



World Health Organization (WHO)

Kevin Fung and Sanjeevan Swain
Co-Chairs

World Health Organization (WHO)

Letter from the Chairs

Honorable Delegates,

Welcome to Wilder Model United Nations. We are honored to introduce you to the World Health Organization. We are excited to see you all working together in our committee, focusing on the Ebola Virus, a fatal disease that worsens as time goes on and has the potential to cause both internal and external bleeding. We hope to see innovative, effective ideas that can respond to the counter and preparation of the Ebola outbreak.

Kevin Fung, an eighth grader at Wilder Middle School, is your co-chair Wilder Model UN's WHO committee. He was in the Junior Varsity team for volleyball for Godwin, playing for the whole season. He has participated in another full season of soccer for the Middle School. He enjoys interacting with peers as he is in other clubs, like the yearbook club.

Sanjeevan is an eighth grader at Wilder Middle School, working diligently to make the WHO committee great. He has participated in two full seasons of soccer for Wilder's school team, along with joining the tennis team. He has participated in numerous clubs alongside Model UN, including TSA.

A good delegate can vary from one person to another, but there are some key factors that we are looking for a delegate to have. Responsibility is one of the most important features. Preparation and adaptability are other key features that we are looking for. Delegates should come in ready for a conference, with research already done, and ready to share their ideas. You can prepare with a position paper— Position papers, although not required, are encouraged for those interested in earning an award as well as those who would like to have a deeper understanding of their stance on the issues at hand. You must show responsibility by submitting this paper on time before 3:00 on April 24th. You must cite the sources you use on your position paper with MLA 9 formatting. Adaptability is another quality that we strive to see, that we believe should be shown in not only Model UN but also other clubs. It shows that you can change your viewpoint, recognize the views of your peers, or change your stance if an unexpected problem were to arise.

We hope that you can have equal, or even more fun than we've already had. If any questions or concerns arise, feel free to contact wildermodelun@gmail.com.

Your Chairs,

Sanjeevan Swain and Kevin Fung

WMUN I

Wilder Model UN Conference

Topic I: The Ebola Virus in the Healthcare System

Topic II: The Ebola Virus in Domestic Matters

Committee Overview:

The Ebola outbreak in West Africa, from 2014-2016, led to the deaths and infected thousands of people. With this information known at the time, the CDC and other countries stepped in to try to prevent it from spreading. The U.S.A. helped prepare resources, which would be used to create, and spread the treatment.

There are 6 main types of Ebola Viruses; the reported virus is known as Zaire Ebola Virus (EBOV) which is the most affected to mammals such as humans. The second is Sudan Ebola Virus (SUDV) was a sector that was mainly in the geographic area of Sudan. Another virus is Tai Forest Ebola Virus (TAFV), this was mostly in rainy biomes and forest affecting animals. Finally, the last virus type is Reston Ebola Virus (RESTV) was the first Ebola Outbreak

in the United States starting in Reston, Virginia.

Starting in 2014 there was a bigger outbreak point with it spreading at a fast pace. The Ebola virus not only affected humans but also animals, this caused many people in contact with animals to be contaminated. The Ebola virus however kept spreading, because Africa at this point still did not have many regulations of disease control or hospitals and clinics in rural villages. Many people also didn't know they had Ebola because they could not be diagnosed until the

WHO (World Health Organization) or other groups came to find a solution. The WHO came to the decision that they would try to research and gain evidence on how it spread and cut off transportation to not send it to

the outside world. This cut-off from the outside world made many people angry and blamed the WHO for the virus; however, after medicine of the time, the Ebola outbreaks started to slow down. Until 2022 when Ebola had officially been renounced as over. At present there is now Ebola, however, the amount of cases has decreased a lot and with different vaccinations and medicines people who get Ebola can recover.

Topic 1: The Ebola Virus in the Healthcare System

Introduction

The Ebola Virus Outbreak was a deadly virus that started in the period 2014-2016. It severely impacted West Africa. In West Africa, it severely impacted countries like Liberia and Guinea. Thousands of people died and got infected. Around 11,000 people died and 22,000 people got infected in West Africa.

Many foreign countries helped and supported, like the United States of

America, China, and the United Kingdom. These countries helped provide resources, help build treatment facilities, and send out doctors and nurses. Each of these countries helped out significantly and deserves praise when they came back to their homeland.

That was not the case in the U.S.A. Many people were afraid of contracting and spreading the disease. They were overtaken by fear as Ebola isn't an airborne virus and is contracted from exposed flesh to exposed flesh. The CDC took precautions, told people about this, and helped educate the public to reduce panic, but it didn't help as much as they thought. People grew more afraid as when John Duncan, a victim of the Ebola Virus was reportedly dead, the people told the governor to quarantine them. The quarantine eventually spread to most states, leading to a 25% decrease in recruitment to the International Medical Corps.

Furthermore, this led to a decrease of doctors and nurses being sent out to West Africa to help with the Ebola Outbreak. This led to the risk of Ebola expanding out to more in other neighboring countries.

