



Establishing and Implementing Protocols to Combat Future Pandemics

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Why a UN Special Session?

In addition to annual meetings, the UN Charter allows for the General Assembly to hold special sessions:

*The General Assembly shall meet in regular annual sessions and in such special sessions as occasion may require. Special sessions shall be convoked by the Secretary-General at the request of the Security Council or of a majority of the Members of the United Nations.*¹

Special Sessions have been called by the General Assembly roughly every two or three years. Among the most prominent have been special sessions on Palestine in 1948, disarmament in 1978, AIDS in 2001 and the world drug problem in 2016.²

This Special Session simulation at ODUMUNC follows this rich tradition of emergency responses to grave international challenges. It comes in response to the greatest of all modern pandemics. As of 31 December 2021, the world had experienced 290 million officially reported cases of Covid-19. These cases had caused 5.4 million officially reported coronavirus deaths.³ A future pathogen may be worse, making it vital

to learn lessons on how to prevent new pandemics, or make them less calamitous. Covid-19 has shaken governments and scientists out of any complacency that epidemics are a developing-world phenomenon. But it has not created a consensus on what to do.⁴ That's the job of this Special Session.

The Special Session brings together the Member States of the United Nations General Assembly. Its role is different from the World Health Assembly (WHA), the parliamentary body of the World Health Organization (WHO). WHA coordinates policy among medical professionals. It has a vital role in any global health problem, but it is narrowly focused and cannot engage many related issues essential to a comprehensive response to epidemic issues.

The UN General Assembly, by comparison, is empowered by the UN Charter to develop policy on any issue of concern to the international community. It can urge UN Member States to coordinate action not just on medical aspects, but closely related issues of finance, institutional support, development assistance and migration. The UN General Assembly also is the only international organization that can establish goals and procedures for the WHO to follow. This Special Session is an opportunity to address comprehensive, global preparations before another major epidemic.

¹ *United Nations Charter*, Chapter IV, Article 20, <https://legal.un.org/repertory/art20.shtml>

² A complete list of UN Special Sessions can be found at 'General Assembly of the United Nations: Special Sessions', *United Nations*, n.d., <https://www.un.org/en/ga/sessions/special.shtml>

³ 'WHO Coronavirus (COVID-19) Dashboard', *World Health Organization*, n.d., <https://covid19.who.int/>

⁴ 'How to prevent the next pandemic The world must be ready to combat even more lethal virus outbreaks', *Financial Times*, 23 October 2020, <https://www.ft.com/content/2e91965f-e52b-4531-9440-fd797858f525>



Establishing and Implementing Protocols to Combat Future Pandemics



Background

When patients first began to clamor into doctors' offices complaining of a hacking cough, blistering fever, and fatigue, medical professionals quickly realized they were not dealing with a typical influenza outbreak. The year was not 2020, but 1918. In less than six months more than 25 million people were dead, more than died in the recently concluded First World War. The H1N1 virus, colloquially referred to (inaccurately) as *Spanish Flu*, was the deadliest infectious epidemic of the century. By the time it receded in 1919, the disease had taken between 50-100 million lives.⁵ The Spanish Influenza never went away, its survivors developed immunity and its genetic makeup drifted towards less virulent variations.⁶

Today, mankind finds itself in a similar predicament: a deadly virus rampantly spreading across the world with healthcare professionals and scientists scrambling to combat it. In December 2019, physicians in Wuhan, China notified the World Health Organization (WHO) of an alarming increase in pneumonia caused by an unidentifiable pathogen. By 30 January 2020, the WHO reported 7,818 global cases of what was then called *Coronavirus Disease 2019* (COVID-19). By 1 April 2020, the infected went past 1 million and more than 50,000 were dead.⁷

As of 31 December 2021, the world had experienced 290 million officially reported cases of Covid-19. These cases had caused 5.4 million officially reported coronavirus deaths.⁸ Total cases are widely thought to be considerably higher, because many large countries—such as

India and Russia—do not have comprehensive reporting systems.



Treating critically ill COVID-19 patients. Imperial College London, 2021.

