

28 – 31 March 2021

Documentation of the Work of the World Health Organization  
(WHO) NMUN Simulation\*



**TOGETHER  
TOWARDS  
TOMORROW**

## Conference A

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# World Health Organization (WHO)

## Committee Staff

<b>Director</b>	Aemin Becker
<b>Chair</b>	Esha Jan

## Agenda

- I. Universal Health Coverage: Leaving No One Behind
- II. Managing Global Infectious Disease Outbreaks

## Resolutions adopted by the Committee

<b>Code</b>	<b>Topic</b>	<b>Vote</b>
WHO/1/1	Managing Global Infectious Disease Outbreaks	Adopted by Acclamation
WHO/1/2	Managing Global Infectious Disease Outbreaks	Adopted by Acclamation

## Summary Report

The World Health Organization held its annual session to consider the following agenda items:

- I. Universal Health Coverage: Leaving No One Behind
- II. Managing Global Infectious Disease Outbreaks

The session was attended by representatives of 19 Member States and 0 Observers.

On Sunday, the committee adopted the agenda of II, I, beginning discussion on the topic of "Managing Global Infectious Disease Outbreaks." By Tuesday, the Dais received a total of three proposals covering a wide range of sub-topics, including vaccine development and distribution, data sharing, collective action for Sustainable Development Goals 3 and 6, accessible education and health literacy, intellectual property rights, and the development of research. Further examination of the topic generated debates regarding different preventative measures for infectious diseases along with the adaptability of multilateral frameworks on pandemic response and infectious diseases. Member States in the committee worked diplomatically to ensure an inclusive environment and agreement among all delegates. On Tuesday afternoon, groups with similar ideas worked on merging their papers.

On Wednesday, two draft resolutions were approved by the Dais, none of which had amendments. The committee adopted two resolutions following voting procedure, all of which received the unanimous support of the body. The resolutions represented a wide range of issues, including preventative measures and preparedness for infectious diseases, data collection and sharing, education, and the development of research and vaccines.



**Code:** WHO/1/1

**Committee:** World Health Organization

**Topic:** Managing Global Infectious Disease Outbreaks

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*The World Health Organization,*

*Honoring* the rhetoric of Article 25 of the *Universal Declaration of Human Rights* (1948) that states, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control",

*Recognizing* the importance of working multilaterally in order to confront the COVID-19 pandemic as well as other global infectious disease outbreaks,

*Noting* that infectious diseases are the leading cause of global mortality, with HIV, tuberculosis, and malaria collectively killing more than 5 million people annually, particularly affecting sub-Saharan Africa and Asia according to the WHO report *Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks* (2009),

*Alarmed* that of the estimated 10.4 million new cases of tuberculosis in 2015, 6.1 million were detected and reported in 2015, while a gap of 4.3 million went unreported according to data gathered from the WHO Data Portal,

*Emphasizing* that the crude mortality ratio of the COVID-19 virus is between 3-4% whereas the mortality rate of seasonal influenza is below 0.1 according to the WHO report *COVID-19 Similarities and Differences with Influenza* (2019),

*Deeply concerned* that at least 24 million people in lower-income countries are at risk of not being able to get critical vaccines due to COVID-19 outbreaks and vaccine shortages according to the report *World Health Statistics* (2020),

*Affirming* the severity of the COVID-19 pandemic on the international community and the vital importance of remembering that other infectious diseases plague nations at an alarming rate,

*Acknowledging* that immunization is one of the most cost-effective public health interventions to date and prevents an estimated 2 to 3 million deaths a year as stated by the WHO report *Immunization* (2019),

*Also bearing in mind* that an estimated 3 billion people around the world lack basic hand washing facilities at home according to the report *World Health Statistics* (2020) which greatly impacts the sanitation and physical health of a community allowing for easier transmission of diseases,

*Understanding* that the presence of a pandemic or quarantine significantly affects the mental health of all those involved and that up to half of all mental illnesses are developed before the age of fourteen per the UNICEF report *Adolescent Mental Health Matters* (2020),

*Reaffirming* the trendsetting leadership of the 193 Member States of the UN in 2015 that committed to the Sustainable Development Goals; particularly SDGs 3, namely good health and well-being 4, quality education and 6, clean water and sanitation, which are specifically relevant to combating and mitigating the harmful effects of infectious diseases,