Situation in Africa

Africa was at the front of Ebola outbreaks as the virus was first identified in

the Democratic Republic of Congo.

Following this, Ebola outbreaks continue to spread to other countries such as Liberia and Uganda. Due to the fact that healthcare in Africa wasn't the best suited for the Ebola outbreak and was already under pressure because of the lack of medical resources, they weren't able to properly treat patients who contracted the Ebola Virus. Without the help of other countries such as the United States of America, the United Kingdom, and China, the Ebola Virus would've spread to more countries and would've led to more casualties. Many health organizations joined to combat the problem such as the World Health Organization, and the International Rescue Committee. The International Rescue Committee played a crucial role in finding a treatment for Ebola and treating victims who had the Ebola Virus. The IRC provided medical resources such as Ebola Treatment Centers (ETC) which could help isolate and treat specific patients who had Ebola and trained and sent out workers who specialized in treating people with Ebola. Back in the healthcare of Africa, the IRC helped rebuild most of the affected health systems by providing medical resources, training nurses and doctors to become permanent in the hospitals in Africa, and clarifying misinformation about Ebola and other viruses.

First World Countries

During the Ebola Outbreak from 2014-2016, major first-world countries played a vital role in responding to it as the outbreak heavily affected healthcare systems in Africa and other countries near Africa. Firstly, countries like the United States of America and the United Kingdom responded by sending out trained medical workers and helping other nurses and doctors who lived in Africa. Another way they helped affected countries was by setting up ETCs, training local healthcare workers, and helping create a cure for Ebola. Many first-world countries also contributed large sums of money such as how the U.S.A sent out more than 921 million dollars, seen from this government website: [obamawhitehouse](https://www.whitehouse.gov/the-press-office/2014/08/26/ebola-response). Other countries have sent out similar amounts of money to affected countries. This amount of money would help fund medical supplies, research for the cure, and training, increasing the likelihood of how fast the continent of Africa would be cured.

Mental toll on healthcare workers

The well-being of healthcare workers who participated in helping treat patients is one of the most overlooked problems of the Ebola Outbreak. When healthcare workers came back from Africa after or during the

Ebola Virus outbreak, many people were afraid of it spreading around in the U.S.A. thinking that it was an air-borne virus that could be caught respiratory, but people would have to touch each other to spread it. This made most people blame the healthcare workers and instead of congratulating them on their help, they would receive hurtful comments that would affect their mental health negatively. Even though the CDC clarified how the Ebola virus could spread, many Americans wouldn't listen resulting in negative reactions toward healthcare workers. Due to the negative comments, many medical workers weren't able to work to their full capabilities due to the mental strain all of those comments put on them, which made hospitals and clinics unable to function to their full capabilities. Another mental strain that was present during the Ebola was the environment in Africa. When many healthcare workers came to Africa to assist in the Ebola outbreak, many of them were unfamiliar with the work environment of Africa. Due to the not updated/modern resources in the hospitals and clinics, they had to learn some new things to treat patients. This problem was short-lived as most doctors/nurses adapted quickly, or were traded for another doctor/nurse.

Analysis

The Ebola Outbreak, which lasted from 2014-2016, devastated West African countries economically and physically. Many other first-world countries had to combine efforts to combat this serious situation, which resulted in many consequences, but also treatment for the infected. Many other organizations such as the World Health Organization (WHO) and International Rescue Committee (IRC) joined in to provide medical resources such as temporary hospitals, medical substances, and most importantly Ebola Treatment Centers (ETC). The reason they had to provide lots of medical resources was because of the lack of natural resources that were provided in West African countries. Most hospitals weren't prepared for such an outbreak and were not equipped with the necessary resources needed to combat it. Due to this, many countries, and organizations had a similar goal of finding treatment for the Ebola Virus. This committee aims to properly address this situation, what external and internal factors may be present and could affect the result, how to strengthen healthcare in poorer regions in countries, and how to increase cooperation between different countries. We play a crucial role in managing health-related meaning in the future. If

something similar to this crisis appears, we have to be ready on how to respond to it.

Questions to Consider:

- 1. How did the Ebola Virus outbreak affect healthcare systems in West Africa compared to other healthcare systems in other affected countries?**
- 2. In what ways was support from first-world countries effective?**
- 3. How did fear of the Ebola Virus affect citizens of countries such as the U.S.A?**
- 4. How did organizations respond to the Ebola Outbreak?**

Topic 2: The Ebola Virus in Domestic Matters

Introduction

Ebola started in 2014-2016 in West Africa and spread to neighboring countries like Liberia. Foreign countries like the U.S.A., the U.K., and China sent out resources to help out. Doctors and nurses were sent out too. When American doctors and nurses came back, people were afraid Ebola was going to spread. When the CDC tried to tell them that it could only spread from wound wounds, people didn't listen. This led to a quarantine being made mostly all over America. This led to fewer people being sent to West Africa to help out which risked the Ebola Virus outbreaking again. This highlights the importance of clear information being spread out so that the public doesn't over-panic and make an overreaction.

