

IFMSA Policy Document Health Emergencies

Proposed by Team of Officials

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Policy Statement

Introduction:

Although there is no precise definition for Health Emergencies, they encompass pandemics, water-borne diseases, zoonoses, chemical disasters, radiological emergencies, and natural hazards. Health Emergencies are acute, high-impact events that threaten the health of populations and therefore demand a coordinated approach involving local, national, and international actors. In addition, due to increasing global connectedness, countries are progressively impacted by each other's preparedness and response strategies, emphasizing the importance of a global collaborative strategy.

IFMSA position:

The IFMSA contends that preventing Health Emergencies is essential to minimize any crisis's health, social and economic impact. Furthermore, we highlight the importance of continuous investment in strengthening health and public health systems to detect and rapidly respond to acute health incidents. Health Emergencies require a multidisciplinary approach from different professions, organizations, and nations that work together to efficiently and swiftly save as many lives as possible while minimizing the immediate and post-crisis impact.

Call to Action:

Therefore, the IFMSA calls for:

Governments to:

- Fortify sufficient resources and funding to strengthen healthcare systems and emergency preparedness, including developing efficient response plans and establishing adequate infrastructure to address health emergencies effectively.
- Collaborate with international partners, regional organizations, and neighboring countries to enhance coordination, information sharing, and joint response efforts during health emergencies, thus ensuring a unified and coordinated approach.
- Set up national surveillance systems capable of identifying health emergencies in 'hard-to-reach' areas, especially in rural settings.
- Adopt an interprofessional and one-health approach in addressing health emergencies so that every healthcare professional and relevant sector has clearly defined roles and responsibilities for effective outcomes.
- Prioritize achieving Universal Health Coverage (UHC), providing dignified and non-discriminatory healthcare services, with a focus on removing barriers to access for vulnerable and marginalized populations.
- Develop initiatives to train citizens and youth on first-aid responses and disaster preparedness
- Guarantee prompt and adequate response to health emergencies and disasters by relevant health surveillance teams with detailed records of statistics and information for future reference.
- Implement policies that address the response and management of health emergencies amongst citizens.

The World Health Organization (WHO) to:

- Bolster its leadership role in coordinating global health emergency responses by improving decision-making processes, mobilizing resources promptly, and communicating transparently with member states and other stakeholders.
- Conduct regular assessments of national healthcare systems' preparedness for health

emergencies, providing technical support, capacity building, and guidance to member states to improve their response capabilities and ensure a harmonized global response.

- Consistently update and share data and risk communication in an accessible and equitable manner, utilizing optimal social media use to promote health literacy and combat misinformation.

The **Private Sector** to:

- Actively engage in public-private partnerships to support and invest in research and development of innovative solutions, technologies, and medical interventions that can contribute to effective prevention, detection, and control of health emergencies.
- Utilize their expertise, resources, and logistical capabilities to assist in the distribution of essential medical supplies, equipment, and vaccines during health emergencies, ensuring equitable access and coverage for vulnerable populations.

Non-Governmental Organizations to:

- Advocate for policies that prioritize health emergency preparedness, response, and recovery, ensuring the inclusion of marginalized and vulnerable populations in planning processes and equitable allocation of resources.
- Raise awareness and contribute to accessible, community-based interventions and communication during health emergencies.

Healthcare facilities to:

- Implement robust measures to prevent and control infections, such as training healthcare workers, ensuring enough protective equipment, and setting up surveillance systems to quickly identify and respond to health emergencies in healthcare facilities.
- Prepare plans to handle increased demand, ensuring adequate staffing, and swift expansion of services during emergencies, while continuing to provide essential care for non-emergency patients.
- Incorporate basic strategies for the prevention of health emergencies within their standard operating procedures (SOPs).
- Keeping up with the latest guidelines released during times of crisis, seeking to act in light of the most up-to-date knowledge possible

Universities and Educational Institutes to:

- Incorporate health emergency preparedness and response training into medical and healthcare curricula, equipping future healthcare professionals with the necessary skills, knowledge, and competencies to effectively handle and respond to health emergencies.
- Ensure students are actively engaged in activities that promote intervention strategies for health emergencies at the institutional level
- Facilitate research projects to investigate clinical information and social impact of each health emergency to ensure data availability for future policy making.