While the pandemic rages on, experts are already focused on how the next pandemic can be prevented. Predicting a pandemic is impossible, a task akin to breathing life into a stone, but by analyzing previous outbreaks, medical infrastructure, emergency preparedness, and human behavioral trends it is possible to detect an outbreak before it becomes a pandemic. It must be made clear: the next pandemic is already guaranteed, but how the international community responds is not. The world was not ready this time, and it cost the lives of millions; how many will be lost in the next pandemic?

Nearly two years into the Covid-19 pandemic, the world remains “dangerously unprepared” for the next major outbreak, according to *The 2021 Global Health Security Index*. This major report ranks 195 countries according to their capacity to respond to epidemics and pandemics. Overall, the world is not any better prepared today than it was in 2019, just before the current pandemic started.⁹

⁵ Arnold, 2018.

⁶ Amenabar, 2020.

⁷ Machhi et al., 2020.

⁸ ‘WHO Coronavirus (COVID-19) Dashboard’, World Health Organization, n.d., <https://covid19.who.int/>

⁹ Anthes, 2021.



Establishing and Implementing Protocols to Combat Future Pandemics



Anatomy of a Pandemic

Knowing enemy pathogens and their capacity to inflict harm is indispensable in preventing the next pandemic. Numerous factors are analyzed when assessing the threat level posed by a pathogen, those being mode of transmission, timing of transmission, host population factors, and intrinsic microbial characteristics. *Mode of transmission* is how a pathogen is carried from one host to another; modes range from fecal-oral to vector-borne (spread is facilitated by a second carrier such as a tick, mosquito, or flea) to respiratory droplet or airborne.

Chief among these modes is the respiratory route, as prophylactic interventions are much more difficult to implement and maintain. This concern is exemplified by the prolific spread of influenza, rhinovirus (the common cold), and measles. These examples in contrast with fecal-oral modes of transmission, whose spread is significantly limited by modest sanitary infrastructure adjustments. Timing of transmission is the measurement of when a disease process' onset occurs and duration in the process when the sickened individual is infectious. Diseases infectious during later onset are more limited in opportunities to transmit, whereas those whose infectiousness begins prior to disease onset or during mild symptom development are more likely to spread widely before intervention occurs.¹⁰

The Chain of Infection is a disease model which refers to the mode by which infection occurs. According to the model, transmission occurs when an infectious agent leaves its reservoir (the place in which an infectious agent normally lives, grows, and reproduces) through a mode of transmission and enters a susceptible host through a portal of entry. Understanding the

methods by which a pathogenic agent exits its reservoir and enters a susceptible host is critical in helping to determine appropriate infection control measures. Interventions range from quarantining infected individuals, vaccinating healthy individuals, heightened sanitation practices to remove reservoirs, or other methods of breaking one or more “links” in the chain of infection.¹¹



South Africa's rising cases are part of a resurgence across Africa, with a peak expected to exceed that of earlier waves. Photograph: Phill Magakoe/AFP/Getty Images

Knowing thy Enemy

Every pathogen is built differently, and their varying structures and genetic makeup influence their potential to cause the next pandemic. In 2018, Johns Hopkins University released a report which identified that an RNA respiratory virus posed the greatest threat to public health when compared to all other assessed pathogens. While there exist broad-spectrum antifungal and antibacterial agents, there exist no such agents to treat viral diseases of uncertain etiology. Further cause for concern is the fact that RNA (a single stranded genetic molecule) viruses are less stable than DNA (a double stranded genetic molecule), as these viruses replicate in cellular cytoplasm, consistent with studies that have found potential pandemic viruses more likely to behave in this fashion. It is suggested that DNA

¹⁰ Centers For Disease Control and Prevention. Office Of Workforce and Career Development, 2012.

¹¹ Ibid.

viruses, which reproduce in the cellular nucleus, require a higher level of specificity for nuclear entry.¹²



Indonesia's COVID-19 deaths reach new heights. UN Women, Putra Djohan & Ali Lutfi / Flickr cc

Emerging Pathogens

The mostly likely mode of transmission of the next pandemic is *zoonotic*, from a veterinary (animal) disease crossing over into the human population in a *spillover event*.¹³ These diseases are common within an *animal reservoir*, a species in which the disease is carried and produces little to no symptoms. Reservoir hosts act as a means by which a pathogen can survive and reproduce before it is passed on either to another reservoir host or occasionally to an amplifier host.

An amplifier is a creature in which a pathogen is exponentially replicated with varying symptoms. Amplifiers act as an intermediate step between a reservoir host and a host that is significantly

affected by the disease a pathogen causes.¹⁴ Bats are a known reservoir of coronaviruses.¹⁵ However the amplifier host is yet to be determined. DNA sequencing has led to various hypotheses as to the host being pangolins, minks, snakes, pigs, and even dogs.¹⁶ These are all animals which were found in a wet market in Wuhan, China which is the hypothesized origin of the COVID-19 pandemic.

The Wuhan wet market was a hotbed for the trade of exotic wildlife, whose proximity to humans and domestic animals, and unsanitary conditions make for prime spillover conditions. Markets like those in Wuhan host the illicit trade of exotic animals, and as such are hidden from the eye of health and safety regulators. In April 2020 the United Nations (UN) acting Head of Biodiversity commented “countries should move to prevent future pandemics by banning wet markets that sell live and dead animals for human consumption but cautioned against unintended consequences.”

COVID-19 is not the first disease to originate from an unregulated market, as Ebola, Middle East respiratory syndrome (MERS), highly pathogenic Asian avian influenza A H5N1 (also known as bird flu), severe acute respiratory syndrome (SARS), and swine flu H1N1 all originated from animal to human transmission. There have been previous attempts to ban and/or regulate these markets both nationally and internationally, however no permanent solutions have been maintained. An integral part of public health intervention should focus on educating consumers of the health risk of consuming wild animals stored in unsanitary conditions.¹⁷ Shutting down wet markets is not without

¹² Adalja et al., 2018. It must be noted that SARS-COV-2 virus is an RNA virus spread primarily through the respiratory route, much like the one projected by the Johns Hopkins in 2018. Dos Santos, 2020.

¹³ Ibid.

¹⁴ Quammen, 2012

¹⁵ *Coronavirus* is a broad classification of viruses, of which the disease causing COVID-19 (SARS-CoV-2) is one. Mailman School of Public Health, 2017,

¹⁶ Zhao et al., 2020.

¹⁷ Aguirre et al., 2020.



Establishing and Implementing Protocols to Combat Future Pandemics



controversy however, as they are significant cultural fixtures to the Chinese culture. Along with being an important cultural practice, wet markets are a source of fresh produce and meat for urban populations, offering affordable prices as well as a space to socialize.¹⁸ Attempts to prevent zoonotic spillover requires consideration to the science of disease transmission, and consideration to the ways in which people live and work.



After being shut down for 169 days last year due to the pandemic, the New Delhi Metro resumed operations in 2021. Times of India.

Existing Preventative Measures

The World Health Organization (WHO) is the branch of the UN focused on bridging global health disparities and emergencies. Epidemiologists and other infectious disease specialists within the organization are tasked with declaring outbreaks as pandemics, publishing public health resources, and developing responses to emergencies.¹⁹ In preparation for potential infectious disease outbreaks, the WHO publishes standards and recommendations to which member states' health departments can refer when confronted

with potential pandemics. These nonbinding guidelines offer procedural guidance for methods of infection control, classification of concerning diseases, early recognition and source control, healthcare facility planning and preparedness, disinfection techniques (World Health Organization, 2014), and restrictions on trade and travel. During outbreaks, the WHO coordinates the dissemination of scientific knowledge and cooperation between member states' healthcare professionals (Council on Foreign Relations, 2021). Another tool through which the WHO provides aid is the Global Outbreak Alert and Response Network (GOARN) which facilitates the deployment of resources and experts to acute public health emergencies. During a suspected outbreak, the resources are made available to member states with the intention of controlling and containing a potential pandemic.

Founded in 1964, the Centers for Disease Control (CDC) is the United States' federal agency with the broad task of addressing global health emergencies both foreign and domestic. Despite being an American agency, the CDC has regularly worked alongside the WHO and is often considered the "gold standard" for global health agencies. The CDC's global reach is primarily done through its Epidemic Intelligence Service (EIS), a program through which "disease detectives" are trained and deployed internationally to identify, trace, and advise on global disease outbreaks. Several global health initiatives have been launched by the organization, including the eradication of smallpox and near-eradication of polio. Like the WHO, the CDC responds to global health emergencies by coordinating medical supplies delivery, expert deployment, and training local experts through its Emergency Operations Center (EOC). When a suspected outbreak occurs, the CDC will work with the WHO to

¹⁸ Chang & Si, 2020.

¹⁹ Council on Foreign Relations, 2021.



Establishing and Implementing Protocols to Combat Future Pandemics



control and contain the source of it before crisis occurs.²⁰

Problems Facing the International Community

Despite significant progress being made in epidemiological science, disease treatment, and public health education, these progressions are not equally distributed across borders. While developed nations in North America and Europe have robust epidemiological surveillance programs which can rapidly assess and intervene in domestic disease outbreaks, nations in the global south are far less prepared and able to detect and suppress epidemics.

Lack of epidemiological and medical infrastructure prevents low-income countries from reporting outbreaks of reportable diseases to the WHO. As of June 2012, only 42 out of 194 WHO member states reported that they had fulfilled core capacity requirements to detect diseases.²¹ Early detection of outbreaks is an integral part of preventing global pandemics, however many member states are without the robust epidemiological surveillance systems necessary to breaking the chain of infection.

Disease surveillance relies on four cornerstones, without which a potential outbreak may spread before the proper authorities are alerted:

- First among methods of emerging diseases is ensuring that clinicians have easy access to local laboratories and disease specialists. Oftentimes, local microbiologists are poorly equipped to recognize the signs of an abnormal outbreak.
- Next, there is a need for national reference laboratories staffed by

experienced technologists. Within these laboratories there must be internationally standardized reagents that are properly maintained to ensure correct result interpretation.

- Once an outbreak is detected, epidemiologists and communicable disease specialists must be alerted as soon as possible.
- Lastly, a nation must be able to effectively deliver effective and prompt methods of disease control to contain an outbreak.

The equitable distribution of epidemiological data, expertise, and infrastructure should be considered paramount in the war against killer pathogens; without it, clinicians know neither their enemy nor how to fight it, they are left in the dark.²²

The COVID-19 pandemic exposed centuries old systems of inequality that led to the disproportionate suffering of impoverished nations. Viruses cannot discriminate, they cannot deem a nation less in its worth, however humans most certainly can and continue to. In late 2020, three different vaccines were developed to prevent COVID-19, and by August 2021 58% of people in high-income nations had been inoculated. During this same time period, only 1.3% of people in low-income nations had received a dose of these vaccines: a startling 56.7% disparity between nations. Despite this vast disparity, high-income nations have proposed a third booster shot in lieu of distributing extra vaccines to impoverished nations.²³

²⁰ Felter, 2020.

²¹ Enemark, 2017.

²² Howard, 2012.

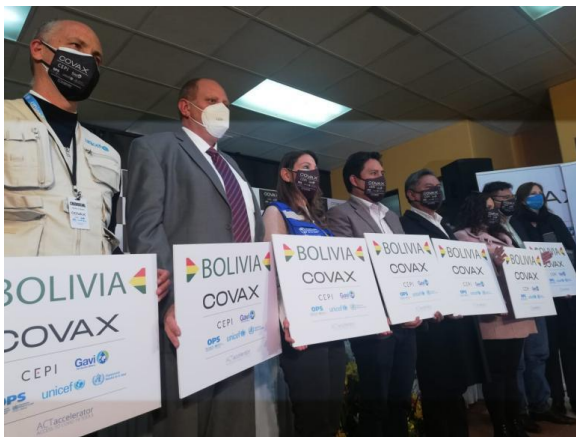
²³ In August 2021 the WHO requested that member states halt vaccine boosters, preferring to have these vaccines distributed to nations lacking access. Nature, 2021.



Establishing and Implementing Protocols to Combat Future Pandemics



Even if vaccine availability posed no issue, many countries such as those in the African continent lack the facilities and infrastructure necessary to distribute them. Many facilities are difficult to reach for many of these nations' citizens, and transportation of them is complex since the vaccines must be kept at a constant, cold temperature.²⁴



Bolivia's Minister of Foreign Affairs, Rogelio Mayta, and the Minister of Health and Sports, Jeyson Marcos Auza Pinto, together with UNICEF Representative, Rafael Ramirez, and PAHO/WHO Representative, Alma Morales, presided over the reception of 228,000 doses of COVID-19 vaccines under the COVAX Mechanism. UNICEF.

Turning a blind eye to the developing world will come at the cost of perhaps millions of lives, with even more people suffering from the long-term effects of the disease. In addition to health impacts, the economies of these nations will deteriorate as businesses and schools remain shut down. Should this not be enough to encourage wealthy nations to render aid, it is important to recognize that an unvaccinated global south poses a threat to the prosperity of their nations too.

Unfettered by conventional methods of treatment and prevention, SARS-COV-2 will continue to evolve through a process known as

²⁴ Aborode et al., 2021.

genetic drift which could lead to evolution of deadlier variants of COVID-19 that may not be hindered by vaccine antibodies. In addition to killing even more people, the International Monetary Fund (IMF) warned that infectious variants of the virus would upend economic recovery across the world, costing \$4.5 trillion USD.²⁵ There is yet to be a vaccination whose cost is outweighed by the net benefit provided by its disease prevention. It is in the interest of the international community that vaccinations for any outbreak be distributed equally (Howard, 2012).

Global disease institutions place significant focus on highly virulent, airborne diseases whose impact will impact broad socioeconomic institutions and systems, whereas national and local institutions prioritize diseases most prevalent to the area they serve.²⁶ Diseases such as cholera, a waterborne disease endemic to water insecure regions, do not pose a serious threat to nations where most people have access to clean water. But in an extreme case, in the first three months of 2021 alone Yemen, a war-torn nation whose public health system has been overrun and underfunded reported over 14,000 cases of cholera.²⁷

Local institutions overrun by diseases of poverty are unable to concern themselves with the priorities of wealthier nations, and thus are less likely to screen for the next pandemic, and more likely to screen for disease prevalent to their sphere of influence. It is only when a disease whose effect is felt outside of the global south, that the resources from wealthy nations pour in with intention to protect themselves and their financial standing. As put by global health scholar, Colleen O'Manique '... today's health and security agenda ignores... the boring,

²⁵ Nature, 2021.

²⁶ Howard, 2012.

²⁷ (European Centre for Disease Prevention and Control, 2021; and Cholera Alliance, 2020.



Establishing and Implementing Protocols to Combat Future Pandemics



persistent, communicable and non-communicable diseases that kill more people annually worldwide than high-profile diseases.’ This practice of turning a blind eye to the global south is influenced by the colonial practice of *tropical medicine* in which scientists and clinicians studied and treated *exotic* disease processes to protect white colonizers from diseases common to the regions they brutalized. An agenda which is focused in a broader, humanitarian scope would save far more lives than the narrow scope of security-oriented disease protection; however, this change in focus is far less politically effective in wealthy nations.²⁸

Priority among member nations should be the reestablishment of trust in global institutions, whose reputations have been harmed by their inadequate responses to the pandemic. Delayed response, inconsistent messaging, and wealth disparities further widened by the pandemic have only served to further undermine the already plummeting trust in global and national institutions. Without efforts to restore this trust, citizens of member states will be less inclined to participate in global campaigns, believe information disseminated through these institutions, and commit their resources and time to aiding progressive efforts.²⁹

Low-income nations experience lower vaccination rates and are less likely to seek professional healthcare (when vaccines and health infrastructure are available) out of distrust of health authorities. Declining trust extends far past the COVID-19 pandemic; UN peacekeeping missions are significantly harmed by the outbreak’s reduced confidence in their capacity to respond to global conflicts exacerbated by the uncontrolled spread of COVID-19.³⁰ Until the United Nations can once again exude an air of

confident, competent leadership it will continue to struggle with mitigating COVID-19’s impact and preventing the next pandemic.



World Health Assembly, Geneva

Recent UN action

The COVID-19 pandemic pushed the World Health Organization to the forefront of international consideration. While other recent epidemics were restricted mostly to developing countries, such as the Ebola epidemics of recent years, this one was truly global. It exposed major weakness in the global response. The WHO was unable to identify with certainty the place and cause of the epidemic, unable to stop its global spread, and poorly equipped to ensure a coordinated global response.

