Southern China International MUN

Official Background Guide

G20 Committee: Defining the extent of the power of domestic and foreign political authorities in containing the COVID-19 pandemic

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1. Description of the Issue

"In 2020 COVID-19 affected almost all countries and more than 50 million people around the world. It has governments operating in a context of radical uncertainty, and faced with difficult trade-offs given the health, economic and social challenges it raises.[14]"

Today, COVID-19 remains a defining factor in every person's day-to-day existence. The number of cases worldwide is steadily rising over 96 million as of January 2021, and the death toll has passed 2 million. The United Nations is already dedicated to tackling the issue on various fronts, with the World Health Organisation (WHO) leading in the research and containment of the pandemic on a global scale. The members of the Group of Twenty, who account for more than 80% of world GDP and 60% of the world population, are in a unique position to assume a leadership role in what is undoubtedly a global health crisis.[6] The committee's agenda will aim to:

1. **Identify areas in which political authorities can maximise their power to contain COVID-19,**

2. **Evaluate the effectiveness of political authorities' responses to COVID-19 outbreaks,**

3. **Develop a course of action to prevent and control the spread of disease in the future.**

Delegates should be familiar with the following vocabulary:

Coronavirus v. COVID-19 – Coronaviruses are a class of virus typically affecting animals, although several types have evolved to infect humans. The most notable human coronaviruses include 2019-nCoV (COVID-19), SARS-CoV (SARS), and MERS-CoV (MERS), all of which cause infectious respiratory disease.[4]

Pandemic v. Epidemic – An **epidemic** is a disease that affects a large amount of people within a community or region. An epidemic becomes a **pandemic** when it spreads geographically, affecting multiple countries or continents.[7]

Outbreak – A sudden rise in cases of a disease in a new population or region.[7]

Municipality – a town or city granted self-administrative powers (such as local governance and jurisdiction) by national or regional laws.
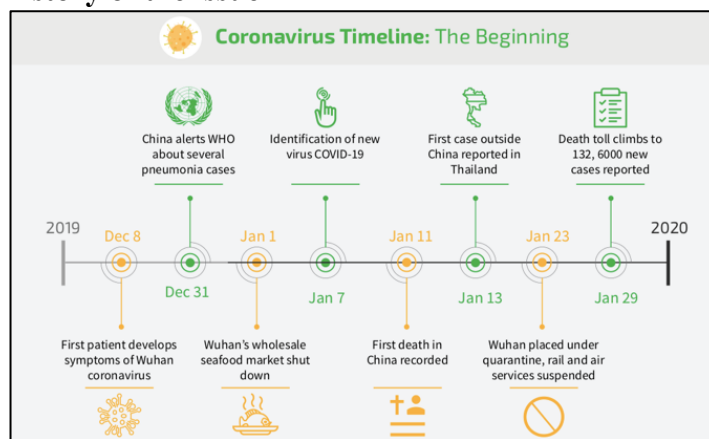
1.1 History of the issue

Figure 1. Source: Avetta

Figure 2. Source: nature

Figure 1 is a summary of key events leading up to the COVID-19 outbreak. WHO has made a detailed timeline which I recommend every delegate check out here.

Most research on COVID-19 builds on previous knowledge gathered from the SARS and MERS coronavirus epidemics. SARS first emerged in Guangdong Province, China in November 2002 before rapidly spreading to other regions within China, Hong Kong, Vietnam, Singapore, Taiwan, and Toronto, Canada in 2003.[12] Public health containment procedures, coordinated responses, and the global scientific community's research contributions proved effective in quickly preventing the spread of SARS, and set a precedence for epidemiological research and disease control in the age of globalisation.[12]

MERS first emerged in the Arabian Peninsula in 2012. It quickly proved to be extremely fatal to humans with a mortality rate of 30-40%.[12] Over the next few years, travel-associated cases of MERS were reported in Europe, Asia, Africa, and North America, with South Korea experiencing highest death toll after Saudi Arabia.[12] This quote summarises an important point:

> *"The emergence of MERS-CoV in South Korea highlights the ease in which*
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> *diseases can spread around the world and the difficulty in identifying "new"*
>
> *diseases when they appear in a location where they have not been seen before. It*
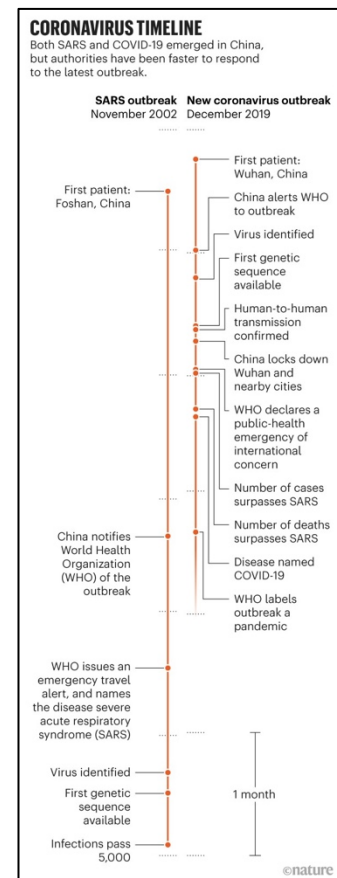
Although many aspects of the COVID-19 pandemic were unprecedented, the SARS/MERS epidemics laid out a semi-comprehensive blueprint for effective first responses to such diseases. Note that several densely populated Asian cities (many of which were heavily affected by SARS/MERS, such as Hong Kong, Seoul, Singapore, Tokyo) demonstrated a higher ability to control the spread of COVID-19 due to proactive measures such as mask wearing and extensive testing.[14] During the committee discourse, consider the significance and value of proven tactics and other readily-available knowledge from past experience.

1.2 Recent developments

In April 2020, the Director-General of WHO launched the Access to COVID-19 Tools Accelerator, or ACT-Accelerator, "a collaboration to accelerate the development, production and equitable access to vaccines, diagnostics and therapeutics for COVID-19.[15]" In his opening remarks at the 2020 G20 Leaders Summit, the Director-General discussed the main areas in which the G20 will presume a vital role:

1. the fair allocation of vaccines,

2. investment in preparedness and universal health coverage,

3. fostering international cooperation and solidarity through leadership.[8]

In November 2020, the WHO adopted [Resolution EB146.R10](#) at the 73rd World Health Assembly with the aim to "strengthen preparedness for health emergencies through full compliance with the International Health Regulations (2005).[1]" The resolution mainly seeks to renew commitments to the [International Health Regulations (2005)](#), but also calls for member states to "dedicate domestic investment and recurrent spending and public funding to health emergency preparedness," and to "improve government and decision-making processes and enhance institutional capacity and infrastructure for public health." It further calls on the global health community to "ensure that all countries are better equipped to detect and respond to cases of COVID-19 and other infectious diseases.[16]"
These proposed courses of action, ongoing discussions, and research initiatives centred around pandemic control serves as a hopeful foundations for member states to follow suit. However, the G20 still has much to discuss regarding nations' power to implement said recommendations, their access to resources, and how to assign accountability for failures to respond accordingly.

2. EMPHASIS OF THE DISCOURSE
Different nations have taken different approaches to combating the virus, which can be chiefly categorised as either **centralised** or **decentralised**. As of now, there is insufficient data to provide a solid conclusion as to which approach is most efficient—in fact, limiting ourselves to a strict dichotomy could hinder progress. Delegates are expected to acknowledge both the strengths and weaknesses in their nation's approach and provide realistic solutions to mitigate challenges.

2.1 Centralized approach

A centralized approach to COVID-19 concentrates power on the central body of the federal government. In other words, executive/legislative decisions (such as pandemic response guidelines, protocol, and litigation) are controlled by the state government and typically introduced on a nation-wide basis.

There is much to be said for having "a strong central capacity in terms of the ability to implement rapid, decisive action.[9]" The disarray brought on by the pandemic has highlighted the need for central coordination strategy and better structure in many nations' crisis responses. Several nations have adopted executive measures with the aim of shifting to more centralised governance amidst COVID-19, such as declaring a state of national emergency and enacting new nation-wide emergency laws/plans.[9]

Centralised response efforts are powerful in that emergency protocol often prioritises crisis response across federal institutions, meaning COVID-19 regulations and information can be officially introduced efficiently on a broad scale. However, centralised efforts do not function without strong leadership and coordination. Hyper-centralisation has "resulted in a greater tendency for policy mistakes" when it fails to account for COVID-19's differentiated territorial impact.[9] The UK has received harsh criticisms for its hyper-centralised approach, failing to adjust its national plan to tackle to outbreak upon the emergence of new information calling for more stringent measures.[9] Furthermore, the lack of decentralised capacities amongst authorities and health institutions at local levels ultimately "led to confusion in how to implement the central government's orders in various sectors.[9]"

In short, wide-reaching initiatives that work for some regions may not be sufficient for others that are more heavily-affected. Limiting regions to a single commandment leaves little margin for customisation, especially if the federal government overrules decisions made on the local level. Good intergovernmental relations, communication, and coordination are integral to centralised systems where orders are given from the top-down.

