



WORLD HEALTH ORGANIZATION

MARCH 15th-17th, 2024



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MSUMUN NOTICES

Committee Content Warning

While MSUMUN 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 MSUMUN's Secretariat. Additionally, in all things, MSUMUN pledges its Secretariat and staff to maintain approachability and inclusivity; if any participant has any questions, comments, or concerns they are encouraged to contact MSUMUN'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 (MSUMUN) is committed to fostering a safe and secure environment for all delegates, staff, and advisors. In this, MSUMUN operates with a zero-tolerance policy concerning any and all instances of harassment and discrimination. Further, MSUMUN is committed to promoting the mental health of its participants and requires all participants to act with compassion, grace, and understanding. MSUMUN 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 MSUMUN'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.

MSUMUN Statement on Mental Health

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

All participants should be aware that MSUMUN'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.”¹



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

RULES OF PROCEDURE

Article I: General Rules

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

Article II: Meetings

1. All of the World Health Organization committee meetings shall be attended by all specified members of the committee, unless otherwise authorized by the MSUMUN Secretariat.
2. Unless otherwise indicated by the MSUMUN Secretariat or the World Health Organization committee staff, all meetings of the committee will be held in the specified the World Health Organization committee room as designated by MSUMUN.

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. the World Health Organization committee Aftermath 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 [MSUMUN Website](#)

LETTER FROM THE DIAS

Greetings Esteemed Delegates,

It is my honor and distinct pleasure to welcome you to this year's World Health Organization Committee here at MSUMUN XXIII! 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 MSUMUN; 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 MSUMUN, 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.

Our first Assistant Chair is Brianna Dolan. Brianna is 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. She's from Rochester, Michigan. This is her first year doing MSUMUN, and she is super excited to be here with everyone. Outside of MSUMUN, Brianna is an active member of Alliance, Briggs Ambassadors, the Biochemistry and Molecular Biology Club and Pre-SOMA. Fun fact: she is currently obsessed with the show *Our Flag Means Death* and is working on mastering the world of watercolors.

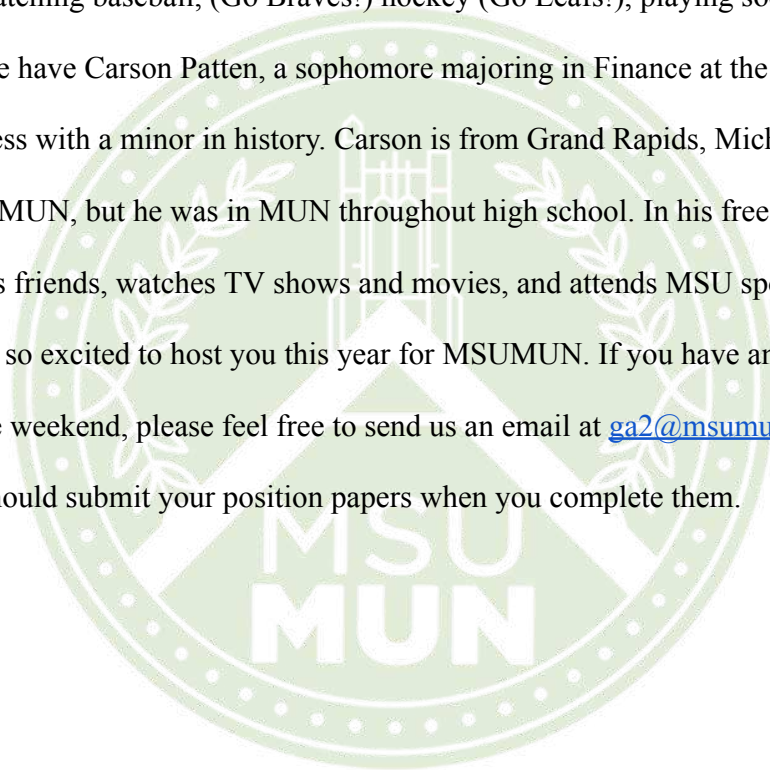
Next up is Radhika Chandrasekharan, a sophomore majoring in Biology on the pre-med track at Lyman Briggs with a minor in Korean. Radhika is from Plymouth, Minnesota and this is her first year participating in MSUMUN. She is also part of the OMSP program and participates in pre-SOMA, SERT, literature, and the criminal psychology club. In her free time, Radhika

loves to have movie marathons with her friends, play tennis, and read. She is looking forward to getting to know all of you and sharing experiences as we navigate this exciting event together.