IFMSA NMOs and medical students to:

- Advocate for the inclusion of health emergency preparedness and response as a component of medical education and training.
- Actively participate in local, national, and international health emergency response efforts, volunteering their time, expertise, and skills to support healthcare systems.
- Raise awareness and contribute to accessible community-based interventions and communication during health emergencies.
- Develop activities that will reflect health emergencies response intervention strategies amongst medical students.

Position Paper

Background information:

Throughout history, there have been several situations where human beings had to face health threats and emergencies at an international and global scale, including but not limited to the 1918 H1N1 Influenza pandemic (1)(2) and the 1986 Chernobyl nuclear incidence (3). There is no single and clear definition for Health Emergencies, but the general agreement is that they encompass several health threats, such as pandemics, water-borne diseases, zoonoses, chemical disasters, radiological emergencies, and natural hazards to communities' lives. (4) Thus, we can consider them as a wide range of scenarios, including infectious diseases, chemical and radio nuclear incidents, food contamination, and threats associated with climate change such as extreme weather events and deforestation (5).

On the other hand, health emergencies can be defined from both the patient's perspective and the health professional's perspective. The patient's perspective is based on their perceived urgency, while the health professional's perspective is based on their assessment of the situation, such as triage scores allocated in a hospital emergency department (6).

Health emergencies can have immediate health consequences—for example when people are seriously injured by earthquakes, flooding, and other hazards, in addition to longer-term public health crises that may also arise in the aftermath of a disaster. This can happen when health systems are severely affected, in addition to being overwhelmed with the increased burden of patients (7).

Emergencies that result from natural hazards or human-made events pose a physical and mental threat that may harm the personal resilience and well-being of the population. Health emergencies can therefore impact physical health, mental health, and social well-being, with all of these impacts having huge relevance to public health (8).

Discussion:

1. Causes and determinants of health emergencies

Health Emergencies can be caused by a multitude of factors and determinants. One primary cause is the emergence and rapid spread of infectious diseases, such as novel viruses or drug-resistant bacteria, which can lead to pandemics and pose a significant threat to global health (9) (11). Environmental factors also play a crucial role, including natural disasters like earthquakes, hurricanes, and floods, which can result in the displacement of populations and the breakdown of essential health services. Additionally, human activities contribute to health Emergencies, such as chemical disasters, industrial accidents, and nuclear incidents, which can have far-reaching consequences for both human and environmental health (10) (12). Socioeconomic determinants, such as poverty, inequality, inadequate access to healthcare, or complex situations such as civil war or armed conflict, further exacerbate the vulnerability of communities to Health Emergencies. (11) (13) Furthermore, the interconnectedness of our globalized world, with increased travel and trade, can facilitate the rapid transmission of diseases and the spread of emergencies across borders (14). Understanding these causes and determinants is crucial for effective preparedness, response, and mitigation strategies to address health emergencies.

2. Impact of Health Emergencies on Physical Health

During emergencies, such as conflicts, natural disasters, or public health crises, the impact on physical health can be significant for various members of the population. Examples of such impacts can include neglected health needs and higher mortality rates. During emergencies, children's health needs can be neglected, leading to devastating effects. Basic and essential care, including life-saving medicines and supplies, may be inaccessible to newborns, children, and mothers. This can result in a higher risk of disease and malnutrition, as well as an increased vulnerability to sexual violence for adolescents due to the lack of critical health care and services. In addition, in countries in more vulnerable settings, which are often affected by conflicts or emergencies, mortality rates for children under the age of 5 are nearly three times higher than in other countries. Unsafe drinking water, poor sanitation, and limited access to healthcare contribute to more children dying from diseases related to these factors than from direct violence (13).

