

# DELEGATE GUIDE

FALL 2020 VIRTUAL CONFERENCE

## THE PATH AHEAD

### OUR FUTURE WITH COVID-19

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AMERICAN MOCK  
WORLD HEALTH  
ORGANIZATION



UMBC - DUKE - TEXAS TECH  
UNC CHARLOTTE - JOHNS HOPKINS

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# A LETTER FROM OUR CO-DIRECTORS

*Dear prospective delegates and esteemed colleagues,*

*It is our honor to welcome you to the first collaborative virtual American Mock World Health Organization conference. This past year, the annual national conference was unfortunately canceled in light of the COVID-19 pandemic, spurring our chapter at the University of Maryland, Baltimore County (UMBC) to collaborate with other chapters across the nation to deliver a conference in an online capacity during a time where public health is more relevant than ever. We are so proud to witness the growth of AMWHO both locally and nationally, as students and professionals from interdisciplinary backgrounds converge to discuss innovations and ideas pertaining to health and health diplomacy on a global scale. We would like to thank our National President Neha Acharya for providing the framework for a common platform to bridge ideas and backgrounds to disrupt and innovate in the realms of public health and policy.*

*We hope to achieve productive discourse through this conference that allows you to expand your perspectives and positions through discussion and debate with colleagues from chapters across the nation. In order to achieve this objective, we have provided the tools and instructions to simulate a forum for health and policy changes and developments, upon which you will craft and deliver an assigned position stance. We sincerely hope that this provides you with the opportunity to expand your worldview on the ever-evolving developments in public health in a global context.*

*We are excited to announce the theme for our conference - *The Path Ahead: Our Future with COVID-19*, a distinctly contemporary topic of contention that is currently at the forefront of the public conscience. Living through a remarkably unique circumstance, we as a global society are learning the essentiality of our steps today in their ramifications upon our future. Developing strategies for access and quality of healthcare are crucial points on the agenda of the international community. The conference will be divided into five subsidiary themes to inspire critical thinking around this theme. These subsections of interest are Reopening Strategies and Guidelines, Surveillance and Data Collection, Maintaining Health Services, Mental Health, and Health Communications*

*As models of the World Health Assembly, delegates will work throughout the weekend to form and pass a resolution paper that focuses on addressing the public health conflicts that have become apparent in this past year. By modeling this assembly, we are creating an informative dialogue to further our knowledge of the public health issues challenging the world. By participating in this conference, we are all working on becoming better global citizens.*

*For any questions, comments, or concerns please do not hesitate to reach out to us at [umbcamwho1@gmail.com](mailto:umbcamwho1@gmail.com). This is a unique event that allows enthusiastic participants such as yourselves to connect with fellow professionals and peers to engrain new skills and perspectives in a virtual capacity, and we are so excited to welcome you all!*

*Sincerely,  
Sangeetha Noble and Sarah Burney  
President and Vice President of AMWHO UMBC*

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**2020 FALL VIRTUAL CONFERENCE  
THE PATH AHEAD: OUR FUTURE WITH COVID-19**