Our third Assistant Chair is Roman Wing, who is a junior majoring in International Relations through the James Madison College, with minors in French and History. Roman is from Ann Arbor, Michigan, and this is his first year in MSUMUN. Outside of MSUMUN, he is also in MSU's International Relations Organization, of which this is his third year in. Outside of MUN, he likes watching baseball, (Go Braves!) hockey (Go Leafs!), playing soccer, and writing.

Finally, we have Carson Patten, a sophomore majoring in Finance at the Eli Broad College of Business with a minor in history. Carson is from Grand Rapids, Michigan. This is his first year in MSUMUN, but he was in MUN throughout high school. In his free time, Carson hangs out with his friends, watches TV shows and movies, and attends MSU sporting events.

We are all so excited to host you this year for MSUMUN. If you have any questions before conference weekend, please feel free to send us an email at ga2@msumun.org. This is also where you should submit your position papers when you complete them.



INTRODUCTION: HISTORY

The World Health Organization (WHO)

The idea 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 Nations². Specifically, representatives from Brazil and China brought about the idea of this organization. From March 18th to April 5th, 1946, a Technical Preparatory Committee was assigned 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 19th and July 22nd, on which date the Constitution was drafted and adopted. The World Health Organization (WHO) 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."³ 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

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

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

noncommunicable disease, and promoting public health and well-being in keeping with the Sustainable Development Goals, set forth by the UN.”

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 treatments⁴. More cases of this mysterious illness were reported later that same month, on December 31st, 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. 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 10th, the Coronavirus had killed 1,013 people, and the next day the WHO gave the virus its official name: COVID-19. Italy was among the first countries to go on a nationwide lockdown on February 23rd, with other countries following shortly after. On March 11th, the WHO officially declared COVID-19 a global pandemic, after 118,000 cases and 4,291 deaths. The US implemented

⁴ “CDC Museum COVID-19 Timeline,” Centers for Disease Control and Prevention, March 15, 2023, <https://www.cdc.gov/museum/timeline/covid19.html>.

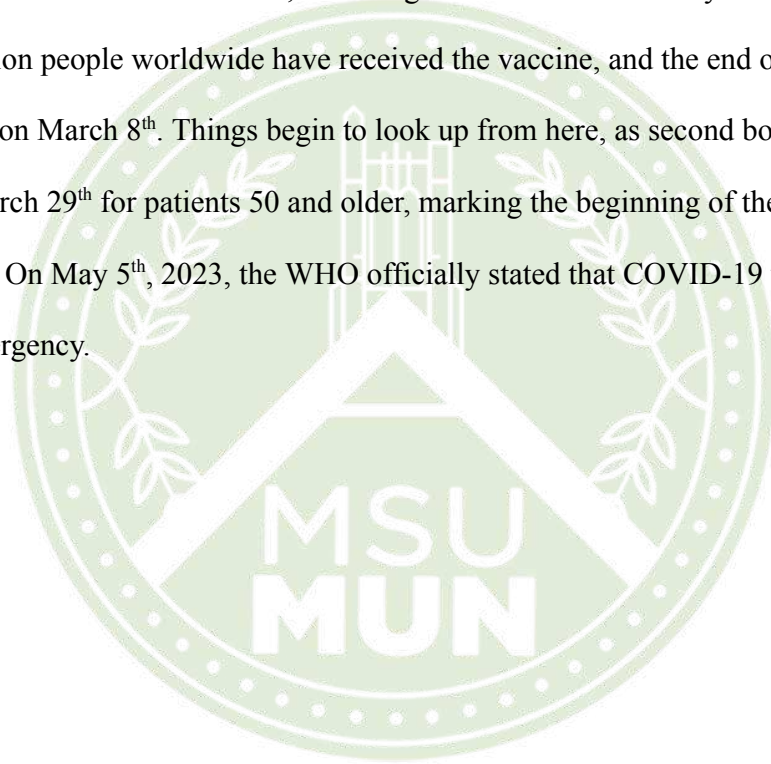
shutdowns in the following days, and vaccine work began less than a week later at Moderna Therapeutics. On March 27th, the Trump Administration signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act into law, giving stimulus checks to all adults in the United States.

Work on the vaccine picked up beginning on April 30th, 2020, with the Trump Administration's launching of Operation Warp Speed, providing critical funding to vaccine research and creation. Discussions of re-opening businesses and other public locations in the United States began in May, although health officials like Dr. Anthony Fauci warned against re-opening too early. In the economic world, the World Bank announced on June 8th that the pandemic would cause the largest global recession since World War II. Vaccine rollout began in June, with the HHS announcing on June 16th that they would be provided free of charge to those who were deemed high risk. President Donald Trump announced that the U.S. would withdraw from the WHO on July 7th, a move that was later reversed once Joe Biden took office.