The response to the COVID-19 pandemic exposed severe limitations in the WHO’s institutional capacities, including:

- The WHO’s inability to independently verify state reports, as highlighted by China’s failure to notify the WHO promptly of a widely circulating novel coronavirus in Wuhan;

²⁸ Enemark, 2017.

²⁹ Bollyky & Patrick, 2020.

³⁰ UN News, 2020.



Establishing and Implementing Protocols to Combat Future Pandemics



- Weak compliance mechanisms to enforce international health regulations and its own recommendations;
- The WHO's lack of power to monitor, investigate, and remediate harmful actions;
- Insufficient transparency and international exchange of scientific data; and
- Lack of global cooperation, especially in the equitable allocation of vaccines and other medical resources.³¹

Aware of these shortcomings, in March 2021 the World Health Assembly (WHA), the parliamentary body of the WHO, began deliberations on an international treaty on pandemic prevention and preparedness. In an historic action, 194 countries passed a World Health Assembly resolution to host a special session devoted solely to an international pandemic agreement.³² In November 2021 that process began. The diplomatic breakthrough came amid growing international concern over the Omicron coronavirus variant, first detected in South Africa this month, which has spread further around the world.

A global agreement to strengthen pandemic prevention and responses, expected to be ready in May 2024. The specifics of the agreement have yet to be resolved. It should cover issues such as sharing of data and genome sequences of emerging viruses, and of any potential vaccines and drugs derived from research.

'This decision, to establish a negotiating body on a future pandemic agreement, may only be the end of the beginning, but the flexibility shown and the breadth of support is a good portent for the vital efforts to come,' said Simon Manley, Britain's ambassador to the UN in

Geneva. Britain, along with the EU and some 70 other countries, pushed for a legally-binding treaty. The United States backed by states including Brazil and India was reluctant to commit to a binding treaty. 'There is agreement on a text which for us is very satisfying,' a European diplomat said. 'It also gives the Americans a way out, who are clearly joined up.' Another diplomat said: 'It is a good outcome...There was enormous goodwill to get common language.' The draft resolution was posted on the WHO website.³³

Refining the terms of reference for the new treaty is a major responsibility for this UN Special Session.



WHO Director-General Dr Tedros Adhanom Ghebreyesus, 2020. WHO.

Some Proposals for Action

COVID-19 has made it clear that there are significant gaps in the international community's capacity to respond to a global pandemic, and should the UN wish not to repeat the many errors made during this period, it must enact changes. Some possibilities for consideration at the UN Special Session:

³¹ Gostin, 2021.

³² WHO, 2021c.

³³ Nebehay, 2021.



Establishing and Implementing Protocols to Combat Future Pandemics



Better information: A first rule of battle is to know your enemies. Initiatives, such as the *Global Virome Project*, which aims to map hundreds of thousands of animal viruses with the potential to sicken humans, deserve support. That information could be shared with pharmaceutical companies and research labs to assist development of preventive drugs and treatments. Unlike after the SARS and MERS outbreaks, funding for antiviral research should not ebb away. Incentives are needed for the pharma industry to pursue infectious disease research and not just focus on ‘diseases of affluence’ like diabetes. The information on lurking risks could be fed, too, into a new early-warning network linking scientists and health officials, designed to spot any suspicious surge in an unusual disease, isolate it and snuff it out. This network should form part of a strengthened global health architecture.

Epidemic surveillance is essential to early reactions. A logic step is creating a broader system of information dissemination to scientific and clinical experts, and national laboratories. Perhaps one of the best ways to prepare for and react to a pandemic is an affordable, effective, and accessible primary care system.³⁴ Primary care providers are patients’ first contact with the healthcare system, where they go to receive care when they are ill. Working alongside public health officials, primary care providers are integral to identifying local health issues and reporting them to the appropriate health agencies. A complete surveillance system requires data from primary care doctors and nurses, but this requirement must be balanced so it does not become a burden, a barrier to their work.