# SCHEDULE

## FRIDAY, NOVEMBER 13TH

6:00-6:15P M  
CHECK IN

6:15-6:30 PM  
OPENING REMARKS

6:45-7:45 PM  
SESSION 1

7:50-8:00 PM  
EXPERT PANEL PREP

8:00-9:00 PM  
EXPERT PANEL

9:00 PM  
CLOSING

## SATURDAY, NOVEMBER 14TH

9:30-9:45 AM  
CHECK IN

9:45-10:00 AM  
WELCOME SPEECH

10:00-11:00 AM  
KEYNOTE SPEAKER

11:00-12:00 PM  
SESSION 2

12:00-12:40 PM  
LUNCH

12:45-2:00 PM  
SESSION 3

2:00-2:30 PM  
PRESS CONFERENCE

2:35-3:45 PM  
SESSION 4

4:00-5:30 PM  
PLENARY

5:30 PM  
ENDING REMARKS



# CONFERENCE THEME

In the event of a global health crisis, especially a pandemic, the World Health Organization (WHO) serves a crucial role that aims to identify and manage the crisis, as well as the various complications that may arise. In order to carry out this role effectively, the WHO follows emergency preparedness guidelines that were revised in 2009 [1]. These guidelines consist of five distinguishable phases that are seen during a pandemic; the WHO utilizes these guidelines to not only track the progress of a pandemic, but to also identify what measures must be taken at certain phases [1]. For example, during phases 1-3, the WHO emphasizes preventative measures and assessing preparation measures, while during phases 4-6, active mitigation efforts are required [1]. Pandemics call attention to major shortcomings around the world, while further exacerbating current health and social issues, making it vital for the WHO to promote collaboration and effectual courses of action.

Due to the powerful medical, economic, political, and social effects of a pandemic, the WHO emphasizes strong action before, during, and after a pandemic. First, there must be coherent planning and coordination and situation monitoring [2]. Then, countries must strive to reduce the spread of the disease and continue health care provision [2]. Finally, dialogue between all countries should take place to discuss, understand, and plan for future outbreaks [2]. The period after a pandemic is just as crucial as the phases before, because it offers one key ingredient: hindsight. Communication and analysis after a pandemic can aid in recognizing what went wrong to lay out a better approach in the future; it can allow for long-term solutions to protect global health and human rights during a pandemic.

Thus, there must be a collaborative effort across diverse issues and countries to achieve greater efficiency and communication during a pandemic, while maintaining and bettering the welfare and human rights of individuals around the world. During a pandemic, care for human health needs to extend beyond a simple reactive stance and instead plan and understand varied themes, such as international travel, vaccine development, healthcare equity, surveillance and data-collection, reopening strategies after a pandemic, and the maintenance of health services.



# SUB-THEMES

## INTERNATIONAL TRAVEL AND BORDER REOPENINGS

A disease-inducing agent can only travel across the globe by latching onto a host that moves across borders. In other words, international travel allows diseases to spread from the region of origin to remote corners around the world. This speaks to the importance of international travel during the preventative phases; proper planning and preemptive efforts to monitor international travel can help to manage and even reduce the spread of disease.

This also highlights a major problem related to inequality. The COVID-19 pandemic spread around the world through people who could afford international travel; most of these people also have access to better healthcare to aid them in recovering. However, many people who contracted the virus are those who could not travel or afford excellent healthcare; essential workers, such as those working at grocery stores and food factories to ensure people have access to food or people working crucial maintenance jobs that keep the city water and electricity running, were more highly exposed to the virus, despite not holding responsibility for the spread.

Another topic that arises is travel restrictions during a pandemic. The WHO conducted a study measuring the effectiveness of international travel bans. Only extensive travel restrictions, or restricting travel over 90%, had any type of substantial effect on lowering a pandemic's magnitude [3]. The study brings attention to a crucial discussion countries must have with each other, regarding travel affairs and determining how much travel can be banned without disrupting international relations and economics too much. Once travel bans are in place, when will a state know when they can reopen their borders? International travel and border reopenings is a vital theme to weigh in on in the midst of a pandemic.

## EQUITY IN HEALTHCARE DURING COVID-19

During the 2009 H1N1 influenza pandemic, inequalities were created and existing inequalities exacerbated. There were higher mortality rates in Mexico than in higher-income states [4]. Likewise, those in urban areas tended to suffer to a greater extent than their suburban counterparts [4]. Marginalized groups of people, such as indigenous people, are unequally affected by pandemics [5].

This trend rings true all around the world. For example, the number of patients per physician is 15% higher in underserved areas as compared to more well-off communities [4]. In the United States, inequality, both social and economic, rages to higher extents every year; this was only further worsened by the COVID-19 pandemic. In fact, 33 million Americans have deficient healthcare insurance, or none at all [4]. This increases the



# SUB-THEMES

complexity and difficulty of the situation during a pandemic. A person who may already struggle with health conditions and improper healthcare insurance is now competing with those who have good insurance, since everyone has the same illness.

Through long-term planning and reflecting, and by considering public health policy responses, countries can try to prevent such inequality from resurfacing to such a high extent in a future pandemic [4]. States must consider and discuss other possible solutions to prevent inequality during pandemics, both amongst and within countries. The quality of life for people in a country depends on forward thinking and preventative measures, as well as the consideration of past and current inequalities and how they were affected by past pandemics.

