



# **WORLD HEALTH ORGANIZATION**

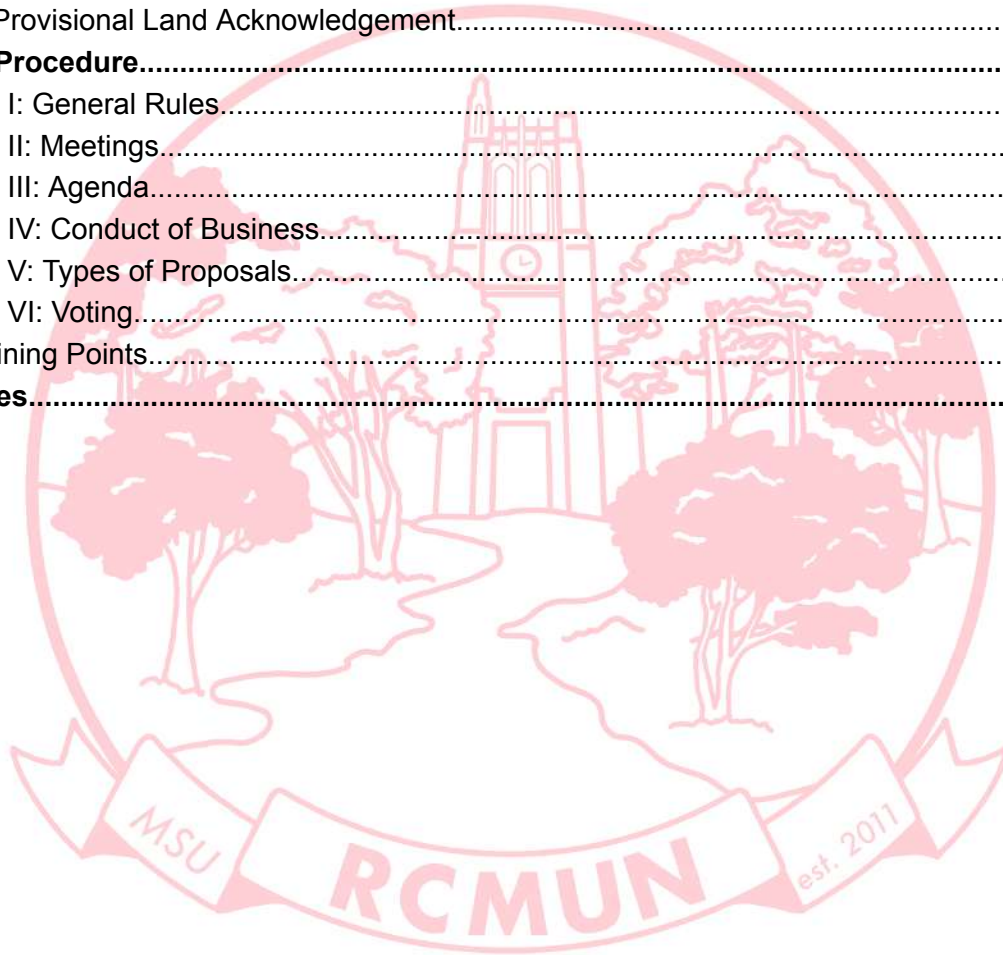
RCMUN XIII  
FEBRUARY 3, 2024



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# RCMUN Notices

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## **Committee Content Warning**

While RCMUN values the discussion and awareness of most topics and a delegate's obligation to accurately represent their assigned role, all participants who engage in any bigoted, racist, sexist, homophobic, ableist, fatphobic, xenophobic, or other such comments or sentiments will be subject to appropriate disciplinary action at the discretion of RCMUN's Secretariat.

Additionally, in all things, RCMUN pledges its Secretariat and staff to maintain approachability and inclusivity; if any participant has any questions, comments, or concerns they are encouraged to contact RCMUN's Secretariat or, in the case of delegates, its staff. If you have questions or concerns regarding this, please reach out to your committee's senior staff before conference weekend.

Red Cedar University Model United Nations (RCMUN) is committed to fostering a safe and secure environment for all delegates, staff, and advisors. In this, RCMUN operates with a zero-tolerance policy concerning any and all instances of harassment and discrimination. Further, RCMUN is committed to promoting the mental health of its participants and requires all participants to act with compassion, grace, and understanding. RCMUN encourages participants to step out of their committee room and/or speak with a trusted individual if they are feeling overwhelmed or are otherwise uncomfortable.

All participants should be aware that RCMUN's Secretariat and staff are designated mandatory reporters with MSU's Office of Institutional Equity while operating within their roles before and during the conference.

### **RCMUN Statement on Mental Health**

*Red Cedar Model United Nations* is committed to fostering a safe and secure environment for all delegates, staff, and advisors. In this, RCMUN operates with a zero tolerance policy with regard to any and all instances of harassment and discrimination. Further, RCMUN is committed to promoting the mental health of its participants and requires all participants to act with compassion, grace, and understanding. RCMUN encourages participants to step out of their committee room and/or speak with a trusted individual if they are feeling overwhelmed or are otherwise uncomfortable.

Moreover, RCMUN recognizes that some of its committees may include references to or discussions of sensitive topics. While RCMU values the discussion and awareness of these topics and a delegate's obligation to accurately represent their assigned role, all participants who engage in any bigoted, racist, sexist, homophobic, ableist, or other such comments or sentiments will be subject to appropriate disciplinary action at the discretion of RCMUN's Secretariat.

Additionally, in all things, RCMUN pledges its Secretariat and staff to maintain approachability and inclusivity; if any participant has any questions, comments, or concerns they are encouraged to contact RCMUN's Secretariat or, in the case of delegates, its staff.

All participants should be aware that RCMUN's Secretariat and staff are designated mandatory reporters with MSU's Office of Institutional Equity while operating within their roles before and during the conference.

