



**World Health  
Organization**

**Agenda Item: Preventing the second COVID-19 wave in the African Region  
UnderSecretary-General: Zeynep Ağca**

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## 1. Letter From the Secretary-General

Distinguished Participants,

As the Secretary-General of YÜKOMUN'20, it is a pleasure for me to welcome you all to the Yükselen Model United Nations Online Conference. To briefly introduce myself, my name is Burak Yağız Güllü, I am currently a high school student in Yükselen Science High School and I'm also dealing with coding and electronic projects.

Since the beginning of my MUN journey I always dreamed of organizing my own conference with a successful and hardworking team and first INFIMUN is my pupil. However, YUKOMUN'20 was the first and best conference that I will do for my school. I hope you will be satisfied with our hard-working academic and organizational team and executive board. Welcome to a conference that will distract you during the prolonged online MUN period and hopefully give you an amazing experience.

I would like to thank three special people, our Academic Advisor Ceylin Kızılkaya ,our Director-General Levent Şahin and our Deputy Director-General Çağan Şimşek. They always supported me no matter what and gave their best to organize YUKOMUN'20. Our conference would not be able to accomplish without them.

We are more than honored to see you in our family. I hope you have fun and an unforgettable experience during YUKOMUN'20.

Best Regards,

Secretary-General of YUKOMUN'20

Burak Yağız Güllü



## 2. Letter From the Under Secretary-General

Dear delegates;

My name is Zeynep Ağca and I will be your Under-Secretary General throughout this conference. I am a 16-year-old from Ankara, Turkey and I study at the Pakistan Embassy International Study Group, quite a mouthful so we just call it PEISG. I have attended about 14 conferences before multiple times as a chair but this will be my first experience as an Under-Secretary General so I hope that you will all have the best experience. This year I am an 11<sup>th</sup> grader so apart from focusing on my studies I attend MUN conferences. I also love reading, binge-watching TV series, and painting. I have been a delegate in the World Health Organization before and I have to say it is probably one of my favourite committees.

What I expect from you as your USG is that you understand your country's perspective thoroughly and keep in mind that this is a rather sensitive topic as it has taken countless lives still in the counting. As our agenda item focuses on the African region you have to also keep in mind and come up with applicable and realistic solutions instead of optimistic but inapplicable ones. You can always refer back to this study guide whenever you want to, but also do your own extensive research. You may see that I may or may not have switched between saying 'coronavirus' and 'COVID-19', so just ignore that and remember that they are still the same thing regardless.

Besides these do not forget to have fun and enjoy your time! We are all here to learn and have fun so I hope you have a memorable experience.

Sincerely,

Zeynep AĞCA.



### 3. Topic Introduction

The coronavirus pandemic, also known as COVID-19, is an ongoing pandemic of the coronavirus. The disease is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus, as the name suggests, primarily affects the respiratory system and may cause complications such as pneumonia and acute respiratory distress syndrome. Some symptoms include a fever and dry coughing most commonly and other symptoms such as fatigue, shortness of breath, loss of taste or smell, and joint pain along many others as the effects change from person to person. The incubation period of the virus ranges between two to fourteen days. The virus is mostly transmitted through coughing, sneezing, and talking through the secretions of nasal fluids and spit. The droplets do not tend to be airborne, however, standing in close proximity to an infected person could lead to the inhalation of these droplets and therefore lead to an infection. Many people, especially the younger generation tend to be asymptomatic and be considered 'carriers' of the virus.

There is no medication or vaccine as of today so the patients are treated for their symptoms such as a fever or pneumonia (which is a leading cause of death for those who are infected).

The virus was first identified in Wuhan, China, however it has spread to 213 countries and territories, infecting around 27.2 million cases around the globe as of the 6<sup>th</sup> of September with a total of 885,761 deaths and over 17.7 million recoveries.

Individuals of any age with an underlying chronic condition such as asthma, chronic obstructive pulmonary disorder (COPD), obesity, diabetes, and any other conditions are at an increased risk of suffering more severely from COVID-19. The Centres for Disease Control and Prevention stated that 94% of the deaths related to COVID-19 listed at least one comorbidity. The symptoms of COVID-19 alongside the underlying health conditions contributed to the fatality. The standard test for COVID-19 is done using a nasopharyngeal swab, though other testing methods are also possible.

The recommended protective and preventative measures against COVID-19 include frequent hand-washing with soap, covering coughs and sneezes, social distancing and avoiding crowded public locations, wearing a face mask in public, increased ventilation indoors, and many more. On a greater basis preventing international travel and crowded workplace environments alongside increased testing and lockdowns are being used worldwide.

Africa has always been a region facing difficulties regarding the health of the public as a result of the poor healthcare system and the lack of many significant details such as proper equipment and properly trained personnel. It is a major necessity to both contain the spread of the virus

and prevent a second wave. With the first wave having both economically and socially damaging consequences a second wave must be prevented by all means.

#### **4. Brief History**

##### **a. History of the Virus**

Pinpointing the exact first case of the virus is difficult as the symptoms are not unique to only COVID-19 but also to other cases like influenza and pneumonia or a general cold. Due to this there are a few reports of ‘patient zero’, the first person to ever fall ill. The earliest prediction dates back to 17 November 2019 as suggested by the South China Morning Post. This was allegedly the first infected person; a 55-year-old citizen from Hubei. The official earliest person with the symptoms was discovered to have fallen ill on the 1<sup>st</sup> of December 2019, without any visible connections to the wet market cluster which we will talk about soon. There were four men and five women infected in November, but none were ‘patient zero’.

The World Health Organization received reports on the 31<sup>st</sup> of December of 2019 of multiple viral pneumonia cases of (at the time) unknown causes in Wuhan, Hubei. The WHO then launched an investigation in early January. On the 30<sup>th</sup> of January the outbreak was declared a Public Health Emergency of International Concern (PHEIC) by the WHO as there had been 7,818 cases globally in 19 countries.

Multiple early cases had one thing in common, all of the patients had visited the Huanan Seafood Wholesale Market, leading to the idea that the virus had a zoonotic origin. The virus was discovered to be SARS-CoV-2, a new virus with a close relation to the bat coronaviruses, pangolin coronaviruses, and SARS-CoV, which created the idea that a Chinese man had eaten a bat and therefore caused a strain of the bat coronavirus to develop into a novel coronavirus. The virus is scientifically thought to have a natural origin and that the bat-to-human infection had been developed due to processed bat carcasses and guano in traditional medicine production.

During the early days of the outbreak, the cases doubled around every week and a half. Starting from December, the number of cases in Hubei slowly increased to 60 by 20 December and 266 by 31 December. Then on many countries and territories encountered the virus and are still facing it.