## VACCINE DEVELOPMENT AND ACCESS

The multiple stages for vaccine development commence with extensive research trials that investigate the nature of the pathogen for which the vaccine is being developed. For SARS-Cov-2, the virus responsible for the present pandemic, genomic studies began in January of 2020. As of September 25th, 2020, only two of the hundreds of vaccine companies involved in the current race for the final vaccine have reached Phase 3 of development: Novavax and Johnson & Johnson. Phase 3 trials consist of the provision of the developed vaccine to a sample of the general population, contrasted to the results of a placebo sample, in order to test for efficacy and safety [8]. Whereas some nations, such as China and Russia have approved COVID-19 vaccines without the results obtained by Phase 3 trial data, the implications of doing so are risky. Other companies, such as SpyBiotech, have resorted to “combined phases” in order to further accelerate the process. SpyBiotech is currently in Phase 1/2, having combined both the initial trial vaccine stage with a slightly larger sample size than traditionally used [7].

According to the World Health Organization’s current framework for the allocation and prioritization of COVID-19 vaccination, the first populations recommended to receive access to the vaccine after its development are as follows: 1. Individuals with elevated risk of severe disease or death (such as older adults in high risk living situations), 2. Groups with comorbidities or in high-risk health states (e.g. pregnancy/lactation), 3. Sociodemographic groups at disproportionately higher risk of severe disease or death, 4. Health workers at high or very high risk, and 5. Employment and social categories unable to physically distance (e.g. those in detention facilities, dormitories, military personnel, refugee camps). As an overarching goal for the dissemination of the COVID-19 vaccine worldwide, the WHO



# SUB-THEMES

states that it intends to continue to “contribute significantly to the equitable protection and promotion of human well-being among all people of the world” [9].

## MAINTAINING ESSENTIAL HEALTH SERVICES DURING A PANDEMIC

The outbreak of COVID-19 has overwhelmed local and international healthcare systems on a massive scale, leading to the proliferation of direct mortality rates from both the COVID outbreak and from otherwise vaccine-preventable and treatable conditions. This calls the need to secure essential healthcare services to immediate attention, even as the virus continues to tear through various communities around the world [14].

To approach this subject the WHO released a guide titled “Coronavirus disease (COVID-19) technical guidance: Maintaining Essential Health Services and Systems”. The WHO intends to begin this process with a comprehensive survey that takes account of the present state of international essential healthcare services and supplement this initiative with several community-health focused campaigns and interventions that directly address hand-washing and immunizations [14].

Another guide released by the WHO, titled “COVID-19: Operational guidance for maintaining essential health services during an outbreak”, breaks down suggested foci into six goals: 1. establishing simplified purpose-designed governance and coordination mechanisms to complement response protocols; 2. identifying context-relevant essential services; 3. optimizing service delivery settings and platforms; 4. establishing effective patient flow (screening, triage, and targeted referral) at all levels; 5. rapidly re-distributing health workforce capacity, including by re-assignment and task sharing; and 6. identifying mechanisms to maintain availability of essential medications, equipment, and supplies [15].

The provision of this information only serves as a template for governments and institutions to ensure that vulnerable populations and at-risk individuals are able to access vital healthcare services during a time of worldwide turmoil.

## SURVEILLANCE AND DATA COLLECTION

The World Health Organization (WHO) defines data collection as “the ongoing systematic collection, analysis and interpretation of health data necessary for designing, implementing and evaluating public health prevention programs” [16]. In a global pandemic, gathering information on the spread of the virus and its impact is essential for developing an informed and effective response. The methods through which COVID data is collected and





# SUB-THEMES

reported varies between countries and regions based on the regulations in place and resources available. Testing is essential for gauging the spread of the virus, but countries vary in access to tests, the types of tests used, and policies in place for who gets tested. Measuring the number of fatalities due to the virus presents another challenge as the procedures for gathering mortality data are diverse and complex. According to the WHO, two-thirds of global deaths are not registered with local authorities every year [17]. Additionally, information about cause of death and co-morbidities present are often not aggregated into national and international statistics. Gathering accurate international COVID mortality data will be essential to understanding the risk profile of the virus and developing effective responses.

