



SciMUNC XVII

WORLD HEALTH ORGANIZATION (WHO)

Spanish Flu

BACKGROUND GUIDE

WORLD HEALTH ORGANIZATION

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Letter from the Dais

Dear Delegates,

Greetings delegates! I'm Ivy Cao, your chair for this year's World Health Organization (WHO) committee! I'm a senior at Bronx Science and I've been a part of the Model UN team since junior year. I'm super excited to chair this committee and assist you guys throughout this conference. My favorite thing about MUN is meeting new people from different schools, and even different countries. I also like researching; I get to learn new things regarding diplomacy and international affairs that aren't part of the normal school curriculum. Model UN has helped me become a better public speaker, a better delegate, and a better citizen. Outside of MUN, I really enjoy hanging out with friends, playing video games, and listening to true crime podcasts. I have high hopes for this upcoming conference, and I know everyone will do spectacularly! Please feel free to email me at ivyc24@nycstudents.net in case you have any questions. Good luck, and see you soon, delegates!

Hi delegates! My name is Tiffany Li, your co-chair for the WHO committee. I am also a senior at Bronx Science and I am incredibly excited to guide and collaborate with you all during our time together at this conference. I've been in Model UN since I was a junior and this club has taught me leadership, communication, adaptability, and critical thinking. Through different conferences and experiences, I have met new people and expanded my knowledge on society and culture from an array of different perspectives. It has allowed me to make lasting friendships and lasting connections from cities all over the United States. It's so fun to share hotels with my friends and new people, and also experience the delegate dance (which I seriously do not recommend). Throughout our time together, feel free to reach out to me through email with any questions, concerns, or ideas that you may have. I am here to support and facilitate the committee's work to the best of my abilities to make this conference an enriching and impactful experience.

Email: tiffanyl189@nycstudents.net

Best,
Ivy Cao and Tiffany Li

Committee Description

World Health Organization

The World Health Organization (WHO), established in 1948, is a specialized agency of the United Nations, responsible for international public health. Its mission is to promote and protect global health, as well as to provide leadership on international health matters and shape the health agenda of nations. The World Health Organization (WHO) is structured to effectively address global health challenges and promote well-being worldwide. Its core components include the World Health Assembly (WHA), the Executive Board, and the Secretariat. The WHA, consisting of representatives from all WHO member states, serves as the supreme decision-making body, convening annually to establish policies and budgets. The Executive Board, composed of 34 technically qualified members elected by the WHA, implements and oversees the execution of WHA decisions between its sessions. Finally, the Secretariat, led by the Director-General, functions as the administrative arm, managing day-to-day operations, coordinating programs, and providing critical leadership. This structure enables the WHO to fulfill its crucial role in

setting global health standards, conducting research, responding to health emergencies, and collaborating with nations and partners to improve the health and well-being of people worldwide.

Background Information

World War I

World War I, or the Great War, was a cataclysmic event that spanned from 1914 to 1918, resulting in profound and far-reaching global effects. The war is characterized by trench warfare, mass mobilization, and unprecedented destruction. Its consequences are multi-faceted.

The devastation wrought by the war is staggering. It was the first war where it included industrial-scale battles, and new military technology, such as tanks and chemical weapons. Often called a total war, when countries commit their whole economy and utilize their resources to fuel the war and ultimately win the war. World War I was a brutal conflict, claiming the lives of millions and leaving entire cities in ruins. Economies are decimated, and the scars of war are etched into the landscapes of Europe.

Politically, the end of the war saw the fall of empires, including the Austro-Hungarian and Ottoman Empires. New nations emerge, borders are redrawn, and the geopolitical landscape undergoes a seismic shift. Economically, the war resulted in

economic hardships for many nations due to wartime expenditures, war debt, and the challenges of transitioning from wartime to peacetime production.

The war had a significant impact on healthcare systems worldwide. The war's scale of casualties and illnesses overwhelmed the often unprepared medical infrastructure. Military camps, battlefields, and trenches were breeding grounds for diseases, and the lack of proper care facilities placed immense pressure on healthcare providers. Shortages of medical personnel, equipment, and supplies further exacerbated the situation. Healthcare systems, already strained by wartime exigencies, were weakened, leaving populations increasingly vulnerable to health crises, with the Spanish flu being one of the most devastating consequences.

Emerging Illness:

The Spanish flu emerged in early 1918, with the first cases reported in military personnel in the United States. It soon spread across Europe, affecting both soldiers and civilians. The crowded and unsanitary conditions of military camps, troop movements, and international travel

contributed to the rapid dissemination of the virus. People around the world were already grappling with the physical and psychological scars of World War I, making them more susceptible to the virus. In addition, wartime censorship measures in many countries initially downplayed the severity of the disease, which hindered the implementation of early containment measures.

Symptoms:

Infected individuals typically experience a rapid onset of high fever, extreme fatigue, and muscle aches. Other common symptoms included a persistent, dry cough, sore throat, and headache. Notably, the Spanish flu had a predilection for causing severe respiratory distress, with many patients developing a deep and painful pneumonia, often accompanied by a bluish skin discoloration due to oxygen deprivation, a symptom known as cyanosis. Gastrointestinal symptoms like nausea, vomiting, and diarrhea were also observed in some cases.

