



World Health Organization

Pandemic preparedness in
a Covid-19 era

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Committee background

The World Health Organization (WHO) is a specialized agency that works under the Economical and Social Council (ECOSOC) of the United Nations, whose primary functions are divided into normative, directing, coordinating, research and technical-cooperation. The WHO is specialized in managing prevention, promotion, and intervention policies worldwide in health.

This organism cares for countries' health by ensuring complete physical, mental, and social well-being, hence not only overseeing the absence of diseases or illnesses. The first meeting of this organization took place in Geneva, Switzerland, in 1948 — where it established its primary duties, including carrying out the International Classification of Diseases, keeping the population prevented to stop epidemics, imposing safety health measures on international trips otherwise known as vaccinations, helping underdeveloped countries on basic health issues, guaranteeing affordable prices for essential medicines, promoting the consumption of fruits and vegetables, decreeing health emergencies and encouraging good living.

Moreover, the WHO is the only agency with authority to develop and implement international health norms and standards, as well as facilitating ongoing dialogue among member states on health priorities. However, the supra-national actions on global health issues can be obstructed by any change in WHO's budgetary allocations and policy priorities away from global normative development. This committee has the faculties of establishing, monitoring and enforcing international norms and standards, coordinating multiple actors toward common goals.

Topic Background

Defined by the World Health Organization (2011), a pandemic is: “an epidemic occurring worldwide, or over a very wide arena, crossing international boundaries and usually affecting a large number of people.” Although pandemics are recorded as early as 430 B.C., the world was eminently impacted in 1349 with the plague in the city of Florence, leaving 60 percent of the population dead, alongside the enormous impact it left behind creating the Great Famine. The global economy did not recover until 1918, up till the influenza pandemic or Spanish flu began, under the curtains of both World Wars. Since then, many diseases have put the different health systems of each nation to the test, measuring up to the current challenge posed as of the arrival of Covid-19.

Attesting to the surge and impact of coronavirus, is the fact that during the 20th century, the health system has been expanding to help vulnerable sectors of the population, nonetheless nowadays, there are still many people who do not have access to health services due to the inefficiency of the health system in general. This makes the population less prepared for a health crisis like the current one, and like so, the virus spreads faster. Juxtaposed to the already somber inequalities of the healthcare system, is the relationship between a series of demographic, international cooperation vis-à-vis competition and technology factors, to be presented in the following paragraphs.

The long-lasting ripple effect of covid-19 will continue to write the story of humankind in the face of infectious diseases. Nonetheless as mentioned by a leading infectious disease expert: “This is not a once-in-a-lifetime kind of thing.” (UChicago, 2020). The Center for Disease Control and Prevention (CDC) reports that a pathogen can travel from a remote village to a major city on all continents in mere 36 hours, thus making outbreaks boundless (CDC, 2020).

Undoubtedly, the interconnected, globalized and increasingly technological world we live in makes the spreading of diseases an ongoing threat to health security. A variable made more acute by weak public health infrastructures.

In the Index for Risk Management made by the WHO in 2018, it showed that 83 percent of countries characterized as high-risk had interagency preparedness plans in place. A cypher that may seem outdated in light of the current health emergency. Thus showing that core public health capacities are utmost necessities that work not only to prevent crises, but to as well foster international human rights. Building a resilient healthcare system within the particularities of countries' demographical and sociopolitical factors is an intricate concept. Nonetheless, possible by way of the report of public health hazards, maintaining funds, strong scientific organizations, monitoring and evaluating healthcare capacities, and other measures. (WHO, 2018). Withal, it is about planning for robust systems that have both resources and strategies to face emergencies.

However, amongst the complexities that test healthcare systems are demographic factors, amongst them a rapidly aging population and progressively growing chronic conditions. For instance, during the first wave of the Covid-19 pandemic, many countries in Europe, such as Spain, experienced an excess in mortality. Furthermore, studies have shown that the effects of the delayed care of chronic conditions, cumulative anxiety, alcohol, and other factors during the pandemic can provoke a higher mortality rate. Nevertheless, the mortality rate can decrease due to the mortality selection of frail individuals during epidemic flu. That means the Covid-19 pandemic has been fatal in elderly individuals with pre-existing health conditions, leading to a mortality reduction from the past pandemic waves that have been experienced.

Many other factors have heavily affected Covid-19 mortality rates have shown to be perilous. An example would be the United Kingdom, which has one of the highest relative excess mortality among the European countries due to their geographical inequalities. Accordingly highlighting the investigation carried out by Stockholm University, that demonstrates the relevance of certain demographic factors such as: marital status, educational level, country of origin and gender, to make an estimate of the probabilities of contracting Covid-19. This research is a perfect example for the guidelines that any investigation or academic research studying pandemic related issues should follow.

On the other hand, Medrxiv Laboratories have established that the lowest cumulative infection rates are among children and teenagers between 0 to 19 years. Approximately only 4% of the reported infections are found in this group, and infection rates reach higher levels after the age of 20. Medrxiv analysis shows that men have a higher infection rate and are more likely to die from Covid-19 at their most vulnerable age. This shows how heterogeneous the impact of the Covid-19 pandemic has been in the world. Having mechanisms that continuously monitor health indicators are necessary to create reliable, up-to-date information on all-cause mortality regarding age and gender; information highly relevant towards the prevention of future pandemics.