Another aspect of data collection is contact tracing, which the WHO defines as “the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission”[18]. In the context of COVID, contact tracing generally involves identifying individuals who may have been exposed to the virus and following up with them daily for 14 days from the last point of exposure. While this has traditionally been done by human beings, high levels of cases and global interconnectivity may present the need for approaches that involve international cooperation and the use of new technologies. However, in order for contact tracing to be effective it will have to be done in a manner that is understanding of the needs, challenges, and norms of local communities around the world. Cooperation between nations in the collection, analysis and reporting of COVID data would be mutually beneficial and will be instrumental in finding effective solutions to the pandemic.

## REOPENING STRATEGIES AND GUIDELINES

The COVID-19 pandemic has had a drastic impact on economies around the world. The need for social distancing and border restrictions has dramatically affected industries such as tourism, entertainment, and food services. As a result, many countries have experienced job losses and lack of economic growth. The pandemic has also affected the nature of education and the workplace, as remote methods have replaced many interactions that were once done in person. Lack of equitable access to broadband internet, stable jobs, and healthcare have exacerbated existing inequalities. As countries and communities around the world face the virus, they must make difficult decisions regarding how different institutions can operate. Communities will have to decide how businesses, schools and governments conduct operations depending on the extent of the spread of the virus. The WHO has established six criteria for lifting COVID-19 restrictions [19]. First, COVID transmission must be controlled to a level where knowledge of contacts and



# SUB-THEMES

transmissions related to cases can be maintained. Second, sufficient health systems and public health capacities must be established to detect and treat all cases, regardless of origin. Third, outbreak risks in high vulnerability settings must be minimized, which would involve identifying major amplifiers of COVID and taking precautionary measures such as providing proper protocols and equipment for health care facilities. Fourth, preventative measures must be established for the workplace to reduce risk, including physical distancing, hand washing and respiratory etiquette. Fifth, the risk of imported cases must be managed through measures that would monitor travelers and rapidly detect and manage cases. Sixth, communities must be fully engaged and maintain behavioral prevention measures. While different countries are facing unique situations, cooperation in developing evidence based recommendations for reopening and conducting business could be useful to communities and institutions across the world.

## CONCLUSION

Though the COVID-19 pandemic has implications far beyond the listed topics, the purpose of this conference is to place heavy emphasis on these areas as they relate to the spread, containment, and eradication of this virus. As you explore and engage with the various social, political, and economic forces at play during this present phase of humanity via the tools this conference provides you with, we hope you pay particular attention to the different threads that tie these all together. Thus, international travel, healthcare equity, surveillance and data-collection, maintenance of essential health services, reopening strategies after a pandemic, and vaccine development play a significant role in the legacy of institutionalized global health for decades to come.

## REFERENCES FOR CONFERENCE THEME AND SUBTHEMES

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# SUMMARIES

## NON-GOVERNMENTAL ORGANIZATIONS (NGOS)

### **GAVI**

GAVI, founded by Bill and Melinda Gates, plays a critical role in and plays a critical role in strengthening primary health care (PHC), bringing us closer to the Sustainable Development Goal (SDG) of Universal Health Coverage (UHC), ensuring that no one is left behind. Our goals is to establish vaccination programs for children in underdeveloped nations. In the face of global challenges, such as climate change, urbanisation, human migration, fragility and conflict, Gavi has helped countries broaden vaccine coverage and improve their health systems.

### **BILL AND MELINDA GATES**

Our foundation is teaming up with partners around the world to take on some tough challenges: extreme poverty and poor health in developing countries, and the failures of America's education system. We focus on only a few issues because we think that's the best way to have great impact, and we focus on these issues in particular because we think they are the biggest barriers that prevent people from making the most of their lives.

### **DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES**

As an international organization, Doctors without Borders strives to provide medical assistance to those in need, all around the world. Doctors without Borders was founded in 1971 and claims French origins, though it is currently stationed in Geneva, Switzerland. The organization works to keep essential medical services running; for example, in the current medical climate, Doctors without Borders is supporting local authorities to maintain essential medical services to keep everything running smoothly. Other than aiming to heal and support patients around the world, the organization also prioritizes protecting healthcare workers.