### **MSU Provisional Land Acknowledgement**

“We collectively acknowledge that Michigan State University occupies the ancestral, traditional, and contemporary Lands of the Anishinaabeg – Three Fires Confederacy of Ojibwe, Odawa, and Potawatomi peoples. In particular, the University resides on Land ceded in the 1819 Treaty of Saginaw. We recognize, support, and advocate for the sovereignty of Michigan's twelve federally-recognized Indian nations, for historic Indigenous communities in Michigan, for Indigenous individuals and communities who live here now, and for those who were forcibly removed from their Homelands. By offering this Land Acknowledgement, we affirm Indigenous sovereignty and will work to hold Michigan State University more accountable to the needs of American Indian and Indigenous peoples.”<sup>1</sup>

## Rules of Procedure

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<sup>1</sup> “Land Acknowledgement,” American Indian and Indigenous Studies, accessed December 5, 2021, <https://aiis.msu.edu/land/>.

## **Article I: General Rules**

1. Delegates are expected to adhere to all regular RCMUN XIII rules and standards of decorum.
2. In the event of a dispute over the Rules of Procedure, either those of RCMUN generally or World Health Organizations, the RCMUN Secretariat will be the ultimate authority of appeal.

## **Article II: Meetings**

1. All of World Health Organizations meetings shall be attended by all specified members of the committee, unless otherwise authorized by the RCMUN Secretariat.
2. Unless otherwise indicated by the RCMUN Secretariat or World Health Organization staff, all meetings of the committee will be held in the specified World Health Organization room as designated by RCMUN.
3. The Chair will be the moderator of debate, the Assistant Chairs will take notes, monitor delegates, and run committee technology. The roles of each Chair or Assistant Chair are likely to rotate based on the discretion of the Chair. The dias will not act with prejudice towards any proposal. The chair will simply be a neutral arbiter and seek to focus debate amongst delegates.

## **Article III: Agenda**

1. Items for debate may be pulled from the background guide, but are not limited to what is explicitly mentioned. Staff would like to see well-rounded and well-researched delegates bring new and relevant topics to the table.
2. Any Committee member may make a motion to restrict debate to one topic. If this motion passes, debate shall be limited to the topic specified until such time as another motion is made to either change the topic under consideration or return to general debate.
3. The Agenda is to be set at the beginning of committee, formal debate on committee topics may not begin until the Agenda has been set.
4. A Speaker's List may be opened at any time when motions are being entertained. Additionally, a delegate may request to be added to the Speaker's List at any time. If the Chair is not actively calling for speakers to be added, a delegate may send a note to the dias.

#### **Article IV: Conduct of Business**

1. This committee will effectively operate as a Specialized committee. All resolutions must be developed as standard working papers. This will be the case for all topics that this committee will be debating. The passing of resolutions and working papers will require a simple majority vote. Motions made to enter voting procedure will require a simple majority.
2. World Health Organization proceedings shall be conducted in the form of a permanent Moderated Caucus until such a time that a committee member makes a motion to change this.

## **Article V: Types of Proposals**

1. Working Papers: When initially proposing solutions, delegates must first draft and present working papers to the committee. These documents will not be subject to a vote by committee, but are merely a presentation of ideas. These will then be adapted into resolutions, as described below.
2. Resolutions: A resolution requires only one sponsor, though it may have more. The amount of required signatories is up to the discretion of the Chair. A committee member need only move to introduce a resolution in order for it to be considered by the entire committee.

## **Article VI: Voting**

1. Votes may be entered as For, Against, or Abstentions.
2. Any delegate who designates themselves as “Present and Voting” during roll call may not abstain on any matter.
3. Votes on non-substantive proposals or procedural matters will be passed by the affirmative vote of a simple majority of committee members. Abstentions are allowed on non-substantive proposals, but not procedural matters.
4. Votes on substantive matters will be passed by the affirmative vote of a simple majority of committee members.
5. In all cases, a simple majority constitutes more than half of the For and Against votes.

## **Remaining Points**



1. Any rules and regulations are subject to change at the discretion of the Chair.
2. If you have additional questions, please visit the [RCMUN Website](#)



Greetings Esteemed Delegates,

It is my honor and distinct pleasure to welcome you to this year's World Health Organization Committee here at RCMUN! My name is Andrew Hains, and I will be your chair for this year's committee. I am a Sophomore here at MSU studying finance through the Broad College of Business. This is my second year staffing RCMUN; last year I was an assistant chair for the Global Repatriation Council, and I am excited to be back this year as chair. Outside of Model UN, I am also in MSU's Future Leaders in Sports and Entertainment Club, which I just joined this year. In my free time, you can catch me watching TV (by the time you read this I will have hopefully just finished *Suits*), playing video games, reading, spending time with my friends, and obsessing over MSU basketball. Helping me run this committee this year are my four amazing assistant chairs, who I am delighted to introduce to you as well.