## b. History of Pandemics

There have been multiple pandemics and global plagues in the history of the world. Carbon dating and archaeological records lead back to about 5000 years ago to a village in China. The village was wiped out by an epidemic. Similarly, Roman soldiers carried a bad virus from the east back home, killing over 100,000 between AD 165-180. Rome did not suffer from a plague only once; in AD 850 there was a plague of Cyprian, killing about 5,000 people, lasting for around 5 years. The more commonly known Bubonic plague hit the Byzantine

Empire between AD 541-542. Even though it happened a long time ago, there was a scare for the Bubonic Plague, fortunately it is treatable with modern medicine.

Another widely known pandemic includes the Black Death. This happened during the early globalisation period, between 1346-1353, so the plague was not localised and spread quickly to Europe from Asia. The Black Death is the deadliest plague in history (killing 25 million) due to many factors including the lack of modern and effective medicine and the overall poor medical conditions.

Then came the Cocoliztli epidemic. It descended on Mexico from 1545-1548, killing over 15 million people. Explorers from Europe carried The Great Plague of America and are said to have wiped out about 90% of South America's indigenous populations. Most deaths were of soldiers, facilitating the invaders to conquer the land and change the political dynamics.

The Great Plague of London comes after 1665-1666. It was one of the, if not the worst plague in British history. It was so devastating that even King Charles II led a mass exodus from London. Due to overcrowding about 100,000 people died.

France also had their fair share. In 1720-1723 in the city of Marseille around 100,000 people died due to an infection from a ship. During the Russian Plague between 1720-1722, riots were triggered against Archbishop Ambrosias who tried to stop people from going to churches when the virus depleted St Petersburg. Similarly, around 100,000 people died. A number we are familiar with nowadays.

Plagues carry stigma. Even now we see the racism towards Chinese people originating from the outbreak of COVID-19. Many people did not get close to Chinese people when COVID-19 had no relation to race and could affect anyone. Plagues cause panic which initiates an 'us or them' instinct where people do not think about the situation from a rational perspective, for example the incident of the mass purchase of toilet paper a few months back when the United States of America presented their first cases.

During the yellow fever of America Philadelphia of 1793, some citizens believed that slaves were immune. 5,000 people lost their lives during warmer weathers as mosquitoes were vectors of the disease. America faced even more epidemics. During the American polio epidemic around 6,000 people died. The virus survived for a long time from 1916 to 1979, after which it was eradicated with the help of a vaccination.

The most well-known and deadliest disease in history is the wrongly named Spanish flu of the 1918-1920. Spain had reported the most cases, whereas other countries did not report their numbers. An estimate of 500 million got infected and between 50-100 million people died.

Another flu emanated from China is called the Asian flu or the Avian flu. It killed about one million people worldwide.

Africa had also previously faced an epidemic, the West African Ebola between 2014-2016. It killed about 11,325 people, devastating the Republic of Congo. This was considered one of the most devastating epidemics of the modern times.

\*The HIV/AIDS crisis is not mentioned but it was also an extremely common situation.





## 5. Key Terms

- Pandemic: a disease which spreads relatively quickly across the globe and affects many countries
- Epidemic: An illness which also spread quickly but only affects a specific region and does not spread out of it
- Endemic: a disease or infection that (primarily) affects and is regularly found within a group of people or in a region, e.g. malaria
- Symptom: an indication or sign of a disease or an infection. Most flus for example and viral infections present with a fever and sore throat
- Virus: an extremely small microorganism which is the cause of (viral) infections, gets activated in a host cell so it is technically not living outside a host
- Vaccine: a concoction used to stimulate antibody production to prepare the body for the real infection and not suffer as much, usually consists of the attenuated or dead form of the virus inside to stimulate artificial active immunity
- Pneumonia: the inflammation of either or both lungs caused by an infection (either bacterial or viral), causing the air spaces in the lungs to get filled with pus and even potentially solidify
- Zoonosis: a disease which is naturally transmittable from a vertebrate to humans
- Social distancing: putting at least 1.5 metres between yourself and the person next to you in order to avoid the transmission of microorganisms through the air via droplets from each other's spit
- Lockdown: a state issued by the government of a country or territory when citizens are not allowed to leave their houses apart from basic needs such as purchasing groceries

## 6. Causes and Effects

### a. Causes:

There are many speculations and conspiracies as to what caused patient zero to get infected. We will only be talking about the official and scientific statements.

As aforementioned, according to official Chinese resources, some of the first cases all had one common ground, the Huanan Seafood Wholesale Market. This market sells live animals as well, so it was an area of inspection. However, the director of the Chinese Centre for Disease Control, George Gao, clarified in May that the samples from the market had tested negative for the virus, indicating that the market was not the source of the virus.

The coronavirus is from the coronavirus family and this strain has a close relation to the bat coronavirus, starting speculations and rumours that someone had eaten a bat, causing the first infection. We know that the coronavirus is a zoonotic virus and developed naturally. As of now, we do not know the exact cause of the virus as even the first actual case is not for certain due to the symptoms being very general symptoms of a viral infection. We may not know the causes of the coronavirus pandemic, but we sure know the effects it has had on the world.

### b. Effects:

There have been many devastating effects due to the pandemic. As we can see, history repeats itself and there is a general period in which viruses can mutate and re-introduce themselves to the world. Just like every pandemic, this one had many socio-economic effects aside from very obvious health consequences.

To begin with, nearly all affected countries carried out some international responses some of which include travel bans, international aid, the evacuation of foreigners and more nation-wide actions like lockdowns and hospital constructions. Even though racism towards Chinese people increased, there were still exports of testing kits. Some countries even provided international aid to neighbouring countries or allies.

However, things didn't turn out so bright for many countries. Those with an already feeble and fragile economy suffered a lot as the lack of transactions and contribution of citizens to the economy slowed and disrupted the process of the natural flow of money. Adding onto that, countries had to spend more money in order to fight this

pandemic whether they had to build new hospitals or purchase more test kits. Overall, countries had spent more and more money without gaining that money back unless they were the ones creating and exporting certain materials like hospital equipment, test kits, or medicine. As countries started losing money, they were not able to pay their citizens money without them working. The United Kingdom had the plan of paying up to 80% of each citizen's salary while they stayed home in self-quarantine, however, that plan did not go as expected. Money is obviously limited and as the saying goes 'does not grow on trees', so it became harder and harder to pay nearly all of every citizen's salary quite quickly. This however brings this question into mind, are governments not supposed to BE ABLE TO actually look after their citizens in cases like this and pay their salaries when they need to? Is this not what the basic function of the government is?