1. *Endorses* collaboration with UN bodies such as the United Nations Development Program (UNDP) and WHO to create country-specific projects and reinforcing infrastructures that work

towards developing a national response to future epidemic outbreaks in the effort of preventing the global spread of disease by:

- a. Designating direct support to nations in need of assistance during pandemic outbreaks;
  - b. Reaffirming current projects such as the current WHO and World Bank's COVID-19 Response Fund, as well as the COVID-19 Preparedness and Response Project which works towards responding to the COVID-19 pandemic and strengthening health systems;
  - c. Emphasizing the development of regional frameworks within Member States to localize and focus epidemic outbreak relief efforts;
  - d. Maintaining and respecting national sovereignty and any culturally sensitive practices;
2. *Invites* Member States to implement preventative policies to confront infectious diseases promptly such as Argentina's National System for Comprehensive Risk management and Civil Protection by:
- a. Directing attention to the vital importance of the implementation of such policies and the collective national effort regarding crisis risk reduction, management, and recovery;
  - b. Emphasizing the importance of cooperative action to prevent and mitigate disease outbreaks and full transparency of information and data;
  - c. Requesting that Member States partner with or model programs such as the Regional Disease and Surveillance Systems Enhancement Project to develop voluntary collaborative surveillance and epidemic preparedness strategies;
3. *Further encourages* developed state to assist lower-income nations in acquiring the necessary medical resources and supplies and their proper implementation within society by:
- a. Recommending all willing and able Member States to provide for and support the ongoing work being done by organizations such as Nubenco that provide non-governmental organizations (NGOs) with low-cost disposable medical supplies, pharmaceuticals, and diagnostics in a timely and efficient manner;
  - b. Confirming that Member States who, by data, are the most vulnerable and affected by global infectious diseases should get priority medical supplies in order to stop the spread of various diseases and ensure security across the globe;
  - c. Ensuring that medical professionals receive their respective national standard of training on site to maintain the efficient processing and implementing of medical supplies and as well as proper procedures in handling vulnerable populations and people at risk;
  - d. Reminding Member States to engage in multilateral cooperative efforts to promote effective distribution of medical supplies and equipment in times of global disease outbreaks;
4. *Calls upon* Member States to actively promote policies that support the achievement of SDG 3, good health and well-being, in response to the COVID-19 pandemic by:

- a. Urging Member States to collaborate on the implementation of effective policies for the distribution of immunization services during a global pandemic;
  - b. Motivating Member States to continue adequately funding non-COVID-19 health projects which have been in operation before the global pandemic;
  - c. Trusting Member States to continue combating diseases in light of COVID-19, such as malaria, which kills 400,000 people annually according to the *World Malaria Report* (2020);
5. *Encourages* Member States, on a voluntary basis, to join the WHO-funded Coalition of Epidemic Preparedness Innovations (CEPI) and support the \$3.5 billion (USD) fund towards creating a new 5-year plan that seeks to prevent or eliminate future pandemics and by:
  - a. Expressing its support of the collective donation of \$760 million to Gavi, the Vaccine Alliance, and COVAX to support equitable access to COVID-19 vaccines to 92 low-and-middle-income countries;
  - b. Drawing attention to the Pan American Health Organization's (PAHO) Revolving Fund for Access to Vaccines as it provides safe and affordable vaccines for Member States and monitors international shipping to Member States and offers a framework for other nations for vaccine distribution;
  - c. Supporting the collaboration between the PAHO and WHO in their efforts to propose a Health Agenda for the Americas and COVID-19 Response Fund that allocated supplies and medical equipment;
6. *Recommends* that Member States implement a National Water Plan to work towards the achievement of SDG 6, clean water and sanitation, by establishing national access to clean drinking water and increase sewage connections to institute hand washing stations and:
  - a. Recognizes the vital importance of Member States being provided with sanitary and accessible plumbing systems;
  - b. Expresses its belief that a National Water Plan contributes to the progression towards a more hygienic and healthy community to prevent the spread of disease and illness;
7. *Calls upon* the WHO to create a voluntary publicly accessible data portal that specifically deals with multi-sectoral preparedness, the education and prevention of infectious diseases and:
  - a. Requests that Member States create a direct forum for healthcare workers to express their concerns upon the order management system of future infectious disease outbreaks while access to the forum would be online and physical, as many healthcare workers cannot travel but have access to the internet;
  - b. Encourages the creation of a framework for a publicly accessible data portal that provides a funding model in accordance with the UN providing a 5-year model for funding;
  - c. Requests a 4-year revisal of the funding policy to ensure necessary funding is met and kept up to date with current demands;
  - d. Confirms that any publicly accessible data is both voluntary and respects the sovereignty of Member States as well as stresses the importance of language inclusivity;

- e. Welcomes ECOSOC and the UN Department of Global Communications recognized NGOs' ability to upload and update information on data portal;
8. *Expresses* the urgency of addressing the mental health of all persons during times of pandemic in which isolation and global change have proven to cause harm to the psychological well-being of the international community and healthcare workers across the globe while also encouraging nations to progress towards the following points:
  - a. Urges Member States to offer updated and adequate mental health services to communities while encouraging new education initiatives to spread awareness to youth in both an online and in-person environment while maintaining a suitable classroom and educational tools for teachers to express this information by adapting their education system programs to incorporate a mental health joint program with the United Nations Educational Scientific and Cultural Organization (UNESCO) upon their "international task force on teachers for education 2030" program;
  - b. Suggests Member States offer a national mental health help hotline, as modeled by Switzerland in the project "Talk About It. Seek Help." where it is referring to the national psychological support hotline "Dargebotenen Hand";
  - c. Endorses the Member States for the creation of a program to address the mental health of health workers on a national level, like done in the United States of America with the projects The Mental Health of Health Care Workers In COVID-19 from the Mental Health America association and The Emotional PPE Project for healthcare workers upon COVID-19 from the National Alliance on Mental Illness;
  - d. Requests the joint creation of a program with the United Nations High Commissioner for Refugees (UNHCR) "Mental Health & Psychosocial Support Programming for Refugee Operations" and the "OPS Medical missions" to address the mental health of vulnerable populations, and refugees during quarantine.



**Code:** WHO/1/2

**Committee:** World Health Organization

**Topic:** Managing Global Infectious Disease Outbreaks

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*The World Health Organization,*

*Respecting* the sovereignty of all Member States and acknowledging the norm-and-standard-setting function of WHO, established in the *Constitution of the World Health Organization* (1946) within the United Nations system to help countries prevent the outbreak of public health emergencies,

*Fully supporting* the *2030 Agenda for Sustainable Development* (2015) specifically, Sustainable Development Goals (SDG's) 1, No Poverty, 3, Good Health and Well-Being, 8, Decent Work and Economic Growth, 10, Reduced Inequalities, and 17, Partnerships for the Goals,

*Emphasizing* the need for a coordinated and cohesive international response to the next pandemic through cooperation between ECOSOC and the World Health Assembly (WHA),

*Understands* that over half of the world's population does not have access to basic healthcare and even less have access to healthcare related information and health products which leaves many populations vulnerable in times of disease outbreaks where the accessibility and availability should be of global priority,

*Reaffirming* the imperative nature of promoting a multilateral cooperative approach between Member States,

*Stressing* the importance of collaboration with the scientific community including Go.Data, a research database led by volunteer members, relating to global health when dealing with global infectious disease outbreaks,

*Acknowledging* the necessity of developing preventative measures that aim to effectively manage and mitigate the effects of global disease outbreaks,

*Realizing* the need for an all-inclusive framework to improve the collaboration and communication between Member States in the sharing of scientific research regarding the outbreak and the spread of infectious diseases,

*Noting with regret* that indigenous communities have been disproportionately hit by the recent COVID-19 pandemic both financially and medically and have reached twice the death toll from the rest of their country's population in many cases,

*Conscious* of the many factors that affect global disease outbreaks, including economic, epidemiological, and ecological aspects,

*Recognizing* General Assembly resolutions 74/274 (2020) on "International Cooperation to Ensure Global Access to Medicines, Vaccines, and Medical Equipment to Face COVID-19", 74/270 (2020) on "Global Solidarity to Fight the Coronavirus Disease 2019 (COVID-19)", and 74/2 (2019) on "Political Declaration of the High-Level Meeting on Universal Health Coverage" and World Health Assembly (WHA) resolution 73.1 on "COVID-19 Response" underlining the importance of global access to medicines and vaccines to face COVID-19,