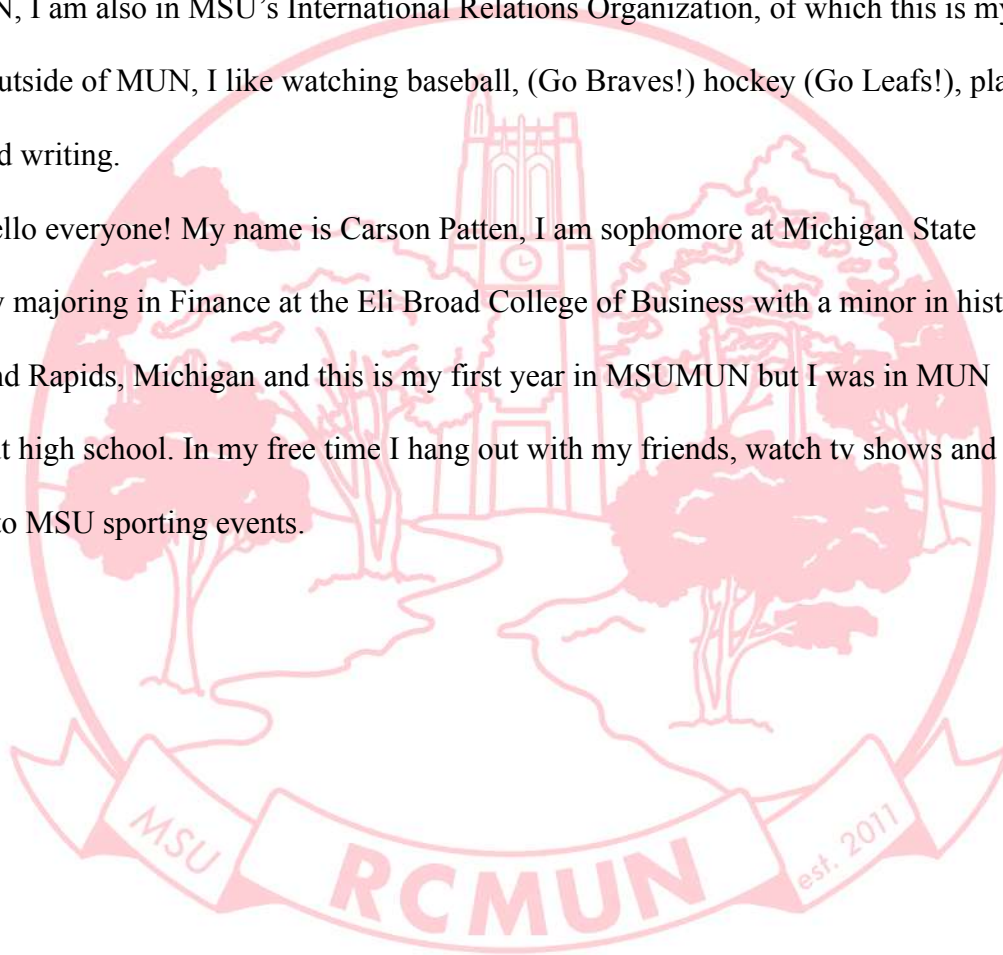
Hello! My name is Brianna Dolan. I am a freshman here at Michigan State majoring in Biochemistry and Molecular Biology with an additional minor in Science and Society on a Pre-Med track through Lyman Briggs College. I'm from Rochester, Michigan. This is my first year doing MSU MUN and I am super excited to be here with everyone. Outside of Model UN, I am an active member of Alliance, Briggs Ambassadors, the Biochemistry and Molecular Biology Club and Pre-SOMA. Fun fact: I am currently obsessed with the show *Our Flag Means Death* and am working on mastering the world of watercolors.

Hi everyone! My name is Radhika Chandrasekharan and I am a sophomore at Michigan State University majoring in Biology on the pre-med track at Lyman Briggs with a minor in Korean. I'm from Plymouth, Minnesota and this is my first year participating in RCMUN. I am also part of the OMSP program and participate in pre-SOMA, SERT, literature, and the criminal psychology club. In my free time, I love to have movie marathons with my friends, play tennis,

and read. I'm looking forward to getting to know all of you and sharing experiences as we navigate this exciting event together.

Hello everyone! My name is Roman Wing and I am a junior at Michigan State University majoring in International Relations through the James Madison College, with minors in French and History. I'm from Ann Arbor, Michigan, and this is my first year in MSUMUN. Outside of MSUMUN, I am also in MSU's International Relations Organization, of which this is my third year in. Outside of MUN, I like watching baseball, (Go Braves!) hockey (Go Leafs!), playing soccer, and writing.

Hello everyone! My name is Carson Patten, I am sophomore at Michigan State University majoring in Finance at the Eli Broad College of Business with a minor in history. I am from Grand Rapids, Michigan and this is my first year in MSUMUN but I was in MUN throughout high school. In my free time I hang out with my friends, watch tv shows and movies, and head to MSU sporting events.



## Helpful Resources:

For delegates that are trying to start off their research, the dias found many different resources that may be helpful for students. Please check them out and use them how you wish. If you have any questions regarding research or your country, please contact the dias at

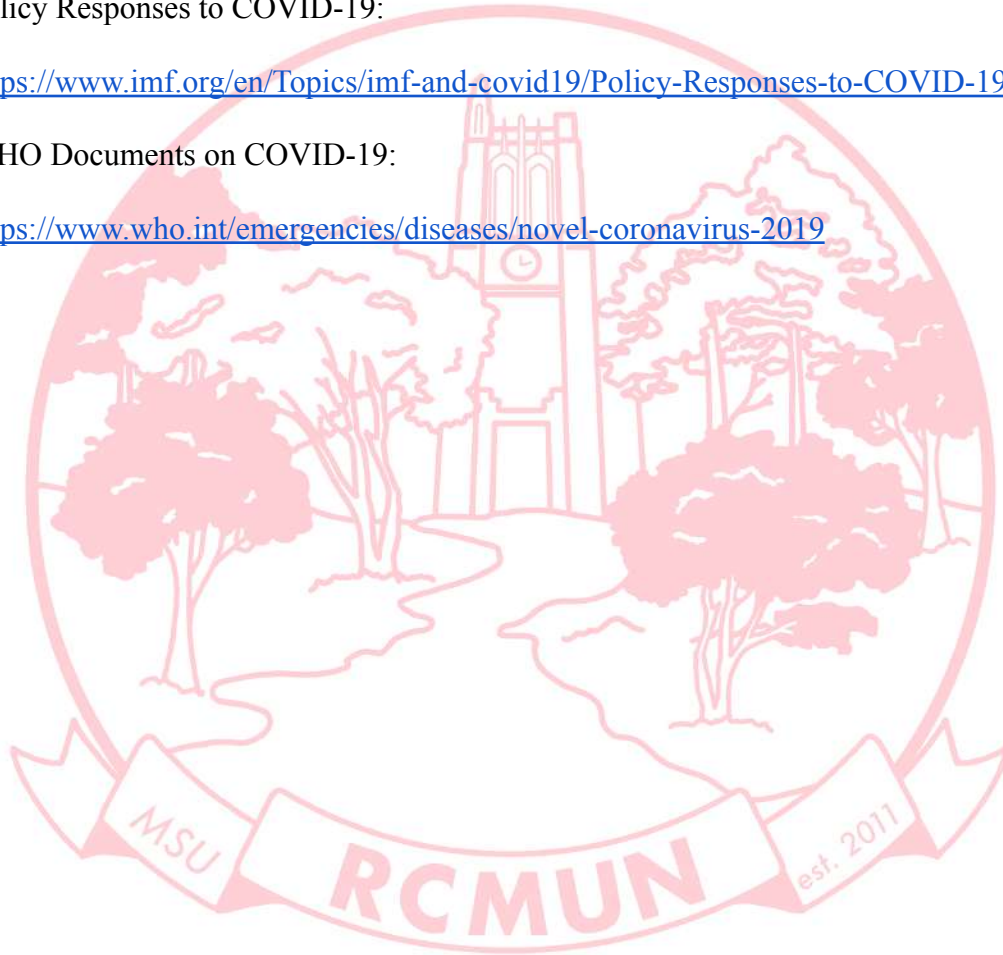
[GA2@msumun.org](mailto:GA2@msumun.org).

