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WHO

World Health Organization

Topic: Preparing the Healthcare Systems in High-Risk Zones to Combat Future Pandemics.

Committee: World Health Organization

The World Health Organization (WHO) was established on April 7, 1948, when the Constitution of the World Health Organization came into force. WHO was founded under the principle that all people should enjoy the highest standard of healthcare since it was proclaimed as a human right. Ever since, the organization has worked to ensure better health for everyone, everywhere, and this aspiration has guided their work since then.

As part of the main organ of the Economic And Social Council (ECOSOC), WHO's primary role is directing and communicating their main areas of work, which include health systems, health through the life course, non-communicable and communicable diseases, preparedness, surveillance and response, and corporate services within the United Nations system.

WHO works with 7,000 people in more than 150 country offices. This all happens in six regional offices in the UN headquarters in Geneva, Switzerland. The WHO committee tackles a wide range of topics relating to health, including the treatment and prevention of diseases, and studying the effects of alcohol, tobacco, and other drugs. Additionally, they aid with medical assistance after a natural disaster or zones in conflict. In addition, WHO also tackles the topics of mental health and pollution.

In the United Nations, there are numerous committees and organizations that combat different issues. In order to avoid duplicity of actions and the potential waste of budget, the World Health Organization collaborates with other international organizations and agencies. Some of these actors are the General Assembly of the UN, ECOSOC and its subsidiary bodies, the UN Security Council, and the UN Secretariat. In addition, WHO collaborates with many different NGOs to provide healthcare around the world in an effective manner. Some of these organizations are Alliance for Health Promotion, Council for International Organizations of Medical Sciences, Council on Health Research for Development (COHRED), Family Health International, Global Health Council, Global Medical Technology Alliance, International Epidemiological Association, The International Society for Quality in Health Care Incorporated, and many more.

This organization works together with all its member states to support each of their national health development processes in every way possible, even if it doesn't have a physical presence in the country. This committee cooperates with governments and other partners to pursue national health strategies, as well as collective commitments by WHO governing bodies.

Topic: Preparing the Healthcare Systems in High-risk Zones to Combat Future Pandemics.

I. History of the Topic

A pandemic is defined as the worldwide spread of a new disease (WHO, n.d.). Throughout history, there have been a great number of these issues. The Antonine Plague is considered the very first health crisis of its type, and it took the lives of 5 million people around 1850 years ago. After that, many more appeared around the world. Some examples are smallpox, the Plague of Justinian, the Asian Flu, the Russian Flu, the Black Death, and the Spanish Flu. In 2020, the word was struck by a new and fast-spreading virus, sending the whole world into chaos. The new pandemic is led by a new bread of the coronavirus: COVID-19 (LePan, 2020).

The Spanish Flu was the last big pandemic before the arrival of the new coronavirus. It first appeared in the United States, Europe, and some parts of Asia in the year 1918, and later it made its way into many other countries. During this time, citizens were ordered to wear masks. Schools, theaters, and businesses were shuttered and bodies piled up in morgues.

The term virus was relatively new and numerous scientists thought they were dealing with a bacterial disease. Many doctors prescribed aspirin in very high amounts which were later found to be deadly. It is important to point out the world was still recovering from the effects of World War I. As a result, there was a shortage of health workers. From the ones available, many contracted the virus themselves. Hospitals were overloaded to the point that schools, private homes, and other buildings had to be used as medical centers. Officials had to impose quarantines, force citizens to wear masks, and shut down public spaces (History, 2020).

However, governments did learn a lesson from this pandemic. They realized that it was not reasonable to blame an individual for catching an infectious disease.

In the year 1924 the Soviet government shared its vision of the physician of the future, it would have "the ability to study the occupational and social conditions which give rise to illness and not only to cure the illness but to suggest ways to prevent it." (Spinney, 2017). This vision was adopted rapidly across the globe. A new branch of medicine was created: epidemiology. Since this study requires data, public health surveys and disease reporting systems were created. A large number of countries revamped their health ministries. The governments started pushing forward a more social approach for medicine, meaning they decided that the best would be to provide healthcare for all. Public health leaders were given more importance and power seeing that during the pandemics, they were left out of cabinet meetings and they were forced to ask for powers from other departments. Lastly, countries also recognized the need to coordinate public health on an international level.

