**FORUM:** World Health Assembly

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

**MAIN SUBMITTER:** Republic of Korea

**CO-SUBMITTERS:** Afghanistan, India, Indonesia, Japan, Laos, Pakistan, Saudi Arabia, Sweden, United States of America

WORLD HEALTH ASSEMBLY,

*Bearing in mind* the potential sudden surges in demand for medical resources, given the unpredictability of the occurrence and scope of health emergencies like disease outbreaks, natural disasters, armed conflict, and other crises,

*Concerned by* the inadequacies in healthcare infrastructure, medical workforce, and supplies, and communication and information sharing revealed during health emergencies like the COVID-19 pandemic,

*Emphasizing* that 67% of countries reported disruptions to the availability of PPE,

*Highlighting* the critical shortage of medical personnel and essential supplies during health emergencies which significantly affect the quality of care provided to afflicted patients,

*Noting* that the number of nurses decreased by over 1,500 due to COVID-19 by 2020,

*Realizing* the significant disparities in Emergency medical equipment, among countries particularly the less economically developed countries (LEDCs),

*Recognizing* the critical need for flexible clinical care capacity during global outbreaks of pandemics, natural disasters, and other tragic events, and the challenges in providing quality care when healthcare demand exceeds current capacity in emergencies,

*Further recognizing* the trend of implementations of telemedicine after the outbreak of the COVID-19 pandemic, which allows nations to provide medical service that is less impacted by the availability of medical personnel to be dispatched,

1. Urges the United Nations (UN) to hold annual conferences as needed, led by the Global Outbreak Alert and Response Network (GOARN), to review the previously used policies and systems during globally pressing pandemics such as the Covid-19, to conduct a comprehensive analysis and evaluation on the efficacy of each prevalent policy or governmental response, to establish a worldwide emergency response plan that could be applied at the beginning stages, through ways such as but not limited to:
   1. Encouraging all member nations to effectively utilize the available data in the aforementioned system for comprehensive data monitoring, and hiring national technology professionals to employ predictive modeling for the government to make data-driven decisions based on the current situation and patient surges,
   2. Developing a surge capacity plan that helps establish a tiered framework for responses, so that it could be flexibly implemented under the changing situation and consistent updates informed by the above mechanisms, by fulfilling the following:
      1. Identification of essential resources, such as personal protective equipment (PPE), medications, and larger medical equipment, followed by appropriate scaling of such resources based on the severity of the emergency,
      2. Effective management of facilities during an emergency by preparing to use non-traditional spaces, such as schools, stadiums, assembly halls, as temporary places for providing healthcare service to help balance out the burden of surging demands on hospitals;
2. Calls upon member states to create and establish a centralized platform for data collection and presentation, to enable the sharing and exchange of information in real-time situations during medical emergencies through ways such as but not limited to:
   1. Further adjusting data collection and presentation through a coordinated system engaging all member states on their national statistics, allowing for comparisons and analysis with the ongoing progress in combatting the damages of health emergencies, with the following points in mind:
      1. Merging the data from WHO-operated data collection systems such as Surveillance System for Attacks on Healthcare (SSA),
      2. Instituting monthly fact-check procedures to filter information,
      3. Allowing researchers to help publish peer-reviewed journals using the available online data sets, to publicize and disseminate information to both the public and decision-makers, while protecting their authorship and privacy especially during politically sensitive situations,
   2. Implementing secure and user-friendly technology features that enable:
      1. Real-time updates on resource needs and availability,
      2. Compatibility with mobile devices;
3. Invites all member nations and relevant NGOs to educate the general public on the basic principles, guidelines, and prevention methods concerning sanitary regulations, such as hand hygiene, to prevent mass uncertainty and polarization that could hinder the concentrated efforts to prevent further spread of illnesses, and the benefits of hospital volunteering to better engage the public and encourage volunteering support on non-clinical tasks, through ways such as but not limited to:
   1. Actively utilizing public media platforms that are accessible to younger and older audiences, to help foster a sanitary lifestyle and encourage hospital volunteering in ways such as:
      1. Posters,
      2. Flyers,
      3. Radio,
      4. Social media,
      5. Television,
      6. Magazines,
   2. Requiring schools to include and implement training and basic preparedness protocols in the annual schedule and the school curriculum, in forms such as but not limited to:
      1. Regular drills for natural disasters especially for schools in regions that are susceptible to particular disasters, such as coastal regions and hurricanes and floods,
      2. Information sessions collaborated with city halls to teach young adults, including those enrolled in schools and ones being home-schooled, insights into the severity and scope of the health issues and government responses to engage and raise their understanding of the health care systems in response to dynamic global emergencies;
4. Asks all member nations to enhance their efforts in training, expanding, and safeguarding the medical personnel capacity through the involvement of both national authorities as well as hospitals and health institutions to adopt practices and capacity plans, through measures such as but not limited to:
   1. Collaborating with WHO and other relevant Non-Governmental Organizations (NGOs), such as HealthNet TPO, in adopting cross-training and building staffing flexibility in the case of surges in demand, through ways such as but not limited to:
      1. Requiring employees and future applicants at major health institutions, in particular for MEDCs to submit a desired set of certificates of qualifications, ranging from technicians, nursing, to medical assistance, to expand their skillsets and more efficiently utilize the available medical personnel,
      2. Establishing a more critical task allocation framework that aims to allocate more complex care treatments to highly trained workers, by using the experiences, certificates, and personnel management reports as evidence to make informed decisions, such as assigning non-critical tasks to trainees or non-clinical staff, that highlight the capabilities of different employees and altogether improve the efficiency of the workforce system,
   2. Putting appropriate measures into place to reduce the burden on the medical workforce during emergencies, to help maintain workforce resilience, in ways such as but not limited to:
      1. Providing regular counseling services and mental health hotlines exclusively for medical workers in any times of need, to help them better balance out the physically burdensome workload as well as emotional toll and stress caused by the high-pressure environments,
      2. Collaborating with the government to devise incentives to workers, using measures that seek to improve their living conditions like providing free insurance, food, and dormitory, and promote public campaigns to enhance public perception and acknowledgement of their burden and efforts,
      3. Establishing peer support networks and communities to foster a sense of community among healthcare workers;
5. Recommends all member nations, MEDCs in particular, to enhance its medical care capacity through personnel specialization, volunteer involvement, and educational training regarding the implementation of telemedicine and technological approaches to medical assistance within and across nations, through ways such as but not limited to:
   1. Training and dispatching a nationally qualified group of medical staff specializing in the implementation of technological approaches, to the areas of expertise such as but not limited to:
      1. Directing and taking charge of booth set-ups using equipment with required devices and technologies,
      2. Offering online and offline trainings and instructions on the use of telemedicine to local medical personnel,
      3. Guiding patients, especially during physical exams, through the clinical care protocols, by effectively conducting remote assessments in forms of making the patient perform certain movements, or guiding the use of devices and tools at home for check-ins,
      4. Communication techniques that can help assure patients and make the process go smoothly without confusions and disruptions,
   2. Organizing global fundraising programs managed by WHO to support the provision of quality medical facilities and instructions necessary for the use of telemedicine as well as helping to promote studies and research initiatives around the potential role and benefits of remote clinical care service;
6. Further urges member states to enhance systems for national procuration and distribution of medical resources and supplies, through ways such as but not limited to:
   1. Establishing a sub-committee responsible for resource sharing alliances, with the purpose of enhancing cross-border partnerships, so that neighboring countries can pool resources and directly borrow from each other during times of shortage with agreements and return policies after the supplies stabilize, guided by the WHO’s Emergency Medical Teams Initiative (EMT), with the following responsibilities for the committee:
      1. Conducting resource assessments,
      2. Transport coordination of borrowed resources,
      3. Management of transactions within an alliance,
   2. Strengthening local production capacities through a series of investments in domestic facilities, encouraging partnerships between local manufacturers and hospitals to ensure efficiency, to reduce reliance on international supplies for essential medical supplies such as:
      1. PPE,
      2. Ventilators,
      3. Vaccines,
   3. Encouraging MEDCs to support LEDCs in enhancing and stabilizing national and local supply chains between regional authorities, health institutions and communities:
      1. Working closely with local authorities to create a structured route for vehicles and helicopters to effectively deliver resources during health emergencies with consideration into the geographical landscape,
      2. Helping the adoption of digital tracking platforms within regions to connect supplies directly with health institutions to help avoid congestion and delays in efficient transportation of medical resources, to ensure transparency and accountability,
      3. Engaging and establishing local communities and NGOs as places for resource distribution for households especially within rural areas;
7. Encourages all member states to help increase the accessibility of healthcare services for people living in LEDCs, to promote global health equity, through ways such as but not limited to:
   1. Developing affordable and effective insurance policies that reduces the financial burden of healthcare services on low-income families, such as:
      1. Subsidizing essential medicine and treatments during times of crises,
      2. Setting sliding scale fees based on income for affordable treatment,
   2. Establishing standardized protocols for immediate deployment of healthcare resources to rural areas and particularly susceptible regions as identified by WHO and supported by datasets, during emergencies in ways such as:
      1. Creating a national inventory of medical resources and personnel through stockpiling that can be prepared quickly in response to an emergency,
      2. Designating command centers for decision making and resource allocation during emergencies, based on data,
   3. Opening up special medical treatment and appropriate subsidies to the poor, in ways such as but not limited to:
      1. Creating special certificates for the poor to receive discounts or exemptions when seeking medical treatment, by receiving subsidies from the government to offset losses,
      2. Dispatching a group of medical professionals to visit households that are unable to move around freely and take public transport to medical facilities.