- Policy Responses to COVID-19:

<https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>

- WHO Documents on COVID-19:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>



## **Introduction: History**

### *The World Health Organization (WHO)*

The concept of an international health organization was first introduced in 1945, when diplomats from countries all over the world met in the aftermath of World War II to form the United Nations<sup>2</sup>. Specifically, the representatives of Brazil and China brought about the idea of this organization to fruition. From March 18 to April 5, 1946, a Technical Preparatory Committee came together to draw up ideas for a constitution for such an organization, and they were presented to the International Health Conference in New York City between June 19 and July 22nd. It was after this date that a doctrine was created to promote world healthcare and promote human rights. The World Health Organization came into force three years later, on April 7th, 1948. The first ever Health Assembly began on June 24th, 1948, in Geneva, to decide that the interim commission be disbanded and officially replaced by the WHO on August 31st of that same year.

The WHO's governance operates through the World Health Assembly, which meets annually, and through an "Executive Board of health specialists elected for three-year terms by the assembly."<sup>3</sup> Their officials occasionally update the Organization's leadership priorities, which were most recently:

assisting countries that seek progress toward universal health coverage, helping countries establish their capacity to adhere to International Health Regulations, increasing access to essential and high-quality medical products, addressing the role of social, economic, and environmental factors in public health, coordinating responses to noncommunicable

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<sup>2</sup> "History of WHO," World Health Organization, 2023, <https://www.who.int/about/history/>.

<sup>3</sup> The Editors of Encyclopaedia Britannica. "World Health Organization", Britannica, Oct 24, 2023, <https://www.britannica.com/topic/World-Health-Organization>

disease, and promoting public health and well-being in keeping with the Sustainable Development Goals, set forth by the UN.<sup>4</sup>

### *COVID-19 Timeline*

The Coronavirus Disease, also known as COVID-19, was first spotted in late December of 2019 when patients in the city of Wuhan, China, began to experience symptoms of an illness that was similar to pneumonia, yet did not respond well to typical pneumonia treatments<sup>5</sup>. More cases of this mysterious illness were reported later that same month, on December 31, all of which seemed in some way to be connected to the Huanan Seafood Wholesale Market, which was then closed the next day. On January 2nd, the World Health Organization activated its Incident Management Support Team to investigate the outbreak, which had risen to 40 identified cases by January 3rd. On January 7th, it was identified that a novel coronavirus was the cause of this outbreak.

Less than a week later, on January 13th, the first confirmed case of the virus was found outside of China by the Thailand Ministry of Public Health, with the first US case confirmed just one week later in Washington.<sup>6</sup> Things only worsened from here, as the disease continued to spread over the next three months, with governments implementing quarantines for infected persons and those that had traveled from places known to have the virus. By February 10, the Coronavirus had killed 1,013 people, and the next day the WHO gave the virus its official name: COVID-19.<sup>7</sup> Italy was among the first countries to go on a nationwide lockdown on February 23,

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<sup>4</sup> Ibid

<sup>5</sup> “CDC Museum COVID-19 Timeline,” Centers for Disease Control and Prevention, March 15, 2023, <https://www.cdc.gov/museum/timeline/covid19.html>.

<sup>6</sup> Ibid

<sup>7</sup> Ibid

with other countries following shortly after. On March 11, the WHO officially declared COVID-19 a global pandemic, after 118,000 cases and 4,291 deaths.<sup>8</sup> The US implemented shutdowns in the following days, and vaccine work began less than a week later at Moderna Therapeutics. On March 27th, the Trump Administration signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act into law, giving stimulus checks for all adults in the United States.

Work on the vaccine quickly picked up at the end of April with the Trump Administration's launching of Operation Warp Speed, providing critical funding to vaccine research and creation.<sup>9</sup> Discussions of re-opening businesses and other public locations in the United States began in the month of May, although health officials like Dr. Anthony Fauci warned against re-opening too early.<sup>10</sup> In the economic world, the World Bank announced on June 8th that the pandemic would cause the largest global recession since World War II.<sup>11</sup> Vaccine rollout began in June, with the United States Department of Health and Human Service announcing on June 16th that they would be provided free of charge to those who were deemed high risk.<sup>12</sup>

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<sup>8</sup> Ibid

<sup>9</sup> U.S. Government Accountability Office, "Operation Warp Speed: Accelerated Covid-19 Vaccine Development Status and Efforts to Address Manufacturing Challenges," Operation Warp Speed: Accelerated COVID-19 Vaccine Development Status and Efforts to Address Manufacturing Challenges | U.S. GAO, accessed January 8, 2024, <https://www.gao.gov/products/gao-21-319>.

