FORUM: World Health Assembly

QUESTION OF: The Issue of Disease Control in Humanitarian Emergencies

MAIN SUBMITTER: Ecuador

CO-SUBMITTED: Brazil, Syria, and Spain

World Health Assembly,

*Having considered* the devastating impacts of COVID-19 including the infection of 757 million people as of February 2023 due to lack of medical care based on scientific evidence, shortage of medical staff, and the influence of political opinions on medical measures,

*Recognizing* the prominent vulnerability of children and the elderly in humanitarian emergencies for reasons such as underdevelopment of children’s immune systems and potential of infection through their caregivers as a result of essential contact period,

*Aware of* the difficulties of disease control in humanitarian emergencies due to shortage of local health professionals and difficulties of exhausted medical staff and the consequences, such as economic recession, vulnerability of transportation and safety,

*Further alarmed* countries all over the world are suffering from diseases with the death percentage of 72.67% due to non-communicable diseases which are the leading causes of morality worldwide and are huge threat to health and development and especially the low- and middle-income countries whose 5 million people die every year due to poor-quality healthcare,

*Emphasizing* that lowering the number of deaths and infections of diseases can generate endless advantages for the world, including better public health, and reducing the risk of developing chronic diseases and other morbidities,

*Emphasizing* the importance of limited measures which can be applied in the humanitarian emergencies such as social distancing which aims for reduced contact and prevention of infection cycle among people leading to higher chance of evolving into new strains,

1. Calls upon member states to implement new international and domestic regulations proposed to help with ongoing crisis and crisis still to come, such as natural disasters, wars, political unrest, famine, with regulations coming in forms such as but not limited to:
2. Trigger laws that come into effect when a humanitarian emergency takes place, triggering policies such as but not limited to:
	* 1. Protocols,
		2. Personal Protective Equipment (PPE) Mandates,
		3. Regional Lockdowns,
		4. Testing Mandates,
		5. Disinfection Regimes,
		6. Targeted Regulations for specific vulnerable population groups,
		7. Healthcare Prioritization Regulations for vulnerable groups,
3. International Travel Regulations to limit the spread of disease between regions and countries in ways such as but not limited to:
4. Testing Requirements,
5. Restricting international arrivals from effected regions/countries
6. Quarantine Requirements on arrival/before departure,
7. utilizing previous laws to provide a guideline for disease control in abrupt occasions such as the International Health Regulation;
8. Calls forthe collaboration of the international community in the creation of foreign, domestic, and international funds, as well as governmental and non-governmental funds to Aid disease control, and as an extension of that, the recovery of the effected as it’s easier to deal with a disease outbreak when a country is recovered from the crisis, which will come in forms such as but not limited to Foreign, International, Multinational, and Domestic Aid funds for purposes of such as but not limited to:
9. Research, studies, and development for purposes such as but not limited to:
	* 1. Vaccine research and development,
		2. Epidemiology Studies for the causes, effects, symptoms and trends of the disease,
		3. Testing Research and Development,
		4. Medical Drug Research and Development,
		5. Response Strategy/Plan Development,
10. To fund initiatives and programs such as but not limited to:
	* 1. Childhood Vaccination Programs and Initiatives,
		2. Vaccine Rollout Programs,
		3. Testing programs,
		4. Infrastructure rebuilding programs,
11. to fund stockpiles of items such as, but not limited to:

 i. Drug Stockpiles

 ii. Test-Kit Stockpiles,

 iii. Vaccine Stockpiles,

 iv. PPE Stockpiles,

* + 1. Medical Supply Stockpiles;
1. Emphasizes the importance of implementing efforts to slow, prevent or stop the spread of diseases during humanitarian emergencies through education and community awareness in ways such as but not limited to:
	1. Basic Sanitary Education for the affected population such as but not limited to:
		1. How to wash your hands as advised by the world health organization,
		2. How to properly keep distance from others,
		3. How sanitize possibly infected, or dirty surfaces and areas,
		4. How to create healthy and sanitary living conditions,
	2. Public Health Information being circulated by the government or the WHO in forms such as but not limited to:
		1. Press Conferences Announcements,
		2. Social Media Announcements,
		3. Outbreak updates,
		4. Disease control measure announcements,
		5. Advice on stopping the spread of the disease updates;
2. Calls to attention the effect of nutrition in strengthening the immune system, and how important that is during disease outbreaks in general, but the extra immune system strength and energy from good nutrition is extra important, and urges member states to make sure nutritious food will always be accessible, even during times of chaos within the affected state, this constant accessibility to nutrition can be developed, sustained, or improved in ways such as but not limited to:
	1. Creation and strengthening of supply lines in ways such as but not limited to:
		1. Bilateral Trade Agreements,
		2. Deals and partnerships with the private sector for food imports,
		3. Ensuring security for supply lines and imports;
	2. To Provide and distribute food and nutrition to the affected population, especially in less economically developed countries (LEDCs), in ways such as but not limited to:

 i.Volunteer Support Programs,

 ii. Fair Distribution Programs,

 iii. Subsidization or Possible Discounts for those directly affected by the crisis and in need of subsidized food packages;

1. Encourages cooperation with other organizations and establish a global network through ways including, but not limited to:
2. working with non-governmental organizations (NGOs) for locations with regional conflicts or natural disasters through the following NGOs, but not limited to:

 i. Médecins Sans Frontiers (MSF) to ease the suffering of people in dangerous conflicts,

 ii. World Vision International (WVI),

 iii. Centers for Disease Control and Prevention (CDC),

 iv. World Health Organization (WHO),

1. cooperating with the local government and NGOs to effectively apply quarantine;
2. Urges rapid recognition and disease outbreak detection including methods such as, but not limited to:
	1. utilizing WHO’s emergency surveillance systems regarding:
		1. WHO’s Health Emergencies Program to monitor dangerous diseases and outbreaks,
		2. WHO’s Early Warning, Alert and Response System for improved disease outbreak detection,
	2. establishing public campaigns to increase awareness and seriousness of the disease to the public by WHO, governments by member nations, and NGOs,
	3. implementing education sessions about maintaining personal hygiene,
	4. engaging in media campaigns and educational sources through government,
3. Requests humanitarian and medical support for member nations facing humanitarian crisis such as national conflicts or natural disasters regarding measures such as, but not limited to:
	1. providing medical supplies and sanitation equipment regarding:
		1. oxygen,
		2. sedatives,
		3. personal protective equipment such as facemasks, protective clothing, and gloves,
		4. tissue paper and wipes,
		5. soap,
		6. hand sanitizer,
		7. Medications such as Iodophor in sterile zones, semi-contaminated zones, and contaminated zones,
	2. enhance the effect of sterilization by the following acts but not limited to:
		1. frequent renewal of bedsheets and quilt covers,
		2. sterilization of public equipment such as doorknobs,
		3. enhance the usage of disinfectant materials which contain at least 60 percent of alcohol,
	3. sends medical staff from WHO and professional supervision during sterilization to locations with a shortage of local health professionals including:
		1. intensive care units,
		2. additional development and development training for local staff,
		3. providing supply for basic needs for survival for items such as but not limited to:
		4. water resources to be available all time
		5. nutrition such as canned goods, precooked food, military biscuits, and energy bars
4. Establishes a protocol for rapid disease control to minimize disasters and avoidable deaths of people worldwide when coping with humanitarian crisis through steps such as, but not limited to:
	1. creating a centralized department from WHA for the disease as well as centers for each member nation for centralized and impartial medical policies regarding:
		1. research for the causes and the effects of the diseases,
		2. research and development of vaccines and remedies,
		3. symptoms and trends of diseases,
	2. supporting to alleviate the humanitarian emergencies to prevent them from further impacting the transmission of diseases including, but not limited to:
		1. intervention for alleviation of political conflict and unrest for further focus on disease control,
		2. strengthening the infrastructure sector such as energy and transportation;
	3. prioritized protection for vulnerable groups such as children and elderly with weaker immune systems to minimize the risk of spread of infection through such but not limited to:
		1. locate elders and children in areas with lower population density,
		2. locate their camps enhancing pathways for emergency situations with the health care providers for protection,
		3. organize camps with enough space in between for sleep and rest to achieve social distances,
		4. access to important facilities such as doctors’ clinics, hospitals, and pharmacies;
5. Calls upon the societal and medical recovery of citizens under the poverty line due to humanitarian crisis regarding ways such as but not limited to:
	1. Aiding funds for other health conditions with the WHO Health Emergencies
		1. Program for symptoms such as malnutrition,
		2. Establish healthcare centers for citizens suffering with additional symptoms of the disease after official recovery of the disease,
	2. Providing funds to member nations regarding:
		1. maintaining daily needs in the life of citizens for those with financial difficulty due to unemployment,
		2. recovery from economic recessions.