Staying relevant to this idea, many people lost their jobs with no way of knowing when the world would go back to 'normal'. It is predicted that by the end of the pandemic about 20 million people would have lost their jobs. Employers had to decrease the size of their staff as they had no income either, so at the end of the day, many people were left jobless and up to 100 million people had fallen into extreme poverty. Obviously, the situation is not the same in every country, so this a generalized approach to the issue. Global famines are even now affecting 265 million people. Nearly all events regardless of their reasoning like sports, religion, politics, and culture, have been postponed till further notice or cancelled. As mentioned before, a mass panic begun and people started panic buying, decreasing the stock of the markets very rapidly. One good side of self-quarantining and staying home, however, was that pollutant and greenhouse gas emissions decreased, even bringing back the natural wildlife that had disappeared in some parts of the world such as dolphins returning to Italian canals. 73 closed down their education facilities and many faculties began their 2010-2021 school year online.

One of the worst problems is also misinformation. There are tons of misinformation circulating around the internet and sometimes even on the news. This not only risks people's wellbeing as they may take a precaution or follow an advice to healing which may not be accurate, but it also creates confusion among the public and after some time leads to exhaustion which allows people to let down their guards against the virus.

Rates of tourism have decreased due to many factors like international borders being closed and that people do not want to risk bringing the virus back to their homes. So countries dependent on tourism, especially small island nations suffered as a result

### **c. Effects on Africa**

Africa like many other parts of the world suffered immensely due to the pandemic, but fortunately, had a case better than expected regarding the number of cases and infected people.

In 2020, economists had estimated Africa's growth as 3.9%, which now in the best case will drop to 0.4% and -3.9% in the worst-case scenario. Growth in Sub-Saharan Africa is estimated to drop between -2 and -5% compared to 2.4% in 2019. There are many reasons as to why such a drop is expected; Chinese imports will decrease, leaving the African markets no choice but to increase the price of the goods, especially local commodities. The crude oil pricing has been hit badly by the pandemic, affecting oil-producing nations such as Nigeria, Angola, Algeria, Ghana, and others. Thus, as a result, the GDP of these countries are on the fall.

China invests the most in the mining sector in Africa than in any other big economy. Due to port closures and travel bans the interest in steel, iron ore, lithium, and cobalt have decreased. South Africa alone employs 420,000 people in the mining industry, resulting in the loss of their job for these people or for the ones who stay, a higher chance of contracting the virus.

Countries like South Africa, Ethiopia, Kenya, and Tanzania among many others are a large source of tourism for Africa. As these countries are getting negatively affected in terms of tourism, they are bound to face even more socio-economic crises. Another major hit includes the withdrawal of investors such as China; the developing markets are getting affected worse than before, further decreasing the rate of growth.

Africa's GDP will take an estimated 1.4% drop if the pandemic takes the world into a deep recession. A further drop in Africa's total exports by -16.7% will be seen with a resultant revenue loss of up to -5.3%.

The effects vary from country to country overall. Going back to the crude oil sector, Nigeria is predicted to see a drop of -11.4% in revenue with other countries following such as Angola (-3.8%), Algeria (-2.5%), Gabon (-2.4), and Congo (-2.3%). The final results will depend on how the countries will come out of the pandemic and how they can take advantage of the situation at the end. Revenue losses affect and will continue to affect the ability to import products for basic consumption.

Many Africans face the risk of food insecurity as a consequence. Agriculture is a sector that should not be halted due to the pandemic as it not only provides the basic necessity to many, but also creates jobs. As visible by the figures above, before COVID-19 the predictions for the growth of African countries were promising with an economic expansion possibly on the way.

To summarize, many people were left suffering and governments were left wondering on what to do next.

## **7. Key Bodies and Actors**

### **a. World Health Organization (WHO)**

The World Health Organization was officially established on the 7<sup>th</sup> of April, 1948 by a constitution, and now that day is recognized as World Health Day. There are 194 Member States across six regions and more than 150 offices.

The WHO organizes frequent meetings, called the World Health Assembly, attended by a delegation from all member states. During the assembly topics specifically chosen for that session are discussed upon and policies are made accordingly.

The very first meeting of the WHA took place on 24 July, 1948.

The Executive Board consists of medically (or at least regarding health in general) qualified members, which increases the effectiveness of the decisions being taken.

The World Health Organization defines health as ‘a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity’, and remains so ever since 1948.

The WHO has been extremely vocal about the coronavirus pandemic. They publish daily reports, guidance reports for government, advice on how to keep safe and healthy, infographics and many more. However, not all countries or leaders are a fan of their work technique. For instance, President Donald Trump has been very vocal about his distaste in the WHO and even made the decision to leave the WHO and arrest their funding, effective June 2021. This will be discussed further in the report during the analysis of USA’s situation.

## **b. United Nations Development Programme (UNDP)**

The United Nations Development Programme was founded on the 22<sup>nd</sup> of November, 1965 when it was decided that the Expanded Programme of Technical Assistance (EPTA) and the Special Fund would be merged to increase the efficiency of both of the initial organizations.

177 countries are a part of the organization where local governments are worked alongside in close relation to. The main function of the UNDP is to help countries achieve the 30 Sustainable Development Goals (SDGs) by 2030. One of these goals is the Sustainable Development Goal 3: Good health and well-being.

Due to the 3<sup>rd</sup> SDG, the UNDP is closely involved with the ongoing pandemic and have a lot of information for the public regarding COVID-19.

## **c. The World Bank Group (WBG)**

The World Bank Group (WBG), or more commonly known as the World Bank, is a group of five organizations that deal with handing loans to developing countries. It is a development bank, and the largest and most well-known in the world. In 2014, it provided about \$61 billion to “developing” and transition countries.

The five organizations of the WBG are the International Centre for Settlement of Investment and Disputes (ICSID), the International Finance Corporation (IFC), the Multilateral Investment Guarantee Agency (MIGA), the International Development Association (IDA), and the International Bank for Reconstruction and Development (IBRD), with the last two sometimes being collectively referred to as the World Bank.

The relation the World Bank has to the pandemic is that they are debating and figuring out how to lend money to countries once the pandemic is over. There is no official plan or action as of now, but there certainly are some ideas such as ‘providing debt relief in the form of reduction in the stock of debt to countries with high debt vulnerability’.

#### **ç. Africa Centres for Disease Control and Prevention**

The Africa Centres for Disease Control and Prevention, also known as the Africa CDC, is the African Union's public agency to support the member states' public health initiatives and strengthen the capacity of many public health institutions. It was officially launched in January 2017 but was established earlier in January 2016.

