World Health Organization

Chairs:
Dina Atia
Arbri Kopliku

Letter from the Chairs

Dear delegates,

It is our honor to welcome you to the 2021 MIT MUN conference, and more specifically to the WHO committee. The last year has strongly proven the importance of being informed on the role of governments in maintaining global public health, so we bring the topic of *Creating a Global Pandemic Task Force* to this committee. We are very hopeful that you will think critically about how to make informed decisions regarding this topic, but above all enjoy the discussion!

I am Arbri Kopliku, a freshman at MIT this year thinking about majoring in Bioengineering. This is my first formal involvement with MUN, but co-chairing the WHO committee was quite appealing in the middle of a global pandemic! I chose this committee (and this topic in particular) because it offers plenty of room for research on very current events, as well as a way to reassemble many friendly day-to-day conversations into a constructive MUN discussion. Global health is in any year a crucial part of our lives, so there are many different perspectives and personal experiences that can be brought to the table by an amazing cohort of delegates like you.

I am Dina Atia, a junior at MIT studying Math and Computer Science. This is my third year chairing for MITMUNC. Before coming to MIT, I competed in MITMUNC as a high school student. In fact, my first ever MUN conference was as a delegate in the WHO at MITMUNC during the Ebola crisis. If we had created a Pandemic Task Force then, things might be different in 2020. Now, it's your turn to navigate this issue and prevent a similar crisis in the future.

Looking forward to meeting all of you,

Arbri Kopliku and Dina Atia

mitmunc-who@mit.edu

Topic: Creating a Global Pandemic Task Force

Introduction

The course of the COVID-19 pandemic thus far can be considered to be a huge public health success or a catastrophic failure, depending on which side of the discussion or of the globe you call your own. However, one thing that is surely very important to acknowledge is the delicate relationship between the collective and individual approaches to the regulations needed to defeat a virus of this kind. In other words, how does the WHO, here representing the collective, collaborate with individual governments to tackle major challenges like the need for Personal Protective Equipment, ventilators or financial aid packages?

The history of WHO's battles with deadly pathogens began in 1948 with the campaigns against tuberculosis, and later continued with malaria, smallpox, polio and HIV. Although you are free to draw inspiration from the paths of any of these challenges, a sense of the current events should be sufficient to get in the proper mindset for this discussion. Since we would very much like to give you the opportunity of giving your own personal contribution to the challenge that a deadly virus can present, we tweaked the reality into the following scenario. Suppose it is the year 2121, and the world is on the edge of falling into another major pandemic. The first few hundred cases of *Tussis Motus* (Locomotion Cough) have been identified in a certain country of Europe known as Upe, and the WHO has raised the Pandemic Alert to Level 4. It corresponds to the level where the WHO begins making recommendations for certain countries, including Upe. However, knowing what happened with the COVID-19 pandemic, the WHO has decided to extend its period of consultations with countries and unions before creating the pandemic task force. It is asking for policy recommendations that need to be implemented in the form of a "constitution" for this subcommittee before asking countries to take action, so that this time there would be no surprises (such as a country deciding to tackle the virus completely on its own due to certain discontents with how the WHO pandemic subcommittee works). The main points that this document needs to settle are: protocols for defining the scope of action of the subcommittee, its membership procedures, and the funding process demanded for the subcommittee to function efficiently.

As you come up with and polish your arguments, it is worth remembering that what is at stake with the efficiency of the work done by this subcommittee includes too many human lives, but also any future collaborations of the WHO with individual countries of the world.

Key Issues to Consider

I. How can the extent of power that the subcommittee could exert be best defined?

To responsibly propose the protocols regulating the impact of the subcommittee on the global effort of tackling the potential *Tussis Motus* pandemic, we recommend that you think about tangible effects that a subcommittee recommendation would have on the policy of certain countries or unions. As an example, would you say that for a reliable intervention and prevention of the pandemic, the subcommittee should be able to shut down Upe's borders? Or would you say that making responsible recommendations and then allowing Upe to proceed on its own individual will is more ethical (Schlein)? Other ideas could very well include anything from mandatory curfews to mask-wearing mandates.

