

FORUM: WHO

QUESTION OF: Combatting the consequences of medical misinformation regarding the Ebola crisis in Eastern and Western Africa

MAIN SUBMITTER: Kenya

CO-SUBMITTERS: Pakistan, USA, Liberia, UK, Sierra Leone, Japan, Mali, Panama, Italy, MSF, Belgium, Syria, Chile, Colombia, Niger, Iraq, Russian Federation, Equatorial Guinea

THE WORLD HEALTH ORGANIZATION COMMITTEE,

Guided by the purposes and principles of the Charter of the United Nations, UN Charter,

Emphasizing the seriousness of the issue dealt at hand on the topic of the Ebola crisis and countering misinformation from radical groups which jeopardize the political and social stability of the countries affected by the outbreak,

Defining the term “misinformation” as “incorrect or misleading information that is deliberately intended to deceive”,

Determined to protect present and future generations against misinformation concerning causes, symptoms and treatments of Ebola and other epidemics which can have serious consequences on the spread of such diseases,

Noting with concern that the internet has become polluted by misleading and false information, influencing civilians’ opinions and behaviours,

Emphasizing that groups leading response efforts to fight the Ebola virus have cited community mistrust as one of the main factors complicating the end to the epidemic,

Further emphasizing the importance for governments to regain trust from their citizens, as it is essential in reestablishing order within the communities who are experiencing hostile environments due to mistrust,

Recalling Security Council’s resolution S/RES/2439 (2018), condemning attacks by rebel armed groups for jeopardizing response efforts to the Ebola virus outbreak,

Recognizing other organizations’ efforts, such as United Nations Children’s Fund and the World Food Program, in combatting the consequences of medical misinformation,

Contemplating the work of the WHO in preventing the spread of further Ebola outbreaks by providing educational programs for multiple partner organizations to work efficiently in contact tracing, case management, and safe burials,

1. Recommends all Member States to strengthen healthcare systems in Africa, especially in countries mostly impacted by Ebola that have weak healthcare systems, hindering effective intervention in treating patients, by taking measures such as but not limited to:
 - a. Investing in improved technologies and materials for extreme conditions of healthcare workers, such as but not limited to:
 - i. GeneXpert technology, used to detect Ebola in potential infected persons within one hour,
 - ii. Rapid Ebola Detection Stips (REDS), which detect the presence of Ebola in patients through blood samples,
 - iii. Protective equipment technology, including but not limited to:
 1. Triple-protection gloves,
 2. Face shields,
 - b. Ensuring that adequate isolation and barriers are provided when treating infected persons from highly contagious ebola,
 - c. Administering sufficient and high quality hospital hand hygiene stations,
 - d. Train professionals in affected and non-affected countries to create effective protocols;
2. Stresses the importance to prioritize the development of an Ebola vaccine for humans to finally provide a safe measure to prevent communities from experiencing virus outbreaks, in ways such as but not limited to:
 - a. Testing the safety and effectiveness of a new vaccine by vaccinating people with their consent who are at risk of exposure to the disease and comparing them to controls using placebo, and
 - b. Using already infected individuals in African regions as subjects for said clinical trial to ensure a quicker process and thus contain the disease before it has propagated further;
3. Urges all Member States to authorize government-led institutions to critically assess and censor published sources of all misinformative media or organization campaigns, where said sources are proven to be unreliable according to criteria such as but not limited to:
 - a. Considering the author and the level of expertise,
 - b. Understanding the influence of the time when the text was published,
 - c. Observing potential bias, and
 - d. Looking for different perspectives;
4. Suggests that all Member States provide free educational and informative programs in their home countries, aimed to warning about the existence of medical misinformative groups, especially targeting socially vulnerable civilians, such as children, teenagers, elders etc., covering the topics of, but not limited to:
 - a. Analyzing the reliability and credibility of the information being provided through external and internal sources found on the internet, pamphlets, etc.,
 - b. Educating on the symptoms and treatments of specific illnesses and viruses, according to prevalence in that area or country, in order to allow individuals to assess the credibility of the medical information, such as but not limited to:
 - i. Ebola in Western and Eastern Africa,
 - ii. Marburg virus in East-Central Africa, and
 - iii. Cholera in areas of Eastern Africa and Western Asia,
 - c. Stressing the importance of receiving treatment to Ebola in well prepared hospitals rather than unsafe home treatment,
 - d. Coping with family members or close friends who are ill or affected, ensuring that specific safety measures are being taken into account, such as but not limited to:
 - i. Isolating affected individual in quarantine state,
 - ii. Preventing any physical contact with the patient and their body fluids,
 - iii. Sterilizing any area which has been in direct contact with the patient, and
 - e. Knowing how to deal with the highly contagious body of a deceased from Ebola virus;

