**FORUM:** World Health Assembly

**QUESTION OF:** Measures to Implement Dynamic Plans for Building Clinical Care Capacity during Health Emergencies

**MAIN SUBMITTER:** Ukraine

**CO-SUBMITTER:** Afghanistan, China, Dominican Republic, France, Pakistan, Philippines, Republic of Korea, Saudi Arabia, Sweden, Turkey

WORLD HEALTH ASSEMBLY,

*Recalling* the significance of the health care system emphasized by the COVID-19 pandemic, which began in 2019 and was officially announced to end by the World Health Organization (WHO) in 2023,

*Acknowledging* the importance of an effective and flexible medical system for health emergencies,

*Recognizing* the difference in clinical care capacity among member countries and the need for specific approaches based on regional health risks,

*Confirming* the importance of international cooperation and sharing various medical resources to improve clinical capabilities,

*Emphasizing*the need for constructive and adaptable planning to respond to evolving healthcare demands,

1. Calls for Joint development and introduction of new technology such as telemedicine, super vaccines, AI simulation systems, and mobile health applications to resolve future diseases, accelerate vaccine and medicine development, and enhance accessibility to the health welfare system:
2. Developing versatile vaccines which are widely used, so one vaccine is effective for various diseases,
3. Introducing simulative technology using AI and machine learning to predict the effect of developing vaccines and medicines before clinical trial on animals or humans,
4. Evolving telemedicine are technology used for clinical care to resolve clinical care problems efficiently,
   * 1. Advocate for partnerships between government and private healthcare centers to fund telemedicine infrastructure to expand service coverage, particularly in remote or under-resourced areas,
     2. Promote the accessibility and affordability of necessary equipment, such as remote diagnostic devices and communication tools, to ensure both patients and healthcare providers can participate in telemedicine services,
     3. Encourage policy support and regulatory frameworks to ensure the safety, reliability, and privacy protection of telemedicine service,
5. Further utilizing artificial intelligence for predictive modeling, which can highly increase the efficiency and safety in surgeries, track on state of illness, and so on, by:
   * 1. Develop AI-based predictive models to help healthcare systems identify and respond to potential health threats in advance,
     2. Use AI for real-time data & image data analysis to assist in medical decision-making, medical diagnosis, and medical resource allocation, enhancing the efficiency of emergency response,
6. Manufacturing mobile health applications to assist the public with health monitoring, symptom self-assessment, and remote medical consultations, especially during pandemics or health emergencies,
   * 1. Collaborate with tech companies to develop multilingual, user-friendly applications to ensure accessibility for users from diverse cultural and linguistic backgrounds,
     2. Regularly update applications to stay aligned with the latest medical guidelines and information, while adhering to data privacy and security standards to protect user information;
7. Requests the countries in The Global Health Security Alliance (GloHSA) to organize a practical international team that professionally copes with global health emergencies such as pandemics and natural disasters in ways such as but not limited to:
8. Encouraging experts from various studies related to medicine, virus, and treatment, which makes it possible to:
   * 1. Analyzes new viruses or diseases and collaborates to create vaccines treatment medicine, and treatment methods, that are practical, effective, and efficient,
     2. Create and use an archive holding up-to-date information on diseases and practical treatments from the past and present for the usage of analysis, and study, which allows further research of the disease and future prevention,
9. Sharing clinical workers throughout regions and cross borders for the cooperation of healthcare and aid, preventing:
   * 1. Overloaded hospitals and wards, leading to patients’ condition exacerbating due to lack of access to treatment on time; further spreading of uncontrolled disease; and accumulating patients, leading to burnout of clinical workforces,
     2. A huge number of patients allocated to one clinical worker puts great pressure on the workforce, consequentially decreasing work efficiency and accuracy,
10. Exchanging knowledge and information about the virus, treatment, and vaccine by any means possible, to conduct further research to find a better method of treatment, which allows:
    * 1. Countries collaborating effectively with the same level of knowledge to the emergent situation, allowing productive discussion and production of effective measures to the situation,
      2. Prevent a monopoly on the knowledge of vaccines which makes other countries unable to react correctly to the same health emergency which leads to failure of prevention in early timing and results from additional spread of the disease;
11. Further requestsenhancement of efficiency and flexibility of clinical infrastructure, in ways such as but not limited to:
12. Requesting the resource that slows down the spread of disease such as masks, self-diagnosis kits, and vaccines,
13. Improving data management, which is the fundamental base of workforce deployment and medical instrument distribution:
    * 1. As all efficient workforce and clinical instrument distribution should be databased,