In addition, there is always an apparent impact on Hospitals and Workplaces, where public health emergencies can also impact large private institutions, such as hospitals and workplaces. Hospitals face challenges in responding to mass emergency conditions, and employers have to provide a safe workplace. Employment benefits law and long-term quarantine measures can also become essential factors during emergencies (14). Moreover, healthcare workers face various hazards during emergencies, including sharps' injuries, exposure to harmful chemicals and hazardous drugs, back injuries, latex allergies, violence, and stress. Ensuring the safety and well-being of healthcare workers is crucial for effective emergency response (15).

Last but not least, in emergencies, common medical emergencies can occur, such as bleeding, heart attacks, seizures, difficulty breathing, fractures, burns, and poisoning. Knowing how to respond to these emergencies can help save lives and minimize the impact on physical health (16).

3. Impact of Health Emergencies on Mental Health

The impact of emergencies on mental health is a critical concern. Emergencies such as natural disasters, pandemics, and armed conflicts can have significant impacts on individuals' mental well-being. These can include the effect of natural disasters on mental health: Disasters can lead to a state of despair and psychological distress, such as severe and uncontrollable stress, grief, sadness, substance dependency, and adjustment problems, that can arise after traumatic experiences, and thus disrupting the lives of victims and causing loss on various levels. In addition, physical health effects caused by disasters, like cold, cough, flu, sore throat, headaches, skin rashes, gastrointestinal illness, chest illness, and high blood pressure, can also result in psychological stress. An example of the mental health impact of health emergencies is the Indian Ocean tsunami in 2004 which resulted in symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD), where displaced victims reported more symptoms compared to non-displaced victims. Moreover, disasters can lead to mental instability, denial, insecurity, and various maladaptive reactions, in addition to the fact that more vulnerable populations such as children, women, and dependent older populations are particularly vulnerable to the psychological effects of disasters, experiencing issues such as PTSD, depression, anxiety, emotional distress, and sleep disorders (17). Another statistic shows that among people who have experienced war or other conflicts in the previous 10 years, one in five (22%) will have depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia (18).

In addition, the COVID-19 pandemic has exposed vulnerable populations to threats to well-being and increased the strain on emergency medical services (EMS) to provide specialized care for mental health impacts, where lockdown measures have been associated with increasing loneliness and social isolation, contributing to mental health issues (19).

Also, following the life-course approach, children affected by armed conflict, natural disasters, and other emergencies often lack access to mental health and psychosocial support, which can have long-term effects on their well-being. This is highlighted in the fact that, for example, exposure to traumatic events can lead to harmful outcomes for adolescents, including alcohol and drug abuse, low self-esteem, health issues, poor school performance, self-harm, and suicide, and failure to address mental health and psychosocial issues in crisis situations can hinder a child's development and participation in society, and lead to stigma, discrimination, and further violence. In addition, parents and caregivers may also experience mental and psychosocial duress during emergencies, which can affect their ability to provide necessary support and care, all of which will affect the growth, development, and meaningful functioning of several generations for years to come (20).

4. Impact of Health Emergencies on Social Wellbeing

Health emergencies can have a significant effect on social well-being, affecting individuals, families, and communities, which include emotional and mental health impacts, where emergency situations can cause a wide range of emotional and mental health challenges for individuals. The exposure to traumatic events can result in mild to severe emotional and psychological distress. According to the Victorian Council of Social Services, between 5-40% of people involved in an emergency event are at risk of sustaining a severe and protracted psychological injury, where people may experience shock, fear, anger, grief, and trauma, which can put a strain on personal, family, and community relationships. The mental health impacts of emergencies can also lead to an increase in problematic alcohol and drug use, self-harm, violence, and abuse (21).

Additionally, the ability of a community to recover from a disaster is influenced by its underlying functioning. Communities that have strong social connections and plentiful resources tend to be more resilient in the face of a crisis. On the other hand, people and communities living with pre-existing vulnerabilities or who are more disadvantaged are at higher risk of the immediate, medium, and long-term effects of disasters, such as loss, injury, and social and economic hardship (21).