<sup>10</sup> Andrew Solender, "Fauci Worries 'operation Warp Speed' Fuels Perception Vaccine Is Being Rushed," Forbes, September 8, 2020, <https://www.forbes.com/sites/andrewsolender/2020/09/08/fauci-worries-operation-warp-speed-fuels-perception-vaccine-is-being-rushed/?sh=3359b41321dc>.

<sup>11</sup> World Bank Group, "Covid-19 to Plunge Global Economy into Worst Recession since World War II," World Bank, January 14, 2022, <https://www.worldbank.org/en/news/press-release/2020/06/08/covid-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii>.

<sup>12</sup> "HHS Launches Bridge Access Program to Safeguard Free COVID-19 Vaccination for Uninsured and Underinsured Adults," Centers for Disease Control and Prevention, September 14, 2023, <https://www.cdc.gov/media/releases/2023/p0914-uninsured-vaccination.html>.

By August 17th, COVID-19 was the third leading cause of death in the United States, and cases across the country exceeded 5.4 million.<sup>13</sup> The end of August brought more unfortunate news, as the first confirmed reinfection of COVID-19 was confirmed both globally and in the United States. On September 1st, China and the United States declined to join the COVID-19 Global Access Facility (COVAX), a program created by the WHO to create and distribute COVID vaccines across the world. The idea of “Long COVID” symptoms was first revealed on November 17 by Dr. Fauci, who stated that people who were previously infected with the virus could experience certain symptoms for weeks or even months after contracting the virus.<sup>14</sup> Major vaccine rollout began in December, with the Pfizer-BioNTech COVID-19 vaccine being recommended for everyone ages 16 and older on December 14th. Over the next ten days, over 1,000,000 doses of the vaccine would be administered.

The next year would see the rise of numerous different COVID-19 variants, including Gamma, Delta, Beta, and Omicron<sup>15</sup>. The new variants call for updated vaccine boosters, which were deemed necessary to prevent severe illness from the virus on August 18, 2021. In late 2021, vaccine mandates were introduced, including for travel to the US. By March 6, 2022, more than 10 billion people worldwide have received the vaccine, and the end of mask mandates begins with Hawaii on March 8th<sup>16</sup>. Things begin to look up from here, as second booster shots are authorized on March 29 for patients 50 and older, marking the beginning of the end of the worst of the pandemic<sup>17</sup>. On May 5, 2023, the WHO officially stated that COVID-19 was no longer a global health emergency.

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<sup>13</sup> Ibid

<sup>14</sup> Ibid

<sup>15</sup> Ibid

<sup>16</sup> Ibid

<sup>17</sup>CNN Editorial Research. “COVID-19 Pandemic Timeline Fast Facts”, CNN Health, May 8, 2023, <https://www.cnn.com/2021/08/09/health/covid-19-pandemic-timeline-fast-facts/index.html>



## **Topic A: Pandemic Preparedness**

### **Case Study: The Spanish Flu of 1918**

The aftermath of historical pandemics has been a testing ground for world leaders, revealing both commendable successes and notable failures in response strategies. For instance, during the Spanish Flu of 1918, various approaches were implemented by different nations to address the dangers of the upcoming pandemic<sup>18</sup>. Issues regarding this pandemic included governments not disclosing statistics about the virus including; its ability to spread, the amount of cases per country, and a lack of widespread information on symptoms. This can be attributed to the lack of technology such as the internet and the amount of censorship that governments inflicted upon many press organizations around the world to avoid their citizens from becoming alarmed. Additionally, vaccinations and quarantine measures were not available or widespread during the time of the pandemic, thus ineffectively controlling the spread of the virus.<sup>19</sup>

However, not all responses were equally effective. Some leaders faced challenges in implementing cohesive and coordinated strategies. The lack of international collaboration and information-sharing hindered a unified front against the pandemic. For example the implementation of vaccines internationally was vastly inconsistent between countries, mainly due to the inability to equitably distribute vaccines.<sup>20</sup> Additionally, disparities in healthcare infrastructure and access exacerbated the impact of the virus on vulnerable populations.

Analyzing the historical responses to pandemics reveals a spectrum of successes and shortcomings. While certain strategies proved effective, the lack of international collaboration,

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<sup>18</sup> Martini, M., Gazzaniga, V., Bragazzi, N. L., & Barberis, I. The Spanish Influenza Pandemic: a lesson from history 100 years after 1918. *Journal of preventive medicine and hygiene*  
<https://doi.org/10.15167/2421-4248/jpmh2019.60.1.1205>

<sup>19</sup> Ibid

<sup>20</sup> Jennifer M. Welsh, 2. *the failure of international cooperation during the COVID-19 pandemic*  
<https://www.amacad.org/publication/international-cooperation-failures-covid-19-pandemic/section/4#:~:text=Prominent%20examples%20were%20the%20efforts.global%20targets%20on%20vaccine%20distribution.>

disparities in healthcare systems, and challenges in resource distribution also emerged as critical issues. Learning from both the triumphs and failures of past leaders is essential for shaping effective responses to contemporary and future pandemics. The hope of the Dias is to prevent the issues that arose during the COVID-19 pandemic and the Spanish Flu pandemic as well if another pandemic arises.

### **International Cooperation and Coordinated Response**

Examples in international cooperation when preparing and preventing pandemics is an important factor for the World Health Organization to consider. Historically the World Health organization has updated the International Health Regulations, a document that enforces universal action that all countries should participate in to prevent the spread of diseases, in order to combat the spread of SARS in 2009<sup>21</sup>. However, these universal measures that have been put in place have not regarded the capabilities that individual countries have to address these initiatives. Therefore, there must be discussion on how Global North nations and global banks provide Global South nations with aid. In other words there must be measures to prevent these investments in Global South nations' healthcare infrastructure from becoming overly reliant on international funding, thus weakening their bargaining power on the global stage.