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. 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-19 vaccines across the world. The idea of "Long COVID" symptoms was first revealed on November 17th 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.

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. The new variants call for updated vaccine boosters, which were deemed necessary to prevent severe illness from the virus on August 18th, 2021. In late 2021, vaccine mandates were introduced, including for travel to the US. By March 6th, 2022, more than 10 billion people worldwide have received the vaccine, and the end of mask mandates begins in Hawaii on March 8th. Things begin to look up from here, as second booster shots are authorized on March 29th for patients 50 and older, marking the beginning of the end of the worst of the pandemic⁵. On May 5th, 2023, the WHO officially stated that COVID-19 was no longer a global health emergency.



⁵CNN 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: HEALTH EQUITY IN THE AFTERMATH OF COVID-19

COVID-19 no longer has the world in the state of a global pandemic, although it has had a list of long lasting effects that contribute to complications within the world. COVID-19 is also not the first pandemic of its kind. In fact, throughout human history there have been multiple pandemics, including but not limited to Polio, HIV/AIDS, Ebola, and even the bubonic/pneumonic plague.

On March 11, 2020 the World Health Organization declared the COVID-19 virus a world-wide pandemic. COVID-19 is an infectious disease started by the SARS-CoV-2 virus characterized as a respiratory infection. This disease can worsen if there are any pre-existing conditions that weakens one's immune system⁶. COVID-19 caused many different economic problems throughout the world, ranging from supply chain shortages to unemployment increase. Additionally, as seen with other diseases throughout history, there were problems within hospitals due to staffing, sickness, and the number of patients. In terms of economic standpoint, COVID-19 caused extreme hardship for those of various classes, especially economically. In terms of economic trends, there is generally some kind of recession every 20 years (the last one starting in the early 2000s. COVID-19 sped up the effects of that recession, causing it to occur slightly before it was supposed to. Although this recession occurred before intended, there was a benefit. It was short. The recession itself was incredibly deep and brought many people to hard times, and it was made harder by the spread of a communicable and potentially deadly virus. Lock-down and quarantine methods did worsen the situation, since most non-essential workers were asked to stay home, however even in countries that did not go into lockdown, the effects of

⁶ "Coronavirus." World Health Organization. Accessed October 28, 2023. https://www.who.int/health-topics/coronavirus#tab=tab_1.

a declining economy were felt, especially for countries that have a primary income of tourism⁷. During this time there were massive supply shortages, ranging from everyday essentials such as toilet paper to more luxury items such as butter or apples. There were also shortages of medical supplies which put a large stress on already highly-stressed health workers. World-wide those in the healthcare profession had to cope with a rapid influx of patients as the pandemic spread. This put a large strain on doctors, nurses, and volunteers alike, and many hospitals had to accommodate more patients than they had the room for. Another kind of frontline workers were teachers, who were some of the first to return to work, as well as law enforcement and firefighters whose jobs did not stop due to a pandemic, still taking the safety of the masses into their hands. Additionally, a large adjustment, for better or worse, from COVID-19 is the ability to complete work remotely, which was something adopted by many schools for a time as well as offices around the country. Video sites, such as Zoom, Microsoft Teams, and Google Meet were popularized and commonly used to keep in touch with co-workers and to conduct meetings. Furthermore, the ability to split time working between the office and home came about as the virus started to wane and the vaccine became available for the populus. This change in the workforce increased efficacy, but it also affected those who were involved in careers. People in the food industry and other face-face professions that were not essential suffered massive layoffs and losses economically. There was a huge rise in unemployment during this time causing the government to start providing aid to people who were suffering. Some of these effects from COVID-19 are still ongoing and have left the work with many new issues.

Throughout the world today there are ongoing problems that relate to the COVID-19 virus. Most obviously, although the world is no longer in a pandemic state, there are still

⁷ “An Economist Explains What COVID-19 Has Done to the Economy.” 2020. World Economic Forum. October 2, 2020. <https://www.weforum.org/agenda/2020/09/an-economist-explains-what-covid-19-has-done-to-the-global-economy/>.

COVID-19 cases that exist throughout the world. Additionally, there are new variants that are currently evolving throughout the world and spreading worldwide. One big issue that developed from COVID was a rapid rise in inflation (briefly mentioned in the last paragraph) which led to store prices for goods increasing. Whenever there is a fluctuation in prices, which is something that is natural in any economic environment where value is monetarily based, society itself tends to have various trends. There is generally, initial panic (if the price increase is sudden as it was in COVID-19) and there is also the demand to be paid more money. A general rule of thumb is that those who are rich will get richer (upper class) and those who are poor will become poorer (working class and those below the poverty line). In terms of the middle class their income and status will generally stay the same. For those in the working class it is common to live paycheck to paycheck, meaning that they are financially stable but unable to save money or deal with urgent problems that may arrive within everyday life, such as a furnace blowing or a basement leak. When it comes to inflation, this makes their life far more difficult since those bills which were barely payable before become far tighter. For people in poverty, who struggle to have stable housing, food, and jobs, inflation is a nightmare. Inflation makes things which were previously barely affordable less so. COVID-19 raised inflation prices by roughly 6% overall and grew for roughly 2 years⁸. This is seen today in the housing market. Houses are quick to be sold for exorbitant prices and are hard to find on the market, which is called an affordable housing crisis. Houses are of short commodity, within America alone there are roughly 40% of renters (people who pay a monthly fee for their place of residence) are spending over 30% of their income on housing costs causing massive financial burden⁹. In terms of housing, there would need to be

⁸ Wamsley, Laurel. 2021. "How Inflation Affects Low-Income People." *NPR*, December 2, 2021. <https://www.npr.org/2021/12/02/1061028411/how-inflation-affects-low-income-people>.

⁹ "The Affordable Housing Crisis in 2023: Where Do We Stand, and What Are the Solutions?" - Frank Hawkins Kenan Institute of Private Enterprise." n.d. Frank Hawkins Kenan Institute of Private Enterprise.

roughly 100,000 homes built per day to deal with all those who lack stable housing globally, which is a substantial amount¹⁰. The global housing crisis is a large ticket issue within society due to how important it is for human survival. COVID 19 caused massive inflation within society but it also lowered the cost of houses globally right after it hit. Prices were at an all time low, comparable to the prices that struck in the 2007 recession. This led there to be even more severe price rises as the market has started to stabilize. Another point of consideration is the fact that COVID-19 misplaced a large number of the global population in terms of housing, as much as it opened up the opportunity to move, due to unemployment and instability. The rapid rise in housing prices is not the only problem that the world faces right now in terms of everyday expenses. There is also the rise in oil prices, which COVID-19 certainly had a large impact on. The inflation that came in the wake of COVID-19 as well as the lifting of restrictions from COVID-19 and the war between Russia and Ukraine. The gas prices rose due to a supply shortage that stemmed from the sudden increase in travel as people returned to work in the office and the ban on Russian oil (at least in the United States) that came about when war was declared on Ukraine¹¹. In addition to the rising gas prices that occurred during COVID-19 there were huge supply shortages all throughout the pandemic. When COVID-19 struck, supply companies were unable to cope with the rapid influx of consumer orders that arrived. When the pandemic entered into everyone's lives, there was panic and people rushed to make sure that there were enough supplies for their families in the wake of disease. In some cases, such as factories, there was the inability to return to work due to restrictions or certain economic restraints (as global travel was for a time restricted). There was also the detail of certain industry lines shrinking, creating holes

<https://kenaninstitute.unc.edu/commentary/the-affordable-housing-crisis-in-2023-where-do-we-stand-and-what-are-the-solutions/>.

¹⁰ "What Has Caused the Global Housing Crisis - and How Can We Fix It?" 2022. World Economic Forum. June 16, 2022. <https://www.weforum.org/agenda/2022/06/how-to-fix-global-housing-crisis/>.

¹¹ "Which US States Have the Highest and Lowest Gas Prices Right Now?" 2022. World Economic Forum. April 11, 2022. <https://www.weforum.org/agenda/2022/03/gas-prices-america-oil-covid-russia-conflict/>.

with the economic circle, such as the restaurant and hotel industries¹². In summary, due to the disruption in the normal trade cycle, the way in which products were consumed significantly changed and caused there to be price rises and global shortage issues in response. If shortages aren't inconvenient to the average, everyday person there were also large shortages of medicine and various hospital supplies. One memorable instance is the shortage of latex or rubber gloves, which are used in almost every medical capacity or face masks, which were used to prevent the spread of disease. There were also medical prescription shortages, where hospitals would run out of certain injectable medications that were needed for patients. This is something that can be incredibly harmful to an individual and has led medical associations to increase the production of certain medicines in order to avoid another shortage¹³. There were not only supply shortages though but also worker shortages, especially in hospitals. These buildings were over staffed with patients and there were not enough doctors to treat them or hospital beds for these people to stay in. Hospitals were overcrowded and various specialized medical places opened up to offer more beds and care to struggling patients. Certain machines, such as ventilators, were unavailable or in short supply during this time, leading to numerous patients being unable to receive needed care. Something that led to this being solved, or at the very least helped significantly, was the vaccine for COVID-19 when it rolled out. The COVID-19 vaccine helped to reduce the severity of COVID-19 within an individual, leading to hospitals being able to regain their composure and operate at full efficiency, rather than capacity. Internationally rolling the vaccine is a lot more than rolling it out to the population of a country. Country-wise, in the United States, it was first tested, then given to essential workers (teachers, hospital staff, government employees), and then

¹² House, White. 2021. "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/>.

¹³ American Medical Association and American Medical Association. 2020. "COVID-19 Exacerbates Drug Shortages. AMA Details next Steps." *American Medical Association*, November 17, 2020. <https://www.ama-assn.org/delivering-care/public-health/covid-19-exacerbates-drug-shortages-ama-details-next-steps>

the general populace (everyone else). Many countries struggled to keep up with the vaccine's demands, but still managed to have most people vaccinated. International vaccine rollout is not only on a different scale, but would require different funds. First there would be production costs, then there would be the travel costs (most vaccines need to be placed in cold storage until use and have a certain life-span in which they can be used), and then there is also worker fees. Spreading the COVID-19 vaccine would not be the job of one country alone, but it is still a massive task that will require cooperation. Aside from flat out having a vaccine, there is also the option of Paxlovid for adults. Paxlovid is a medication that can be used to treat COVID-19 symptoms and the infection within an adult, as long as it is a mild to moderate case and within five days of symptoms. This is not for serious COVID-19 cases, as it can possibly lead to the disease worsening if someone is over 50 years old¹⁴. This is something new that was developed, and was recently approved with America by the FDA. COVID-19 not only exposed the lack of hospital staff and the importance of stocking medications, but also the inequity between certain groups of people and treatment. It is a well known fact that most people feel an innate sense of trust with a doctor that looks like them. Not only were certain biases opened up, but there was also the presence of care and who was affected. COVID-19 was worse among ethnic minorities, who were unable to cope and quarantine in the way that was recommended by health organizations. There was also a large effect within the Asian community, who faced severe hate during the span of the pandemic. Many health organizations are working to correct and address these biases and the disparities within communities, which will take time¹⁵. There was a large amount of unavailability during the COVID-19 vaccine due to the previously discussed

¹⁴ "PAXLOVID™ (Nirmatrelvir Tablets; Ritonavir Tablets) For Patients." n.d. <https://www.paxlovid.com/?cmp=e5a7e3b5-6f21-4f9a-8560-89b4fc5cf66b&ttype=QRC&gclid=2d50b67a52d61fa8ab8ad33e0a686e84&gclsrc=3p.ds&>

¹⁵ "Health Equity." 2022. Centers for Disease Control and Prevention. May 18, 2022. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/cdc-strategy.html>.

overstaffing and inability to house people within hospital beds. Due to the mass overstaffing there was the inability to provide adequate care. Injuries, common ones, that could normally be dealt with efficiently were no longer able to be handled in hospitals. Additionally, certain populations who do not have health insurance or lack the ability to easily travel and get medical care were dying in larger populations than others, which contributed to the unfairness of the whole situation. The gap in inequity during COVID-19 was made worse through miscommunication. PPE was often not provided to janitorial staff and other “non-essential” workers that provided a potentially harmful situation and potentially unsafe environment for other people¹⁶. Another thing that COVID-19 opened up was the wealth gap within society. Certain groups had substantial income inequality, with the top 1% of the population swimming in billions. The increase of online consumerism (and decrease of brick and mortar shopping) led to both an increase and decrease in certain net gains, as well as, sped up the movement to online web shopping. There was also the decrease in many stocks, which led to inflation, causing the market to decrease in value. The lower in income a household was, the slower their growth in wealth is (which when makes sense as money makes money)¹⁷. Essentially, the wealth gap increased within society. COVID-19 has and continues to affect many aspects of global society, many of which are interconnected, ranging from inflation to hospital shortages.

One other aspect of society that COVID-19 directly and severely impacted was the supply chain system and its own effects on equity issues stemming from COVID-19. The supply chain system exists to provide any type of finished goods or service to the consumer as quickly and as efficiently as possible, so as to reduce costs for everyone involved. There are many

¹⁶ Maurer, Lydia R., Numa P. Perez, Emily E. Witt, and Gezzer Ortega. 2020. “Protecting Our Own: Equity for Employees as Hospitals Battle COVID-19.” *Health Equity* 4 (1): 394–96. <https://doi.org/10.1089/hecq.2020.0024>.

¹⁷ Batty, Michael. 2021. “Wealth Inequality and COVID-19: Evidence from the Distributional Financial Accounts.” August 30, 2021. <https://www.federalreserve.gov/econres/notes/feds-notes/wealth-inequality-and-covid-19-evidence-from-the-distributional-financial-accounts-20210830.html>.

different components of the global supply chain system, those being producers, vendors, warehouses, transportation companies, distribution centers, and retailers.¹⁸ This system relies on open movement of goods and services across the globe for goods to reach their intended consumers as easily as possible, which is hampered by restrictions such as lockdowns. As the pandemic began to spread, countries across the world implemented lockdown measures that varied in strictness, but they all shut down movement, production of many nonessential goods, and limited global movement of goods, services, and people. Though these policies have since changed significantly since the start of the pandemic, their effects on the supply chain system remain. The outbreak resulted in sharp, immediate drops in supply in demand, and the global nature of the crisis meant that many firms, including those that export PPE, faced severe international disruptions,¹⁹ leading to a ripple effect as hospitals and healthcare professionals across the world. The disruptions and pre-existing shortcomings of the global supply chain system were felt immediately.²⁰ Then, by the time lockdowns had been loosened and the supply chain system had caught-up to demand, millions of people had already been infected, using up supplies further, and millions had died, leading to immense stress on pre-existing infrastructure, as well as on the mental health of healthcare workers.²¹

¹⁸ Hayes, Adam. March 8, 2023. "The Supply Chain: From Raw Materials to Order Fulfillment." *Investopedia*, <https://www.investopedia.com/terms/s/supplychain.asp>

¹⁹Lebastard, Laura et al. "Understanding the Impact of Covid-19 Supply Disruptions on Exporters in Global Value Chains." *World Economic Forum*, March 19, 2023. <https://www.weforum.org/agenda/2023/03/understanding-the-impact-of-covid-19-supply-disruptions-on-exporters-in-global-value-chains/>.

²⁰ Goldschmidt, Karen, and Kelsey Stasko. "The Downstream Effects of the COVID-19 Pandemic: The Supply Chain Failure, a Wicked Problem." *Journal of pediatric nursing*, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9014739/#:~:text=The%20failure%20of%20the%20global,impacts%20patient%20morbidity%20and%20mortality.>

²¹ "World Failing in 'our Duty of Care' to Protect Mental Health and Well-Being of Health and Care Workers, Finds Report on Impact of Covid-19." *World Health Organization*, October 5, 2022. <https://www.who.int/news/item/05-10-2022-world-failing-in--our-duty-of-care--to-protect-mental-health-and-well-being-of-health-and-care-workers--finds-report-on-impact-of-covid-19.>

The Resolution

When drafting a resolution, be sure to focus on the major issues mentioned, such as the issues in the supply chain, the disparity in effects of the pandemic on different communities, and resource shortages throughout the world. Be sure to consider the different impacts COVID has had on different countries and which ones have been the most affected when determining the correct response on a global scale.²²

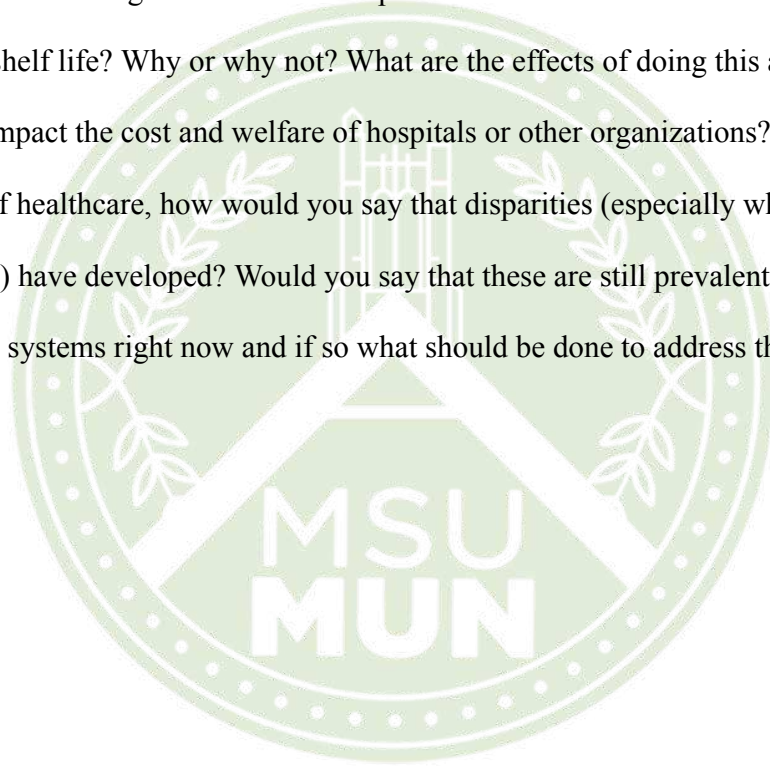
Questions to Consider

1. In terms of economic effects, how are those in the working class and poverty most affected?
 - a. Please note that the working class and those in poverty are two separate social classes.
2. How should the government intervene in healthcare to address the inequities that are occurring?
 - a. These are things like wealth inequality, access to healthcare within various communities, and vaccination spread: whether or not there is mass distribution, the availability of the vaccine to populations, vaccination storage.
3. When it comes to health care being available and equal to all, there are places in the world that are working to address this in the aftermath of COVID-19. The Swiss working