Finally, emergencies can also have a particularly devastating impact on the psychological and social well-being of children, adolescents, and adults. Exposure to acute emergency situations, such as natural disasters, can lead to distress and undermine resiliency. Adverse events and living in unstable environments can contribute to behavioral changes, hinder educational access and quality, and inhibit learning and cognitive development in children and young people (22).

5. Vulnerabilities and Vulnerable Groups to Health Emergencies

Vulnerability can be described as "the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard (23). Vulnerabilities to health emergencies can arise from various factors, including population characteristics, environmental conditions, pre-existing health conditions, and societal factors, which are described below:

- Population characteristics: Certain factors like sex, age, or income can influence an individual's health and their risk for being seriously affected by public health emergencies (24). For example, older persons may have pre-existing conditions or reduced regenerative capacity, making them more vulnerable to injuries and long-term impacts during emergencies. Similarly, individuals with chronic health conditions or disabilities may face additional challenges in accessing care and basic needs during disasters (25).
- Environmental conditions: Environmental factors play a significant role in health emergencies. Disasters and conflicts can exacerbate health problems, disease, hunger, and death, particularly

among vulnerable groups who have limited access to medical treatment and preventive measures (26).

- **Pre-existing health conditions:** Individuals with pre-existing health conditions may be more susceptible to the impacts of health emergencies. For example, individuals with compromised immune systems or respiratory conditions may be at higher risk during disease outbreaks. Identifying and prioritizing these at-risk groups is crucial for allocating resources and implementing targeted interventions (24).
- **Societal factors:** Societal factors, such as inequalities in access to healthcare, social support, and resources, can contribute to vulnerabilities during health emergencies. For example, low-income populations may face challenges in accessing healthcare services and preventive measures (24). Disparities in healthcare infrastructure and resources can further exacerbate vulnerabilities, particularly in low-capacity countries (5). Additionally, certain ethnic or religious minorities may face disproportionate risks during disasters and conflicts (25).

In addition, during health emergencies, certain groups of people are more vulnerable and at a higher risk of detrimental outcomes. These vulnerable populations include:

1. **Children:** Children are vulnerable due to their susceptibility to injury, dependence on others for support and decision-making, and their unique physiological needs. They may suffer from trauma, malnutrition, dehydration, and infectious diseases during emergencies. The treatment and care required for children differ from those for adults, and their needs are often overlooked in emergency planning (27). In addition, with school closures, there is a wide range of adverse impacts, including disruptions in the processes of learning and socialization, which is essential to social and behavioral development. Furthermore, sustained disruption of education could lead to a rise in child labor and child marriage, placing a further brake on developing countries' growth (28).
2. **Older people:** Older adults, especially those with chronic illnesses, are more susceptible to poor health outcomes during emergencies. They may have mobility, sensory, cognitive, social, and economic limitations that hinder their adaptability and increase their risk of emotional distress, trauma, and worsening health conditions. Special attention and support are needed for the elderly during and after emergencies (27).
3. **People with Disabilities:** People with physical and mental disabilities face numerous challenges during emergencies. They may have difficulty understanding instructions, accessing transportation for evacuation, finding accessible shelters, and receiving appropriate care. Emergency responders and shelters may lack the knowledge and resources to accommodate their needs, resulting in poor outcomes for this group (27).
4. **Pregnant people:** Pregnant people have specific needs and face increased risks during emergencies. They may experience underweight babies, premature deliveries, and infant mortality. Lack of access to medical records and essential medication, exposure to illnesses in crowded shelters, and potential contraindication of certain interventions pose additional risks to pregnant people during emergencies (27).
5. **Socially and Economically Disadvantaged Groups:** Socially and economically disadvantaged groups, including low-income individuals and marginalized communities, are more vulnerable during emergencies. They may have limited access to healthcare, resources, and information, making it difficult for them to prepare, respond, and recover from health emergencies. These groups may face barriers in accessing necessary support and may require targeted assistance to ensure their well-being. [25] Moreover, health emergencies have an even bigger impact on poorer populations by pushing households below the poverty line and thus increasing inequality (29).