*Alarmed by* the mortality caused by the COVID-19 pandemic, its negative impacts on physical and mental health and social well-being, its negative impacts on economies and societies and the consequent exacerbation of inequalities within and between countries,

*Deeply concerned by* the vast number of people pushed into poverty, especially those living with less than \$1.90 per day, as a consequence of the Covid-19 pandemic,

*Recalling the International Health Regulations (IHR) (1969) adopted through WHA resolution 58.3 with the aim to “prevent, protect against, control and provide public health response to the international spread of disease” as the overarching legal framework for tackling public health events and emergencies and increasing member states’ core capacities for surveillance and response,*

*Recalling the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) (1994) adopted by the World Trade Organization (WTO) and the Doha Declaration on the TRIPS Agreement and Public Health (2001) which secure returns for manufacturers but may present barriers to accessibility by reducing supply and keeping pharmaceutical prices high,*

*Deeply concerned about* future threats of infectious outbreaks which, as recently highlighted by the multiple international Centers for Disease Control and Prevention (CDC), will arise from viruses capable of animal-to-human transmission, antibiotic resistance, spread of infectious diseases through global travel and trade, weakness of public health infrastructure, and the risk of bioterrorism,

*Affirming its support for and the importance of public-private partnerships such as the Global Alliance for Vaccines and Immunization (GAVI) which seeks to increase access to immunization in poor countries,*

*Recalling that the freedom of information is an integral part of the right of freedom of expressions, as recognized in General Assembly resolution 59 (1946) and Article 19 of the Universal Declaration of Human Rights (1948),*

*Noting further the necessary urgency for easily accessible mental health centers and related project work through the United Nations Office for Project Services (UNOPS),*

1. *Calls for* the implementation of the Global Infectious Disease Program (GDIP), an umbrella framework that combines all existing frameworks and relevant guidelines regarding the control of outbreaks of infectious diseases, with the aim of facilitating the cooperation of the established programs and frameworks within the WHO, through:
  - a. Urging to establish a data bank for the voluntary sharing of research and best practices of all areas within WHO, meaning that the different areas of data sharing of WHO are merged in a singular platform, thus, facilitating the ease of access and quick distribution;
  - b. Advising to include epidemiologists, doctors, and scientific researchers in the data gathering and data sharing process:
    - i. Suggests prioritizing working with medical and scientific researchers to ensure the reliability and accuracy of the collected data;
    - ii. Urges to establish a task force supervised by WHO composed of fifteen individuals from the medical, epidemiologic and scientific community, those individuals composing the task force would be provided by Member States on a two year rotating basis;

- c. Encouraging to make the collected data openly accessible to all Member States, regardless of their own contribution, in the UN official languages, through an online platform, with any interventions being subject to review;
  - d. Reaffirming that member states' participation in this framework is on a voluntary basis on their own discretion, yet strongly encourages member states to provide and use the data to enhance global health and to better prepare countries' responses to disease outbreaks in the future;
  - e. Recommending that all Member States encourage the digitalization of medical records and clinical data within their own country to make it easily accessible for medical research and comparative analyses and share it on a voluntary basis;
  - f. Strongly emphasizes undertaking new academic studies regarding the outbreak and the spread of diseases, the measures implemented, and the progress in medical research, and to make them accessible to all citizens;
  - g. Implementing this in cooperation with WHO Health Emergencies (WHE) framework, supervised by the WHO, and funded through the Program Budget of 2021-2022;
2. *Suggests* the strengthening and uniformization of WHO's diseases outbreaks guidelines by merging all the guidelines within the International Health Regulations (1969) and the COVID-19 Strategic Preparedness and Response Plan (2020), as the merging would create a single set of guidelines encompassing the general response to diseases and the specific response to pandemic outbreaks, WHO's Guidelines implementation would further be improved by:
- a. Promoting the distribution of such guidelines to ensure member states are able to fully understand and implement any relevant recommendations;
  - b. Monitoring and helping national populations and institutions in their application respect of the COVID-19 Strategic Preparedness and Response Plan by:
    - i. Creating control procedures for the good application of guidelines by the aforementioned actors while also focusing on the differing levels of response available to member states as specified in COVID-19 Strategic Preparedness and Response plans;
    - ii. Conducting educational programs about the spread of disease and hygiene to combat fast spreading diseases before they manifest as global issues as well as educate about vaccines to combat hesitancy;
    - iii. Stressing the importance of proposed guidelines to remain adaptable to national and local contexts by:
      - 1. Understanding Member States may wish to adapt their specific response plan to national unique health situations;
      - 2. Ensuring that all guidelines must respect national sovereignty and recognize the self-determination of all states to dictate their own internal healthcare policies;