The Africa CDC has also contributed to the fight against the pandemic; many countries in Africa are deep in research to find the vaccine against COVID-19. Director Dr John Nkengasong has spoken out about the remarks made by French scientists Jean-Paul Mira and Camille Locht that a potential TB vaccine for COVID-19 should be tested in Africa, calling the remarks 'disgusting and racist' in early April 2020. Even though Dr Locht has not commented, Dr Mira has apologised for the remarks since then.

The Africa CDC has also taken steps to distribute more test kits throughout the continent by working with the Jack Ma Foundation, however, later saying that the tests were faulty as they gave too many positives.

The African CDC has many plans in progress to better handle the pandemic with ideas such as launching a web-based tool for workforce deployments.

#### **d. Africa Union**

The Africa Union, as the name suggests, is a (continental) union consisting of countries on the African continent with 55 member states. On the 9<sup>th</sup> of September, 1999, the AU was called for establishment in the Sirte Declaration in Sirte, Libya. The bloc was not founded until 26 May 2001 in Addis Ababa, Ethiopia, and started working on the 9<sup>th</sup> of July, 2002, in Durban, South Africa.

The intention behind the establishment of the AU was to take the place of the Organisation of African Unity (OAU), which was established prior on 25 May 1963 and disbanded on 9 July 2002. The Assembly of the African Union makes the vital decisions of the AU. The assembly is a semi-annual meeting of the heads of state and government. The African Union commission is the secretariat of the AU.

The population of the Au is just over a billion people over 29 million km<sup>2</sup>. The primary languages Arabic, English, Spanish, French, and Portuguese and Swahili in development.

## 8. Timeline of Events

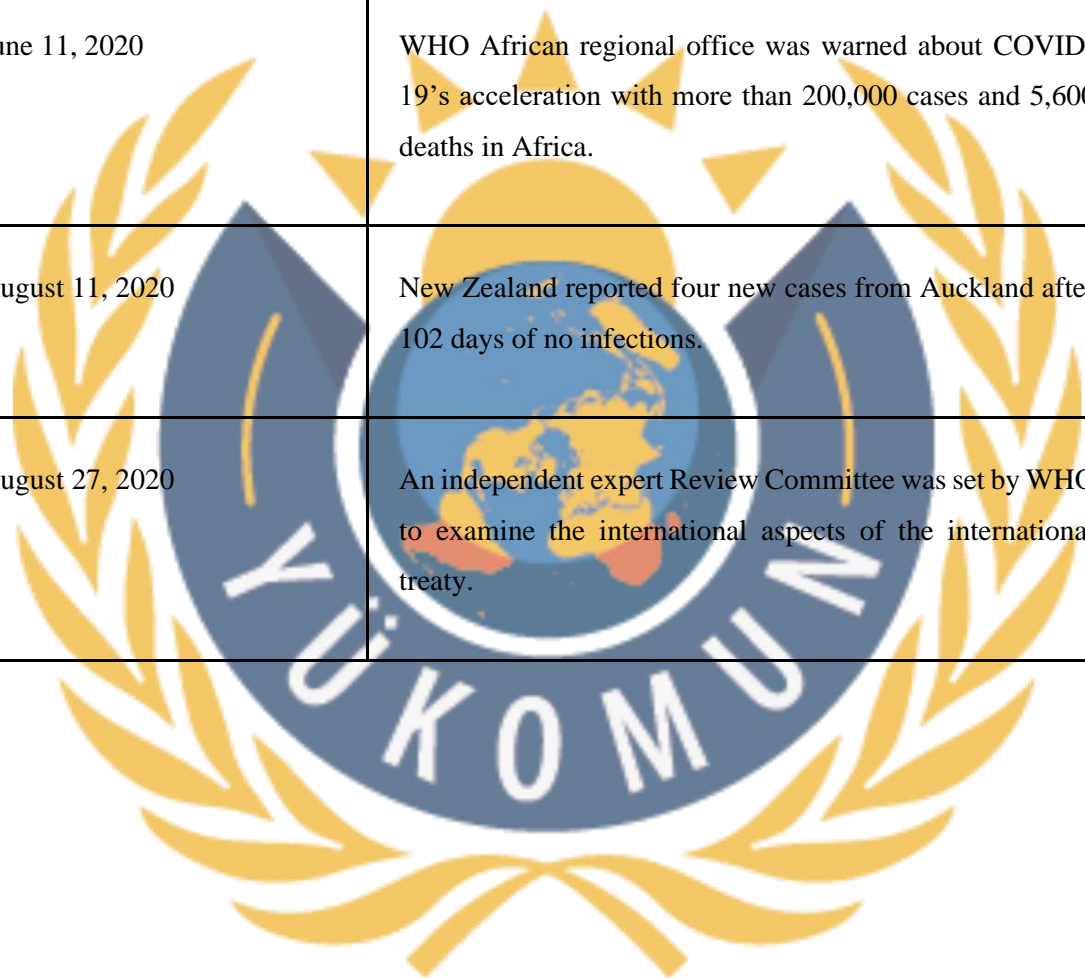
June 19-22, 1946	The Constitution of the World Health Organization was adopted by the International Health Conference held in New York. It was signed on the 22 <sup>nd</sup> of July and entered into force on the 7 <sup>th</sup> of April, 1948.
December 30, 2019	The WHO obtained Chinese reports about a cluster of atypical pneumonia cases.
December 31, 2019	Another cluster of pneumonia cases with an unknown cause were reported. Taiwanese CDC emailed WHO, restating the previous cases and requesting more information.
January 1, 2020	The Incident Management Support Team was set up by WHO to deal with the outbreak on an emergency basis.
January 5, 2020	All member states were notified about the outbreak of an unknown pneumonia.
January 9, 2020	First confirmed death due to COVID-19 in Wuhan, China.



January 10, 2020	A comprehensive package of guidelines was provided to countries on the testing for potential cases and the risk of human-to-human transmission.
January 12, 2020	The genetic sequence of the virus was shared by Chinese scientists and a German scientist was requested by the WHO to design a test.
January 13, 2020	The first case outside China was confirmed in Thailand.
February 1, 2020	First death outside China, in the Philippines.
February 12, 2020	WHO convened a Research and Innovation Forum to fund stopping the outbreak and preventing future outbreaks as priority research.
February 14, 2020	The first case of COVID-19 in the African region was detected in Egypt, Africa. First death outside Asia was in France.
February 16-24, 2020	WHO-China Joint Mission travelled to China to create a report about the evaluation of the outbreak.
March 3, 2020	A strategic Preparedness and Response Plan was released by WHO, intended for countries with a weaker health system. A shortage on self-protective equipment due to panic buying and hoarding was announced, endangering medical professionals.