These struggles can also be seen in the way that the pandemic exacerbated existing inequalities in societies. Vulnerable populations, including low-income workers, minorities, and those in informal employment, were disproportionately affected. They faced greater health risks, job insecurity, and limited access to resources such as quality healthcare and education.

Addressing these inequalities, their causes, and ensuring equitable access to economic

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<sup>21</sup> Madhav. Pandemics: Risks, impacts, and mitigation - disease control priorities  
<https://www.ncbi.nlm.nih.gov/books/NBK525302/>.

opportunities and public services became a focus for governments and organizations aiming to build more resilient and inclusive economies. The mental health impacts of the pandemic have been profound, affecting individuals globally.<sup>22</sup> The availability of mental health resources to those deeply affected by events like the pandemic is a critical aspect of comprehensive preparedness. Countries should prioritize the development and accessibility of mental health support systems to address the psychological toll on individuals and communities; especially communities that were disproportionately effected socially and economically by the pandemic.

Vaccine mandates emerged as a contentious issue in the response to the pandemic.<sup>23</sup> Countries grappled with decisions about whether to enforce mandates requiring specific populations to receive vaccinations. The debate revolves around balancing individual freedoms with the collective responsibility to achieve widespread immunity and protect public health. However, the continued impacts of a person's citizenry, economic status, and social status, have stood in the way of some people's ability to receive vaccines internationally.

The pandemic triggered severe global consequences. The lack of government preparedness caused catastrophic damage to countries, many still haven't fully recovered. The lack of stockpiles and independent organizations within nations to solely focus on pandemic preparedness left the world stagnant as to how to initially respond. Nations didn't have basic individualized outlines or even ideas as to how to respond to the pandemic and thus it is the job of delegates to create resolutions that address potential damage of the next pandemic.

## **Global Economic Impacts**

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<sup>22</sup> Heather Saunders Nirmita Panchal and Mar 2023, "The Implications of COVID-19 for Mental Health and Substance Use," KFF, April 25, 2023, <https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/#:~:text=Symptoms%20of%20anxiety%20and%20depression,compared%20to%20their%20male%20peers.>

<sup>23</sup> Global vaccine access demands combating both inequity and hesitancy, [https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.00775.](https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.00775)

The economic impacts of the COVID-19 pandemic are still current day issues that are being discussed. Many countries are still reeling from the impacts that the pandemic caused for their economies. Below we take a look at the specific ways that the economies of nations were impacted by the pandemic as well as potential solutions.

Lockdowns and restrictions aimed at controlling the spread of the virus had a devastating impact on labor markets. Mass job losses occurred across various industries, particularly in sectors directly affected by the pandemic, such as tourism, hospitality, and retail.

The pandemic accelerated digital transformation trends, as remote work, e-commerce, and online services became essential in a world constrained by lockdowns and social distancing. Tech companies, including those involved in online retail, cloud computing, and video conferencing, saw significant growth.<sup>24</sup> Remote work and the adoption of digital tools not only ensured business continuity but also permanently changed work practices and consumer behavior. Many consumers started to rely on larger online retailers to do their shopping rather than smaller businesses that could not compete with prices and or did not have the infrastructure to ship items or services to consumers. The shift toward online services and digitalization will likely continue to shape the post-pandemic economy to benefit these larger companies.

The International Labour Organization (ILO)<sup>25</sup> estimated that the equivalent of 255 million full-time jobs were lost globally in 2020. The reduction in working hours and wages also contributed to income loss for workers, causing financial hardships for millions of households.<sup>26</sup>

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<sup>24</sup> Florence Jaumotte et al., “How Pandemic Accelerated Digital Transformation in Advanced Economies,” IMF, March 21, 2023, <https://www.imf.org/en/Blogs/Articles/2023/03/21/how-pandemic-accelerated-digital-transformation-in-advanced-economies>.

<sup>25</sup> “Covid 19 and The World of Work,” International Labour Organization, January 5, 2021,

[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_767028.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_767028.pdf).

<sup>26</sup> Ibid

This resulted in small businesses experiencing vulnerability during the pandemic.<sup>27</sup> Many of these businesses, which often lack the financial resources and resilience of larger corporations, struggled to stay afloat due to reduced demand and cash flow issues. Some businesses had to close permanently, leading to job losses and economic instability. Supporting small businesses became a priority for governments looking to revive their economies.

As a way to support small businesses and individual citizens of countries, many nations responded to the economic crisis with fiscal stimulus and relief packages. These measures included direct payments to citizens, extended unemployment benefits, and loans to keep businesses afloat. In the United States, for example, the CARES<sup>28</sup> Act provided \$2.2 trillion in economic relief, including stimulus checks and support for small businesses. These measures were designed to alleviate the immediate economic impact of the pandemic and prevent a more severe and prolonged downturn. Many countries saw increased government debt levels due to stimulus spending and economic support programs. While these measures were necessary to prevent a more severe crisis, managing this debt and addressing long-term fiscal challenges became significant concerns for policymakers. Balancing the need for economic recovery with long-term fiscal sustainability became a delicate task for governments.

The hospitality and tourism industry was among the hardest hit by the pandemic. Lockdowns, travel restrictions, and fears of infection led to a sharp decline in international and domestic tourism. Hotels, airlines, restaurants, and related businesses suffered massive revenue losses, layoffs, and business closures. Recovery in this sector has been slow and is closely linked to the progress of vaccination campaigns and the easing of travel restrictions. This was also

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<sup>27</sup> Kang, W., & Wang, Q The Impact of COVID-19 on Small Businesses in the US: A Longitudinal Study from a Regional Perspective. <https://doi.org/10.1177/01600176221132230>

<sup>28</sup> “CARES Act,” Congress, January 3, 2020, <https://www.congress.gov/116/bills/hr/748/BILLS-116hr748enr.pdf>

another industry that many nations tried to save, especially countries where tourism was a large part of their economy. During the pandemic, travel restrictions became a pivotal component of efforts to contain the virus's spread thus various restrictions were implemented.<sup>29</sup> These include anything from international travel bans to quarantine requirements and testing protocols for incoming travelers. The debate over whether to maintain or modify these restrictions continues to be a pressing issue. Delegates should consider the efficacy of such measures, balancing the need to protect public health with the importance of facilitating international travel and economic activities.

