MODEL UNITED NATIONS

DMUN XI

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World Health Organization

BACKGROUND GUIDE

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Ebola Outbreak 2020

Dalton Model United Nations XI

World Health Organization

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Letter from the Chair

Dear Delegates,

Welcome to DMUN XII, and more specifically, the World Health Organization (WHO). My name is Mehela, and I will be your chair for this committee. I am a junior at Dalton and started doing Model UN in my freshman year. I am a musician and play both guitar and piano, I love listening to music, and I do track and field. I was born in France and moved to America when I was two years old, and coincidentally, my sister was born on the plane ride to America (crazy, right?!). A fun fact about me is that I am licensed to fly a plane and have flown to Liberia, which connects very well with out topic! I am very excited to be your chair for DMUN XII and cannot wait to see you all.

Joining us as your moderator is Celine, a sophomore at Dalton. Celine has also been doing Model UN since freshman year. Celine, our underground celebrity, was the voice actor for Aladdin's famous side kid, Abu, in the Turkish version of the movie. Celine has goals to join the acting world for her talent in vocal impressions! Another fun fact about Celine is that she has a great colorful collection of Harem pants from all over the world! Make sure to ask her about it.

Sincerely,
Mehela Noel

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Overview of the Problem

A new strain of Ebola hemorrhagic fever, colloquially known as simply Ebola, surfaced in January of this year. A World Health Organization health worker in Mosopa, a relatively large village in Botswana, was diagnosed post-mortem on January 3rd. Scientific analysis concluded that the cause of the health worker was a terrifying new strain of Ebola, dubbed *Mosopa Ebolavirus* due to its village of origin.

Mosopa Ebolavirus is far deadlier than the Ebola virus disease outbreak that devastated West Africa in 2014; Mosopa is airborne, or able to be transmitted relatively easily through airborne respiratory droplets. In addition to being able to be transmitted by direct contact with blood or other body fluids of an infected human or other animal, as with all previous Ebola strains, *Mosopa*'s contagiousness is extremely heightened due to its airborne nature. The fatality rate of this strain is also much higher, given that the symptoms are not apparent until considerably later than previous strains and develop extremely quickly. Humans are also infectious in the latter part of the incubation period of this virus before symptoms arise, rendering the virus difficult to contain.

Mosopa Ebolavirus has already appeared in four different continents, creating panic among the international community (more detail regarding the initial outbreak is provided in the "Current Situation" section). Having already caused over 5,000 deaths, WHO high-level personnel are considering issuing a global pandemic alert, an incredibly loaded message to the international community.

Because responding quickly is of utmost importance, delegates are expected to find a comprehensive solution that will address the full scope of the situation before it gets out of control. Keep in mind that the situation as it is may change as new information arises, and that quick thinking is highly important. Ensuring that panic is reduced, the virus is contained, and citizens are protected are essential facets of any solution.