2.2 Decentralized approach

Where a centralized approach focuses places supreme authority on central state powers, a decentralised approach distributes executive and legislative decision-making amongst lower bodies of government, such as municipalities and autonomous regions.
In a report on the differentiated impact of COVID-19 across countries and regions within those countries, the OECD proposes two points for political authorities to consider:

1. The difference in COVID-19's impact across local regions - some areas are more vulnerable than others),

2. Coordinated effort amongst all levels of government is critical - municipalities will often be put at the "frontline of crisis management" as they will carry the responsibility for "the most critical aspects of containment measures, health care, social services, economic development and public investment.[14]"

Most often, municipal governments have greater control over local healthcare systems, meaning they can effectively adjust regulations and allocate resources according to their individual state of affairs. In decentralized nations where local governments often have a developed authoritative structure, it can be helpful (and quicker) to bypass bureaucratic complexities. In Europe, nations such as Germany saw autonomous regions taking initiatives such as implementing travel restrictions and even lockdowns before coordinating with the federal government.[3]

This decentralized aspect of Germany's approach proved effective in controlling the spread of COVID-19, but note that it was coupled with strong centralized coordination and messaging from the federal government. Furthermore, Germany's well-established system of multi-level governance contrasts greatly to nations whose intergovernmental machinery isn't as well-oiled. However, Germany demonstrates the positive potential for a mixture between the two extremes: decentralized autonomy in conjunction with centralized coordination.

2.3 Stance of intergovernmental organizations

The WHO has played a strong leadership role throughout the course of the pandemic, notably remaining at the forefront of research initiatives, administering health information on a global scale, and implanting the aforementioned ACT-Accelerator plan to tackle COVID-19. The WHO favours resolutions which call for:

1. Complete transparency regarding pandemic figures and COVID-19 research,

2. Ongoing communication between nation leaders and the WHO,

3. and most importantly, for nations to ratify WHO initiatives and action plans.

The World Bank has also played a big role in "helping developing nations strengthen their pandemic response and healthcare systems" by running emergency response operations aimed to mitigate the impacts of COVID.[11] In addition to ongoing health and financial support, the World Bank are helping make medical supplies more accessible as well as financing the purchases and distribution of COVID-19 vaccines.[11] Seeing as the World Bank is a shareholder in various health system investments and pharmaceutical initiatives, it would be in their interest for nations to endorse the research of and widespread distribution of COVID-19 vaccines.

As they each work hard to tackle the virus in their own regions, the **European Union (EU)** and the **African Union (AU)** have launched a new partnership in order to "facilitate harmonised surveillance and disease intelligence, and support the implementation of the public health workforce strategy of Africa CDC.[5]" This could be seen as a win-win situation, with African nations receiving much needed international support in the building-up of healthcare infrastructure and the EU potentially receiving the long-term benefits from their investment. This partnership would benefit from a resolution encouraging members of the EU to provide increased support. The partnership between the EU and AU raises an interesting point in the discussion of political authority on a global scale—I encourage delegates to consider the following question:

Do some nations have a greater responsibility to help others in times of need?
Why or why not?

2.4 Stance of developed countries

Developed nations have been in the spotlight since the onset of COVID—notably European and North American nations—due to being well-warned about the COVID outbreak in Asia and having the means to prepare themselves effectively. Some developed nations have been applauded for their early response and organized handling of the pandemic (e.g. Singapore, South Korea, New Zealand, Australia, Canada…). The US, the UK, and Sweden have notably struggled in keeping COVID-19 under control, despite being well-warned and well-equipped to do so. In regards to the three main aims of this committee's agenda, developed nations may take the following stances:

1. Identify areas in which political authorities can maximize their power to contain COVID-19

Rather than implement harsh restrictions on travel, public gatherings, and mask-wearing, developed nations with well-established lower levels of government (particularly those in Europe and North America) will likely to prioritise vaccine research and distribution on the nation-wide level. Moreover, these nations may attempt to fast-track their return to normalcy by easing restrictions in areas that aren't heavily affected. Developed nations who rely more heavily on centralised decision-making will be more likely to enact stricter rules and regulations in addition contributing to vaccine research.

2. Evaluate the effectiveness of political authorities' responses to COVID-19 outbreaks
Although it is in the favour of all nations to holistically evaluate their approaches (focus on both the strengths as well as the weaknesses) it may be difficult to enforce consequences for poor responses without undermining national sovereignty.

3. Develop a course of action to prevent and control the spread of disease in the future.

Developed nations will most likely seek a leadership position in any international initiative for future disease control or crisis response in general.

