FORUM: World Health Assembly

QUESTION OF: Measures to Protect the Healthcare Workers from Infectious Diseases

MAIN SUBMITTER: Canada

CO-SUBMITTERS: Chile, Finland, Japan, Ethiopia, Chad, United Kingdom, Denmark

THE WORLD HEALTH ASSEMBLY,

*Affirming* Healthcare workers (HCWs) are occupationally exposed to a variety of infectious diseases while performing their duties,

*Emphasizing* the importance of ensuring the safety and well-being of healthcare workers to maintain the sustainability and effectiveness of healthcare systems,

*Recognizing* that LEDCs lacking IPC human resources, supplies, and infrastructures are a basis for the rapid spread of infectious diseases among healthcare workers,

*Concerned* about the insufficient number of PPEs that healthcare workers must utilize to protect themselves,

*Alarmed by* the statistics that healthcare workers account for 1 in 7 coronavirus cases recorded and 14% of COVID-19 cases reported to the World Health Organization (WHO) are among health workers,

1. Calls upon member states in implementing a standardized system in IPC structures in ways such as but not limited to:
	1. Cooperating in developing and implementing a standardized IPC protocol through annual meetings held by member states,
	2. Allocating sufficient resources, including but not limited to:
		1. Hygiene stations,
		2. Toilet facilities,
		3. Water services,
		4. Personal Protection Equipment (PPE),
	3. Getting help from the World Health Organization (WHO) in such ways but but not limited to:
		1. Medical technologies,
		2. Adoption of new systems according to their specific contexts,
	4. Ensuring regular reviews and updates of the IPC protocols;
2. Encourages member states to collaborate for a network of IPC structures for consistent access to knowledge and skills for effective infection control, in ways such as but not limited to:
	1. Developing a system in collaboration with expert institutions including but not limited to:
		1. The World Health Organization (WHO),
		2. Centers for Disease Control and Prevention (CDC),
		3. International Federation of Infection Control (IFIC),
		4. Infection control and epidemiology,
	2. Asking member states to exchange knowledge through quarterly meetings such as but not limited to:
		1. Former experiences,
		2. Ideas on strengthening IPC structures for healthcare workers;
3. Suggests that keeping a medical record of healthcare workers mandatory, the medical record including but not limited to:
	1. Record of medical examinations that assess detailed information on health, examinations such as but not limited to:
		1. Blood-borne pathogen testing,
		2. Tuberculosis (TB) Screening,
		3. Immunization and Immunity Testing,
		4. Hepatitis B and C Screening,
	2. Vaccination status and history related to infectious diseases, such as but not limited to:
		1. COVID-19 Vaccine,
		2. Influenza Vaccine,
		3. Measles, Mumps, Rubella (MMR) Vaccine,
		4. Tetanus, Diphtheria, Pertussis (Tdap);
4. Requests all countries to raise funds that are under the supervision of the World Health Organization (WHO) to help with augmenting IPC structures and the providing of PPEs:
	1. Raising funds through the help of organizations including but not limited to:
		1. National Health Departments such as the Centers for Disease Control and Prevention (CDC),
		2. NGOs such as the Bill & Melinda Gates Foundation, the Rockefeller Foundation, and the Ford Foundation,
		3. Humanitarian organizations such as the Red Cross or Médecins Sans Frontières (Doctors Without Borders),
		4. Online crowdfunding platforms such as but not limited to Kickstarter, GoFundMe, or Indiegogo can be utilized to raise funds for PPE production projects,
	2. Supervising the funds through such ways but not limited to:
		1. publishment of an annual report of the funding financial status,
		2. establishment of a website for accepting false fund usage reports,
	3. Utilizing the funds in areas such as but not limited to:
		1. IPC structures standardization,
		2. Sufficient resource support to the IPC structures,
		3. Healthcare worker education,
		4. PPE provision to healthcare workers;
5. Authorizes reducing the anti-vaccination movement among healthcare workers by means such as but not limited to:
	1. Showing examples of leaders in healthcare organizations getting vaccinated through education and media such as but not limited to:
		1. Newspaper,
		2. Radio,
		3. Social Network Services (SNS),
		4. Posters,
	2. Providing a clear explanation during the education of healthcare workers about vaccination such as but not limited to:
		1. Vaccine operation,
		2. Benefits of vaccination,
		3. Common side effects,
		4. Refutation of vaccine-related misinformation,
	3. Allowing easy access to vaccines through such ways but not limited to:
		1. On-site vaccination clinics,
		2. Flexible scheduling,
		3. Minimized costs;
6. Expects the member states to cooperate to increase the number of productions of Personal Protective Equipment (PPE) in ways including but not limited to:
	1. Using funds from national health departments, NGOs, and online platforms,
	2. Recruiting workers in the newly constructed factories through such ways but not limited to:
		1. Job opportunity promotions on official governmental and organizational websites,
		2. Videos uploaded on social media to educate and share information about job opportunities,
		3. Offline medias such as newspaper,
		4. Staff welfare services,
	3. Regulating the flow of resources in ways such as but not limited to:
		1. Establishment of strong supplier relationship,
		2. Collaboration with logistics providers to find the fastest routes of supply,
		3. Obtaining supplies from different sources in case of potential disruptions,
	4. Utilizing advanced manufacturing technologies such as but not limited to:
		1. Automation,
		2. Robotics,
		3. Digitalization,
		4. Data analytics,
		5. Artificial Intelligence;
7. Promotes constant professional development opportunities and training for healthcare workers to enhance their understanding of IPC practices and emerging infectious diseases in ways such as but not limited to:
	1. Providing opportunities for the healthcare workers to attend such educational conferences but not limited to:
		1. Workshops,
		2. Seminars,
		3. Webinars,
		4. Online course,
	2. Teaching the accurate procedures regarding the usages of PPE, including but not limited to:
		1. Hand hygiene,
		2. Protective gown, gloves, face shields, eye protection,
		3. Control over disposable medical supplies,
		4. Sanitization and retrocession of reusable medical supplies.