History of the Problem

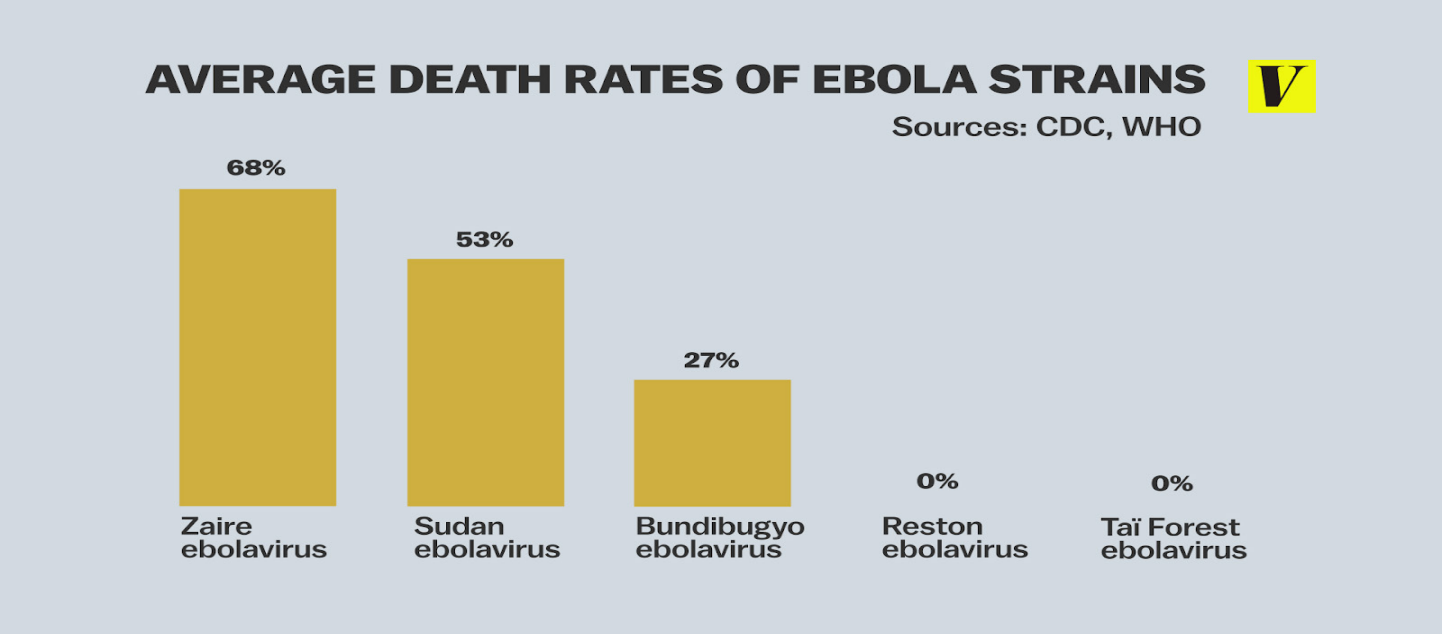
The ebola virus disease first emerged in 1976 with two simultaneous outbreaks. One outbreak occurred in Nzara, Sudan while the other occurred in Yambuku, Democratic Republic of the Congo. The ebola virus takes its name from the latter outbreak, which was in a village near the Ebola River. There are five species of ebola virus that have been identified. Four out of the five are known to be contagious. The names of the strains are Zaire, Bundibugyo, Sudan, Reston and Taï Forest, Reston being the specie that does not affect humans and Zaire being the specie that is causing the 2014 ebola outbreak.[12]

The 2014 ebola outbreak is the largest in previous history. The death toll was around 6000 as compared to all previous outbreaks where the death toll was about 20. There were also around 17000 reported cases by November 2014.[3] The Zaire strain of Ebola was classified as extremely infectious, yet not contagious. This was due to the fact that a minute amount of the ebola virus, some report only one virus may be able to infect humans and still manifest in serious consequences. Yet contagion was fairly limited because the virus only transmitted itself through bodily fluids. Butchery of infected animals could also facilitate the contraction of the virus.[4]

These methods of transmission have proved to be a problem with health workers being infected readily. Many safety precautions have to be put in place before health workers can be sent in, and these health workers have to operate with an amount of care that may not be conducive to the environment they are placed in. Furthermore, funeral rituals involving close contact with bodies have proved an immense difficulty when dealing with ebola. In many of these cultures, the ritual is so ingrained that they refuse to comply with regulations regarding bodies of ebola victims.[5]

Liberia, Guinea and Sierra Leone were the worst countries to be hit by this epidemic.

The way this strain of Ebola was treated was unsophisticated to say the least. They attempted to maintain stability in the patient's body to ensure the best chance for the immune system to respond to ebola. Doctors provided intravenous fluids, balanced electrolytes, maintained oxygen and blood pressure, and treated other infections if or as they occurred. Recovery



Death rates acquired by adding up all records of known cases in history. Information may vary.

from this kind of ebola necessitated excellent supportive care. This kind of treatment is feasible in developed nations, with infrastructure to support it; however, trying to implement these methods in the undeveloped areas where ebola is most rampant is next to impossible.[6] Vaccines were developed, however those that were approved were never effective. A situation like the 2014 ebola epidemic cannot be allowed to happen again.

Current Situation

Since patient zero was identified in Mosopa, Botswana, on January 3rd, the new strain of Ebolavirus spread rapidly throughout Botswana. 328 patients have been officially diagnosed, and 295 have died, although actual numbers are probably higher as some cases were not reported.

Throughout January and February, *Mosopa* began to make its way to other countries, particularly Zimbabwe and Mozambique. *Mosopa* has wreaked considerable damage in Zimbabwe especially, which has currently reported 4,932 cases and 3,788 deaths since January. Lack of access to clean water and inefficacy on the part of the international community when it came to providing medical aid and personnel to contain the virus further exacerbated *Mosopa*'s effect in Zimbabwe.