Concept which must be complemented by a principle of cooperation in the international arena; an eminently important tool that can strengthen and accelerate health development within and between countries since it requires adapting and sharing knowledge to improve health and make the best of existing resources. The WHO can facilitate cooperation between countries in order for them to share their challenges and achieve public health solutions. Over time, many health goals have been accomplished due to sharing knowledge and understanding the importance of cooperation.

During the Covid-19 pandemic, countries have created policies and legal cooperation agreements, which they have shared with other nations hoping that Covid-19 cases can be reduced and more easily controlled. Some examples are the "Statement on competitor collaborations during the COVID-19 pandemic" made by the Canadian Competition Bureau; a system in which they implement distribution facilities such as share supply chain resources to ensure access to the necessities of life for all their citizens. Another cooperation agreement is the "Public Policy Exclusion Order 2020" made by the United Kingdom government. They dictate the sharing information on the day-to-day stock position, share information on logistics service providers, and coordinate on temporary closure and maintaining supply to consumers living in areas vulnerable to shortages.

For the present pandemic, an innovative initiative has been created to foster global collaboration with the purpose of accelerating the development and production of tests, treatments and vaccines for the pandemic, ensuring equitable access throughout the world — COVAX. A WHO initiative created to prevent a greater number of deaths and prevent the world economy from having a loss of approximately \$ 375 billion per month, through vaccinations. Equitable global access to the vaccine will more effectively protect health workers and people most at risk, which is the only way to mitigate the consequences of the pandemic in terms of public health and the economy.

Mitigation efforts that must be complemented by the crucial resource that technology represents. Taking into account the interconnected nature of our global community, this particular pandemic interpolates technology like no other time in history has before. Through the words of the Director-General of the WHO: "We are not just fighting an epidemic; we're fighting an infodemic." (WHO, 2020). Although technology can be an extremely valuable tool for emergency situations, this particular apparently uncontrollable facet of technology has shown a dimension in which the rapid flow of information puts at risk the lives of millions. An overflow of information has evoked a sense of distrust in which at a time of uncertainty, it has become deceit that in turn provokes confusion.

Evidence of the aforementioned is the United States, in which more than 800 people have died due to fake information and more than 5,900 have been hospitalized for the same reasons. (DW, 2020). Or India, where fake news created religious discrimination; based on allegations that muslims deliberately propagated the virus. (Menon, 2020). The intricate balance between technology's ability to rapidly inform and rapidly mislead is an important dilemma towards preparedness; the WHO must consider how trust in science is decreasing. Nonetheless, this particular dimension of technological advancement can be seen in a different light. A series of beneficial proposals have surged in helping the fight against pandemics, such as the idea of epidemiologist corps, the incorporation of technology in medicinal practices, and the controversial use of application trackers. These are solutions that ought to be considered among those that may balance the use of technology in epidemiological emergencies.

Bearing in mind the many dimensions of a pandemic, the World Health Organization committee must go beyond how pandemic preparedness hampers life, seeing to how the costs not only pertain to the health sphere — they include social, political, and economical consequences that endanger the livelihoods of entire countries. It is crucial to remember that the Covid-19 present situation will not be the last one to meet our lifetimes, and thus the committee must act accordingly. Conjointly to the notion of an international community that is highly globalized, technological and, that it must rely, to an extent, in civilian responsibility.

Committee focus

The pandemic has revealed, from the beginning to the present problems, the lack of international preparation and coordination in institutional health systems. Therefore, the World Health Organization committee must focus on improving the health care systems whilst anticipating future pandemics. Firstly, it is suggested to consider pandemic backgrounds and the present consequences Covid-19 continues background to leave behind, the different country-to-country demographics and the different structures of health systems. It is also important to take into account the multiple aspects that ensure the development of a pandemic and that can make it difficult to tackle it: consider social and economical, even political aspects.

Secondly, it is fundamental to provide innovative ideas in new or already existing but improved means of medical distribution resources (such as vaccines or other medical supplies) and protocols that can help the development of a cooperative approach amongst countries in difficult times. Bear in mind the Covid-19 vaccine problem and how you can make it accessible for most of the world's population with more efficient protocols and how it can be projected for future public health emergencies.

Last but not least, address the technological challenges that are met hand in hand with a pandemic. Overall, using as many resources of the WHO as possible, the committee must come up with innovative ideas that implement new or existing solutions to improve the global health system protocols, distribution of resources and questioning the role of technology. These solutions require encouraging cooperation rather than competition, and addressing the most important problems in the health sector that the pandemic has revealed. The search for the preservation of present and future physical, mental and social well-being of the international community relies on its organization to be ready for the next pandemic.

Relevant articles

1. WHO's work in emergencies: prepare, prevent, detect and respond: annual report 2018. (2018). WHO. Retrieved February 8th 2022 in: <https://apps.who.int/iris/handle/10665/312267>
2. S.A. (2020). Co-operation between competitors in the time of COVID-19. 15/02/2021, de oecd.org Sitio web: <https://www.oecd.org/competition/Co-operation-between-competitors-in-the-time-of-COVID-19.pdf>

Guide questions

1. How can the WHO avoid that differences in healthcare systems be an obstacle to building resilient and strong pandemic emergency preparedness?
2. How can countries avoid the possibility of not preparing their health care systems in the long term due to pandemics not being in the public agenda? Will competition and political factors overshadow health security?
3. How and to what extent can technology be controlled in an emergency scenario such as a pandemic? Consider misinformation, tracker applications and other relevant and polemic tools.
4. To what extent does civilian responsibility in pandemics affect the preparedness of the WHO committee members? What measures or strategies should the committee take to address this factor?

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