Financial markets experienced extreme volatility at the onset of the pandemic, with sharp declines in stock markets.<sup>30</sup> Investors reacted to the uncertainty surrounding the pandemic's duration and economic consequences. Central banks intervened with monetary policies to stabilize markets and lower interest rates. Governments also introduced fiscal stimulus to boost economic recovery. This intervention helped prevent a complete financial collapse and set the stage for the eventual market rebound. However, some countries that received aid from central banks are hesitant to because of promotion of a neoliberal economy

The pandemic disrupted global supply chains, affecting the production and distribution of goods. Factory closures, transportation interruptions, and reduced labor availability in various countries contributed to these disruptions.<sup>31</sup> Many companies faced challenges in sourcing essential materials and components. This resulted in delays, increased costs, and in some cases, outright shortages of goods, impacting manufacturing and retail businesses alike. Supply chain resilience and diversification gained prominence as important considerations for future economic

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<sup>29</sup> Burns, J. et al, International travel-related control measures to contain the COVID-19 pandemic: a rapid review. *The Cochrane database of systematic reviews*, 3(3), CD013717. <https://doi.org/10.1002/14651858.CD013717.pub2>

<sup>30</sup> Basuony, M. A. K., Bouaddi, M., Ali, H., & EmadEldeen, R. (2021). The effect of COVID-19 pandemic on global stock markets: Return, volatility, and bad state probability dynamics, <https://doi.org/10.1002/pa.2761>

<sup>31</sup> “Why the Pandemic Has Disrupted Supply Chains,” The White House, November 30, 2021, <https://www.whitehouse.gov/cea/written-materials/2021/06/17/why-the-pandemic-has-disrupted-supply-chains/>.

planning. International trade<sup>32</sup> experienced a decline due to disruptions in supply chains, reduced demand, and travel restrictions. Trade tensions between major economies, such as the United States and China, further complicated the situation. Global supply chains, often reliant on just-in-time inventory and international production networks, were revealed to be vulnerable to shocks like the pandemic. This has led to the realization that there needs to be more reliability and stability within global supply chains in the event that a pandemic happens in the near future.

The development and distribution of COVID-19 vaccines played a crucial role in shaping economic recovery. Countries with successful vaccination campaigns generally experienced a faster rebound in economic activity.<sup>33</sup> Vaccination not only reduced infection rates but also restored confidence in the safety of resuming economic and social activities. Vaccination programs, however, faced challenges, including supply chain issues and vaccine hesitancy, which influenced the speed and efficacy of recovery efforts.<sup>34</sup> There are still people who have not been vaccinated for COVID-19 due to supply chain issues and vaccine hesitancy, so delegates should also focus on ways to prevent these issues from occurring in the future.

## **Conclusion**

The COVID-19 pandemic triggered an unprecedented global economic crisis, leading to a severe contraction in economic activity, job losses, supply chain disruptions, and increased government debt. While government stimulus measures helped mitigate the immediate economic impact, the recovery has been uneven and dependent on factors like vaccination rates and the resilience of different industries. The pandemic also accelerated digital transformation trends and

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<sup>32</sup> “International Trade During the Covid-19 Pandemic,” OECD, March 10, 2022, <https://www.oecd.org/coronavirus/policy-responses/international-trade-during-the-covid-19-pandemic-big-shifts-and-uncertainty-d1131663/#>.

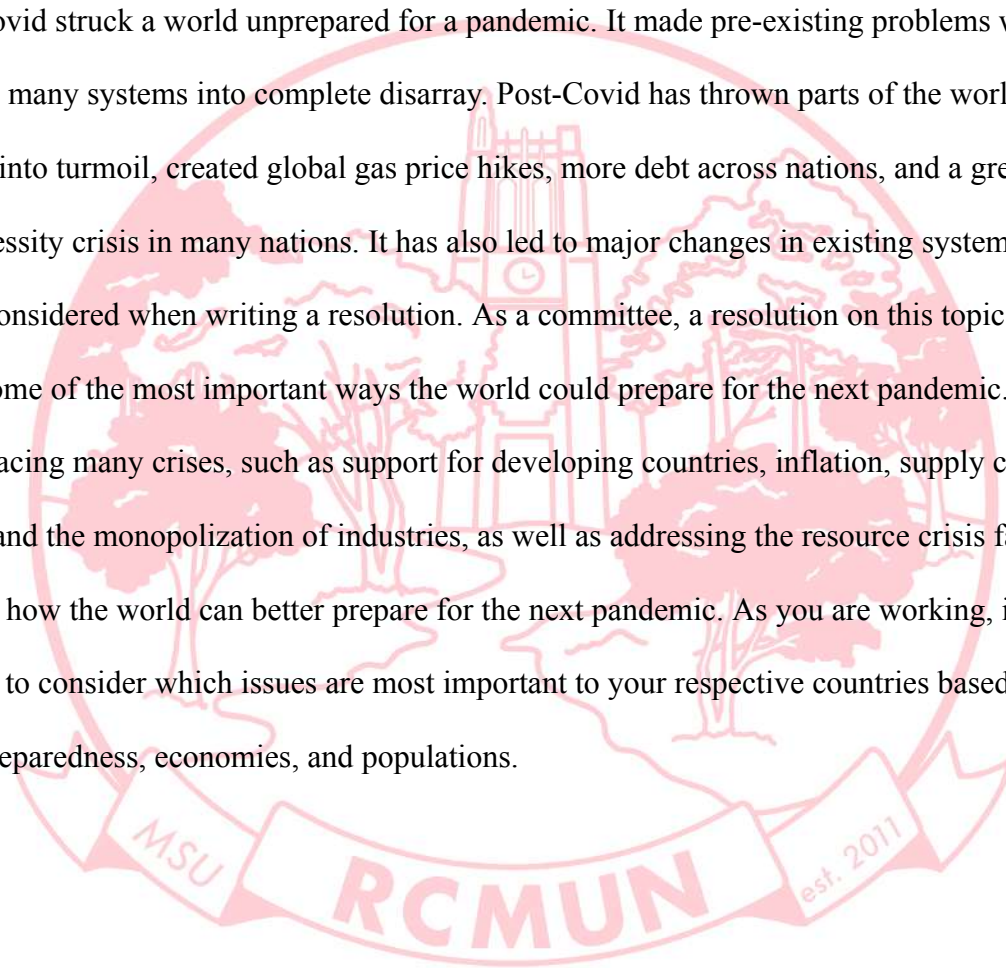
<sup>33</sup> IEA, “Economic Impacts of Covid-19 – Global Energy Review 2021 – Analysis,” IEA, accessed January 8, 2024, <https://www.iea.org/reports/global-energy-review-2021/economic-impacts-of-covid-19>.

<sup>34</sup> Ibid

highlighted the importance of building more resilient and inclusive economies in the face of future challenges.

This comprehensive overview of the global economic impacts of COVID-19 underscores the need for ongoing efforts to address the economic fallout, support vulnerable populations, and strengthen the world's economic systems against future crises.

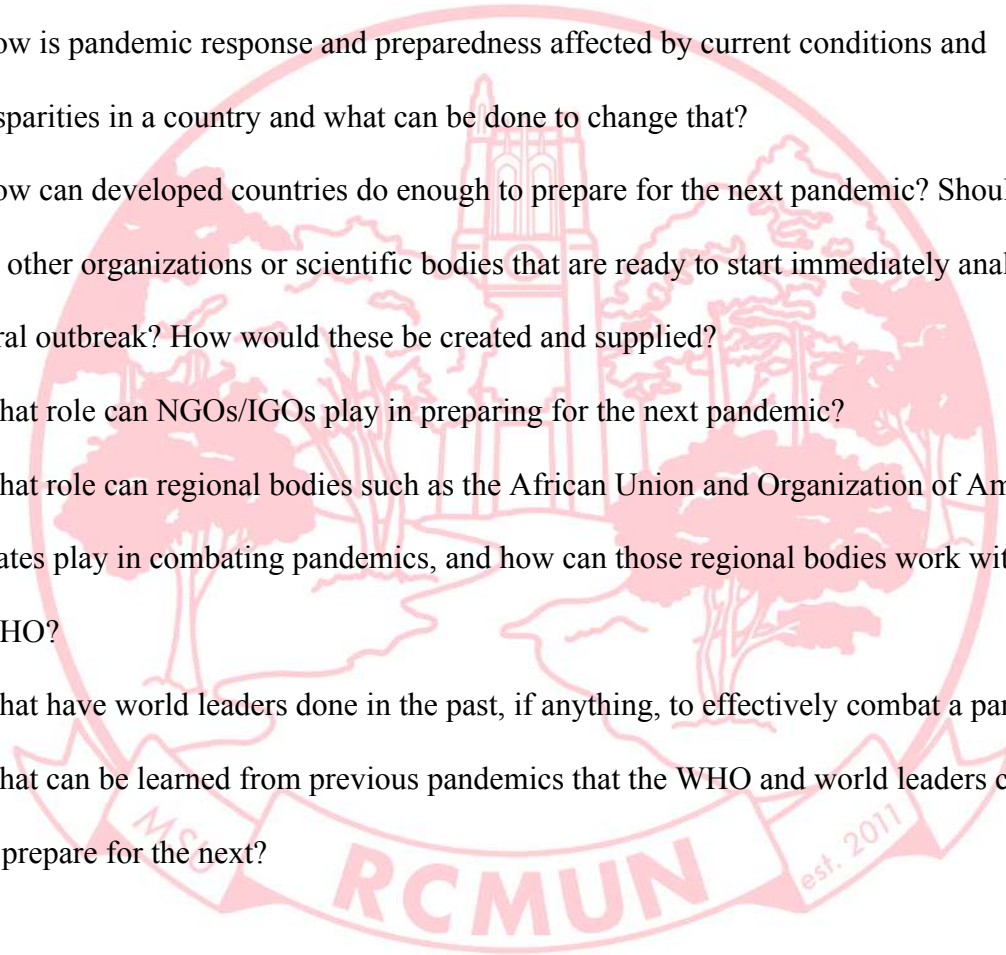
Covid struck a world unprepared for a pandemic. It made pre-existing problems worse, and threw many systems into complete disarray. Post-Covid has thrown parts of the world economy into turmoil, created global gas price hikes, more debt across nations, and a greater basic necessity crisis in many nations. It has also led to major changes in existing systems that must be considered when writing a resolution. As a committee, a resolution on this topic should include some of the most important ways the world could prepare for the next pandemic. The world is facing many crises, such as support for developing countries, inflation, supply chain changes, and the monopolization of industries, as well as addressing the resource crisis facing the globe and how the world can better prepare for the next pandemic. As you are working, it is important to consider which issues are most important to your respective countries based on their current preparedness, economies, and populations.





## **Questions to Consider**

1. How can the developed nations of the world assist developing nations who may be less equipped to deal with and prepare for another pandemic?
2. How is pandemic response and preparedness affected by current conditions and disparities in a country and what can be done to change that?
3. How can developed countries do enough to prepare for the next pandemic? Should there be other organizations or scientific bodies that are ready to start immediately analyzing a viral outbreak? How would these be created and supplied?
4. What role can NGOs/IGOs play in preparing for the next pandemic?
5. What role can regional bodies such as the African Union and Organization of American States play in combating pandemics, and how can those regional bodies work with the WHO?
6. What have world leaders done in the past, if anything, to effectively combat a pandemic?
7. What can be learned from previous pandemics that the WHO and world leaders could use to prepare for the next?



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