Rapid response: In addition to being able to detect outbreaks early, there must be a system in place which to respond rapidly to contain and control epidemics. Every Member State could

designate an emergency operation center for pandemic response. Wealthier nations might work with developing nations to establish guidelines which can inform local governments during the beginning stages of an outbreak. But such cooperation could conflict with efforts by states to limit the influence of their rivals.

Diplomacy should become a central plank of pandemic preparedness and response. This Member States cannot insist their legal sovereignty allows them to become exceptions to global action. It also means hostilities must cease in divided territories, such as ‘vaccination ceasefires’ in Afghanistan, Lebanon and Yemen, and in reaching communities that may be suspicious of outsiders or of pandemic control campaigns.

The WHO or a new organization? What should sit atop the global pandemic preparedness and response structure? The World Health Organization has been criticized for elements of its pandemic handling, and President Donald Trump weakened it by halting US funding, before it was resumed by President Biden. Is it best to work with the existing organizations, rather than lose time, or is it better to start over with a new organization better crafted to the problems of emergency global response?

Dedicate long term funding specifically for preparedness, including for core pandemic response capacities; those required to detect, assess, notify and report events, and respond to public health risks and emergencies of national and international concern. The WHO’s USD 2.5 billion annual funding is widely understood to be far too limited to meet its growing responsibilities. And much of this money is tied to specific projects set by donors. Humanitarian and development donors, especially European Union Member States and the United States,

³⁴ Bollyky & Patrick, 2020.



Establishing and Implementing Protocols to Combat Future Pandemics



previously the major source of funds, have not provided enough money.³⁵ New funding arrangements are essential. The great danger is pandemic funding will come as Member States shift funds from existing humanitarian assistance programs. Funding new sources of funding will be controversial.³⁶

Funding should target strengthening and protection of the health workforce and improvement of epidemiological surveillance and laboratory capacities, including early warning and response systems (previously used in Iraq, Libya, Somalia, Syria, and Yemen).

National action plans for health security, drawn up following joint external evaluation of a country's capacity to meet international health regulations, must be fully funded, by the Member States themselves when possible, by assistance programs when necessary. External financing should be channeled through public systems where possible, strengthening these systems in the process—the ultimate aim should be domestic ownership of pandemic preparedness financing.

Ensure multi-sectoral cooperation: Action should be taken to strengthen cooperation between all relevant international agencies, government agencies, drug companies and non-governmental organizations at regional and community levels and to bolster the governance capacity of non-governmental organizations (NGOs). Experienced frontline NGOs often bring speed, scale, and community knowledge to pandemic preparedness efforts. Community engagement also is critical during the Covid-19 pandemic for raising awareness, linking local communities with central campaigns, and identifying high risk groups for shielding.

Regional governance approaches should be bolstered—their value is clear from successful regional collaborations such as the East Africa Health Laboratory Networking Project for TB control, polio, meningitis, cholera, and yellow fever.

Create mechanisms to craft tailored guidance: While there is widespread interest in a pandemic framework convention, many worry its terms will be too general to be helpful in specific emergencies. Tailored guidance is needed particularly in settings without a functioning government, where a government or territory is divided, or where there are large numbers of displaced people. For example, where testing capacity for epidemic or pandemic infections is limited, resource stratified guidelines could prioritize targeted tests for at-risk populations and healthcare workers.

Research evaluating preparedness policies, systems, and implementation is urgently needed. Few preparedness responses have been formally evaluated, hindering adaptation and improvement. Biomedical research also has a critical role, given the value of innovations such as low-cost rapid diagnostic tests and single dose vaccines.

Reaffirm the sovereignty and independence of each UN Member State. Rather than urging collective action on the danger of global epidemics, the Special Session could agree to the opposite. It could reaffirm the overarching importance of the most essential principle of international relations, the sovereignty and independence of each Member States. For example, the Special Session could encourage the Member States to cooperate on prevention of epidemics, but reaffirm each Member State's freedom to set its own standards on detection, reporting, and treatment. Such action might not seem optimal to stopping or slowing future epidemics, but it would be popular with many UN Member States.

³⁵ Financial Times, 2020.

³⁶ Yamey, 2021.



Establishing and Implementing Protocols to Combat Future Pandemics



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Establishing and Implementing Protocols to Combat Future Pandemics



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Establishing and Implementing Protocols to Combat Future Pandemics



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