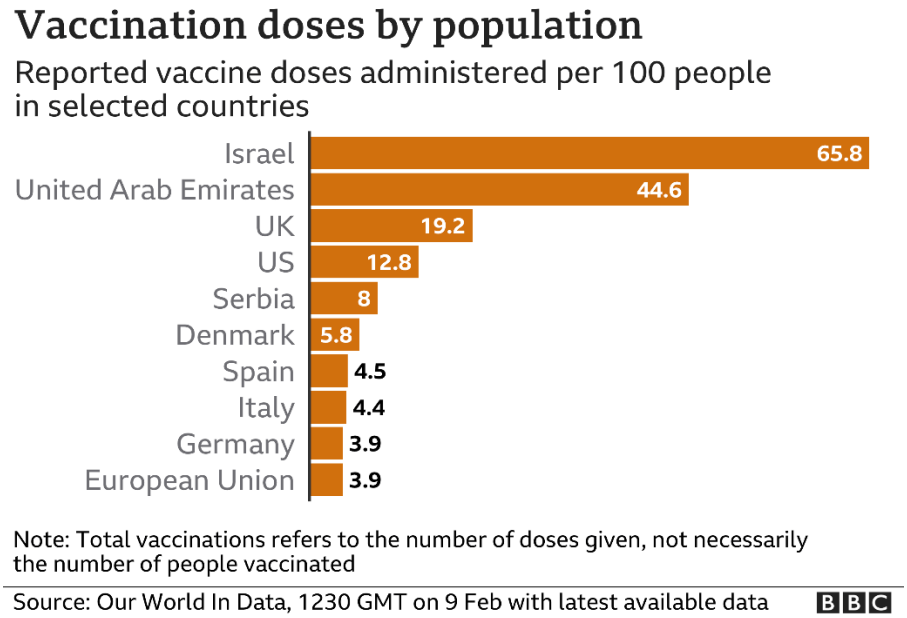
Mental Health statistics in 2020 from the CDC

Global Vaccination Drive:

While vaccine doses remain relatively scarce globally, most countries have focused their early vaccination efforts on priority groups like the clinically vulnerable; people in their 60s, 70s and older; and front-line workers, like doctors and nurses.

At least 678,618,075 doses of coronavirus vaccines have been administered around the world, data from 179 locations show.

After a year of breakneck research into more than 230 vaccine candidates, seven coronavirus vaccines are now in use in at least one country. Israel has been the fastest to roll out inoculations. More than half of its population have already received at least one dose of vaccine, and more than a third having received both doses.



(Note-Data as of 9th February 2021)

Dennis Cunningham, M.D., medical director of infection control and prevention with Henry Ford Health System, recently gave his opinion on 10 vaccine myths:

1. **Myth: The vaccines aren't safe because they were developed quickly. This is FALSE.**
   "The COVID-19 vaccines themselves were developed quickly, but the clinical trials, which examine safety and efficacy, weren't rushed at all," says Dr. Cunningham. "Safety was not compromised in any way. What happened quickly was finding the vaccine to test. In the 1980s, it took scientists so long to do this, but thanks to scientific advances we've made over the years, we can find viruses so quickly." Also, he adds, COVID-19 is similar to other coronaviruses we've seen in humans, like MERS and SARS, so there was previous research that could be used to speed up the process.
2. **Myth: The vaccines can lead to long-term effects. This is FALSE.**
   "With vaccines, if there is going to be a complication or side effect (like an allergic reaction, for example) it will occur within minutes to hours of receiving the vaccine," says Dr. Cunningham. "If we're not seeing serious side effects now, we can pretty much know it will be safe down the road."
3. **Myth: You can get COVID-19 from the vaccines. This is FALSE.**
   "There's no live virus in the vaccines, so they can't infect you," says Dr. Cunningham. "Basically, the vaccines make our bodies produce one single protein from the virus—the protein that infects our cells. By making that protein, we prevent infection. You might have side effects like a headache or chills, but that's because your body is creating an immune response, not because you have an infection."
4. **Myth: I've already had COVID-19, so I don't need to get vaccinated. This is FALSE.**
   The Center for Disease Control (CDC) recommends that those who have had COVID-19 get the vaccine. "There is preliminary evidence that the vaccine offers better protection than having had the virus," says Dr. Cunningham. "Plus, it's sometimes hard to know whether you actually had COVID-19. People who had COVID-19 in the early days, before we had laboratory testing available, were being diagnosed based upon symptoms and not a test. Also, some of the tests aren't always 100% accurate."
5. **Myth: People with underlying conditions shouldn't get vaccinated. This is FALSE.**
   People who have underlying conditions—like diabetes and heart disease, for example—are at a high risk for getting complications from COVID-19, so it's

even more reason why they should get vaccinated, says Dr. Cunningham. Talk with your doctor who is helping you manage the condition if you have concerns.

6. **Myth: People with suppressed immune systems shouldn't get vaccinated. This is FALSE.**
   People with suppressed immune systems (like from cancer treatments or autoimmune diseases) should definitely get vaccinated. "The vaccine will not hurt you since it doesn't contain a live virus," says Dr. Cunningham. "Those with suppressed immune systems will still get protection from COVID-19, just not as much protection as those with healthy immune systems." Again, talk with your doctor if you have specific concerns.

7. **Myth: The COVID-19 vaccines will alter your DNA. This is FALSE.**
   "The Pfizer and Moderna vaccines use messenger RNA (mRNA) to protect us from COVID-19, and I think that is where this rumor comes from," says Dr. Cunningham. "mRNA basically gives our cells the blueprints for the factories that will build the protein to protect us from COVID-19. People get scared that mRNA will cause the virus to go into our DNA and mutate us, but it does not even go into the center part of the cell where we have our DNA."

8. **Myth: If you get vaccinated, it could make you infertile. This is FALSE.**
   "There is absolutely no data from the clinical trials or any theoretical reason as to why the vaccines could cause infertility," says Dr. Cunningham. "In fact, we know that pregnant women with COVID-19 infections could have a miscarriage or go into premature labor, which is reason to get the vaccine."

9. **Myth: If I'm pregnant or breastfeeding, I definitely shouldn't get vaccinated. This is FALSE.**
   "The CDC believes it is fine for pregnant women to get the vaccine," says Dr. Cunningham. "If you're pregnant and in a group that should be urgently vaccinated, like a healthcare worker, you should get vaccinated. If you're concerned about the risks versus the benefits, talk to your doctor. But we know pregnant women who contract viruses can have complications or pass diseases to their babies, and the same goes for breastfeeding."

Vaccine related myths are an impeding factor that counteract encouragement from WHO and governments of member states to get the vaccines. Hence, it is important to keep this in mind when contemplating upon the relaxation of COVID policy debate, as responsible relaxation normally precedes a substantially immunised population, due to either large scale herd immunity or vaccination drive in the country in question.

Rough space for delegate notes: