Forum: General Assembly

Topic: Establishing preparedness protocols for epidemics and pandemics

Main Submitter: Kingdom of Spain

Co-Submitters: Uruguay, UK, Cambodia, Japan, South Africa

The General Assembly,

*Fully aware* that 770 people have been killed during the SARS pandemic, 11,000 during Ebola, 850 during MERS, and more than 1 billion deaths alone in America and 6 of 10 people infected during Covid-19 (as of March 12, 2023) according to the World Economic Forum,

*Deeply concerned* that the global economy shrunk by 4.4% in 2020 due to COVID19, which the IMF describes as the worst economic decline since the Great Depression of the 1930s,

*Noting with concern* that half of the world’s 3.3 billion global workforce are at risk of unemployment due to the COVID19 pandemic,

*Noting that* inadequate funding, limited political commitment, and lack of coordination and cooperation issues around the world are hampering efforts to establishing preparedness protocols for pandemics and epidemics, and that LEDCs still struggle to provide basic hygiene, prevention methods, etc.,

*Alarmed* that the COVID-19 pandemic has deepened economic and social inequalities, and exposed structural discrimination within societies,

*Noting with deep concern* the violation of human rights and revealing of inequities in global health governance during the pandemic,

1. Asks for member states to work with the World Health organization (WHO) acting as a neutral party to create a cross-governmental, multi-agency national pandemic preparedness committee that meets regularly and will aim to achieve goals including but not limited to:
   1. continue to negotiate and draft a convention or international instrument under the constitution of the WHO,
   2. increase global coordination and resilience in pandemic response through ways including but not limited to:
      1. identifying knowledge gaps or technological gaps that can be bridged,
      2. distributing important clinical information that is essential for pandemic prevention, control, and treatment,
   3. developing standard protocols to increase efficiency and effectiveness for matters including but not limited to:
      1. infection control,
      2. laboratory biosafety,
      3. clinical management,
      4. mitigation strategies for public and private sector workspaces,
      5. strategies and plans that will facilitate health workers and sectors to respond during animal outbreaks and/or pandemics,
      6. pandemic and epidemic control within schools during viral outbreaks,
   4. establishment of a long-term centralized database that is UN supported and subsidized for LEDCs, that records data according to unified standards including but not limited to:
      1. standardized tallying and recording of Covid cases,
      2. details of influenza outbreaks that could potentially lead to viral pandemics or endemics,
      3. collecting reports of countries with human cases of viruses with pandemic potential,
      4. closely monitoring suspected potential sources of outbreaks,
   5. develop an ethical, feasible framework to govern pandemic policy development and implementation and oversee any human rights violations in pandemic policies,
   6. development of a scientific team that, in the case of a viral outbreak, can efficiently create a cure, vaccination, or diagnosis method and prevent most vaccine nationalism,
2. Persuades all member states to learn from the mistakes of SARS and Covid-19 as well as outbreaks of influenza to increase experience and knowledge in dealing with viral outbreaks, in ways including but not limited to:
   1. collecting both past and real-time data on trends in human infection with seasonal influenza viruses as well as past viral outbreaks to achieve goals including but not limited to:
      1. identifying vulnerable groups of people that were most impacted by the crisis and building more infrastructure and resilience in the community,
      2. identifying the formation of hot spots and other factors that lead to large surges of cases,
      3. documenting previous governmental methods used to prevent the spread of past viruses or diseases and highlighting factors and methods that have positively contributed to outbreak prevention and also those that have proved ineffective,
      4. understanding causes of past pandemics and epidemics,
3. Calls for member states to invest in long-lasting projects and infrastructure that could provide support for the prevention and early detection of pandemics including but not limited to:
4. training for medical personnel and community volunteers to respond to outbreaks in hospital settings and/or training to set up temporary additional infrastructure,
5. increase emergency aids and healthcare resources such as vaccination sites, pharmacies, and hospital beds, especially in areas where these resources are scarce,
6. integrating more flexibility into large-scale infrastructure plans such as airports that can be scaled up and down, with areas that can be turned into quarantine areas to limit cross infection and allow more flexibility and mobility during pandemic periods,
7. equipment to better detect animal and human infections with animal influenza viruses, especially in highly populated areas and/or among vulnerable communities of children or elderly,
8. identifying and monitoring potential animal sources of human infection of viral zoonotic diseases (such as mosquitoes, wild animals etc.) as well as engaging in necessary procedures to reduce probability of outbreaks,
9. Requests support for LEDCs, many which lack the finance or technology to set up pandemic-prevention related infrastructure (vaccination sites) and pandemic-treatment infrastructure (hospitals, pharmacies, etc.) in ways including but not limited to:
   1. offering economic support to Less-Economically developed countries (LEDCs) who are attempting to build more medical or pandemic-prevention-related infrastructure in ways including but not limited to:
      1. feasible loans of money, workforce, or resources,
      2. UN subsidies on the purchase of certain specified important medical supplies such as thermometers, antibiotics, Panadol, Oxygen therapy, and respiratory instruments such as ventilators,
   2. Offering technological support in ways including but not limited to:
      1. transportation of vaccines especially on non-urban terrains,
      2. training of healthcare personnel,
      3. increasing access to WHO priority medical devices such as surgical masks, gloves, goggles, face shields, gowns, and N95 masks,
   3. conducting giveaway or other events in rural areas that can provide more access of basic epidemic prevention materials such as masks, first aid, etc.,
   4. asks UN agencies to support and encourage private sector infrastructure investment opportunities in LEDCs,
10. Recommends member states to form partnerships with UN sectors such as the World Health Organization (WHO), other non-governmental organizations (NGOs), and private sectors to develop more technology and protocols related to pandemic prevention, control and reaction in ways including but not limited to:
    1. the usage of drone or other social-distancing technology to mass produce and transport essential supplies and help, especially to vulnerable and rural communities such as transporting items including but not limited to:
       1. essential medical supplies like masks, hand sanitizers, vaccines, diagnostic kits,
       2. essential resources such as staple food, hygiene products and vitamins,
    2. The training and transportation of medical personnel such as doctors and emergency responders,
    3. Investing more in subsidizing and making the access to vaccines, diagnostics, and therapeutics easier,
    4. Collaborating with NGOs and volunteers so that necessities can be delivered to even the most rural areas of countries,
    5. Increasing hygiene protocols in areas with substantial amounts of wildlife such as wet markets, as well as marshes and swamps which are easy breeding grounds for animals which carry zoonotic diseases,
11. Calls for member states to increase action to deal with cases of bushmeat farming, both illegal and legal in ways including but not limited to:
    1. spreading awareness of the dangers and disadvantages of bushmeat farming especially in LEDCs through ways including but not limited to:
       1. social media posts such as pamphlets, infographics, short videos,
       2. collaboration with non-governmental organizations to provide awareness on a local scale, especially in rural areas,
    2. asks the organization established in clause 1 to enforce more unified and strict trade regulations, both local and global,
    3. provide other sources of protein for food and educate bushmeat farmers on the benefits of livestock etc,

1. Urges member states to increase citizen-level guidance and increasing transparency and public health communications through ways including but not limited to:
   1. Spreading of information of hand, respiratory hygiene and cough etiquette through ways including but not limited to:
      1. implementing handwashing posters in public areas such as bathrooms,
      2. increasing access to soap and/or hand sanitizers especially in public areas, and hygiene products that appeal to younger groups,
      3. partnerships with other non-governmental organization such as Centre for Affordable Water and Sanitation Technology (CAWST) and SM Sehgal Foundation to provide most vulnerable rural populations access to clean water, proper sanitation, availability of soap and handwashing facilities and information,
      4. giving more support to local level sanitation plans and strategies,
      5. encouraging public trends and commitments on social media such as the #20SecondChallenge that trended during the coronavirus pandemic,
      6. making access to hygiene-related resources, infographics, and items easier, through social media and other platforms,
      7. starting online campaigns related to pandemic resilience,
   2. collaborating with the Ministry of Education, Youth and Sport to modify curricula in school to help educate young people about topics including but limited to:
      1. the basic use of a toilet or latrine, so that open defecation in rivers and water supplies is minimized, therefore maximizing the prevention of disease spread,
      2. how to check the cleanliness of water,
      3. how to protect oneself against diseases,
      4. first-aid use;
2. Increasing public awareness and involvement in pandemic prevention and control in ways including but not limited to:
   1. advertisement campaigns to raise public donations towards hospitals and clinics,
   2. collaboration with documentary channels or websites that have a trustworthy, honest, and transparent reputation such as *Britannica* or *National Geographic* to achieve goals including but not limited to:
      1. providing more transparent and in-depth insight on current hygiene, funding, and water issues regarding pandemic origin and pandemic prevention,
      2. creating documentaries about past viral outbreaks,
      3. educating citizens on local level cooperations and increasing transparency,
   3. raising awareness on a global basis about LEDCs’ unpreparedness for pandemics and desperate need for more funding, water, and hygiene infrastructure,
   4. combatting misinformation such as antivax trends, or superstitions in ways including but not limited to:
      1. increasing education on identifying biased or unreliable sources both online and offline,
      2. increasing transparency and presence of scientific organizations online as well as on social media,
      3. sharing of informational sources that have been rewritten into more accessible, engaging ways (such as less technical language and cartoons) to appeal to a wider audience, especially those with lower levels of education.