

Forum: General Assembly

Issue: Strengthening Global Preparedness for Infectious Diseases and Epidemics

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Introduction

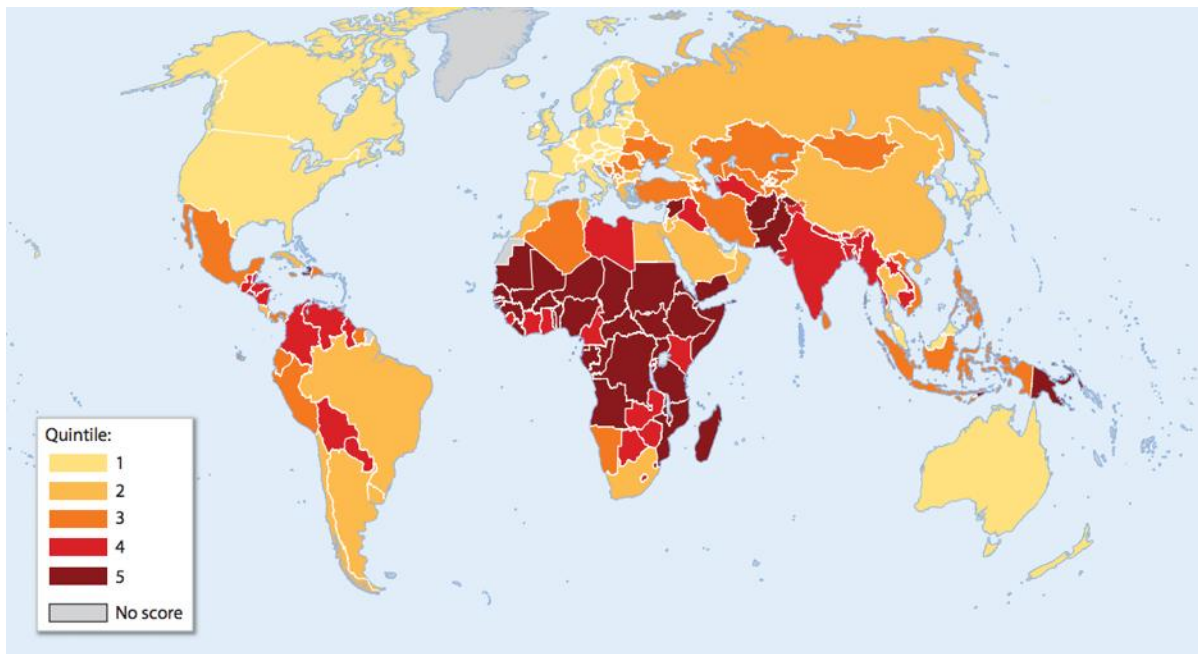


Figure 1: A choropleth demonstrating the Degree of Preparedness for the Next Epidemic Globally (BMJ Global Health)

Spanning centuries, humans have struggled with numerous infectious diseases that have influenced social progress. From the Black Death that forever reshaped European social development to the ongoing Ebola outbreak with a roughly 48% fatality rate, humans have repeatedly been driven to advance medical science and public health. However, half a decade ago, the outbreak of COVID-19 came to influence people's lives globally, causing millions of deaths, leading to economic recessions, and disrupting families. During COVID-19, although many More Developed Countries (MDCs) demonstrated heightened awareness through timely reports, mobilizing medical necessities, and developing vaccines, these efforts were often unevenly presented worldwide. Less Developed Countries (LDCs) struggled with fragile healthcare systems and insufficient workers, while some MDCs had already started to enforce mandatory vaccinations on citizens. Paradoxically, quantitative data still suggest that

COVID-19 was considered the most severe global health crisis in the twenty-first century, causing more than 20 million excess deaths and wiping over USD \$10 trillion from the global economy. It ultimately exposed a deeper weakness in the global response to infectious diseases and epidemics: the unequal ability among countries to respond effectively and efficiently. For example, delays in public health measure implementations, shortages of medical resources, and disparities in healthcare access hindered control over the virus, allowing the pandemic to cause greater social and economic costs.

In February 2025, the World Health Organization Director-General Tedros Adhanom Ghebreyesus raised a critical point on epidemic preparedness: “The next pandemic is a matter of when, not if.” Currently, issues of global preparedness for infectious diseases and epidemics can be concluded into 2 major focuses: weak global coordination and inequity in access.

Viruses spread exponentially across borders. Thus, countries must coordinate with each other to share information, monitor outbreaks, and organize effective responses. However, differences in communication systems, healthcare capabilities, and national priorities often prevent countries from taking unified action. At the same time, unequal access to healthcare resources remains a significant concern. While some nations possess advanced medical technologies and stronger healthcare systems, many regions continue to struggle with limited medical supplies, insufficient healthcare workers, and restricted access to treatments. The rapid spread of infectious diseases, combined with disparities in national healthcare access, makes epidemic preparedness a complex global challenge that requires coordinated international cooperation and multilayered considerations.