An outbreak in March in Johannesburg, the capital of South Africa, also caused significant panic internationally. Although on 23 cases were reported, this marked the first instance of *Mosopa* manifesting in a well-developed city.

The second continent on which *Mosopa* has taken hold and begun to spread is Asia. The first case of *Mosopa* in Asia was diagnosed in Jaipur, India on February 22nd. Thought to have been brought to Asia by a schoolteacher traveling from Zimbabwe to Jaipur, Mosopa has since caused over 100 reported cases in southern Asia. Clusters of cases have since been diagnosed in Nepal and Bhutan. The first two cases in China appeared on April 13th in a rural southern province. Since then, Chinese governmental officials have raised international awareness and discussion surrounding possible governmental intervention in terms of containment, as multiple Chinese diplomatic representatives have called for quarantine measures and travel bans. Most recently, the Chinese Foreign Minister called for an air travel ban to a from Zimbabwe, Mozambique and Botswana in order to prevent further exposure and movement of infected individuals, a statement which has incited significant controversy internationally.

Although most of *Mosopa*'s

cases have been concentrated in Africa and Asia, isolated cases have also been diagnosed in France, Germany and Poland. These cases are also thought to be caused by apparently symptom-free but infected individuals flying into those countries from African nations. Although all of these patients have since been treated, the European countries and their neighbors are newly worried about the possible spread of *Mosopa* to the region.

On April 23rd, the first case of *Mosopa* were diagnosed in the United States. A doctor flying back from Namibia was diagnosed in Florida and treated shortly thereafter. This also marks the first case of *Mosopa* in North America. The United States' and other North American countries' stances on how to tackle *Mosopa* are yet to be determined, although if more cases were diagnosed in those countries, it logically follows that more radical containment measures would be utilized.

Proposed Solutions

Travel Restrictions

One possible solution to consider is travel and border restrictions. If transmission of *Mosopa* cannot be interrupted at the source, then it must be limited geographically. However, it is unclear whether a travel restriction could be effective in limiting the spread of *Mosopa* once it has begun as it crosses international borders.

A common travel restriction that some countries are considering is that of controlling air traffic, by controlling enclosed aircrafts and decreasing the possibility of infected individuals contaminating flights.

However, the solution is considered harmful by many experts as it essentially cuts off aid to affected areas and can wreak economic havoc on the affected region.

Regarding ground travel, border control and security could be tightened to stop further spreading of the disease, but a similar issue is encountered as healthy citizens could be barred exit from their countries during outbreaks and could lead to supply shortages.

There are major benefits that accompany this solution, yet there are drawbacks that are equal if not bigger than the benefits.

International Aid

The flipside of the quarantine measure is supplying the most afflicted regions with increased aid. The aid should include sanitation supplies, medical personnel and treatment provisions. This would dampen the impact of the *Ebolavirus* within highly afflicted areas, but there is always the danger of spreading the virus to other countries as well because of the increased traffic in and out of these countries.

Treatment Methods and Further Research

Treatment methods for *Mosopa* *Ebolavirus* are similar to those of its sister strains, but methods also greatly differ between countries depending on available economic funds and medical infrastructure. Iatrogenic transmission is a popular form of treatment in developing countries, where hospital sanitation standards are less thorough. Latrogenic transmission can happen through blood transfusions, transplantations, or drug and intravenous (IV) injections.

Vectors, organisms that carry disease without becoming infected, can infect humans through contact. For this reason, delegates should also research the role of vector control in the containment of *Mosopa*.

Sanitation Improvement

Sanitation is an obvious candidate for improvement. Given the nature of the Ebolavirus family, sanitation is one of the key factors in ensuring contagion is limited. Delegates should research how good sanitation can be achieved in crisis burdened areas. This is especially applicable to developing nations wherein bodies and waste matter are not properly disposed of. Furthermore, ensuring that infected animals are not butchered is highly important. Dissemination of basic information regarding how to address these methods is a quick, short term solution.

Standardizing Human Surveillance

Finding methods to identify possi-

ble vectors for the disease, as well as infected people is key. In attempting to slow down the progression of this contagion, finding it in it's early stages in humans is highly important. To achieve this, ensuring that we observe more closely certain high-risk areas is one of the most important aspects of any resolution.