2.5 Stance of developing countries

Since many developing nations were facing internal issues prior to the pandemic, COVID exacerbated existing struggles for many countries. Lack of medical resources and infrastructure (or trouble accessing them) in addition to poorly established intragovernmental systems were some of the biggest hindrances developing nations faced in controlling the virus.

1. Identify areas in which political authorities can maximize their power to contain COVID-19

Some developing nations have struggled with enforcing strict lockdowns (Brazil, India) due to protests from workers and even defiance from political authorities (Brazil, Mexico). Many developing nations rely heavily on a centralized government as smaller

regions don't have established authoritative powers. Many nations are now scrambling to adopt more effective centralized and decentralized measures for disease control. Both developed and developing nations have seen their fair share of poor leadership during the pandemic, particularly in the dismissal of propositions from scientific/medical advisors. Developing nations, however, have less access to medical research facilities and resources, meaning they could greatly benefit from increased collaboration on this front.

2. Evaluate the effectiveness of political authorities' responses to COVID-19 outbreaks
Seeing as developing countries rely heavily on foreign assistance, it is important to evaluate the role of foreign authorities in their aid of developing nations in addition to domestic authorities. It is in the favour of developing countries to determine the extent to which foreign aid either empowers or undermines their political authority.

3. Develop a course of action to prevent and control the spread of disease in the future.
It is important that developing nations are given a voice in the construction and implementation of any international action plans.

3. POSSIBLE SOLUTIONS

3.1 In favour of developed countries

Aside from gaining control of the virus on the local level, the main concerns of developed nations centre around cushioning the economic blow of the pandemic and securing "soft power" over other nations. Many developed nations are choosing to invest heavily in medical research, resources, and infrastructure in the hopes it will a) speed up the return to normalcy and b) benefit them financially in the long run. Moreover, providing financial and infrastructural assistance to developing countries helps forge alliances and political support for developed nations in the global arena.

Developed countries are likely to favour resolutions that:
1. Prioritise vaccine development, release, and distribution,
2. Do not interfere heavily with their sovereignty,
3. Facilitate foreign direct investment and provision of aid to developing countries,
4. Secure their leadership role in international/intergovernmental initiatives for future prevention.

3.2 In favour of developing countries

Developing nations suffer greatly from a lack of resources and infrastructure, and therefore rely heavily on the assistance of developed nations, intergovernmental organisations, and non-governmental organisations (NGOs)**. However, developing nations are in need of long-term solutions that will not only help them get back on their feet, but also set them on the path towards becoming a developed nation.**
Developing nations are likely to favour resolutions that:

1. Give them a voice in international decision-making and prevention planning,

2. Encourages investments in long-term medical infrastructure and disease prevention facilities,

3. Focuses building more resilient governmental systems and protocol for crisis response.

4. KEEP IN MIND THE FOLLOWING

We are still in the midst of this pandemic, in the midst of history. Though the true global impact of COVID-19 is yet to be determined, I encourage delegates to speculate on potential outcomes, to ask open ended questions, and to propose innovative solutions to an issue we've all experienced first-hand.

I want delegates to keep in mind that this committee is centered around the power of political authorities in a global crisis. Here are a set of questions to consider throughout the debate:

1. **There are many stakeholders in the COVID-19 pandemic—who stands to gain the most?**

2. What is the ultimate purpose of government? Of political authorities?

3. How do we define "political authority?" Does this term apply exclusively to government leaders?

4. Who are we (citizens) being encouraged to place our trust in, and on what grounds?

5. Who does our current system protect the most strongly?

6. Based on everything we have learned up until now, what should our **immediate course of action** be?

Do not let your nation's stance nor the limitations of the UN's capabilities stop you from exploring these questions on your own. The topic this committee explores is more relevant and more important more important to discuss now than ever.

5. EVALUATION

These times are described as "unprecedented" for good reason. COVID-19 is still at large, and the power of domestic and foreign political authorities is still to be defined under this circumstance.

Every nation has been faced with the same challenge; some have handled it gracefully, others on the complete contrary. Bear in mind the proven effectiveness of early response and implementation of regulations for mask-wearing, regular and widespread testing, and lockdowns in heavily-affected areas. Keep in mind the role of scientific research in advising government action and policy. Analyse your nation's approach—did it lean more towards centralised or decentralised? Was this approach effective?

The biggest challenge this topic brings to the table is the constant emergence of new information. All delegates are expected to stay updated up until (and throughout) the conference. The COVID-19 situation is incredibly complex, even for experts and leaders. I

look forward to hearing your ideas. Please feel free to reach out should you have any questions or concerns.

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