### **PARTNERS IN HEALTH**

Partners In Health acts on the belief that the best way to guarantee high-quality, dignified care is to rely upon and invest in local health systems. We work side-by-side with our friends and colleagues at the community, local health authority, and global advocacy levels to show what is possible in global health delivery.

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**2020 FALL VIRTUAL CONFERENCE  
THE PATH AHEAD: OUR FUTURE WITH COVID-19**



# SUMMARIES

## PHARAMACEUTICALS

### **AstraZeneca**

AstraZeneca is a multinational research-based biopharmaceutical company based in Britain. We push the boundaries of science to deliver life-changing medicines and our purpose underpins everything we do. It gives us a reason to come to work every day. It reminds us why we exist as a company. It helps us deliver benefits to patients and create value for shareholders. It also sets the context for our employees' activities and the roles of our teams, partners and other collaborators. We follow the science. We put patients first. We play to win. We do the right thing. We are entrepreneurial. Our values determine how we work together and the behaviours that are integral to our drive for success. Our values guide our decision making, define our beliefs and foster a strong AstraZeneca culture.

### **Johnson & Johnson**

At Johnson & Johnson, we believe good health is the foundation of vibrant lives, thriving communities and forward progress. That's why for more than 130 years, we have aimed to keep people well at every age and every stage of life. Today, as the world's largest and most broadly-based healthcare company, we are committed to using our reach and size for good. We strive to improve access and affordability, create healthier communities, and put a healthy mind, body and environment within reach of everyone, everywhere. We are blending our heart, science and ingenuity to profoundly change the trajectory of health for humanity. At Janssen Pharmaceuticals, our subsidiary, we are creating a future where disease is a thing of the past. We are the Pharmaceutical Companies of Johnson & Johnson working tirelessly to make that future a reality for patients everywhere by fighting sickness with science, improving access with ingenuity, and healing hopelessness with heart.

### **Stevanato Group**

Established in 1949, Stevanato Group is the world's largest, privately-owned designer and producer of glass primary packaging for the pharmaceutical industry. From its outset, the Group has developed its own glass converting technology to ensure the highest standards of quality. The Group comprises a wide set of capabilities dedicated to serving the biopharmaceutical and diagnostic industries: from glass containers with its historical brand Ompi, to high-precision plastic diagnostic and medical components, to contract manufacturing for drug delivery devices, to vision inspection systems, assembly, and packaging equipment. The Group also provides analytical and testing services to study container closure integrity and integration into drug delivery devices, streamlining the drug development process. Thanks to its unique approach as a one-stop-shop, Stevanato Group can offer an unprecedented set of solutions to biopharma companies for a faster time to market and a reduced total cost of ownership.



# SUMMARIES

## MEDIA

### CNN

As an American news-based television network, CNN (Cable News Network) is known for its dramatic live coverage of breaking news; often cited as overly sensitive and known for its efforts in attempting to bring nonpartisan issues to the public.

### BBC

BBC is the world's largest public service broadcaster, providing service to millions of people in the UK and abroad. BBC world service offers services in more than 40 languages. It is one of the world's oldest national broadcasters, and the largest broadcaster in terms of the number of employees. The BBC provides television, news, radio, and music services among others.

### NHK

Nippon Hoso Kyokai (NHK), is Japan's only public broadcaster. NHK provides news, sports, documentaries, and a wide variety of other programs. The organization also provides an early warning system for earthquakes and tsunamis.

### Buzzfeed

Buzzfeed is the world's largest independent digital media company, which leverages data and innovation to reach hundreds of millions of people globally. BuzzFeed is known for its use of digital media, covering a wide variety of topics from character quizzes to reports on global events.

### Rossiya Segodnya (News)

Operated by the Russian Government, Rossiya Segodnya runs in accordance with executive orders from the Russian President. The news organization incorporates radio technology and traditional news services to provide information on Russian state policy and Russian life for audiences abroad.

