

# Chair Statement

## Forum:

World Health Organization (WHO)

## Issue:

Developing Epidemic and Pandemic Preparedness Protocols

## Student Officer:

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## Over view

In recent decades, globalization has driven social and economic changes that have increased the threat of disease emergence and accelerated the spread of novel viruses. The COVID-19 Pandemic has pushed the threat of significant disease outbreaks to the forefront, as well as governments' lack of readiness to combat them. Pandemics are huge disease outbreaks that spread across many nations and pose significant health, social, and economic hazards. Before a crisis comes, ensuring and investing in readiness saves lives and, ultimately, money. There's no denying that improved practices and preparation may have avoided or at the very least slowed the present outbreak. However, with the proverbial sunlight at the end of the tunnel for some countries, we must already begin to think of the lessons we can learn for future outbreaks. Delegates must think about some of the major collective protocols and actions that may be done to prevent the chances of a spread like this happening again. Mechanisms to

track viruses, enhance research, and prepare the world for future catastrophes will be important not just in the future, but also in the present.

## Important Events

### International Sanitary Conferences, 1851-1938

- In order to prevent the spread of diseases (especially cholera and plague), while not hindering trade and the free movement of people as much as possible, 12 European countries held the first International Health Conference in Paris in 1851 and formulated a draft of the International Health Convention and relevant international regulations on plague, yellow fever and cholera.

### Spanish Flu: 1918-1920

- Little meaningful coordination among jurisdictions.
- Meaningful international cooperation for the control of infectious diseases was still in its infancy.
- International bodies such as the Pan American Sanitary Bureau (which would later become the Pan American Health Organization) and the Office International d'Hygiène Publique (in Paris, France), were founded at that time.
- The League of Nations (the first global political system) was founded in 1919, establishing a health organization in 1923 (later became WHO) In order to prevent the spread of diseases (especially cholera and plague), while not hindering trade and the

free movement of people as much as possible, 12 European countries held the first International Health Conference (link is external) in Paris in 1851 and formulated a draft of the International Health Convention and relevant international regulations on plague, yellow fever and cholera.

### **Asian Flu: 1957-1958**

- In 1957, a worldwide network of laboratories was linked to the Influenza Research Center based in London, and investigators from Melbourne to Washington were able to study the strain soon after it emerged.
- First time that comprehensive surveillance was used to track the spread and burden of the disease.

### **Hong Kong Flu: 1968–1970**

- In most countries, vaccines were not available until after the pandemic had peaked. Meanwhile, surges in hospitalizations caused problems in some areas, with an excess hospitalization rate of 150% reported in Portland Oregon, for 1968–1969, relative to 1970–1971. Hospitalization was significantly more likely among the elderly and occurred at a rate that would be impossible to accommodate today. This is because, in general, hospital bed capacities have either decreased or not increased sufficiently to keep pace with population growth rates. The characteristics of the Hong Kong flu pandemic indicated a lack of progress in public health intervention strategies and medical science between the 1957 and 1968 pandemics.

### **Computers, Vaccine Development: 1970–2000**

- The rise of computers and the Internet also had significant implications for surveillance capabilities. The WHO had established a Global Influenza Surveillance Network in 1952 (renamed the Global Influenza Surveillance and Response System in

2011) to facilitate monitoring of influenza infections throughout the world. It was not until the establishment of FluNet in 1996, however, that surveillance information became publicly available in near-real-time. Today, FluNet is made up of 138 National Influenza Centers, six WHO Collaborating Centres, and four Essential Regulatory Laboratories.

- The purification of vaccines and the development of antivirals to treat influenza.

### **COVID-19: 2019- ....**

- This sudden outbreak of Corona Virus revealed many problems;
- The H1N1 epidemic depleted the SNS's inventory of masks and other equipment, and neither President Obama nor President Trump expended the political capital needed to obtain sufficient funds to replenish it.
- COVAX aims to accelerate the development and manufacturing of COVID-19 vaccines, and guarantee fair and equitable access for every country. COVAX is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi and WHO, with UNICEF as a key delivery partner and PAHO as the procurement agent in the Americas.

## **Major Nations**

## **United States of America**

During covid-19, U.S. failed to control the trend of pandemic and mixed messaging from the U.S. government, media reports, social media and employers is causing frustration. However, since the outbreak of COVID-19, the U.S. Government has committed more than \$775 million in emergency health, humanitarian, economic and development assistance specifically aimed at helping governments, international organizations, and NGOs fight the pandemic.

## **People's Republic of China**

In China, COVID-19 epidemic began just before the Spring Festival, an event with the world largest population movement. In such a situation, China has taken many special measures like social distancing, mask regulation to control the virus transmission. Currently, the newly diagnosed cases per day in the mainland of China have dropped to only a few or even null.

## **India**

India is facing a severe covid crisis. As the second most infected country in the world, the need for medical resources to deal with covid-19 far exceeds the capacity of India's current healthcare system.

## **Possible Solution**

### **Enforcement and Regulation**

- Implementation of international laws
- Transparency of pandemic data
- Ensuring the implementation of regulation in local area

### **International collaboration**

- Old international Epidemic and Pandemic Preparedness Protocols may be outdated
- Properly financed global strategy

### **Future pandemic prevention**

- Potential dangerous diseases monitoring
- More rapid response if there is pandemic

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