6. Global Efforts on Health Emergencies

6.1 International Health Regulations and Health in All Policies

In order to tackle Health Emergencies and preparedness, Member States need to work together to develop, maintain and strengthen core capacities for surveillance and response (30) (5). This resulted in the creation and adoption of the International Health Regulations (IHR), which is a legally binding agreement among 196 countries to build the capability to detect and report potential public health emergencies worldwide. The IHR requires that all countries have the ability to detect, assess, report, and respond to public health events. The goal of the IHR is to prevent, protect against, control, and respond to the international spread of diseases, while avoiding unnecessary interference with international traffic and trade (31).

The IHR 2005 introduces the concept of a “public health emergency of international concern” (PHEIC) (32)(8). A PHEIC is “an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response”. Any event that affects the public health of more than one WHO Member State may qualify as a PHEIC. This definition implies a situation that is serious, sudden, unusual or unexpected; carries implications for public health beyond the affected State’s national border and may require immediate international action (33) (9).

As previously mentioned, Health Emergencies affect several sectors of our society, highlighting not only the impact on our Health Systems but also on mobility and travel, business and commerce, education, industry, and energy. With this said, when talking about this intersectoral strategy, one important concept is “Health in All Policies”, an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity (34) (10).

6.2 General Global Efforts

Examples of global efforts can be seen when WHO has declared several PHEICs in the past, including the H1N1 pandemic, the Ebola outbreak in West Africa, the Zika virus epidemic, the COVID-19 pandemic, and the monkeypox outbreak (35). These declarations signal the need for a coordinated international response to address the public health risk and can lead member countries to invest resources in controlling the outbreak, draw more funding to the response, and encourage nations to share vaccines, treatments, and other key resources (36).

The declaration of a PHEIC is made by an IHR Emergency Committee (EC) of international experts (35). The committee assesses the situation and provides recommendations to the WHO, which then decides whether to declare a PHEIC (37).

There are different approaches to addressing global health emergencies and strengthening global preparedness and response. Some key areas of focus include:

1. Preparedness for emergencies: It is essential to have minimum preparedness measures in place for a rapid response to public health emergencies. This includes strengthening the child and newborn health component in emergency preparedness plans, minimizing the risk of gender-based violence, and deploying human resources to affected areas. Building local capacity through training for technical staff of governments and partners is also important (13).
2. Linking humanitarian response to development: Planning for recovery and strengthening infrastructure is critical in advancing development and building resilient health systems. This includes re-establishing routine health services in humanitarian and emergency settings and

decentralizing primary health care systems in areas vulnerable to emergencies. Risk-informed programming plays a crucial role in alleviating suffering and laying the foundation for sustainable development (13).

3. Coordinated international response: A coordinated international response is essential in addressing global health emergencies. This includes sharing data and information among countries, collaborating on research and development of vaccines and treatments, and providing financial and technical support to affected countries (36).

7. Health Emergencies and One Health

The concept of "health emergencies" and the "One Health" approach are closely related, and both are important in addressing public health risks and crises. For example, WHO supports Member States in strengthening their capabilities for preparedness and response to outbreaks of zoonotic diseases through improved coordination that applies the One Health approach. This includes preparedness training to improve the understanding of the perspective of other sectors (38). This has been emphasized through the COVID-19 pandemic highlighting the importance of a well-resourced response using a One Health approach. This involves a broad range of human and animal health stakeholders and shared resources, which can be scaled back as needed (39). However, animals are rarely included in national disaster plans and investments, and their needs are rarely factored into relief operations. Nevertheless, post-disaster community rehabilitation programs may be strengthened by factors such as compensation for livestock losses. Emergency and disaster preparedness, response, and recovery planning should follow the One Health approach by considering animal welfare, including rehabilitation and economic recovery (40).