Global Spread:

As 1918 progressed, the Spanish flu

continued to spread rapidly and widely. It was named the "Spanish flu" because Spain, a neutral country during the war, had a more transparent press that reported on the outbreak, unlike the wartime censorship in other nations. However, this naming choice was not indicative of its origin.

The virus rapidly crossed borders, affecting people in the Americas, Asia, Africa, and Oceania. In some areas, the virus evolved into an even deadlier form, causing widespread fear and panic. By the fall of 1918, the world was confronting a devastating pandemic, with millions of lives lost. In some places, healthcare systems were on the brink of collapse, and the war's aftereffects further exacerbated the situation.

The rapid spread of the Spanish flu raised grave concerns among global health authorities. The magnitude of the pandemic was unprecedented, and the medical community had limited knowledge about how to combat such a highly infectious and deadly virus. The lack of a vaccine or effective treatment made containment efforts challenging. Governments and healthcare providers were faced with the monumental

task of trying to control the spread of the disease and provide care for the afflicted.

Main Committee Topic

Limited Medical Knowledge and Treatment Options

In 1918, the understanding of viruses and infectious diseases was in its infancy. Delegates will face the challenge of dealing with a novel, highly contagious pathogen with limited knowledge about its origin, transmission, and potential treatments. This lack of understanding would make it difficult to develop effective therapeutic interventions or vaccines, significantly hampering the ability to combat the virus.

Inadequate Healthcare Infrastructure

The healthcare systems of most countries were severely strained and under-resourced due to the ongoing World War I. Delegates must address the problems arising from the overburdened healthcare infrastructure, which struggled to cope with the influx of Spanish flu cases. Hospitals and medical personnel were scarce, and there was a lack of basic medical supplies, exacerbating the crisis.

War-Related Challenges

The aftermath of World War I presented a complex scenario. Delegates must grapple with the economic hardships that nations faced due to wartime expenditures and the transition from wartime to peacetime production. This would have a direct impact on the availability of resources for addressing the Spanish flu. Additionally, the war had weakened healthcare systems, leaving populations vulnerable to health crises, including the flu.

Global Spread and International Cooperation

The Spanish flu rapidly spread across borders, affecting people worldwide. Delegates will need to discuss how countries can work together to combat a global pandemic. The absence of a coordinated international response mechanism would be a significant challenge, as countries would have to navigate political complexities and self-interest to share information, resources, and expertise.

Lack of Public Awareness

Wartime censorship in many countries initially downplayed the severity

of the Spanish flu. Delegates must grapple with the issue of misinformation and underreporting of cases. This lack of transparency hindered early containment measures, making it challenging to implement public health strategies effectively.

As delegates in the WHO committee, it is your task to propose possible solutions to contain the Spanish flu within the constraints of the early 20th century and the challenging backdrop of the aftermath of World War I.

Past Actions

Previous to the Spanish Flu was the “Russian Flu” of 1889-1890, which was a global influenza pandemic that impacted populations across the world. It was caused by an H3N8 influenza A virus that spread over Europe, Asia, and North America. It was characterized by symptoms such as high fevers, coughs, and fatigue, which similarly created a significant impact on the public health and daily life just like the Spanish Flu. At this time, healthcare systems and public health services were not as advanced; however, governments still took actions in response to the pandemic. For example,

supply of medical aid, isolation of ships, closure of public spaces, isolation hospitals, and public health campaigns.

The WHO committee plays a crucial role in coordinating international responses to the pandemic. With international technology and help, WHO developed a Global Influenza Surveillance and Response System to monitor and track influenza virus outbreaks which can quickly identify new strains and assess their potential impact. Furthermore, WHO has developed a guideline and plans for pandemic preparedness which outlines vaccine development, antiviral stockpiling, and necessary public health measures. WHO also plays a vital role in assessing and communicating the risks associated with the influenza outbreaks and pandemics which provides guidance to countries and the public. Arguably the most important part would be their task to provide recommendations for vaccine composition based on the most prevalent influenza strains, keeping diseases well managed and tracked to prevent future outbreaks.

Questions to Consider

1. To what extent are countries willing to cooperate on a global scale to combat the pandemic? What measures can be taken to encourage international collaboration and resource sharing?
 2. How have healthcare systems been affected by the war, and how prepared are they to cope with the Spanish flu pandemic? What challenges do medical professionals face in diagnosing, treating, and preventing the disease?
 3. How has wartime censorship influenced public awareness and response to the pandemic? What can be done to ensure accurate information dissemination while maintaining morale and minimizing panic?
 4. What ethical considerations should guide our response to the pandemic, particularly in a world already scarred by war and hardship?
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Bloc Positions*Spain**United States**Canada**South Korea**Belarus**Poland**Guam**Romania**Bulgaria**Germany**France**Austria-Hungary**United Kingdom**Belgium**Ottoman Empire**Russia**Italy**Portugal**Switzerland**Netherlands**Australia**Canada**Brazil**China**Japan*

*Greece**Mexico**Chile**Czechoslovakia**Iraq**Denmark**Yugoslavia**Nigeria**Guatemala*

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