Bloc Positions

Africa

The African continent is where *Mosopa* originated and has had its worst impact. Most African nations with a high number of diagnosed cases and fatalities are looking towards international aid and support in regards to provision of medical supplies and personnel. An additional concern is that many African nations suffering the most under *Mosopa Ebolavirus* lack basic sanitation supplies and measures that are required in the treatment and containment of the disease, such as running water and sanitary health facilities. Given the respiratory nature of this new strain, adequate water, sanitation and hygienic supplies are absolutely essential in order to properly combat this disease. Therefore, finding ways to either import or locally develop sanitation technologies will be of the utmost importance. Furthermore, recently, rural protests due to distrust of medical facilities following high fatality rates and low recovery rates have broken out in many African nations currently afflicted with the disease.

African nations who do not yet currently have patients diagnosed with *Mosopa Ebolavirus* are rapidly developing contingency plans in case the virus does spread. In doing research, delegates should consider the country's past action in previous outbreaks of Ebola and similar epidemics, and the geographical proximity of the country to the infected region. Nations with known research programs, mostly defensive, including India, North Korea, Russia and Syria will most likely also oppose radical transparency measures, but to a lesser extent.

Asia

Many Asian countries, especially Southeastern ones, are calling for radical and immediate action to contain the disease. This effort is being spearheaded by China, which has outspokenly called for a number of containment measures including travel bans and strict quarantine. Drawing upon suppression methods utilized in previous epidemics such as SARS, most Asian nations are calling on the international community to sanction immediate travel bans. Additionally, nations are also recommending the quarantining of infected patients that would be implemented by national governments and regulatory structures.

These assertions have been met by significant backlash from other nations, particularly in Europe and North America, claiming that outside aid would not be possible if travel to and from the region were banned and that quarantine is not the best way to deal with containment of the issue. However, most Asian countries still insist that these measures are necessary at this time to stop the spread of *Mosopa Ebolavirus*.

Europe

Many officials of European nations have critiqued the suggestions of Asian officials regarding containment. Europe, on a whole, has also been providing the largest amount of aid to the region in the forms of money, personnel and supplies. In addition to a number of governmentally-sponsored groups, many non-governmental organizations based in Europe have greatly aided infected African nations in treating and containing the disease.

The attitude of most European nations has been to provide aid but also develop national contingency plans in the case of transmission. The compiling of these plans has been disorganized and fractured amongst European nations, and as a result, many have been calling for a European Union sponsored prevention plan as opposed to a nation-by-nation one.

North and South America

Similarly to European countries, North and South American countries have also been desperately attempting to put together prevention plans. Especially in the United

States and other North American nations following the diagnosis of the first two cases of *Mosopa* in the US just two days ago, paranoia and fear surrounding the spread of *Mosopa* has increased dramatically within the populus. In addition to containing and treating the disease on a practical level if *Mosopa* were to take hold in North and South America, the contingency plan as of now also has to deal with widespread hysteria surrounding the disease, primarily because of the general population's lack of understanding of the symptoms and transmission of this new strain.

Regarding quarantine and travel bans, recent rumors have spread that the United States is considering travel bans following the diagnosis of the first two cases, although White House officials have neither confirmed nor denied that statement. On the whole, North and South American governments have taken a more conservative stance on radical containment measures than those of Asian countries. In doing research, delegates are also encouraged to look into previous actions of one's country in similar outbreaks such as the 2014 Ebola outbreak and the 2002-2004 SARS epidemic.

Questions to Consider

1. Are quarantine measures and/or travel bans containment methods that your country is willing to use?

2. To what extent should your country and the larger international community provide external aid to the regions most heavily impacted by *Mosopa Ebolavirus*?

3. How can funds and manpower be effectively channeled to develop rapid and effective new treatment methods, contingency plans and pan-national prevention strategies?

4. Should countries focus on eliminating *Mosopa Ebolavirus* in the region it was originally found, or should WHO consolidate its resources and fight the disease as it arises elsewhere?

Endnotes

1 "Ebola Virus Disease." WHO. N.p., n.d. Web. 02 Dec. 2014.

2 "Ebola Fast Facts." CNN. Cable News Network, 26 Nov. 2014. Web. 02 Dec. 2014.

3 "2014 Ebola Outbreak in West Africa - Case Counts." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 02 Dec. 2014. Web. 02 Dec. 2014.

4 "Ebola Fast Facts." CNN. Cable News Network, 26 Nov. 2014. Web. 02 Dec. 2014.

5 "Blog Posts." Ebola Virus Disease. N.p., n.d. Web. 03 Dec. 2014.

6 "Treatment." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 05 Nov. 2014. Web. 08 Dec. 2014.