MarkMUN'23
WORLD HEALTH ORGANIZATION
STUDY GUIDE

Introduction to the committee:

The World Health Organization (WHO) is the United Nations specialized agency for health. It was established on April 7, 1948, and is headquartered in Geneva, Switzerland. WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting international health standards, providing technical assistance to countries, and monitoring and assessing health trends.

WHO's main objective is to build a better, healthier future for people all over the world. It aims to achieve this by working to ensure the highest possible level of health for all people, which it sees as a fundamental right and a necessary condition for the overall well-being and development of individuals, communities, and countries.

One of the key ways in which WHO achieves its objectives is by providing guidance and support to countries to help them improve health and healthcare. This includes providing technical assistance, building capacity, and sharing information and best practices. WHO also monitors the global health situation and provides early warning of outbreaks and public health emergencies.

WHO works closely with a wide range of partners, including other UN agencies, governments, academic institutions, civil society organizations, and the private sector. Together, these partners work to achieve common goals in areas such as disease control and prevention, health promotion, and health systems strengthening.

Mandate of the Committee:

The World Health Organization (WHO) is the United Nations agency responsible for global public health. Its mandate is to "build a better, healthier future for people all over the world."

Some key aspects of WHO's mandate include:

- Providing leadership on global health matters and shaping the health research agenda
- Setting international health standards and providing technical assistance to countries to help them improve health and healthcare
- Monitoring the global health situation and providing early warning of outbreaks and public health emergencies
- Providing guidance and support for the implementation of health-related sustainable development goals
- Coordinating international health efforts and working with other partners to achieve common goals
- Providing a forum for the exchange of information and best practices in public health.

In summary WHO's main role is to ensure the highest attainable level of health as a fundamental right of every human being and to work towards a world in which health is accessible to all.

Covid 19: Where did we go wrong?

Introduction to the topic

When the World Health Organization first called COVID-19 a pandemic on March 11, 2020, few people had any idea what the world was in for. The progression was swift: borders clamped shut, authorities issued stay-at-home orders, and public life ground to a near halt. Most of the world had no experience dealing with an infectious disease outbreak of this scale. The previously unknown virus, now called SARS-CoV-2, could spread through the air, often before (or, in some cases, possibly without ever) causing any symptoms. COVID—though mild for many people—struck down elderly and more vulnerable individuals (and occasionally very healthy ones) with a vengeance, launching a wave of fear, suffering and death unlike any in recent memory. There are ongoing health, societal and economic impacts from COVID as well as from delays in care seeking and reprioritization of resources. Deficiencies in home and community care, infection prevention and control measures, and inequalities in the structure and funding of social care provision, have been laid bare. The response to COVID by the global community has been extensively discussed in the aftermath of the pandemic which caused millions of deaths; raising many questions, particularly, where did we go wrong?

Discussion of the topic

The Covid-19 pandemic was preventable, an independent review panel has said. The panel, set up by the World Health Organization, said the combined response of the WHO and global governments was a "toxic cocktail". The WHO should have declared a global emergency earlier than it did, its report said, adding that without urgent change the world was vulnerable to another major disease outbreak.

<u>**Covid-19: Make it the Last Pandemic**</u>, was compiled by the Independent Panel for Pandemic Preparedness and Response. Its aim was to find answers as to how the virus had killed more than 3.3 million people and infected more than 159 million. The paper reaffirms that the pandemic was due to a myriad of failures, gaps and delays in preparedness and response. The panel argued that the WHO's Emergency Committee should have declared the outbreak in China an international emergency a week earlier than it did. It should have done so at its first meeting on 22 January, the report said, instead of waiting until 30 January. The month following the WHO's declaration was "lost" as countries failed to take appropriate measures to halt the spread of the virus. The WHO was then hindered by its own regulations that travel restrictions should be a last resort, the panel said, adding that Europe and the US wasted the entire month of February and acted only when their hospitals began to fill up. When countries should have been preparing their healthcare systems for an influx of Covid patients, much of the world descended into a "winner takes all" scramble for protective equipment and medicines, the report said.

To prevent another catastrophic pandemic, the report suggests key reforms:
• A new global threats council should be created with the power to hold countries accountable
• There should be a disease surveillance system to publish information without the approval of countries concerned
• Vaccines must be classed as public goods and there should be a pandemic financing facility
• There was an immediate request for the wealthy G7 nations to commit $1.9bn (£1.3bn) to the WHO's Covax programme providing vaccine support to low income countries Panel co-chair and former New Zealand Prime Minister Helen Clark said it was "critical to have an empowered WHO". "If travel restrictions had been imposed more quickly, more widely, again that would have been a serious inhibition on the rapid transmission of the disease and that remains the same today," she added.