- iv. Endorses diversified assistance to multilateral support programs under the guidance of the WHO that promotes both resource support to nations struggling with infectious disease outbreaks and effective guidelines for the handling and management of outbreaks;
3. *Suggests* the establishment of physical and online workshops for medical personnel and epidemiologists, carried out through selected non-profit organizations within Member States with guidelines provided by the WHO, to stay up to date with the latest developments around infectious diseases and outbreak management;
4. *Supports* and outlines a Public Health Preparedness Clinic Framework for the international community, based on frameworks already existing by WHO Member States, which:
  - a. Promote the creation of a new form of preventative voluntary healthcare and framework for triage treatment to monitor flu/pneumonia-like symptoms, with patients sorted into low and high-risk groups, and the collaboration with the COVID-19 Response Fund in order to ensure long-term solutions;
  - b. Work as a vaccine distribution center and as an intermediary between hospitals and specialists;
5. *Recommends* the WHA create a working group tasked with creating a general universal framework of response as a minimum required-action plan to update pre-existing UN action plans with the knowledge that recent pandemics have brought, and which will then be adapted on a regional level by:
  - a. Tasking WHO officials to further work with regional experts in a region's culture, geography, and customs to adapt the plan to be sensitive to the specificities of a region, both culturally and geographically, potentially by strengthening it, on a voluntary basis;
  - b. Encouraging review of the guidelines, both regional and universal, every three years;
6. *Encourages* NGOs in the field to establish a two-step plan aiming to cater to the needs of disadvantaged and indigenous communities, under the coordination of WHO, by:
  - a. Fostering the creation of workshops aimed at combating struggles of adapting to governmental guidelines that did not take indigenous ways of life into account as:
    - i. In times outside a widespread infectious outbreak, the workshops will aim to educate the population on the general dynamics of a disease and basic ways to prevent its spread in the event of an outbreak;
    - ii. During a widespread infectious disease outbreak, the workshops will shift focus on sharing information about the current worrying disease, as well as the action taken by the government in order to stop its spread;
    - iii. The workshops will also aim to allow said indigenous and disadvantaged communities to express their grievances to authorities and propose adaptations of government guidelines with the way of life of the communities;

- b. Utilizing existing formal and informal social structures to further the impact of the workshops, such as through the trusting of community leaders with transmitting the information to their own community;
7. *Stresses* the necessity of addressing the environmental aspect of recent infectious disease outbreaks including limited resources, the effect of deforestation and its relationship with zoonotic diseases, by:
  - a. Encouraging the collaboration between United Nations Environment Programme (UNEP) and WHO about the health risks of climate change to study the effects of climate change as it favors the spread of new, potentially epidemic, infectious diseases;
  - b. Urging Member States to include the health risks of climate change as it factors the spread of new, infectious diseases in their formal education curriculums;
  - c. Reminding Member States to bear in mind the effects of climate change on zoonotic diseases in their environmental policies;
  - d. Suggesting a cooperation with the United Nations World Food Programme (WFP) as it can also help to combat global infectious disease outbreaks;
8. *Encourages* preventative measures to mitigate serious harm among populations as a result of global infectious disease outbreaks by:
  - a. Promoting the monitoring and studying of pre-existing health conditions in order to have a prepared knowledge of at-risk populations;
  - b. Developing guidelines or a framework to understand preventable steps for risk health and stronger position to address outbreaks;
  - c. Establishing culturally sensitive basic guidelines that outline effective health practices;
9. *Recommends* expanding multilateral partnerships and organizations such as with the Pan American Health Organization (PAHO) due to its mass distribution of PPE, vaccines, and employment options to those unemployed due to the pandemic, and infectious diseases passed through fluids such as malaria as a preventative measure by:
  - a. Suggesting cross regional partnerships between PAHO and Africa Center for Disease Control and Prevention for its massive and quick effective responses to disease threats to expand testing for infectious diseases;
  - b. Modeling after the Ministry of Health and Wellness of several small island member states in the Global Southeast implemented by their national CDCs which have screened 80,000 samples of blood for Malaria;
10. *Encourages* all Member States to increase surveillance of infectious diseases transmitted from animals to human beings and the ones created with possible bioterrorism purposes through:
  - a. *Recommending* the implementation of national monitoring, regulation, and policing efforts of the bushmeat trade or other illegal trades that may exacerbate the spread of infectious zoonotic disease;

