The Issue of Establishing Preparedness Protocols for Future Health Emergencies

Scientists first identified a human coronavirus in 1965. This first virus was the cause of the common cold, and now there are seven known coronaviruses that can infect humans. On the 31 December 2019, WHO (World Health Organisation) was informed of multiple cases of pneumonia of an unknown cause in Wuhan City, China. Then in early January the cause was identified as a member of the coronavirus family. It was reported as a novel coronavirus, meaning it was a new strain that has not been previously identified in humans. The strain is most commonly known as the COVID-19 virus.

Though on the 30 January 2020 the WHO Director-General declared the novel coronavirus outbreak as a public health emergency of international concern (PHEIC) – which is the highest level of alarm – there was still a rapid increase in the number of cases outside China which led to the outbreak to be classified as a pandemic, on 11 March 2020. However, by this announcement over 118000 cases had been reported in 114 countries and 4291 deaths had been recorded. The rapid increase in cases and deaths, spread throughout countries, meant each country had to take decisive actions to contain the virus in an attempt to eradicate it.

Europe eventually became the epicentre of the pandemic by the middle of March 2020, reporting over 40% of globally confirmed cases. As of 28 April 2020, over 60% of global mortality from the virus was from the European Region. With an array of strategies to tackle the pandemic within each country, including lockdowns, closure of borders and herd immunity attempts, Europe again became the epicentre for the virus in early November 2021.

With delayed eradication of the COVID-19 virus, it caused variants of the virus to be produced. These variants are produced when there is a mutation (change) in the virus's genes. In the nature of viruses that contain RNA such as coronavirus, the mutations can be said to be due to geographical separation, hence different variants being commonly called after the country they were first identified in. For example, the Delta variant, first discovered in India in the late 2020, swept through the country rapidly before reaching the UK and USA, where it quickly surged. Due to its mutation, allowing it to transmit almost twice as fast as previous variants, the variant now accounts for a significant number COVID-19 cases, and is believed to cause more hospitalization.

So as countries aim to tackle their own spread of COVID-19, the underdeveloped and overwhelmed healthcare systems in many countries struggle to tackle the increase in number of cases, possibly causing an increase in variants. Though there has been a significant vaccination rollout within some countries, and the help of the WHO's COVAX program – aiming to ensure all countries have equal access to vaccines – the inequality within accessibility to vaccinations is still prominent and is likely to lead to more variants forming.

Healthcare emergencies impact all aspects of our lives; socially, economically, and environmentally. During this COVID-19 pandemic, there were lockdowns enforced in many countries, leading to concerns about the increase level of domestic abuse, suicide rates and access to food. The economy suffered throughout the strategy of the closure of borders, in an attempt to reduce infection rate. For countries that have tourism as their biggest economic provider, there were struggles with lack of foreign visitors. The best way to decrease these impacts of a pandemic is to eradiate the virus as fast as possible, but with countries struggling to do so, we look to be more prepared in the future.

Therefore, as we have seen the cases and deaths of the COVID-19 pandemic increase, it is important to tackle future health emergencies at a much quicker rate. As different countries sought different protocols for tackling this pandemic, the most beneficial can be argued and agreed to be enforced quicker. Possibly tackling these epidemics before they are able to reach the status of a pandemic.

Points to consider
- What strategies should be enforced by each country during a future healthcare emergency?
- Should countries help tackle epidemics in other countries to avoid them becoming pandemics?
- Should each country be allowed to tackle the emergency independently?
- Should and how can HICs offer aid to healthcare systems in LICs?
- How can vaccination rollouts be improved, and should vaccinations be enforced?

Useful links
- https://www.bbc.co.uk/news/live/world-59398909
- https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/when-will-the-covid-19-pandemic-end
- https://www.ifpma.org/global-health-matters/how-do-we-better-prepare-for-future-pandemics/
- https://www.who.int/news/item/01-10-2020-the-best-time-to-prevent-the-next-pandemic-is-now-countries-join-voices-for-better-emergency-preparedness
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