March 6, 2020	WHO started working with the World Economic Forum officially.
March 7, 2020	Global number of confirmed cases surpasses 100,000.
March 11, 2020	Coronavirus confirmed as a pandemic.
Mid-March, 2020	Europe became the epicentre of the pandemic with over 40% of the global cases.
March 20, 2020	200,000 reported cases.
April 1, 2020	Deaths more than doubled in the previous week.
April 2, 2020	Global number of cases reached 1 million.
April 8, 2020	Number of cases in Africa reached over 100,000 with over 500 dead.
April 28, 2020	63% of the global mortalities due to the virus were from Europe.
May 6, 2020	Since the start of April, 80,000 cases daily were reported to the WHO on average.
May 18-19, 2020	73 <sup>rd</sup> World Health Assembly was held online

June 7, 2020	Highest daily cases so far were recorded, with more than 136,000 cases.
June 9, 2020	New Zealand Prime Minister Jacinda Ardern announced that there were no more active COVID-19 cases.
June 11, 2020	WHO African regional office was warned about COVID-19's acceleration with more than 200,000 cases and 5,600 deaths in Africa.
August 11, 2020	New Zealand reported four new cases from Auckland after 102 days of no infections.
August 27, 2020	An independent expert Review Committee was set by WHO to examine the international aspects of the international treaty.



## 9. Analysis on the Situation of Specific Countries

### a. China

As you all know the pandemic originated from China, where the first cases were presented. As aforementioned, the first case presented itself as early as November 17, 2019. On January 20, it was confirmed that human-to-human contact was a form of the transmission of the virus. The same day, some comments regarding the virus were issued by the Chinese Communist Party General secretary Xi Jinping alongside State Council premier Li Keqiang, saying that social distancing should be practised and travel should be avoided unless it is a priority. A lockdown on the City of Wuhan was passed on the Chinese New Year (the 25<sup>th</sup> of January), cancelling several new year celebrations. Travel in and out of Wuhan was banned on the 23<sup>rd</sup> of January, which extended to fifteen Hubei cities, affecting about 57 million people. Private vehicle use was also banned within the city. Temporary hospitals such as the Huoshenshan Hospital were built to host and treat patients more effectively as there was no more room in hospitals anymore. The Huoshenshan Hospital became well-known as its construction was completed in 10 days only. Other facilities in Wuhan were also converted to hospitals for temporary use.

In late February further measures were issued in order to contain the, at the time epidemic, such as health declarations for travellers, extending holidays so that people will stay home, travel restrictions, closure of museums, schools, and universities throughout the country. An estimate of 760 million people faced some type of outdoor restriction. During the peak of the epidemic, in January and February, around 5 million became unemployed.

After the virus spread to other countries in March, Chinese authorities were very strict with their measures and policies in order to avoid the virus re-entering the country later on. Beijing, for example, imposed a 14-day mandatory quarantine for all travellers coming back. It was reported by the end of March that the domestic transmission of the disease was blocked and that the outbreak was not under control in China. That day the travel restrictions in Hubei, apart from Wuhan, were eased, two months after the lockdown. It was announced on the 25<sup>th</sup> of March by the Chinese Ministry of Foreign Affairs that on 28 March onwards the entry for a visa or residence permit holders would be suspended, and those wishing to come to China should apply for visas. Businesses and factories were also encouraged to open on the 30<sup>th</sup> of March and firms were provided monetary stimulus packages.

A day of mourning was declared by the State Council and began with a three-minute moment of silence on the 4<sup>th</sup> of April, simultaneous with the Qingming Festival. The last patients in Wuhan were discharged on the 25<sup>th</sup> of April. However, sometime later sporadic outbreaks in certain local parts were spotted and lockdowns were imposed in May and June.

China currently has 175 active cases with a total of 4,643 deaths. They sit on the 39<sup>th</sup> position on the list of countries with the most cases.

#### **b. United States of America**

Currently, the highest number of cases around the world belongs to the USA.

The first case recorded was on the 20<sup>th</sup> of January in the Pacific Northwest state of Washington. The patient had returned from Wuhan 5 days ago. The Trump administration declared a public health emergency two weeks later. The CDC revealed that they had developed their own testing kit on the 28<sup>th</sup> of January. Speaking comparatively, the USA had a slower start to testing, which increased the number of cases that went untested therefore undetected. Due to this the extent of the outbreak went unrecognized.

By early March there were 80 confirmed cases with 40 of them being in California, Florida, and New York. There were many suspected cases in other states such as Washington. Vice president Mike Pence continuously states that the threat of the virus was low in America. Trump signed the Coronavirus Preparedness and Response Supplemental Appropriations Act on the 6<sup>th</sup> of March, which provided emergency funding to respond to the outbreak with a budget of \$8.3 billion. Employees started working from home and sports and seasonal events were cancelled.

A national emergency was declared by President Trump on the 13<sup>th</sup> of March. Federal funds thus became available to use in the means of responding to the crisis. By the middle of March most businesses started closing or reducing hours and schools started shutting down. By the 17<sup>th</sup> of March, the virus had reached all 50 states. 26 March onwards, the USA had more confirmed cases than any other country.

It was reported on the 22<sup>nd</sup> of April that two Californians had died from the virus in February, and due to influenza. However, the first official death came three weeks after that. By the end of April around 50,000 had died due to the virus.

Many criticized the White House for not being as serious as necessary about the pandemic and its effects. Trump was criticized for going directly against the statements made by health officials. Sometime later, Trump declared that the United States would halt the funding of WHO as he believed that they were mishandling the pandemic. The CDC represented the White House a 17-page report on the 1<sup>st</sup> day of May with advice for faith leaders, businesses, educators, and officials as they opened. The White House, however, refused the report as Trump believed that the guidelines were too restrictive. He said, ‘‘I see the new normal being what it was three months ago. I think we want to go back to where it was.’’

By the middle of May businesses started reopening with limitations to the number of people they can host depending on the area of the business. A month later the cases were on the rise again with increases in states like Texas, California, Florida, and Arizona.

On July 6, President Trump sent the United Nations Secretary General António Guterres a letter, withdrawing the USA from WHO. They gave a year’s notice to pay all their debt, and effective 6 July 2021, the United States will no longer be a part of WHO. On the 16<sup>th</sup> of July, the US set a new record on the daily number of cases with more than 75,000 new cases that day.

Currently, there are around 2.5 million active cases in the US with a total of 194,075 deaths (as of September 9).

### **c. New Zealand**

Unlike the other countries in this section, New Zealand is here to portray an effective coping system. The first case of the coronavirus was reported on the 28<sup>th</sup> of February. The pandemic had a peak in early April, with around 89 positives a day and a total of 929 active cases.

20 days after the first case all borders were closed to non-residents. Returning Zealanders were allowed in, with a mandatory 2-week self-isolation period.

On the 21<sup>st</sup> of March a 4-level alert system was introduced, and it was initially set at a Level 2, but then raised to Level 3 two days after, and a Level 4 two days later. The country moved to a nation-wide lockdown until the 17<sup>th</sup> of April, when the alert level dropped to a Level 3, partially lifting some restrictions. The alert level then was moved

back to level 2 on the 13<sup>th</sup> of May, lifting other restrictions. All restrictions, except border controls, were lifted on the 8<sup>th</sup> of June when the alert level fell down to Level 1.

After 102 days of no reported cases, four new cases were reported on the 11<sup>th</sup> of August. The next day Auckland went up to a Level 3, while the rest of the country went up to Level 2. 20 days later, Auckland was moved down to a level of 'Alert Level 2.5', a modified version of Level 2, but with 3 with more limitations.

Prime Minister Jacinda Ardern was congratulated and praised for the way she handled the pandemic and the fact that there were 102 consecutive days of no new reports of cases, a first for the world.

Currently New Zealand has 123 active cases with a total of 24 deaths. They are the 147<sup>th</sup> on the list of the countries with the most cases.

#### **ç. Africa (general)**

The pandemic was confirmed to have spread to Africa on the 14<sup>th</sup> of February. Egypt was the first country with a positive test, and Nigeria was the first country in sub-Saharan Africa with a case. Most of the cases were traced back to Europe the US rather than China. It is predicted that the spread of the virus and the under-reporting in Africa was due to the poorer healthcare systems.

There were concerns about the virus spreading to Africa as there is a significantly less developed healthcare service in Africa in general, facing everyday challenges such as the lack of properly trained staff, lack of equipment, lack of funding, inefficient data transmission, and etc. It was feared that it would be hard to control the pandemic in Africa as it is also a region that has faced pandemics in the past, however, experts are saying that so far, the pandemic is being handled better than expected. There were still some difficulties though; as of the 18<sup>th</sup> of April, the supply of ventilators was generally low in Africa with a total of only 2000 ventilators with 10 countries having no ventilators at all. This is a great problem as the coronavirus affects the lungs so a lot of people require ventilators to live. Even basic supplies are in shortage or will be in a short time in some parts of the region.

Due to its current state some basic necessities to protect oneself from the virus are either challenging or not possible to do in Africa. This includes challenges like hand washing and social distancing or lockdowns, said Matshidiso Moeti from WHO. Keeping in mind the fact that some diseases such as HIV/AIDS, malaria, tuberculosis, and cholera

are still present in great numbers in some regions makes the situation even worse. The United Nations says that 74 million test kits and 30,000 ventilators is the bare minimum needed to support Africa's 1.3 billion population. "We need to test, trace, isolate, and treat" said Moeti, "Many preventative measures have been implemented in different countries in Africa, including travel restrictions, flight cancellations, event cancellations, school closures, and border closures."

Lesotho was the last African sovereign state to report their first case of COVID-19.

Africa reached the milestone of 200,000 cases by mid-June. 80% of the cases were coming from just 10 countries. Africa recorded more than a million cases by the 6<sup>th</sup> of August with five countries (South Africa, Egypt, Nigeria, Ghana, and Algeria) making up more than 75% of the cases, even though people believe that the true case numbers are higher but unrecorded due to the low number of tests being conducted.

As previously mentioned, the pandemic had a grim impact on African countries and made it harder for Africa to develop after the pandemic.

As of the 9<sup>th</sup> of September,

The total number of cases in Africa is 1,324,356

The number of countries/regions affected is 57

The total number of deaths is 31,861

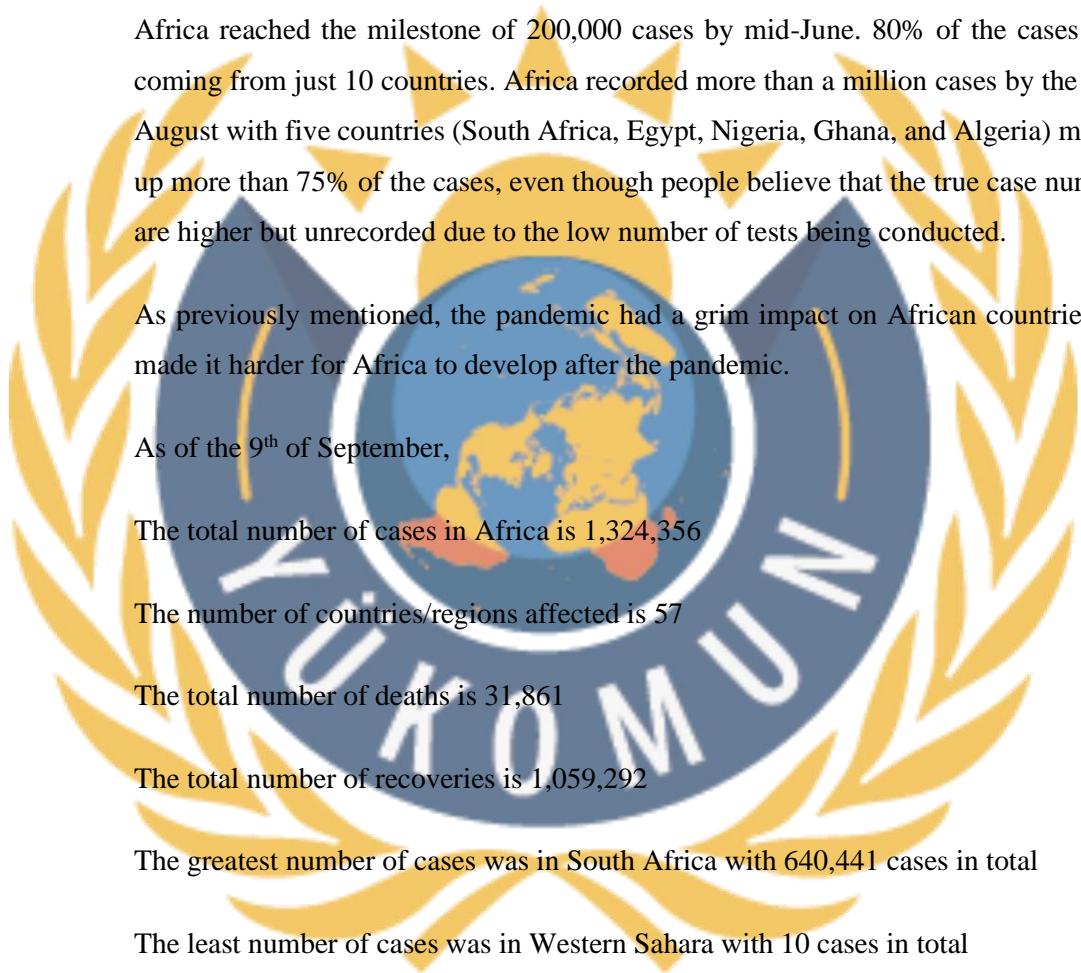
The total number of recoveries is 1,059,292

The greatest number of cases was in South Africa with 640,441 cases in total

The least number of cases was in Western Sahara with 10 cases in total

The greatest number of deaths was in South Africa with 15,086 deaths

The least number of deaths was in Eritrea and Seychelles with no deaths.