- b. *Suggesting* that Member States partner with relevant non-governmental organizations (NGOs) with an emphasis on the spread of zoonotic diseases through illegal animal hunting and the bushmeat trade;
  - c. *Suggesting* to increase controls on animal reservoirs to detect potential pandemic viruses on a national level through new policies;
  - d. *Recommending* the implementation of research on transmissible and transferable vaccines to be used against zoonoses;
  - a. *Emphasizing* the possibility of monitoring genetic engineered human-created viruses;
  - e. *Endorsing* the implementation in other Member States of work similar to the regional efforts of the Vector Biology Control Division which conducted 516 entomological surveys on mosquitoes on small island member states to prevent the disease of dengue;
11. *Calls for* the establishment of comprehensive information and awareness campaign regarding infectious diseases, which seeks to provide information to the greater public through:
- a. The creation of short and easy texts that aim to transmit information in both digital and non-digital formats, with the use of infographics;
  - b. The translation of these texts into a variety of different languages, with an emphasis on indigenous languages;
  - c. The establishment of regional social media campaigns to increase awareness of outbreaks and to facilitate the sharing of best practices;
  - d. The creation of hotlines available to answer questions, in order to make information accessible for communities without access to internet, run by Member States on a voluntary basis;
  - e. The use of radio waves to transmit information relating to infectious outbreaks, their prevention, and their management, especially in remote areas where access to the internet is difficult;
12. *Suggests* establishing an Infectious Disease Emergency Panel on Information Sharing (IDEPIS) as a sub-body of the TRIPS Council to encourage collaboration between medical experts from the WHO and Member States within the WTO and:
- a. Recommends that it consists of five members from the WTO, five members of the WHO, and five members of GAVI the vaccine alliance to form a panel of experts to consult with the TRIPS Council in times of crisis including when a public health emergency has been declared;
  - b. Supports the proposal of temporary waivers to IPR to be willingly included by companies which allow Member States to include in their patent legislation a provision for use without authorization of the patent holder as already provided in Article 31 of the TRIPS Agreement;
  - c. Encourages engagement within the process of temporary relaxation by formulating a report on that matter and submitting it to the TRIPS Council for further discussion;

13. *Recommends* developing a task force, under the guidance of the WHO, for monitoring and analyzing virus and disease mutations all around the world:
  - a. Intends to form a task force of physicians and epidemiologists to monitor disease development and outbreaks all around the world through using a global network of supporting local scientists that monitor disease outbreaks locally and analyzes the potential risk of the new mutation or disease;
  - b. Creating a neutral global support for local governments and medical teams in terms of dealing with new diseases and outbreaks;
  - c. Encourages to locally implement actions by the task force in cooperation with local medical organizations and information whilst respecting national sovereignty;
14. *Intends* to create a research and development a fund in cooperation with the existing Alliance for Health Policy and Systems Research, based on voluntary donations from Member States and focusing on two types of research:
  - a. Undertaking proactive research to prepare for future diseases and building a global foundation of knowledge and responses to future pandemics by:
    - i. Calling upon the use of existing worldwide research facilities to optimize vaccine and medication production funded through a scholarship-based application process through the existing proven international scientific connection of the alliance;
    - ii. Recognizing that profitability is a traditional barrier to funding the research of potential future outbreaks, and creating a fund for preventative research and to build stable and extensive research foundations for future pandemics;
    - iii. Encouraging raising awareness in the field of antimicrobial stewardship, for a more cautious and conscious use of antibiotics in clinical practice and in the preventive treatment of animals on intensive farms, in order to reduce the risk of developing antibiotic resistance bacteria;
    - iv. Supports the undertaking of new studies on zoonotic diseases with cooperation from experts in diverse scientific fields such as ecology and zoology;
  - b. Intends to enhance the work on solutions that are to be quickly taken to tackle pandemic outbreaks in real time including financially supporting solutions such as pressing research, procurement of needed medication and vaccinations, as well as funding local responses including quarantine measures.