The concept of power of the subcommittee is very closely related to its purpose as well. This is why it is very important to have a clear understanding of the current WHO Constitution

(See Recommended Reading 1), by focusing specifically on Article 2, and then you can proceed by identifying if and where you would want to see changes happen to that approach presented in the reading.

II. Which countries would be represented in this subcommittee and what would that representation look like?

Here you should be assessing the relative importance of having a collective engagement in the effort against this potential pandemic, as opposed to a restricted membership. The WHO currently employs a majority vote in the Health Assembly, but not all countries affiliated with the WHO have memberships of equal competences (WHO Constitution). More specifically, 193 are full member countries, 2 are associate members, and multiple others have observer status (WHO Budget Web Portal). The chairs will look favorably upon a detailed assessment on the role that countries are supposed to be playing on this subcommittee. We expect you to consider whether certain countries should have a veto right, how many countries should be represented in the subcommittee, and whether all represented countries should have votes of equal importance on proposed resolutions.

Another key point here is regulating the opportunities that countries get to leave the subcommittee as well. Indeed a small country quitting the taskforce might not undermine the overall effort in the long run, but the same can't be said for a G8 country suddenly deciding that the WHO policies are not efficient enough.

Please be mindful that we are not simply looking for a yes/no answer or a number, but for the *why* motivating your positions. It is important here to identify the types of factors (economical, political, etc.) influencing your own decisions from the perspectives of certain countries as well as what that means for the subcommittee's success. The United States accounts for more than 15% of the total funds WHO receives each year, which is a hot topic today that could potentially explain the Trump cabinet's decision to leave the WHO in 2020 (Wolfson). Successfully identifying such factors will inevitably lead you to a more informed decision, eventually leading to more robust policy-making.

III. How could you regulate the funding to be received for this subcommittee?

We slightly touched on this subtopic earlier, but here we could go into more detail on the importance of funding for the potential pandemic subcommittee. Presently, the funds that the WHO receives are of three types:

a. <u>Assessed contributions</u> are the dues Member Countries pay depending on the countries' wealth and population.

b. <u>Voluntary contributions specified</u> are funds for specific programme areas provided by Member Countries or other partners.

c. <u>Core voluntary contributions</u> are funds for flexible uses provided by Member Countries or other partners.

We invite you to make an argument on the connection between being a top financial contributor and consequently a top influencer of the pandemic subcommittee. A vividly debated topic right now is whether WHO donors should receive assistance from the WHO proportional to their contribution. Over the last 11 years, the WHO dealt with six international health crises, but only one (COVID-19) directly involved the US (Mazumdar). The question arises of whether the WHO going by its stated mission "to ensure the highest attainable level of health for all people" guarantees neutrality in WHO's decisions despite the different members' contributions, or whether it needs to be updated to match the progressively broadening healthcare gap between countries (which leads to different priority levels on attaining that level of health) (Mazumdar).

In the case of the potential *Tussis Mottus* pandemic, the dimension of the different threats to health (childhood malaria in a poor West African country vs ADHD in the US) seems to go away as the world is dealing with the same pathogen. However, a new challenge appears here, which you may elect to confront under the funding issue. If the subcommittee will be orchestrating the global effort against *Tussis Mottus*, it eventually has to endorse certain countries' search for a potential treatment. This includes having to choose on which population the treatment will be initially tested, arguably the riskiest part of any clinical trial. As the NIH recommended reading lays out, participating in clinical trials has intrinsic risks that increase in magnitude with more unknowns, a scenario very possible for an emerging pandemic. Would you then choose the locations of these trials with respect to the lowest possible trial costs or to the best possible medical treatment that guarantees the patients who experience complications will be taken care off? Could promising a share of the initial treatment doses incentivize countries to volunteer for clinical trials? Would such a decision expose how smaller and more vulnerable countries will very likely end up receiving the last doses of the treatment in question?

Recommended Readings

- The WHO Constitution: https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf

- WHO Pandemic Phase Descriptions:

https://www.who.int/influenza/resources/documents/pandemic_phase_descriptions_a

nd_ actions.pdf

- WHO Collaborations: https://www.who.int/about/collaborations/en/

- NIH: Benefits, Risks and Safety of Clinical Trials:

https://www.nia.nih.gov/health/clinical-trials-benefits-risks-and-safety

- WHO Funding: https://www.who.int/about/funding

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