8. Health Emergencies in the Context of Health Systems and Universal Health Coverage

Universal health coverage (UHC) is a concept that aims to ensure that all people have access to the full range of quality health services they need, without facing financial hardship. It encompasses a comprehensive set of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care, throughout a person's life. UHC is a key target of the Sustainable Development Goals (SDGs), with the goal of having 1 billion more people benefit from UHC by 2025 (41). UHC is particularly important in the context of health emergencies, such as the COVID-19 pandemic. Health emergencies can strain health systems and disrupt the delivery of essential health services. They can also expose weaknesses in health systems and highlight disparities in countries' abilities to cope with and recover from crises (42).

To achieve UHC in the context of health emergencies, several approaches can be taken:

1. Strengthening health systems: A strong and resilient health system is essential for providing universal health coverage during health emergencies. This includes having an adequate number of skilled health workers, well-functioning health facilities, robust supply chains for essential medicines and equipment, and effective health information systems. Strengthening health systems can help ensure that health services are available and accessible during emergencies (43).
2. Reimagining primary health care (PHC): Primary health care is the foundation of UHC and plays a critical role in responding to health emergencies. By reimagining PHC, countries can ensure that access to essential health services is maintained during emergencies and that people can get the help they need. This may involve strengthening the capacity of primary healthcare facilities, expanding the scope of services provided, and improving coordination between primary healthcare and emergency response systems (44).
3. Ensuring financial risk protection: Universal health coverage includes financial risk protection, which means that people should not face financial hardship when accessing health services. This is particularly important during health emergencies, when people may require costly

treatments or hospitalizations. Countries can implement measures such as health insurance schemes, social protection programs, or exemption policies to ensure that people are not burdened with high out-of-pocket expenses during emergencies (43).

4. Policy dialogue and international cooperation: Achieving UHC in the context of health emergencies requires collaboration and coordination among different stakeholders, including governments, international organizations, civil society, and the private sector. Policy dialogue and international cooperation can help identify best practices, share experiences, and mobilize resources to support countries in their efforts to provide universal health coverage during emergencies (43).

It is important to note that achieving UHC in the context of health emergencies is a complex and ongoing process. It requires sustained commitment, adequate resources, and continuous monitoring and evaluation of health systems. Countries may adopt different approaches based on their specific contexts and resources available. The World Health Organization (WHO) and other international organizations provide guidance and technical support to countries in their efforts to achieve UHC and respond to health emergencies (43).

9. Role of youth in health emergencies

The role of youth in health emergencies is crucial in ensuring the well-being and safety of communities affected by crises. Youth have the potential to contribute in various ways, including providing support in healthcare, disseminating information, and promoting mental health and psychosocial well-being. For example, during health emergencies, healthcare systems are often overwhelmed, and there is a shortage of healthcare professionals. Thus, youth can play a vital role in providing support in healthcare settings through assisting in non-medical tasks such as administrative work, logistics, and communication, allowing healthcare professionals to focus on providing direct care to patients (13).

In addition, access to accurate and timely information is crucial during health emergencies and youth can take on the responsibility of disseminating information about preventive measures, available healthcare services, and resources to affected communities through the usage of various platforms such as social media, community networks, and local outreach programs to ensure that accurate information reaches those in need (45).

Furthermore, health emergencies often have a significant impact on the mental health and psychosocial well-being of individuals, especially children and adolescents and youth can actively participate in promoting mental health and psychosocial support by organizing support groups, peer-to-peer activities, recreational programs, and life skills training. These initiatives provide affected individuals with a sense of stability, coping mechanisms, and emotional support. (20)

Youth can also play a crucial role in advocating for the needs and rights of individuals affected by health emergencies. They can raise awareness about the specific challenges faced by communities, advocate for resource allocation, and engage with policymakers and stakeholders to ensure that the needs of affected individuals are addressed (46). Moreover, they can actively participate in building community resilience and preparedness for health emergencies through engaging in activities such as first aid training, disaster preparedness drills, and community-based risk reduction initiatives. By actively participating in these initiatives, youth contribute to the overall preparedness of their communities and help minimize the impact of health emergencies (47).

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