The most eye-catching line of this report is that the pandemic was the 21st Century's "Chernobyl moment" and its assertion that the world wasted time in February 2020 while the virus took hold. The panel calls for better processes and structures to spot the next highly infectious pathogen. As well as better funding for the World Health Organization to make it stronger and give it more teeth. After the worst shock to the global economy since World War Two, all countries will agree that it's a case of "never again". But will meaningful reform be possible when so much of the current response is still about putting national interests first?

From its inception, Covid was often downplayed, and pandemic experts sidelined. Authority figures actively minimized the threat. Donald Trump, the then-President of the USA dismissed it as "no worse than a flu". Other influential figures have also since been called out for spreading misinformation. Aside from the misinformation, there's multiple aspects of the pandemic that could have been managed more efficiently. Some of these are discussed below

Lack of standardized, reliable, and quick testing: The WHO mandated a German-developed testing mechanism for COVID. However, this was not as accessible for the masses, particularly in third world countries. This gap in adequate and affordable testing had devastating long term consequences in less privileged communities. Many locally developed and produced tests sprang up across the globe but there was a lack of evidence regarding their efficacy. This caused a deadly delay. Furthermore, production capabilities were limited, and unable to keep up with the demand. Regulatory bodies such as the FDA were slow in approving tests, which resulted in the virus silently spreading through the population. Many epidemiologists also believed that the earliest criteria for getting a test were too stringent—one often had to have been hospitalized with severe symptoms and have recently traveled to a "high-risk" area. As a result of these hurdles, the virus spread undetected for weeks. By the time testing became somewhat more available, community spread was already rampant in many places, making it difficult or impossible to do contact tracing and isolate people before they infected others. Over time, testing availability has improved but remains uneven.

Inadequate tracing, isolating and quarantines: The timeworn methods of combatting an infectious disease—testing people who may be sick, tracing their contacts, and isolating or quarantining those who are positive or exposed—worked for COVID as well. The WHO repeatedly stressed the importance of these measures, and countries that followed this advice closely (such as Vietnam, Thailand, New Zealand and South Korea) succeeded in controlling their outbreaks. China imposed extremely strict, city-wide quarantines. Other countries required those who may have been exposed to stay at a government-approved hotel or other facility for a quarantine ranging from a few days to a couple of weeks. However, not all countries were able to get onboard wit the contact tracing method, countries that lacked resources to do so, such as India, and countries that took the concept of personal freedom too strongly, such as the US suffered greatly.

Confusing mask guidance: Although face masks are now widely considered a crucial part of stopping transmission, In the early weeks and months of the COVID outbreak, the CDC and WHO stated that face masks were not necessary for the general public unless a person was experiencing symptoms or caring for someone who was. The agencies also initially urged people not to buy high-filtration N95 and surgical masks because they were needed for health care workers and were in short supply because of inadequate government stockpiles. Though perhaps well-meaning, the WHO's and CDC's guidance sent a mixed message about masks' effectiveness—and about who deserves protection. The CDC changed course and recommended cloth face coverings in April. The WHO did not do so until June, citing inadequate evidence of their efficacy before then. The WHO's director general also stated that, in the absence of other public health measures, "masks alone will not protect you from COVID-19."

Even after health experts reached a consensus that masks were effective, the public's acceptance to mask wearing was unsatisfactory. A study in Nature Medicine published online in October estimated that universal mask wearing could have saved nearly 130,000 lives during the fall and winter of 2020–2021.

Airborne spread and "hygiene theater": Early in the pandemic, health authorities believed the virus spread primarily by direct contact or relatively large droplets from a nearby cough or sneeze—not by far smaller droplets, called aerosols, that linger in the air. As a result, officials placed a huge emphasis on washing one's hands and cleaning surfaces. Scientists now believe transmission from surfaces is not the main way the virus spreads and that aerosols play a much larger role. Ensuring proper ventilation and wearing well-fitted, high-quality masks are much more effective ways to reduce transmission than deep cleaning surfaces. Yet the latter—which critics have dubbed "hygiene theater"—continues to be a focus of many offices and businesses.

Structural racism fueled health inequities: The pandemic exposed and exacerbated deep-rooted racial and economic inequities in health and health care. Black and Hispanic individuals and other people of color were sickened with, and died of, COVID at disproportionately high rates. Many people in Black and brown communities had already long suffered from high rates of underlying conditions such as obesity and diabetes as a result of inadequate health care, lack of access to nutritious foods and outdoor space, and higher exposure to pollution. They also comprise a large percentage of essential workers in frontline industries with an inherently high risk of COVID exposure, such as nursing homes, meatpacking plants and restaurant kitchens. The uneven death toll is a wake-up call that far too many people of color lack access to preventative health care, as well as protections such as paid sick leave or hazard pay. In addition to the inequalities, racism was exposed on the individual level as well, such as the use of terms like "the China virus" that gave rise to hate crimes and resentment in various parts of the world.