II.   Current Issues

COVID-19 is a disease caused by the new coronavirus, Sars-coV-2. That first appeared in Wuhan, China in December 2019 and it is still unknown what exactly originated it. This respiratory disease quickly spread throughout the world, it has taken the lives of thousands of people and has infected over 38 million people. It has forced businesses to shut down. Governments have pushed forward the promotion of social distancing and isolation. Furthermore, citizens are required to wear masks and comply with many more safety measures. Globally, hospitals are getting filled to their maximum capacity. It has been difficult for the healthcare systems of the world's nations to keep up, especially in high-risk zones (Sauer, 2020).

High-risk zones are those particular areas that are subject to or exposed to any danger. In relation to the pandemic, areas that are more prone to infection are those with a weakly established healthcare system or highly overpopulated areas. Considering this, any place where the rate at which the disease spreads is easily boosted can be considered a high-risk zone. However, there are some areas that are affected by the lack of security. These areas involve war zones, areas with high crime rates, havens for cartels and terrorists, etc. In all of the previously mentioned areas, the establishment of a proper healthcare system is challenging. With no vaccine, lack of proper medication, the fast spread of the virus, and the factors surrounding high-risk zones, countries are struggling to institute an effective health response to combat COVID-19.

High-risk of contraction

There are numerous zones in the world in which a person has a higher chance of contracting a disease. The healthcare systems in this area need to be well prepared and established. Sometimes it's not because they are lacking equipment or hospitals, but rather because a great number of people contract the virus and saturate hospitals at a rapid rate, which makes it more difficult for the medical staff to respond. This is one of the main problems presented with COVID-19, this highly contagious virus is sending elevated quantities of people at a time to the hospitals, so much that they are almost at maximum capacity.

To respond to the new pandemic, the Federal Ministry of Health, the Federal Foreign Office, and the Federal Ministry of the Interior, Building, and Community made a joint analysis to categorize the countries that can be classified as high-risk of COVID-19 contraction. They make this analysis on a monthly basis. One of the main factors they take into consideration is if there are more than 50 new infections per 100,000 habitants in 7 days. In the September 2020 analysis, over 140 countries appeared to be at high-risk of contraction of coronavirus (Federal Foreign Office, 2020).

There are many factors that can boost the rate of disease contraction in an area. They can be related to the environment or infrastructure. Water supply, sanitation, food, and climate are a few of these factors. Lack of safe water, inadequate biological waste disposal, absence of proper hygiene, poor living conditions, and unsafe foods can either cause disease or lower the defenses enough for it to make it easier to infect a person. Additionally, heavy rains and floods can result in sewage overflow and spread water contamination. Furthermore, wind can carry some pathogens, and sudden changes in the climate can lower the defenses in the population and even cause sickness (WHO, n.d.).

Another important factor in increasing the rate of disease is the growth of the human population. One of its main effects is the increase in demand for food production, therefore the world has to use more space and animals for this purpose. This poses a threat since new diseases can emerge from this, for example, COVID-19 is speculated to have emerged from animals. Places with overpopulation have a higher risk of contraction since there is more contact between people and bigger crowds.

The COVID-19 pandemic has shown the many flaws in healthcare systems. Many hospitals were not ready for the sudden jump of cases of coronavirus and hadn't practiced nor enforced enough prevention. Also, they realized how they were unequipped with enough materials for a crisis. Delegates in this committee are expected to respond with solutions to these flaws in the health system.

High-risk of security

It is no surprise that unsafe areas are extremely difficult to access. These areas can be in the middle of an armed conflict, with high crime rates, controlled by terrorist organizations, etc. It is difficult to find volunteers that are willing to risk their lives to go into these zones. Unfortunately, it is not just because they are afraid of being targeted and resulting in collateral damage Despite the implementation of the international humanitarian law, medical aid personnel and operations usually come under attack in conflicts. They are used as proxy targets, revenue resources, and even for propaganda and threats. It is even more difficult to get information on the operations of humanitarian organizations because of the security aspect. Conflict actors do not want any potential attackers to know specific locations and operations because they might interfere. Organizations that give health aid to people in need not only have to think about the security and health of the affected but also about their own staff and medical personnel (SHCC, 2020).

