**FORUM:** Economic and Social Council

**QUESTION OF:** Establishing international framework for disease crisis management and aid

**MAIN SUBMITTED BY:** United Kingdom

**SUBMITTED BY:** Australia, Bangladesh, Belgium, Burkina Faso, China, Finland, Georgia, Ghana, India, Libya, Moldova, Pakistan, Russian Federation, Sudan, Uganda, Zimbabwe

THE ECONOMIC AND SOCIAL COUNCIL,

*Affirming* United Nations Universal Declaration of Human Rights Article 25 which declares that every human has the right to medical care and that mothers and children are entitled to special protections,

*Recognizing* the World Health Organisation (WHO) Constitution, especially the fact that the health of all peoples is fundamental to the attainment of peace and security,

*Acknowledging* the importance of international cooperation in the quest to ensure secure and efficient management of aid and the regulation of various disease crises,

*Concerned* by the slow and inadequate aid response during recent disasters which led to crises and the loss of many lives,

*Defining* crisis management as the process by which a business or other organisation deals with a sudden emergency situation,

*Understanding* the importance of the cooperation between governments and NGOs, especially in developing countries where emergency response plans are lacking, as it is necessary to ensure strong biosafety to prevent rapid spread of diseases, and create a containment plan for possible dangerous outbreaks of diseases,

*Noting* that clean water is vital in the prevention of disease spreading and in treatment of other illnesses

*Observing* the important role the WHO has in coordinating global response to emergencies and helping to recognise the countries in need of stronger health care systems which allows for countries to have the capacity to detect and treat illnesses and diseases,

*Alarmed* by the inability of many States to provide effective primary health care for their citizens, as well as the inability to provide up-to-date information on the health situation to researchers and the general public,

*Appreciating* the developing and recommending measures for surveillance, preventing and containment of public health emergencies of international concerns that may be used by Member States,

*Noting with satisfaction* the halting and commencement to reverse the incidence of malaria epidemic,

*Reaffirming* the importance of the Oslo Ministerial Declaration, which states that global health is a pressing foreign policy issue of our time, and that communication is a valuable tool to share the growth of advance technology,

*Fully alarmed* that doctors in some countries are in short supply, for example, 17/10000 of the population are doctors in Libya in the area of healthcare while 84% are nationals, as well as 96 hospitals in 1759540 square meters,

1. Recommends establishment of an operating body under the World Health Organization (WHO) charged with creating a range of Emergency Response Procedures (ERPs) cooperating with local authorities in the area of concern which may follow under:
2. Pre-Crisis Management (PECMs),
3. Crisis Procedures and Containment (CPCs),
4. Post-Crisis Management (POCMs);
5. Emphasizes that in order to reduce the risk for diseases after disasters the PECMs should include measures such as but not limited to:
   1. safe water, sanitation, site planning be developed by the Water, Sanitation, and Health project (WASH) through working with the Commission of Sustainable Development and the UN Conference on Environment and Development, in areas prone to disease outbreak:
6. ensure provision of safe drinking water which can be disinfected by a small, controlled amount of chlorine which is effective against nearly all waterborne pathogens and add a controlled amount of fluorine to the water to ensure dental protection to first be tested in small amounts
7. provide settlement planning for adequate access for water and sanitation needs that are biodegradable as well as meet the minimum space requirements per person, in accordance with international guidelines
8. start and complete building of disaster resistant buildings of which are environmentally friendly, suitable for education, living, hospitalisation which includes a division for communicable diseases separated from non-communicable diseases, labeled accordingly as well as have the capacity to hold the affected community
9. establish a communication network that is secure between Major parties involved, hospitals and safe houses to have a secure and rapid way of communicating information;
   1. improving the availability of health kit access by making sure that a WHO Interagency Emergency Health kit be included in every disaster resistant building labeled hospital and that there is full availability of drugs and equipment included in the Interagency Emergency Health kit;
   2. governments improving the sector of their government concerned with disease control, with greater emphasis on global disease crises, including:
      1. creating baseline quarantine structures and procedures
      2. implementing a countrywide outbreak risk scale so locals are well informed
      3. establishing financing plans with the help of The World Bank and the World Health Organisation Task Force on Innovative International Financing for a mobile hospital fleet if deemed necessary
   3. the establishment of an early warning system of epidemic-prone to detect outbreaks and monitor priority endemic diseases which is essential to ensure containment, and that:
      1. possible diseases to be included in the early warning system should be based on a systematic communicable disease risk assessment established by the WHO
      2. both healthcare workers and law enforcement officers should be trained advice by external experts, conducted over remote telecommunication software or in person, whether particular events constitute to a public health emergency of international concern, and to further to detect diseases in the system and promptly report them to the WHO;
   4. encouraging of immunization in areas prone to disease and disaster, which would limit the possibility of both communicable and non-communicable disease developing into an epidemic or pandemic, with consideration that:
      1. both the type and amount of the specific drug should be prescribed by Doctors of the World
      2. method of immunization needs to follow rules of procedure ensuring it to be sterile and successful
      3. the method of immunization, the patients credentials as well as both future and past occurrences must be recorded and kept for later reference, and be accessible at any point for researchers globally;
   5. distribution of information, to be carried out by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in order to educate communities on the importance of hygiene, health and the health system through means such as advertisements, pamphlets, information sessions, radio programs, and development of school health programs, aiming to inform both literate and illiterate, especially in rural areas,
   6. creating more opportunities for students wishing to go into the emergency health sector by expanding existing courses and investing in new ones with teachers brought in from abroad working with local teachers emphasizing the involvement of women,
   7. regularly checking community and transportation linkages and updating them to ensure aid can be given effectively, and road construction will need to take place in order to create these linkages and should be encouraged by NGOs such as The Institute for Transportation and Development Policy (ITDP);
   8. emergency plans and procedures be included to suspend all possible travel, with the exception of emergency aid personnel, and that this procedure be tested as containment testing;
10. Further Requests a summit of leaders in epidemiological research as well as in the creation of vaccines supported by the WHO to convene in 3 months time in order to:
    1. create a plan of action in order to keep vaccine and medicine costs low and prevent a monopoly,
    2. collaborate on multinational research in order to understand how to better prepare for future outbreaks,
    3. decide how often to reconvene in order to assess and reassess changes in the epidemiological field;
11. Requests states, Non-governmental Organizations (NGOs) and United Nations Organizations (UNOs) continue to work together to share information on medical technology, breakouts of diseases, breakthroughs and other information in order to prevent the outbreak of epidemics and pandemics as well as share good practices,
12. Recommends that in order to ensure a rapid and effective containment of a disease crises, the following measures be included in the Crisis Procedures and Containment (CPCs), organized by the WHO and funded by the International Monetary Fund (IMF) and local pre-established funding, with the aim of:
13. suspending all possible travel, with the exception of emergency personnel,
14. communicating clearly and effectively with government officials in order to send the correct aid by:
    1. obtaining information of all currently available scientific and medical knowledge of the threatening disease and how quickly the disease is spreading in order to understand how many people should be sent,
    2. utilizing video calling and other technologies to remotely assess problems and possible solutions,
15. striving to reach the largest amount of people possible by taking advantage of already existing facilities in the affected areas who are familiar with previous disasters and outbreaks,
16. promoting further local research in order to find a solution and eradicate the disease by:
    1. creating a report of possibilities for disease based on local testimonies and testimonies from UN workers in health clinics
    2. gathering general disease statistics, including:
       1. areas of disease outbreak
       2. mortality rates
       3. rates of infection
    3. directing affected individuals in need of quarantine
17. establishing a baseline knowledge of containment, with the focus of:
    1. distributing relevant information on the known contagious factors of the disease identified in pamphlets and news broadcasts
    2. creating radio broadcasts to establish hotlines for locals with information regarding new cases;

6. Calls for the following measures to be considered and included in the POCMs to ensure an operative and active reestablishment:

1. all travel to be continued as normal,
2. re-stocking of the relevant supplies where necessary,
3. further research be done around the origin of the disease, how it was eliminated and any possible recurrence of the disease which may be done by researchers qualified in the considered field,
4. psychiatric consultation and follow ups given to those who are in need of it;

7. Further requests that when a country’s government does not have the capacity to deal with the management and containment of the disease outbreak in situations such as conflict, third parties, if the situation is deemed safe enough, will take control of the situation or outbreak, specifically but not limited to:

* 1. Medecins Sans Frontieres (MSF) to send doctors to areas of outbreak
  2. United Nations Children's Emergency Fund (UNICEF) to fund health care and protect vulnerable children
  3. More Economically Developed Countries (MEDCs) which are in a financially stable position, to fund the countries currently experiencing an outbreak or are at risk of an outbreak with resources such as vaccines, medicine, specialized doctors, preventative action, implementation of precautions;
  4. WHO to take any preventative and helpful action towards the disease outbreak or health related challenges in the country.