Definition of Key Terms

Preparedness

The United Nations Office for Disaster Risk Reduction (UNDRR) refers to the knowledge and capacities developed by governments, response and recovery organizations, communities, and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, or current disasters. Usually, preparedness action is carried out within the context of disaster risk management and aims to build the capacities needed to efficiently manage all types of emergencies and achieve orderly transitions from response to sustained recovery.

More Developed Countries (MDCs)

More Developed Countries (MDCs) are countries with high levels of economic, social, and technological development. Their development is commonly defined through indicators such as Gross Domestic Product (GDP), Gross National Income (GNI) per capita, industrialization, infrastructure, and standards of living. MDCs generally have more diversified and advanced economies, well-developed infrastructure, and greater access to healthcare, education, and technology; they also tend to have stronger economic capacity to respond to social, environmental, and public health challenges.

Less Developed Countries (LDC)

Less Developed Countries (LDCs) are countries officially recognized by the United Nations as facing the most significant structural barriers to sustainable development. Established in 1971, the LDC classification identifies countries with particularly low levels of income, limited human development, and high vulnerability to economic and environmental shocks. The United Nations Committee for Development Policy evaluates LDC status based on three main criteria: gross national income (GNI) per capita, the Human Assets Index (HAI), which measures factors such as health and education, and the Economic and Environmental Vulnerability Index (EVI), which considers exposure to external and natural challenges.

Epidemic

The World Health Organization (WHO) defines an epidemic as the occurrence of cases of an illness, health-related behavior, or other health event in a community or region at a level that is clearly higher than normally expected. The size of an epidemic depends on factors such as the disease, population, location, and period of time. There is no fixed numerical threshold for an epidemic; authorities would compare observed cases with the expected baseline and consider the rate of increase and spread of infections. Unlike an epidemic, which may be limited to a specific region, a pandemic is an epidemic that spreads across multiple countries or continents.

Infectious Disease

According to the WHO, infectious disease is a disease caused by an infectious agent, such as a virus, bacterium, parasite, or fungus. Infectious diseases can be transmitted between hosts either directly or indirectly, including through animals, vectors, or contaminated environments. Not all infectious diseases are directly contagious between people.

International Health Regulations (IHR)

Established in 2005, the International Health Regulations (IHR) are a legally binding international framework established by the WHO to help countries prevent, detect, assess, report, and respond to public health risks that may cross international borders. The IHR require countries to maintain surveillance and response capacities and to notify the WHO of events that may have international public health implications.

Disease Surveillance

Defined by the WHO, disease surveillance is the systematic and continuous collection, analysis, and interpretation of health-related data, followed by the timely sharing of relevant information for public health action. It allows health authorities to detect unusual disease patterns, monitor their spread, and support appropriate responses to public health threats.

Vaccine Equity

The WHO refers to vaccine equity as the fair opportunity for people and communities to receive vaccines, regardless of factors such as income, location, or socioeconomic circumstances. In practice, vaccine equity focuses on reducing unfair and avoidable differences in vaccination access and coverage, particularly among populations that face greater barriers to immunization.

Background

History

There's no exact date for when the first epidemic occurred. Historical outbreaks such as the Black Death in the fourteenth century spread along trade routes over years. Nowadays, disease can spread much faster with the help of modern transportation and technologies. SARS in 2002–2003 supported this point. It first appeared in southern China in November 2002, reached Hong Kong in February 2003, and within eleven weeks had spread to 27 further countries or administrative regions, ending with 8096 probable cases and 774 deaths. The WHO observed at the time that just one case of contact with foreign diseases could trigger an outbreak if preparedness measures are weak. This growing global connection is why epidemic preparedness has become an international issue. A country's failure to detect or contain a pathogen now risks every other country, so coordinated effort is needed to conduct preparations.

Case Studies of Major Epidemics

From 2014-2016, the Ebola outbreak in West Africa was of unexpected magnitude, with 28,616 suspected, probable, and confirmed cases in Guinea, Liberia, and Sierra Leone. However, the health systems and public health infrastructure in all three countries were extremely fragile. First, weak surveillance, which limited the ability to identify suspected cases and monitor the spread of infections. Second, few laboratories, due to insufficient funding for specialized equipment and trained personnel, and slow responses at last. These weaknesses were largely rooted in years of underfunded healthcare, which left certain LDCs with insufficient medical workers, limited treatment facilities, and inadequate resources to manage a large-scale outbreak. As a result, nations struggled to detect infections and contain transmission before the disease spread further. The WHO did not declare an emergency until 8 August 2014, months after the epidemic began. Reports suggested that the affected countries responded slowly and that the WHO lacked sufficient funding to respond quickly. In addition, the international response struggled to provide sufficient healthcare workers, equipment, and treatment facilities to the affected countries quickly enough, leaving local health systems overwhelmed as the outbreak continued to spread. By the WHO's count, the outbreak affected more than 27,500 people and killed over 11,000. The outbreak proved that if countries cannot detect a disease early or respond quickly, a local outbreak can become a much larger regional or international crisis.