      2. As certain areas are using outdated data for the distribution of clinical workers and instruments, ineffective during medical emergencies,
14. Adding measures and deployment speed to respond to health emergencies faster, thus preventing widespread casualties:
    * 1. Accelerated by building stations of workforces throughout the country to decrease the time needed for deployment,
      2. Recommend a global communication program to track each countries’ country clinical issues and provide support and resolution;
15. Further calls for the development of standardized medical training processes and healthcare plans for rapid scaling of healthcare services, including but not limited to:
16. Recruitment and training of healthcare professionals in such ways but not limited to:
    * 1. Establish partnerships with medical schools and training institutions to create quick-responding programs for training healthcare medical staff during emergencies,
      2. Implement incentive programs, including financial support and benefits, to attract retired healthcare specialists and recent graduates to join emergency response efforts,
17. Expansion of healthcare facilities:
    * 1. Designate existing facilities, such as schools, healthcare infrastructure, and community centers, to be converted into temporary healthcare sites during emergencies,
      2. Create quick-action plans for rapid construction of modular healthcare units to be deployed in crisis areas as needed,
18. Increase accessibility to quality and up-to-date training for the countries worldwide, which decreases:
    * 1. Chances of performing incorrect treatment methodologies,
      2. Chances which the government empowers invalid responses on health emergencies,
19. Improve international collaboration of workforces which creates quick response; shares of clinical knowledge; and shares of practical skills, so-called “know-how”,
20. Focus training programs on emergency measures and crisis management, which consists of the possibility which allow quick responses to health crises, able to be done by:
    * 1. Doing practical training to test training workforces on emergency response and infection,
      2. Practicing in situations with the disadvantage of not having everything under control and all resources given, thus enhancing the flexibility of workers in various situations;
21. Asks for policies to separate workers who are dispatched and personnel which works only at the allocated hospital into different managing departments, which allows:
22. Decrease of burden to clinical workers, eventually decreasing mistakes and making management of patients, clinical instruments, and medicine effective,
23. Decrease confusion of personnel by making the schedule predictable as workers allocated in hospitals only work in hospitals and workers being dispatched are only dispatched to other regions;
24. Encourages countries to collaborate with international organizations, such as the WHO and regional health bodies, to share best practices and resources in building clinical care capacity, such as but not limited to:
25. Working with Global Financial Organization for funding to support clinical investigation, medical supplies, experimental funds, and so on by,
    * 1. Collaborate with and get global cooperation support from the International Monetary Fund (IMF),
      2. Collaborate with and get funding and technology support from the World Bank,
26. Sharing data to analyze and compare data of diseases and treatment methods, making it possible to find the most accurate analysis of diseases, to find the most effective and efficient treatment method:
    * 1. Create a digital platform for member countries to share real-time data on healthcare capacity, challenges issues, and successful interventions during health emergencies,
      2. Organize regular virtual conferences and workshops for knowledge exchange among healthcare professionals and policymakers globally,
27. Developing Joint Research Laboratory Programs to focus on emergency response strategies and clinical care best practices,
    * 1. Collaborate on research topics in the laboratory and share laboratory facilities, instruments, and other research tools to maximize resources,
      2. Encourage joint simulations and drills involving multiple countries to enhance preparedness and response coordination,
      3. Recommends that member countries conduct regular laboratory assessments and simulations of their clinical care capacity in preparation for potential health emergencies;
28. Suggest that countries with weak clinic care should get priority donations and medical instruments from international institutions to accelerate the treatment speed and patient management and making possible to:
29. Encourages paying the workers to increase the quality and quantity of the personnel,
    * 1. Free training course on the rest day,
      2. Provide courses for experienced senior professional doctors,
30. Encourages the purchase of clinical instruments:
    * 1. Disposable tools such as masks and gloves,
      2. Making the range of possible treatments to increase, improving the quality of medical treatment,
31. Recommends acquiring and applying technology for faster and more accurate diagnosis and disease prevention:
    * 1. Technologies such as patient route identification could determine the areas in which diseases could have spread and take action beforehand,
      2. Pulsed UV(ultraviolet) disinfection, used at some labs, can disinfect every part of the organism and sterilize close to perfect, thus preventing further disease spread.