Decentralized response: Perhaps the most gaping error in the fight against covid was how decentralized the response towards it was. While the WHO did serve as a regulatory body on a global scale, much of the response to the pandemic constituted of national or community level guidelines. Countries that responded well to the influx of research were able to mitigate the effects of the virus. Lack of effective policies led to outbreaks that caused enormous strain on the health care systems, and further escalated the disease.

Vaccine hoarding: More than one million lives might have been saved if COVID-19 vaccines had been shared more equitably with lower-income countries in 2021, according to mathematical models incorporating data from 152 countries. The impact of vaccine sharing would have been even greater if the distribution of more vaccines to poorer countries had happened alongside wealthier countries keeping other mitigation measures — such as limiting gatherings and wearing masks — in place for longer. In that case, the models suggest, as many as 3.8 million lives could have been saved. It has been widely assumed that inequitable vaccine distribution led to unnecessary loss of life. But having an estimate of the size of that loss could aid in planning for future epidemics.

Mental health: The disregard of mental health concerns in light of quarantines and isolation is another key concern in the fight against covid. Particularly people who had pre-existing psychological problems and who experience a disruption in access to their mental health-care providers. People with a high level of intolerance for uncertainty, for example as you see in generalized anxiety disorder, are at a higher risk for experiencing long-term impacts. But long term impacts were not limited to those with preexisting issues. There were people who lost their marriages, their jobs, their houses and their finances because of this pandemic. The upheaval and stress of being in close confines can have lasting impacts on people's mental health and well-being. This mental health gap was emphasized upon in literature but mostly failed to be brought into practice.

Applicable UN activities

The first COVID-19 Strategic Preparedness and Response Plan (SPRP) was developed by WHO in February 2020 to help guide the public health response to COVID-19 at national and subnational levels and outline global strategic priorities in support of the effort. With an overall goal of ending the acute phase of the pandemic and building resilience and readiness for the future, it defined key strategic public health objectives, interventions, and required capacities to break the transmission cycle. The SPRP was updated in early 2021 to better align with increasing knowledge of the virus and in response to the development of effective tools – particularly focusing on vaccination as a core aspect of the global response. This report, the fourth of its kind, provides a consolidated update on WHO's response to the COVID-19 pandemic in 2021, against the objectives laid out in the updated SPRP. It highlights key actions taken by WHO to detect and reduce transmission, protect the vulnerable, and save lives – particularly among fragile and conflict-affected population groups.

Considering the pillars of the COVID-19 response as outlined in the SPRP, activities in the report are reviewed according to four broad strategic priorities:
• Detecting transmission through strengthened outbreak surveillance systems, robust early warning systems, and shared global knowledge.
• Reducing exposure and transmission by supporting empowered, engaged, and enabled communities as partners in implementing public health and social measures.
• Protecting the vulnerable by ensuring equitable access to tests, treatments, and essential supplies, and critically – vaccines.
• Reducing morbidity and mortality from all causes through building resilient health systems that can prepare for, manage, and adapt to shocks.

The report highlights the role of WHO at the global, regional, and local levels, and across the key elements of an effective emergency response – from implementation and operational support, to developing evidence and research, and providing strong coordination and planning. As a technical organization with global convening power, WHO has access to expert networks, collaborating centres, and research and innovation platforms. By working with partners, including UN agency offices around the world, multi-agency and multi-partner operational platforms, regional and national public health and scientific institutes, governments, communities, donors, and the private sector, WHO helped bring the world together to provide direct technical and operational support to countries implementing their national COVID-19 response plans.

From the outset of the pandemic, WHO has worked to bring all stakeholders together. WHO plays a key leadership role in several coordination mechanisms – including the Access to COVID-19 Tools Accelerator (ACT-A) partnership. Developed in 2020 as a global collaboration, ACT-A was designed to rapidly leverage existing global public health infrastructure and expertise, and to accelerate the development and production of critical COVID-19 tools – tests, treatments, vaccines, and essential supplies. WHO is at the centre of the ACT-A partnership, with its core mission of delivering equitable access to COVID-19 tools.

Questions A Resolution Must Answer (QARMAs) :

- How can missteps witnessed while dealing with Covid-19 be avoided in future pandemics
- The effectiveness of different countries' and organizations' responses to the pandemic, including measures such as lockdowns, testing, and vaccine distribution.
- The role of misinformation and disinformation in exacerbating the pandemic, and ways to combat it
- The role of the World Health Organization in responding to the pandemic, including any criticisms of the organization's actions or lack of action