#### **d. South Africa**

The Minister of Health confirmed on the 5<sup>th</sup> of March that the virus had spread to South Africa. The patient was male citizen who tested positive after they returned from Italy. The first two deaths were seen on the 27<sup>th</sup> of March.

A national state of disaster was officially declared by President Ramaphosa on the 15<sup>th</sup> of March and immediate travel restrictions along with the closure of schools 18 March onward was announced. Gatherings of more than 100 people were banned by President Ramaphosa on the 15<sup>th</sup> of March.

What is known as the National Coronavirus Convention was established on the 17<sup>th</sup> of March in order to execute the plan to contain the spread of the virus. A lockdown was issued on the 23<sup>rd</sup> of March, starting 3 days later. All activities of the parliament were suspended till further notice on the 18<sup>th</sup> of March. Similarly, the elective conferences of the Democratic Alliance (DA) and the African National Congress (ANC) were postponed. The Commission for Conciliation Mediation and Arbitration (CCMA) cancelled all scheduled cases 18<sup>th</sup> March forward. Schools were closed on the same day, resuming in early June, similar to what universities did. A 3-week national lockdown was announced on the 23<sup>rd</sup> of March by President Ramaphosa, effective midnight 20 of the 26<sup>th</sup> of March until the 16<sup>th</sup> of April. The South African National Defence Force (SANDF) was deployed off to help the government. There was a 2-week extension to the lockdown, issued on the 9<sup>th</sup> of April, extending the lockdown until the end of April. The lockdown resulted in an economic slowdown and benefited the South African energy crisis as electricity usage went down.

Mass panic was induced and led to panic buying, forcing some retailers to limit the number of items a customer could buy at once.

The lockdown was gradually eased off May 1<sup>st</sup> onward, lowering the national alert level to a 4. The restrictions were lowered to a level 3 starting from June 1, and then a level 2 on the 17<sup>th</sup> of August. It was calculated that 2 may forward the median age of fatality was 64. South Africa had the highest number of cases in Africa and the 8<sup>th</sup> highest in the world overall in September.

The state of disaster was extended by Minister Dlamini-Zuma on the 3<sup>rd</sup> of June until the 15<sup>th</sup>.

Alerts in effect:

Alert level 5 – midnight of March 26-30 April

Alert level 4 – 1-31 May

Alert level 3 – 1 June-17 August

Alert level 2 – midnight of August 18

#### **e. Nigeria**

An Italian citizen was the first confirmed case of Nigeria in Lagos on the 27<sup>th</sup> of November. The second case in Nigeria was on the 9<sup>th</sup> of March when a Nigerian citizen was tested positive after they had contact with the Italian citizen.

The Federal government of Nigeria assured its citizens on the 28<sup>th</sup> of January that Nigeria was ready to take precautions such as strengthening the surveillance in airports specifically to prevent the virus from entering the country through international citizens.

It was announced that day that a coronavirus group was already set and ready to start its work if a case was presented in Nigeria by the Nigerian Centre for Disease Control.

A Coronavirus Preparedness Group was set by the government on the last day of January in order to minimize the effects of the virus if it would ever spread around the country. On the same day, Nigeria was listed among 13 African countries as a country with a high-risk of fast transmission of the virus by WHO.

A Chinese citizen admitted themselves to the Lagos State government with the suspicion of having the virus, however, they tested negative the day after being admitted to the Reddington Hospital.

Nigeria is facing economic difficulties like many other nations. Nigeria's economy largely depends on its oil exports so as there was a negative trend to the purchase of oil from Nigeria due to the coronavirus, the economy got hit. Fuel prices decreased and are expected to decrease even further due to the decrease in demand. Events and flights among many other gatherings were cancelled and done virtually as the pandemic hit Nigeria. Loans from the Central Bank of Nigeria were an idea to provide to crippling companies.

Many people have trouble providing food and basic necessities to their family as their income has decreased from an already low amount.

Currently there are 10,952 active cases in Nigeria with a total 1,070 deaths. Nigeria is the 53<sup>rd</sup> overall on the list of the countries with the most cases.

#### **f. Democratic Republic of Congo**

The first confirmed case in DR Congo was on the 10<sup>th</sup> of March with the few couple of cases all being from people who returned after going to another country. As we know DR Congo is one of the poorest countries in the world which causes a shortage and incapability in the access of medical equipment and health care overall. On top of that Congo has been dealing with the Kivu Ebola epidemic all while the coronavirus epidemic began. This made the situation harder for an already suffering nation and its citizens. The local population will suffer one of the worst crises so far as they have to protect themselves from two dangerous diseases while also trying to survive in the difficult situations.

Flights were suspended, under the decision of President Tshisekedi, 19<sup>th</sup> of March onward. Schools, restaurants, cafes, religious places, and all other public gathering locations were closed as well. As an additional restriction a state of emergency was imposed on the 24<sup>th</sup> of March with Congo closing its borders to the outside world.

The ICRC (International Committee of Red Cross) normally helped Dr Congo anyway, but with the ongoing pandemic they have done many things to make the situation somewhat easier to handle by the lacking health system of the country. Some of the steps they took include:

- Providing more than 100,000 pairs of gloves, 383 bars of soap, 540 kg chlorine for sanitation, 41 infrared thermometers, 9,150 surgical masks, 650 items of protective clothing, 248 handwashing kits, and medicine to 12 prisons,
- Donated several tents to the prisons in Kinshasa,
- Provided 1,500 kilocalories of emergency food aid per detainee per day to several prisons in Bunia, Beni, Uvira, and Tshikapa, apart from food to malnourished detainees,
- Helped train 23 medical workers to work in prisons,
- Helped hospitals like Bukavu General Hospital set up their triage for COVID-19 cases and their screening facilities, alongside improving the treatment units,

- Provided hospitals with medical equipment and essential medicine, electric generators for cases of power outage, 20 beds, tents, oxygen cylinders, and personal protective equipment,
- Trained staff on isolating suspected cases in eastern Congo.