5. Requests the implementation of billboards throughout Eastern and Western Africa advertising the symptoms of Ebola and the procedure in case of needed treatment, containing information such as, but not limited to:
 - a. A fully descriptive list of symptoms such as, but not limited to:
 - i. High fever,
 - ii. Severe headaches,
 - iii. Loss of appetite,
 - iv. Muscle and joint pains,
 - v. Unexplained hemorrhaging, and
 - vi. Excessive bleeding or bruising,
 - b. A warning on the severeness of the disease and its similarity in symptomatic factors to malaria or typhoid fever,
 - c. A notice on the transmission of disease, in ways such as, but not limited to:
 - i. Blood or body fluids,
 - ii. Contaminated objects,
 - iii. Infected non-human primates, and
 - d. Information on diagnosis and the importance of maintaining infected persons in quarantine;
6. Recommends member states pay attention to the modification of traditional burial rituals and practices which impede culture and tradition among communities, considering “Safe and Dignified burials” to ridicule mourning customs, as well as preventing a proper transitional stage where the deceased must detach from the living to transition smoothly into the afterlife;
7. Requests the implementation of biannual meetings that would be held in the United Nations headquarters, among the representatives of the African countries affected by the virus, similar to the ministerial meeting co-organized by the Government of the DRC, WHO and the African Union Commission, to endorse a cross-border collaboration framework for the Ebola outbreak and each country’s preparedness, where topics covered would consist of but not limited to:
 - a. Enhancing emergency contingency plans,
 - b. Discussing possible measures in order to minimize the social and economic impact the outbreak of the virus would have on the affected countries,
 - c. Sharing and exchange of information on disease outbreaks and emergencies online, to quickly and efficiently contain outbreaks, while increasing coordination and preventing diseases from crossing the borders, and
 - d. Further discussing possible funding commitment of the countries for emergency response and preparedness;
8. Promotes the coalition between policymakers and existing advocacy groups, by creating national, regional and local meetings to ensure effective ways of fighting the disease and providing reliable information are implemented, such as but not limited to:
 - a. Providing funds and resources to organisations like the “Samaritan’s Purse” and “Africare”,
 - b. Increasing staff quantities in alienated areas for NGOs like “Doctors without borders” and “Last Mile Health”,
 - c. Promoting the publication of reliable information on the geographical spread of the disease and the need for humanitarian aid, through volunteers like “The Humanitarian OpenStreetMap Team”,
 - d. Collaborating with groups like “Grand Gedeh Association in the Americas” in Liberia to use social media and presentations in native languages to transmit reliable information about the disease, and
 - e. Supporting the creation of organisations similar to “ActionAid” in Liberia to ensure trustworthy and valuable public health information is spread, through ways such as but not limited to:

- i. Training of community leaders and local health workers by volunteers to create informative campaigns within the local community, and
 - ii. Delivering educational materials to children who live in communities with schools shut-down by the crisis;
9. Further suggests the cooperation of Shamans or any other religious or spiritual leaders to which communities deposit their trust in terms of medical health in order to regain trust on remedies and treatments for diseases such as Ebola in ways such as but not limited to:
 - a. Maintaining traditional treatments implemented by such figures as well as incorporating modern and efficiently safe procedures supported by physicians in treating specific viruses,
 - b. Taking advantage of their spiritual and religious influence on communities, in order to supervise their medical diagnosis and prescriptions and ensure that proper treatments is being provided, and
 - c. Lecturing Shamans or such religious and spiritual leaders to promote understanding of the root causes of the outbreak viruses, and understand the importance of certain medicines which are aimed at treating such viruses, where topics covered would consist of but not limited to:
 - i. Origins of the viruses,
 - ii. Effective medical treatment that has been implemented in past outbreaks, and
 - iii. Ways that both traditional and medical treatments can be joined; and
10. Decides to remain actively seized on the matter.