²²FT Visual & Data Journalism Team. "Free to Read: Lockdowns Compared: Tracking Governments' Coronavirus Responses." Free to read | Financial Times, July 22, 2022. <https://ig.ft.com/coronavirus-lockdowns/>.

with the Swiss Agency for Development and Cooperation (SDC), the University College London's Institute of Health Equity (UCL-IHE), and the University of Lausanne are working on a program with the WHO to address healthcare inequalities within 12 countries that have disadvantaged individuals and help 20 million of them²³. What do you think is the best way they could go about this?

4. In order to address the issues with supply chains and hospital supplies, what should be done? Would it be a good idea to stock up and make medications and other materials with a limited shelf life? Why or why not? What are the effects of doing this and is it possible it would impact the cost and welfare of hospitals or other organizations?
5. In terms of healthcare, how would you say that disparities (especially what kinds of disparities) have developed? Would you say that these are still prevalent within healthcare systems right now and if so what should be done to address them?



²³ "Multi-Country Initiative." n.d. Wwww.who.int.
<https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/about>.

TOPIC B: 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 pandemic²⁴. 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.²⁵

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.²⁶ Additionally, disparities in healthcare infrastructure and access exacerbated the impact of the virus on vulnerable populations.

²⁴ 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>

²⁵ Ibid

²⁶ 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.>

Analyzing the historical responses to pandemics reveals a spectrum of successes and shortcomings. While certain strategies proved effective, the lack of international collaboration, 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 2009²⁷. 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,

²⁷ Madhav. Pandemics: Risks, impacts, and mitigation - disease control priorities
<https://www.ncbi.nlm.nih.gov/books/NBK525302/>.

job insecurity, and limited access to resources such as quality healthcare and education.

Addressing these inequalities, their causes, and ensuring equitable access to economic 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.²⁸ 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 affected socially and economically by the pandemic.

Vaccine mandates emerged as a contentious issue in the response to the pandemic.²⁹ 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. For example, many African countries saw less investment from others like China.³⁰ The lack of

²⁸ 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.>

²⁹ Global vaccine access demands combating both inequity and hesitancy, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.00775>.

³⁰ *Source:* Authors' compilation based on various sources as of 4 May 2020, from national sources and IMF (<https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>). Updated information is provided in the OECD Policy tracker (<https://oecd.github.io/OECD-covid-action-map>).

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

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.³¹ 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

³¹ 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>.

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)³² estimated that the equivalent of 255 million full-time jobs were lost globally in 2020 as a result of the pandemic. The reduction in working hours and wages also contributed to income loss for workers, causing financial hardships for millions of households.³³ This resulted in small businesses experiencing vulnerability during the pandemic.³⁴ 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 CARES³⁵ 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.

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

³² “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.

³³ Ibid

³⁴ 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>

³⁵ “CARES Act,” Congress, January 3, 2020, <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>.

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 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.³⁶ 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.³⁷ 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.³⁸ Many companies faced challenges in sourcing

³⁶ 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>

³⁷ 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>

³⁸ "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/>.

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 planning. International trade³⁹ 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 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. Remote work and the adoption of digital tools not only ensured business continuity but also permanently changed work practices and consumer behavior.

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 development and distribution of COVID-19 vaccines played a crucial role in shaping economic recovery. Countries with successful vaccination campaigns generally experienced a

³⁹ “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/#>.

faster rebound in economic activity.⁴⁰ 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.⁴¹ 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 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.

The Resolution

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

⁴⁰ 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>.

⁴¹ Ibid

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?



REFERENCES

American Medical Association and American Medical Association. 2020. "COVID-19 Exacerbates Drug Shortages. AMA Details next Steps." *American Medical Association*, November 17, 2020.
<https://www.ama-assn.org/delivering-care/public-health/covid-19-exacerbates-drug-shortages-ama-details-next-steps>.

"An Economist Explains What COVID-19 Has Done to the Economy." 2020. World Economic Forum. October 2, 2020.
<https://www.weforum.org/agenda/2020/09/an-economist-explains-what-covid-19-has-done-to-the-global-economy/>.