Now more than 4.5 million children are able to attend online education as the ICRC have partnered with 23 TV channels and 296 radio stations. 29 million people gained information on how to prevent COVID-19, and a COVID-19 hotline was established and started running. Around 208,000 masks were distributed to the community.

Currently, there are 921 active cases with a total of 83 deaths. DR Congo rests at the 113rd position overall on the list of the countries with the most cases.

Only these African countries will be mentioned in specific as Africa in general was already mentioned.

## 10. Questions To Be Addressed

- Have the regulations so far worked? If not, why/what could be improved?
- What can the government do differently to decrease the rates of infection and transmission?
- Should governments impose a lockdown even though it will affect their economy in a bad way in the long run?
- What can poorer countries, especially in Africa, do in order to increase the number of tests they do per day and the quality of patient care?
- Should developed countries provide financial help to undeveloped countries even though they also are facing a pandemic?
- What can be done to ensure that a pandemic to this extent does not develop the future?
- Was the world prepared for a pandemic like this? If not, how should countries prepare or be ready for a potential future pandemic?
- Was it or is it a good idea for some countries to open shops and cafes (gathering spots) as soon as (or even before) the number of daily cases started falling?
- What can be done to prevent mass panic and as a result mass purchasing?
- What type of better and improved reporting systems can be created for situations like this?
- What type of new and more effective regulations should be imposed?

## 11. Bibliography

<https://www.who.int/about/who-we-are/frequently-asked-questions>

<https://www.who.int/about>

[https://en.wikipedia.org/wiki/World\\_Health\\_Organization](https://en.wikipedia.org/wiki/World_Health_Organization)

<https://www.undp.org/content/undp/en/home/about-us.html>

[https://en.wikipedia.org/wiki/World\\_Bank\\_Group](https://en.wikipedia.org/wiki/World_Bank_Group)

<https://blogs.worldbank.org/voices/august-21-2020-update-our-work-world-bank-group>

[https://en.wikipedia.org/wiki/Africa\\_Centres\\_for\\_Disease\\_Control\\_and\\_Prevention](https://en.wikipedia.org/wiki/Africa_Centres_for_Disease_Control_and_Prevention)

[https://en.wikipedia.org/wiki/African\\_Union](https://en.wikipedia.org/wiki/African_Union)

<https://www.cNBC.com/2020/04/02/worldwide-coronavirus-cases-reach-1-million-doubling-in-a-week.html>

[https://en.wikipedia.org/wiki/COVID-19\\_pandemic\\_in\\_South\\_Africa](https://en.wikipedia.org/wiki/COVID-19_pandemic_in_South_Africa)

[https://en.wikipedia.org/wiki/COVID-19\\_pandemic](https://en.wikipedia.org/wiki/COVID-19_pandemic)

[https://www.undp.org/content/undp/en/home/covid-19-pandemic-response.html?utm\\_source=web&utm\\_medium=sdgs&utm\\_campaign=coronavirus](https://www.undp.org/content/undp/en/home/covid-19-pandemic-response.html?utm_source=web&utm_medium=sdgs&utm_campaign=coronavirus)

<https://www.afro.who.int/health-topics/coronavirus-covid-19>

<https://africacdc.org/covid-19/>

<https://sacoronavirus.co.za/category/press-releases-and-notices/>

[https://en.wikipedia.org/wiki/COVID-19\\_pandemic\\_in\\_South\\_Africa](https://en.wikipedia.org/wiki/COVID-19_pandemic_in_South_Africa)

<https://www.gov.za/Coronavirus>

[https://en.wikipedia.org/wiki/COVID-19\\_pandemic\\_in\\_Nigeria](https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Nigeria)

<https://covid19.ncdc.gov.ng/>



<https://pulitzercenter.org/reporting/economic-repercussion-coronavirus-pandemic-nigerians>

<https://www.worldometers.info/coronavirus/country/democratic-republic-of-the-congo/>

[https://en.wikipedia.org/wiki/COVID-19\\_pandemic\\_in\\_the\\_Democratic\\_Republic\\_of\\_the\\_Congo](https://en.wikipedia.org/wiki/COVID-19_pandemic_in_the_Democratic_Republic_of_the_Congo)

<https://www.icrc.org/en/document/icrc-response-covid-19-democratic-republic-congo>

<https://reliefweb.int/report/democratic-republic-congo/democratic-republic-congo-coronavirus-covid-19-situation-report-10>

<https://news.yahoo.com/coronavirus-fast-spreading-africa-232332271.html>

[https://apps.who.int/iris/bitstream/handle/10665/334127/SITREP\\_COVID-19\\_WHOAFRO\\_20200902-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/334127/SITREP_COVID-19_WHOAFRO_20200902-eng.pdf)

<http://whotogo-whoafrocmaster.newsweaver.com/JournalEnglishNewsletter/1gmviws5ot0y48iiujdam4?email=true&lang=en&a=11&p=57730383>

[https://www.afro.who.int/sites/default/files/2020-06/SPRP%20BUDGET%200520\\_01.pdf](https://www.afro.who.int/sites/default/files/2020-06/SPRP%20BUDGET%200520_01.pdf)

<https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov>

<https://www.afro.who.int/news/africa-covid-19-cases-top-100-000>

<https://www.africa.undp.org/content/rba/en/home/coronavirus.html>

<https://www.medrxiv.org/content/10.1101/2020.06.01.20118893v4>

<https://www.tandfonline.com/doi/full/10.1080/22221751.2020.1775132>

<https://www.aa.com.tr/en/africa/ebola-lessons-secure-africa-from-covid-19/1941610>

[https://en.wikipedia.org/wiki/World\\_Health\\_Organization%27s\\_response\\_to\\_the\\_COVID-19\\_pandemic](https://en.wikipedia.org/wiki/World_Health_Organization%27s_response_to_the_COVID-19_pandemic)

<https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>

<https://www.bbc.co.uk/news/resources/idt-4a11d568-2716-41cf-a15e-7d15079548bc>

<https://www.afro.who.int/>



<https://who.maps.arcgis.com/apps/opsdashboard/index.html#/0c9b3a8b68d0437a8cf28581e9c063a9>

<https://www.africa.undp.org/content/rba/en/home/coronavirus.html>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/who-response-in-countries>

<https://allafrica.com/stories/202006150640.html>

<https://www.webmd.com/lung/coronavirus>

[https://unctad.org/en/PublicationsLibrary/aldcmisc2020d3\\_en.pdf](https://unctad.org/en/PublicationsLibrary/aldcmisc2020d3_en.pdf)

<https://unsdg.un.org/sites/default/files/2020-05/Policy-brief-Impact-of-COVID-19-in-Africa.pdf>

