**FORUM:** GENERAL ASSEMBLY III

**QUESTION OF:** Sustainably restructuring medical services and allocating resources to combat future pandemics

**MAIN SUBMITTER:** Holy See

**CO-SUBMITTERS:** Mexico, Portugal, Bangladesh, India, Russia

 THE GENERAL ASSEMBLY,

*Reminds* the probability of a pandemic occurring has increased dramatically given to factors such as globalization and urbanization,

*Recognizing* the hard work of all countries to combat the current Coronavirus (COVID-19) pandemic;

*Further recognizes* the increased impact pandemics have on LEDCs and the responsibility MEDCs have in order to aid the control of the pandemic in their respective nations;

*Trusts* that member states of the UN follow protocol as stated in this resolution;

1. Emphasizes the importance of strengthening and further developing surveillance and diagnostic systems to ensure the early detection of a possible pandemic to;
	1. Notify and provide other nations and the World Health Organisation with characteristics of the outbreaks to,
		1. certify the best response to the pandemic,
		2. assess the geographic capability of the virus,
		3. provide nations with time to prepare for the possibility of a pandemic,
	2. Allow the possibility of real life data transfer between nations to reduce the delay of information regarding the outbreak;
2. Calls fortheimplementation of comprehensive guidelines during a pandemic, with specificity to airborne infections or respiratory diseases, applying to healthcare personnel or staff whose workplaces expose them to risk of infection including:
	1. Mandatory use of safety gear/equipment or personal protection equipment (PPE) in accordance with WHO Interim Infection Control Guidelines when entering spaces where the risk of infection is higher such as:
		1. Face masks and respirators in case of airborne infection (such as NIOSH- approved N95 respirator) which should be readily available before seeing patients,
		2. Disposable isolation gowns, as well as waterproof gowns that are clearly labelled with the protection level (1-4),
		3. Sterile and non-sterile gloves for contact with blood or bodily fluids and for general use in the workplace,
		4. Face shields specific to eye protection for frontline workers who are at a distance of one meter or less,
	2. Procedures for staff to follow outside of their workplace in order mitigate the spread of the illness such as but not limited to;
		1. Limited interaction with the exception of the family members who are geographically close,
		2. Restricted use of public transport,
		3. Restricted travel in shared vehicles with persons outside of their immediate family,
		4. Avoidance of congested or crowded areas both indoors and outdoors considering the maximum capacity of these areas;
3. Ensures the protection of those working as part of medical or health staff - those in contact with patients of current pandemic and persons working in facilities such as hospitals that treat patients - thhrough methods such as but not limited to:
	1. Keeping a record of current and past locations of all staff which will be written by hospital administrators and be privately accessed through hospital networks in order to;
		1. Trace infection back to certain staff or persons,
		2. Know which persons need to be quarantined/isolated from the rest of the personnel,
	2. Ensure fair working hours with rest periods as to not put excess strain on health personnel, which could cause decreased effectiveness of combating the pandemic and staff by:
		1. Not exceeding ILO guidelines for a maximum of 56 hours per week and 10 hours per day,
		2. Guarantee of fair compensation according to individual standard monthly wages for any additional hours than stated above,
	3. Frequent and improve access to in-house testing with separate testing facilities designated for healthcare personnel and staff:
		1. With the testing of frontline health workers taking place bi-weekly,
		2. With the testing of staff that are in close proximity to patients however not in direct contact taking place tri-weekly;
4. Encourages the increased building of field hospitals in easily accessible areas with readily available access to pre-existing hospitals with stores of supplies, in accordance with the urgency of the situation;
	1. With an increase in production of;
		1. Syringes and needles in all sizes and types (including kits),
		2. Beds (including mattresses, sheets, pillows) including:
			1. hospital beds,
			2. cribs,
			3. bassinets,
		3. Ventilator, and tubing and accessories,
		4. Protective masks,
		5. Sanitizing agents (including dispensing devices):
			1. Hand sanitizer,
			2. lotion,
			3. soap (either gel or foam),
		6. Medical cleaning brushes for equipment, patients, and furniture,
		7. Patient vital-sign monitoring devices,
		8. Additional equipment in accordance to what is necessary,
	2. Financed through;
		1. Government budgets,
		2. The UN Central Emergency Response Fund (CERF),
		3. Relevant NGOs,
	3. Prioritizing the development of field hospitals in various forms and sectors;
		1. Tent camps consisting of:
			1. Triage zones
			2. Intensive care units,
			3. Patient wards for noncritical and recovering patients,
			4. Storage facilities,
			5. Prep units for medical staff,
			6. Showers and portable toilets,
		2. Hosted in pre-existing infrastructure;
5. Urges member nations to aid research institutes, both private and non-profit, that are involved in preclinical research, to work closely with the World Health Organization and Gavi to develop a vaccine in response to the pandemic, with funding from Member States in collaboration with WHO and Global Vaccine Fund formed by The Bill & Melinda Gates Foundation;
6. Considers the employment of volunteers in collaboration with NGOs relevant to the location of the help centres and under the supervision of the World Health Organization who are in charge of aiding, running and constructing help centres;
	1. To easily transport vaccines and raw materials properly in protected vehicles from help centres to supply stores,
	2. Who must undergo a training program in order to properly and safely be able to administer vaccines to the local community in addition to at least two years of prior experience in sectors of the healthcare workforce,
	3. Work to construct local help centres structured similarly to inflatable medical tents or tent camps using readily available raw materials
	4. Organize safe methods to administer vaccines safely to local communities with careful consideration and accommodation of:
		1. Small children below the age of 5,
		2. Pregnant women
		3. Elderly population;
7. Urges Member States to pursue more cost effective, flexible and space-efficient storage spaces, which may be modified to accommodate field hospitals or general hospitals during the course of the pandemic;
8. Decides to remain actively seized on the matter.