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>

Batty, Michael. 2021. "Wealth Inequality and COVID-19: Evidence from the Distributional Financial Accounts." August 30, 2021.
<https://www.federalreserve.gov/econres/notes/feds-notes/wealth-inequality-and-covid-19-evidence-from-the-distributional-financial-accounts-20210830.html>.

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/10.10>

"CARES Act," Congress, January 3, 2020,
<https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>.

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

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>

“Coronavirus.” World Health Organization. Accessed October 28, 2023. https://www.who.int/health-topics/coronavirus#tab=tab_1.

“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.

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>.

FT Visual & Data Journalism Team. “Free to Read: Lockdowns Compared: Tracking Governments’ Coronavirus Responses.” Free to read | Financial Times, July 22, 2022. <https://ig.ft.com/coronavirus-lockdowns/>.

Global vaccine access demands combating both inequity and hesitancy, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.00775>.

Goldschmidt, Karen, and Kelsey Stasko. “The Downstream Effects of the COVID-19 Pandemic: The Supply Chain Failure, a Wicked Problem.” *Journal of pediatric nursing*, 2022.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9014739/#:~:text=The%20failure%20of%20the%20global,impacts%20patient%20morbidity%20and%20mortality.>

Hayes, Adam. March 8, 2023. “ The Supply Chain: From Raw Materials to Order Fulfillment.” *Investopedia*, <https://www.investopedia.com/terms/s/supplychain.asp>

“Health Equity.” 2022. Centers for Disease Control and Prevention. May 18, 2022. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/cdc-strategy.html>.

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.>

“History of WHO,” World Health Organization, 2023, <https://www.who.int/about/history/>.

House, White. 2021. “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/>.

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>.

“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/#>.

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/10.1177/0160017622113223002/14651858.CD013717.pub2>

Lebastard, Laura et al. “Understanding the Impact of Covid-19 Supply Disruptions on Exporters in Global Value Chains.” World Economic Forum, March 19, 2023. <https://www.weforum.org/agenda/2023/03/understanding-the-impact-of-covid-19-supply-disruptions-on-exporters-in-global-value-chains/>.

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

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>

Maurer, Lydia R., Numa P. Perez, Emily E. Witt, and Gezzer Ortega. 2020. “Protecting Our Own: Equity for Employees as Hospitals Battle COVID-19.” *Health Equity* 4 (1): 394–96. <https://doi.org/10.1089/heq.2020.0024>.

“Multi-Country Initiative.” n.d. Wwww.who.int. <https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/about>.

“PAXLOVID™ (Nirmatrelvir Tablets; Ritonavir Tablets) For Patients.” n.d. <https://www.paxlovid.com/?cmp=e5a7e3b5-6f21-4f9a-8560-89b4fc5cf66b&ttype=QRC&gclid=2d50b67a52d61fa8ab8ad33e0a686e84&gclsrc=3p.ds&>.

Source: Authors' compilation based on various sources as of 4 May 2020, from national sources and IMF (<https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>). Updated

information is provided in the OECD Policy tracker (<https://oecd.github.io/OECD-covid-action-map>).

“The Affordable Housing Crisis in 2023: Where Do We Stand, and What Are the Solutions? - Frank Hawkins Kenan Institute of Private Enterprise.” n.d. Frank Hawkins Kenan Institute of Private Enterprise.
<https://kenaninstitute.unc.edu/commentary/the-affordable-housing-crisis-in-2023-where-do-we-stand-and-what-are-the-solutions/>.

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

Wamsley, Laurel. 2021. “How Inflation Affects Low-Income People.” *NPR*, December 2, 2021. <https://www.npr.org/2021/12/02/1061028411/how-inflation-affects-low-income-people>.

Welsh, Jennifer M, 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>.

“What Has Caused the Global Housing Crisis - and How Can We Fix It?” 2022. World Economic Forum. June 16, 2022.
<https://www.weforum.org/agenda/2022/06/how-to-fix-global-housing-crisis/>.

“Which US States Have the Highest and Lowest Gas Prices Right Now?” 2022. World Economic Forum. April 11, 2022.
<https://www.weforum.org/agenda/2022/03/gas-prices-america-oil-covid-russia-conflict/>.

“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/>.

“World Failing in ‘our Duty of Care’ to Protect Mental Health and Well-Being of Health and Care Workers, Finds Report on Impact of Covid-19.” World Health Organization, October 5, 2022.

<https://www.who.int/news/item/05-10-2022-world-failing-in--our-duty-of-care--to-protect-mental-health-and-wellbeing-of-health-and-care-workers--finds-report-on-impact-of-covid-19>.

