

WHO-Preparation and Protocols for Future Pandemics

I. Introduction to Committee

The World Health Organization (WHO) was established in 1945 as the result of a meeting of the UN Conference on International Organizations.¹ The Constitution of the World Health Organization was approved the following year, and in 1948, the first session of the World Health Assembly convened to decide what the priorities of the organization would be.² Over the years, many of those initial priorities have remained on the WHO's agenda, such as the issues of malaria, maternal health, and nutrition remain relevant to this day, alongside newly recognized public health challenges, such as mental health and HIV/AIDS.³

The WHO is comprised of three primary organs.⁴ The World Health Assembly is its plenary, decision-making body. The Executive Board, which adopts resolutions and was created by the World Health Assembly, deals with the administrative functions of the organizations. The third organ is the Secretariat, which is comprised of experts and other staff who work to facilitate the WHO's work throughout the world. Research is also a large part of the WHO's crucial functions.⁵ From research on specific pathogens and diseases, such as tropical disease and cancer, to research into what health care policies may be most effective for Member States, WHO plays a crucial role as a factfinder.⁶

The WHO is governed, on its most basic level, by its Constitution.⁷ Guidelines approved by WHO govern its work and are aimed at improving Member States' national health policies. WHO's Constitution also places a special emphasis on cooperation with similar organizations and agencies.⁸ This cooperation is aimed at promoting preventive health measures, such as sanitation, nutrition, and shelter, and at partnering with scientists and specialists in order to advance technological, research, and policy goals for global health.⁹ The World Health Organization may adopt resolutions on agenda topics; this is the Organization's primary way of presenting recommendations relating to global public health.¹⁰

The WHO is divided into six main regions, each with their own administration to report and analyze health data across Member States. These includes the African Region (AFR), Region of the Americas (AMR), the South-East Asian Region (SEAR), the European Region (EUR), the Eastern Mediterranean Region (EMR), and the Western Pacific Region (WPR). The regional office for the Americas is also known as the Pan American Health Organization.

II. Statement of the Issues

Pandemics and large-scale outbreaks can claim millions of lives, disrupt societies and devastate economies, therefore preventative measures and protocols are essential for future outbreaks. WHO's Health Emergencies Programme (WHE) is working with Member States to help countries to prepare for large-scale outbreaks and pandemics.¹¹

As the next pandemic is most likely to be caused by influenza, the disease continues to be the priority public health threat. WHE continues to work with Member States to strengthen prevention, surveillance, and response capacities for seasonal and zoonotic influenza with pandemic potential.

The sorting out and classification of patients or casualties to determine priority of need and proper place of treatment falls under the triage protocol. When the Covid-19 pandemic hit in 2020, a gold standard of

triage protocol for allocation of critical health resources did not exist for the adult or pediatric population. Since each triage protocol should be applied with a specific ethical justification, including transparency, duty to care, duty to steward resources, duty to plan, and distributive justice, as a lack of standardization leads to using probability of short-term survival as the sole allocation principle which is problematic.

III. History & Past UN Actions

Since the Western Pacific Region has been a hotspot for outbreaks and emerging infectious diseases, the WHO has focused in on the WPR as WHO's regional surveillance system has identified approximately 80 outbreaks and public health emergencies in the Region each year since 2003.¹² Since the Region has confronted the first major emerging infectious disease of the 21st century, severe acute respiratory syndrome (SARS), most data comes from the WPR.¹³ The region has also come face-to-face with Middle East respiratory syndrome (MERS), experienced a significant number of human cases of avian influenza, and seen mass outbreaks of mosquito-borne diseases, such Zika and dengue, food-borne diseases and other illnesses continue to challenge the region. WHO's regional surveillance system has detected more than 2,300 acute public health events over the past 10 years.¹⁴

The WHE programme has been collecting data and creating protocols since 2005. Their protocols aim to minimize the health consequences of outbreaks and emergencies by helping countries to strengthen capacities to detect, prevent and respond to health emergencies; mitigating the risk of high threat diseases and infectious hazards with sterilization procedures; detecting and assessing emergency health threats and informing public health decision-making; responding rapidly and effectively to emergencies under a coordinated incident management system; and ensuring WHO's work in emergencies is effectively managed, sustainably financed, adequately staffed and operationally ready to fulfil its mission.¹⁵

IV. Latest Developments

Through the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III)*, core capacities required by the International Health Regulations (2005), or IHR, are being advanced, providing an important foundation for pandemic preparedness. This is complemented by efforts to strengthen disease-specific systems and capacities, including for vaccines, pharmaceuticals and other public health interventions. Countries are also encouraged to engage the whole of society for effective pandemic preparedness and response.

Currently, 22 out of 27 countries in the Western Pacific have national plans for pandemic preparedness, 92% of countries in the Western Pacific Region conduct outpatient surveillance for influenza-like illness, and 29 countries or areas in the Region have shared data through FluID, a global influenza data-sharing platform.¹⁶

On 30 January 2020, the Director-General of the World Health Organization, following the advice of the Emergency Committee of the International Health Regulations, declared the outbreak of COVID-19 a public health emergency of international concern and issued Temporary Recommendations.¹⁷ Since the COVID-19 pandemic, WHO has updated their recommendations for international traffic, and their operational planning guidelines in relation to a pandemic outbreak. WHO advises against the application of travel or trade restrictions to countries experiencing COVID-19 outbreak as evidence shows that restricting the movement of people and goods during public health emergencies is ineffective in most situations and may divert resources from other interventions. Their operational planning guidelines show how to balance the demands of responding directly to a pandemic while maintaining essential health service delivery and mitigating the risk of system collapse. This includes a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to high-quality essential health services for all.¹⁸

A study published in 2022 by the WHO has also looked at ways to improve a country's ability to conduct research for the prevention, screening and testing procedures as a means of improving pandemic preparedness.

V. Problems That Resolutions Should Address

Member States are encouraged to implement their own plan of action on a societal level and are given the responsibility to have an effective pandemic preparedness and response in their own sovereign state. Outpatient surveillance has been one of the most effective tools of pandemic response yet remains to be one of the most controversial as countries outside this region either find this level of government surveillance to be invasive and unconstitutional or lack the cyberinfrastructure to successfully track their country's patients. Sovereign states cannot be forced to accept protocol changes addressing resource distribution, international traffic or be forced to share transmission rates. The WHO does not have the authority to implement institutional changes, only compile a series of comprehensive guidelines for pandemic response, as recommendations.

VI. Helpful Sources

Endnotes

1. World Health Organization, "History of WHO."
2. World Health Organization, "Constitution of the World Health Organization."

3. WHO, "History of WHO."
4. Ibid.
5. Ibid.
6. Ibid.
7. World Health Organization, "Constitution of the World Health Organization."
8. Ibid.
9. Ibid.
10. WHO, "History of WHO."
11. WHO, "Preparing for pandemics"
12. Ibid.
13. WHO, "Detecting and assessing emergency health threats"
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15. WHO, "Health Emergencies Programme"
16. WHO, "Preparing for pandemics"
17. WHO, "Updated WHO recommendations for international traffic in relation to COVID-19 outbreak"
18. WHO, "WHO releases guidelines to help countries maintain essential health services during the COVID-19 pandemic"

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