

WMA STATEMENT ON EPIDEMICS AND PANDEMICS

Adopted by the 68th General Assembly, Chicago, October 2017

PREAMBLE

1. History demonstrates that new diseases may emerge and old diseases re-emerge, unpredictably. The rapid global movement of people and goods now means that infections spread globally at unprecedented rates, challenging health systems to respond in a timely manner. Therefore, quickly recognizing and reacting appropriately to such epidemics or pandemics must be an international concern, with effective communication and collaboration between nations.
2. Epidemics may be caused by a variety of infectious agents with different methods of transmission. These diseases may be self-limiting, may lead to few obvious symptoms or may cause short or long term, sometimes serious, effects. Relatively minor illnesses may become life threatening in some vulnerable individuals. This may include the elderly and the very young as well as those with some degree of compromised immunity.
3. Investment in public health systems will enhance capacity to effectively detect and to contain rare or unusual disease outbreaks. Core public health functions are needed as a foundation for detection, investigation and response to all epidemics. A more effective global surveillance program will improve response to infectious diseases and will allow earlier detection and identification of new or emerging diseases. Epidemics and pandemics have the potential to spread more rapidly in countries with systematically underfunded and underdeveloped public health systems.

RECOMMENDATIONS

WHO and National Governments

4. The World Health Organization (WHO) has the responsibility for coordinating the international response to epidemics and pandemics. It has defined phases that allow an escalating approach to preparedness planning and response as an epidemic evolves. The WMA recommends:
 - 4.1 WHO should ensure that all relevant data on the development of infectious diseases and their spread is collected, including working with voluntary bodies or non-state actors as well as national and local governments who observe developments in areas where documentation may be limited. A global system of

data capture and surveillance is essential for tracking infectious diseases and their consequences.

- 4.2 WHO should work closely with the Centers for Disease Control in Atlanta and Europe (CDC and ECDC), National Centres for Disease Control and other applicable regional public health agencies to examine reports of disease pattern changes and to declare epidemics and pandemics as soon as they are identified. Emergence and identification may be on different time scales.
- 4.3 WHO and others should work with national governments and international government groups to coordinate responses to emerging and reemerging infectious diseases.
- 4.4 WHO should collaborate with national medical associations and other health authorities to ensure that accurate and timely clinical care guidelines are made available to physicians and health care providers.
- 4.5 As infections emerge or reemerge WHO and other UN agencies must ensure that easy-to-understand information is made available to all people in the affected zone in local languages, working with governments and other partners. This should include information on disease prevention, including appropriate information on optimal hygiene and infection control practices.
- 4.6 Where diseases lead to the development of birth defects, governments must provide support to families that are affected.
- 4.7 A cadre of public health specialists who can offer support during a developing health emergency should be developed and supported by all national governments.

They and other physicians should be prepared to make themselves available to assist in epidemic control, according to their relevant skill set.

National Medical Associations (NMAs)

- 5.1 NMAs should clearly identify their responsibilities during an epidemic including the extent of their participation in the national epidemic planning process. These responsibilities should include communicating vital information to the public and especially to health care professionals.
- 5.2 Where applicable, NMAs should offer training, information and clinical support tools to physicians and regional medical associations, working with public health and educational institutions.
- 5.3 NMAs should be prepared to advocate for adequate government funding for supporting the health care workforce and preparing for an epidemic.

Physicians

- 6.1 Physicians should be sufficiently educated about transmission risks, infection control, and concurrent chronic illness management during an epidemic.
- 6.2 Since physicians will be the first responders, they must remain involved in planning for epidemics and all stages of epidemic response at the local level.
- 6.3 Physicians should take all measures necessary to protect their own health and the health of their staff and co-workers.
- 6.4 Physicians should assist in primary data collection to monitor epidemics with due regard to confidentiality and protecting the vulnerable.

RESCINDED