



SITUATION OVERVIEW

The events below take place after the adoption of Security Council Resolution S/RES/2300 (20xx), which provided for a series of peacekeeping efforts in the host state:

- “Acting under Chapter VII of the Charter of the United Nations, the Security Council decides that UNAC shall have the following mandate:
Support for the implementation of the Kalari Peace Agreement;
Protection of civilians;
Support for humanitarian and human rights assistance;
Support to security sector reform;
Support for implementation of the peace process

PHASE ONE: INTERPRETING THE MANDATE, CLARIFYING OBJECTIVES, SETTING PRIORITIES

January On January 1, 201X, the World Health Organization (WHO) announces on its Disease Outbreak News website that the government of Sumora has reported a virulent form of Ebola virus disease (EVD) affecting the southeastern region of the country, with a case fatality rate of 59 percent (29 deaths out of 49 cases). The same day, Médecins Sans Frontières (MSF) releases a statement reporting that it has launched an emergency response in collaboration with Sumora’s Ministry of Health. Seven days later, on January 8th, Carana’s Ministry of Health reports its first two confirmed cases of EVD to WHO. These first EVD cases are confirmed in the Koloni area, which is under control of the Mouvement Patriotique de Carana (MPC). From that point, daily reports of new EVD cases in Sumora, Carana, and Catasi are confirmed.

February On February 2nd, an infected individual from Fassil who had traveled from Sureen to Galasi is diagnosed in the capital city. Two new cases of EVD are confirmed in the port city of Maldosa on February 15th.

March In early March, the spread of the disease into Rimoso, and the repatriation of two infected health workers to the US, provide the catalyst for the director-general of the WHO to convene an Emergency Committee under the International Health Regulations and formally declare the outbreak a Public Health Emergency of International Concern (PHEIC).

April On April 8th, the WHO declares EVD a PHEIC. At this time, 294 EVD deaths have been counted countrywide.

May On May 15th, Caranese President Jacques Ogavo announces several emergency measures, including closing schools and markets and establishing several quarantine areas.

June On June 1st, deaths as a result of EVD had increased to 1,459 in Carana. On June 8th, the president declares a state of emergency that will last 90 days, citing the need for “extraordinary measures for the very survival of our state.” The statement says the government could suspend certain rights and privileges but does not define which rights are to be curtailed. Caranese security forces are tasked with enforcing emergency measures. Caranese groups call on the government to provide details on what rights are subject to the state of emergency. Armed forces are reportedly deployed to enforce quarantines in the outbreak’s hot spots.

Assistance to the region gradually begins to increase following the declaration of a PHEIC. On June 18th, the UN Security Council passes Resolution 24XX, determining that the “unprecedented extent of the EVD outbreak in the Kisawa Island constitutes a threat to international peace and security.” The operative clauses of that resolution call on a range of actors to provide further assistance, including the UN Assistance Mission in Carana (UNAC), the governments of Sumora, Carana, Catasi, and Rimoso, regional actors, the European Union (EU), the World Health Organization (WHO), the UN Humanitarian Air Service (UNHAS), and other UN member states. The resolution also calls on governments in the region to lift border restrictions that have been imposed because of the outbreak.

Phase One Task

From the perspective of the Mission Leadership Team (MLT), for each inject:

- Articulate how the response fits with the mandate of the mission.
- Articulate how the solution impacts and involves other actors and agencies working in the field.
- Identify the main tradeoffs and stakes as they pertain to the UN’s relationship with the host state.

PHASE TWO: ISSUES IN SUPPORTING THE HOST STATE WHEN RESPONDING TO A PUBLIC HEALTH CRISIS

July The president announces "Operation Care Shield," through which the Armed Forces of Carana and the Carana National Police are being deployed to quarantine communities with confirmed cases of EVD. The government broadcasts an official announcement to inform people how to recognize and avoid the disease, encourage them to seek treatment at hospitals, and teach safe burial practices. However, these broadcasts and information messages are largely ignored by the local population.

Inject 1

Two French physicians working for Opération Intrépide are kidnapped near Corma.

Meanwhile, in the areas held by both the MPC and the Combattants Indépendants du Sud Carana (CISC), rebels have reinforced their positions. Katasi is suspected to be arming rebels in the west of Carana while blocking people from crossing the border.

Inject 2

August On August 15th, two peacekeepers and five UNICEF personnel (two national and three international) die from EVD and cholera near Folsa. Several troop-contributing countries (TCCs) express concern for the safety of their personnel, and an important TCC announces on August 23rd that it is withdrawing its 200 troops from the mission.

Claims are circulating that a coordinated and organized group is allegedly poisoning water wells in various parts of Carana. The joint operations center (JOC) receives several reports of extortion and excessive use of force by security forces responding to the EVD crisis, notably during the enforcement of quarantines. During clashes between security forces and angry residents protesting the quarantine in Galasi, a 15-year-old girl is shot and later dies; four other residents are severely wounded.

Inject 3

Jane Doe, Amnesty International's senior crisis response adviser, reports "Caranese government troops killed men from the Tati ethnic group, destroyed and pillaged property, and committed rape against civilians."

The joint mission analysis center (JMAC) receives information that police and soldiers maintaining quarantines in Carana have been accused of soliciting bribes from people trying to leave quarantined areas.

Inject 4

Two UN consultants are caught taking bribes to rig contracts worth \$60 million to supply life-saving drugs to Carana's health minister. These consultants would be paid by the pharmaceutical company Endeavourpharma in return for their help in winning lucrative contracts in UN bids.

Inject 5

The Caranese government declines to issue visas for senior US, British, and French diplomats attempting to conduct a fact-finding mission in Carana's western region.

Inject 6

The government of Carana refuses to let UN peacekeepers investigate allegations of mass rape in a village in the western Hanno region, saying it is skeptical of the motives behind the visit.

Deterioration in health and food security is accompanied by unrest in Corma. One international healthcare worker tells Human Rights Watch, "We've already had security incidents, and the possibilities for unrest are many—as patients are turned away from health facilities; as food, water, and chlorine are distributed; as workers remove bodies and set up mortuaries—all of these scenarios point to the growing risk of disorder and need for professional crowd control."

The media has reported that fear of EVD has prompted attacks on health workers near Akkabar, where an angry crowd attacked a treatment center. In the east of Galasi, four individuals attack staff from the World Food Programme, accusing the UN of bringing EVD to the city. People in Corma—protesting the spraying of a market with disinfectant, which they believed was actually the EVD virus—riot, causing injuries to over 50 people, including members of the security forces.

The government of Carana requests UNAC peacekeepers to deploy alongside the Caranese military force to help administer EVD treatment in both Akkabar and Corma.

Phase Two Task

From the perspective of the Mission Leadership Team (MLT), for each inject:

- Articulate how the response fits with the mandate of the mission.
- Articulate how the solution impacts and involves other actors and agencies working in the field.
- Identify the main tradeoffs and stakes as they pertain to the UN's relationship with the host state.

PHASE THREE: IMPACT OF THE POPULATION'S PERCEPTION OF THE CRISIS AND OF THE VARIOUS RESPONSES FROM THE MISSION, THE HOST STATE, AND INTERNATIONAL ACTORS

September Fear and distrust—including the belief that health workers are spreading EVD—are perceived to have led to attacks on health facilities and personnel. Near Sureen, looters steal medical equipment, food, and bedding from a quarantine center, causing both patients and health workers to flee. In Folsa, health workers come under attack while trying to bury the bodies of five EVD victims. And in Corma, a crowd shouting “EVD is a lie!” attacks health workers after a market was sprayed with disinfectant. Eight people—among them health workers, local officials, and journalists—are killed.

Inject 7

Social media conveys messages that groups in Galasi were poisoning communal wells to artificially increase the EVD death toll. The JOC receives information that a mob has severely beaten a man it suspects has poisoned a local well.

In an interview for a local paper, the national police spokesperson denies that well poisonings are taking place and blames community members for throwing stones at officers. The Carana National Police discloses that it is investigating four people in connection with poisoning of water wells. The spokesperson tells UN police (UNPOL) that the individuals were captured at different locations in Faron, Maui, and Folsa communities.

The Carana Broadcasting Corporation, which originally broadcast the story about the alleged well poisoning in Faron, backs away from its first report and reposts that several investigations into alleged well poisonings are ongoing in Folsa. The man who was beaten has reportedly confessed that at least 250 men had been trained and dispersed across the country.

According to the spokesperson for the Carana National Police, “It is unlikely that communities across the country would simultaneously make up ‘false and misleading’ stories about people poisoning wells.” Local journalists reporting on this story still consider these allegations unclear. However, with the number of reports and evidence increasing, they begin to inquire about possible police interests that might have incentivized a cover-up.

Inject 8

Facebook and Twitter posts are shared among the Caranese population on the need to refuse treatment that is administered by the army. In these social media posts, treatments are portrayed as being part of a government-led genocide against the southern Tatsi population. Vaccines are said to inject the disease instead of curing it. This rumor is echoed in the media in the port city of Eres; there, the disease is called “Eresbola,” and it is reported that the government-injected disease is a strategy to depopulate the eastern region because it is the power base of the political opposition. In Galasi and Maroni, media report that the virus is a government ruse to bring in international donations.

Inject 9

October On October 1st, the US Centers for Disease Control (CDC) publicly releases projected end-of-year EVD cases in Carana.

Anti-government violence has also flared up in the southern region of Akkabar, and UNICEF has released a report saying, "Without urgent humanitarian assistance, child fatalities in the Akkabar region could skyrocket."

Inject 10

The radio signals of Radio France Internationale and UN radio have been interrupted in Galasi. Some observers have accused the Caranese authorities of deliberate sabotage.

The Caranese minister of telecommunications, information, and communication technologies acknowledges that he is informed of the problem and says he can assure that the government's regulatory body for telecommunications is working on a solution. To many observers, the interruption of the two radio signals is an act of censorship on the part of Caranese authorities.

Phase Three Task

From the perspective of the Mission Leadership Team (MLT), for each inject:

- Articulate how the response fits with the mandate of the mission.
- Articulate how the solution impacts and involves other actors and agencies working in the field.
- Identify the main tradeoffs and stakes as they pertain to the UN's relationship with the host state.
- Identify the main issues related to the public perception of the mission and its actions.