In 2019, the Safeguarding Health in Conflict Coalition reported 1,203 incidents of violence or obstruction of health care in 20 countries that were experiencing conflict. The real number may be significantly higher because there are many incidents that go unreported. Although, in the past years, the reporting of these cases has significantly improved. Moreover, at least 151 workers died in 2019 because of an armed attack, and 502 of them got injured. A minimum of 216 health facilities got damaged or destroyed in 2019 due to attacks from armed organizations or as collateral damage during a conflict. All of these events happened in middle east countries like Syria, Somalia, Yemen, Nigeria, Sudan, Pakistan, Afghanistan, etc. (SHCC, 2020).

Global data shows that aid organizations tend to respond in smaller numbers to unsafe contexts. Fewer organizations reach out to these places in danger and those who do, send in very few people. The more unstable the country, the less aid they receive. On average, countries that do not report aid worker attacks have over four times more aid than those with attacks (Stoddard, Jillani, Caccavale, Cooke,

Guillemois, Klimentov, 2016).

Another factor to consider is the complexity of the operations. The more complex the activity, the more difficult is for it to be implemented in insecure areas. Simple operations like giving food, water, and basic medication usually receive more funding to go into insecure regions. On the other hand, difficult operations that require more specialized personnel, equipment, and a sustained presence, receive less funding. Unfortunately, this is most of the health sector (Stoddard, Jillani, Caccavale, Cooke, Guillemois, Klimentov, 2016).

Treatment for COVID-19 is extremely complicated because there is no specialized medication nor vaccine. Therefore, it is an operation that is not usually undertaken in dangerous or unstable areas. There is a significant number of cases in the middle east that need to be attended, more than 40,983 in fact, but political conflicts have become a huge obstacle (Duddu, 2020).

III.   UN Actions

As we know, pandemics are nothing new, therefore, throughout the years, UN actions have played a major role in the prevention and control of the development of pandemics, as well as strengthening the health care systems across the globe in preparation for future events with similar outcomes. In 2005, the International Health Regulations (IHR) announced Resolution 58.3, adopted by the World Health Association (WHA). Said resolution has the purpose "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks" (WHO, 2005). In the same resolution, it was also stated that the Member States that were not able to comply with the resolution, would receive assistance if needed to ensure those capacities (WHO, n.d).

Apart from the assistance given to member states in order to achieve the core targets in the resolution mentioned above, there are other actions that the UN takes each year in the prevention, preparation, and aftermath of pandemics. Some of the actions taken include providing technical support to countries in the preparation of a National Pandemic Preparedness Plan, which is also provided by the organization. As well, supplying guiding measures to reduce the spread of the disease according to information available. Also, the organization ensures the existence of the appropriate infection control disease staff and facilities, in addition to providing ongoing advice

to the affected country on how to contain the virus and assistance in the affected country with rapid pandemic containment operations. The organization also makes sure to encourage international assistance in the affected countries for the aftermath of a health crisis, especially a pandemic (WHO, 2011).

As for COVID-19, the actions that the UN has taken include "The WHO Guidance on COVID-19", which is a complete and comprehensive guide for all member states, in which areas, ranging from essential resource planning to maintain the essential health services and systems are included. Also, the World Health Organization has provided the most reliable and up to date database that includes all the statistics on how the pandemic has impacted globally and by region. This is very useful during the aftermath of the pandemic and for reference in the preparation of health systems for future pandemics (WHO, 2020).

IV.   Conclusions

Most of the countries faced many challenges in implementing those core capacities mentioned in the resolution. Especially those who had health care systems with major areas of opportunities, that are not adequately funded, fragmented, or understaffed, even in pre-pandemic times. The lack of progress in the core capacities is worrying, since it is very uncertain when future pandemics will arise, and without the proper preparation, the consequences could be devastating for all the Earth.

Even though efforts have been made to prepare health systems for future pandemics, it is mandatory that delegates create a comprehensive resolution that will prepare correctly high-risk zones to combat future pandemics. It is important to consider each country's situation, as well as the areas of opportunity that could be corrected for future occasions given the aftermath of the current COVID-19 pandemic.

V.   Guiding Questions

1. At what rate has the health system in your delegation's country improved?

2. After seeing the effects of COVID-19, what aspects should be corrected for its better functioning in future pandemics?

3. How has your delegation fought against previous pandemics?

4. What actions has the government in your delegation taken to fight COVID-19?

5. How does the healthcare system in your delegation's country work?

6. What are the high-risk areas in your delegation and what solutions has your delegation implemented?

7. What UN actions have been implemented in your delegation previously to fight this issue and what were the results?

8. In what way can the delegations in this committee work together to ensure a proper healthcare system to work towards achieving the millennium development goals?

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