On September 30, 2014, the Centers for Disease Control and Prevention (CDC) confirmed, through laboratory tests, the first travel-associated case of Ebola to be diagnosed in the U.S. in a person who had traveled to Dallas, Texas, from West Africa. Since this time, medical and public health professionals, hospitals and emergency medical services (EMS) administrators, medical directors, and policy makers have been working with haste to develop

strategies to prevent the disease from reaching epidemic proportions in the U.S. Owing to its rapid spread, high case fatality rate, and no current cure for the virus, recommendations for evaluation and management are time sensitive and may evolve as fast as our knowledge about the disease.

Public Reactions

The U.S. public's high ranking of a disease is important because it can influence policy leaders' views of appropriate actions and spending, running the risk of redirecting attention and funds from health policies that help more people domestically or from critical responses overseas. This kind of jump in public priorities related to emerging infectious diseases has happened before, including during the H1N1 influenza pandemic in 2009. The public people in the U.S. become cautious of new pandemics possible from a disease. At the time, Ebola was still very new and mysterious to the people with no set solution to solve the condition, making people scared and overreacted.

In response to public anxiety set off by the October 2014 death in Texas of Thomas Eric Duncan, a Liberian Ebola victim, many governors decided to take

matters into their own hands. They crafted policies that rejected the scientific evidence on Ebola transmission and adopted measures far more restrictive than those recommended by the Centers for Disease Control and Prevention. By December 2014, nearly half the country had announced quarantine and movement restriction policies that exceeded the CDC's guidelines.

There's no scientific basis for quarantines and movement restrictions for asymptomatic people who may have been exposed to the Ebola virus. What it does support is monitoring of such people, and rigorous training of health care workers who may come into contact with an Ebola patient. After nearly four decades of rational American responses to Ebola epidemics, the quarantines set a dangerous precedent for dealing with future public health crises, which require sound scientific evidence to guide effective policy.

Outside the U.S. many countries were having massive outbreaks of Ebola. Clinics, hospitals, and other medical treatment places were filling up; stressing the public even more than they have to. Global supplies of medications were being used to treat the people with this disease. All this panic in the public was causing governments to find

ways to try and calm the people down; however, with an outbreak like this it would be audaciously hard.

Economic Implications

Ebola virus disease (EVD) continues to be a major public health threat globally, particularly in the low-and-middle-income countries of Africa. The social and economic burdens of EVD are substantial and have triggered extensive research into prevention and control. We aim to highlight the impact and economic implications, identify research gaps, and offer recommendations for future economic studies pertaining to EVD.

Many countries in Africa had to spend at least 15 million USD to help the public, and big countries affected had to pay almost 30 billion USD (According to the National Institute of Health 'NIH'). However, as time went on, vaccines started showing up and treatment was possible. Many places started giving free check ups and 1 USD vaccines, this however wasn't cheap for some countries who have a greater Global Exchange Rate prices to the USD. Ebola Virus Disease (EVD) vaccination in a hypothetical population was found to be cost-effective from the payer perspective. Models present an efficient and reliable

approach for conducting economic evaluations of infectious disease interventions as part of an emergency preparedness plan (NIH)

Loss of Jobs

Those engaged in self-employment activities have been the hardest hit, in large part due to the closure of markets in which they operate. The wage employment sector has also seen substantial job losses. Overall, only about 36 percent of previously self-employed workers outside of agriculture and about half of those originally engaged in wage labor are still working since the crisis unfolded. After an initial downturn, the agricultural sector is showing the most resilience in the face of Ebola.

Existing problems, especially those related to food prices and food security, have only worsened. Liberia saw a large spike in imported rice prices (nearly 40 percent over the average for October) More than 90 percent of those surveyed (in World Bank survey) worried that their household would not have enough to eat. With the arrival of the harvest, these figures have and will likely continue to trend downward, but they remain alarmingly high. With many farmers and people who work in agriculture having struggles with not being able to send foods

to supermarkets and their contractors due to the Ebola Virus Disease (EVD) , money income for these people was very affected. (World Bank Group).

Analysis

Ebola started in 2014-2016 in West Africa. It put a mental, physical, and economical toll on many countries and peoples. People started being paranoid and scared all because of a tiny molecular organism, spreading like wildfire through many humans. This caused governments to have to pay more to start protecting their peoples, and start up ways to cure this deadly virus. However, normal people also had to struggle; many agricultural workers had to stop producing, and self-employed and small business owners had to shut down due to the impact of Ebola on their pocket.

Questions to Consider:

- 1. How could the time needed for the medications and vaccines be decreased?**
- 1. What were the key factors that caused the spread of the Ebola Virus to the Globe?**
- 2. How could the economy not be affected as much as it did during Ebola?**
- 3. How could there have been a better way to ease the public's reactions?**
- 4. What was learned from the Ebola outbreak?**
- 5. How could people who do not have a stable job gain income during the Ebola Virus Disease?**

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