COVID-19 created another major case study. The WHO declared COVID-19 a public health emergency of international concern on 30 January 2020 and ended that status on 5 May 2023. Over that period, affected countries reported about seven million deaths, although the WHO estimated it to be at least 20 million. The pandemic exposed gaps in preparedness, international coordination, and access to medical resources. WHO reported that large gaps in vaccine-derived immunity remain, especially in poorer countries. Although the COVAX initiative delivered nearly 2 billion doses to 146 countries, inequalities in global coverage persist. When the COVID-19 pandemic ended, only 27% of people in low-income countries had completed a primary series, compared to 76% in high-income countries.

International Efforts

The central framework for international cooperation in preventing and responding to infectious disease outbreaks is the IHR (International Health Regulations), a legally binding framework established by the WHO. They require states to strengthen or build basic abilities to detect, report, and respond to health threats, at levels ranging from local healthcare to national governments. Today, 196 State Parties have committed to supporting this framework. Countries are expected to report serious health threats and improve their ability to respond, while the WHO supports countries in monitoring outbreaks by collecting and assessing health information, verifying reports of potential threats, sharing risk assessments, and providing technical guidance and training to strengthen national surveillance systems. The regulations are legally binding upon each State Party's government; therefore, preparedness is a task for every sector and not only the health ministry. Surveillance, notification, and information-sharing are core obligations, while the WHO coordinates international response.

However, not all countries have implemented the IHR's framework. At the first deadline for developing the required abilities, only 42 of 193 State Parties had met their core capacity requirements. Since each major outbreak revealed new weaknesses, the regulations were amended in 2014, 2022, and 2024. In addition, Member States formally adopted, by consensus, the world's first Pandemic Agreement on May 20th, 2025. One important part of this agreement is the Pathogen Access and Benefit-Sharing (PABS) System. It aims to make sure that countries can quickly share information and materials about dangerous pathogens while also ensuring that the benefits from using those pathogens, such as vaccines and treatments, are shared rapidly, timely, fairly, and equitably.

Unequal Preparedness Across Countries

Preparedness differs drastically between MDCs and LDCs. The Ebola outbreak revealed how weak healthcare systems, limited laboratories, and poor disease-monitoring systems make epidemics more difficult to control. For example, some countries still have weaknesses in areas such as funding, food safety, and preventing diseases from spreading between animals and humans even in the same WHO-defined region. WHO data identified these areas as requiring additional capacity-building, especially in some Pacific Island countries.

Vaccine equity is the clearest example. During COVID-19, primary-series coverage averaged 64% worldwide but 55% in the 92 lowest-income countries. Even health workers were less protected in low-income countries, at 52% against 89% worldwide.

To address these inequalities, international organizations have provided direct assistance beyond establishing regulations. During the COVID-19 pandemic, COVAX, an initiative co-led by Gavi, WHO, and CEPI, with UNICEF as a key delivery partner, delivered nearly 2 billion vaccine doses to 146 economies, including lower-income countries. It also provided financial and logistical support to help countries distribute vaccines. Beyond COVID-19, Gavi supports routine immunization and vaccination campaigns against diseases such as yellow fever and cholera, while WHO and UNICEF help countries strengthen vaccine delivery systems and reach underserved communities.

Remaining Challenges

There are still crucial gaps in the international system. The WHO has stated that adopting this annex is critical for the opening for signature of the WHO Pandemic Agreement, while it cannot yet be opened for countries to sign until its PABS annex is completed. At the 2026 World Health Assembly (WHA), Member States decided to continue negotiating the agreement, with the goal of reaching an outcome at the Eightieth World Health Assembly in May 2027 or at a special session in 2026. Countries still have different levels of disease-monitoring and response abilities, as shown by the gaps in preparedness. Additionally, preparing for future epidemics is especially difficult because no two outbreaks are exactly the same. SARS, Ebola, and COVID-19 each created different challenges, so countries must prepare systems that can adapt to unknown, new threats. These remaining problems lead to the main question delegates must consider in their resolutions: how can countries close preparedness gaps, make medical resources more accessible, and cooperate effectively before the next major outbreak occurs?

Major Parties Involved

World Health Organization (WHO)

The World Health Organization is a major institution taking part in this issue; it is the specialized agency of the United Nations that coordinates activities and responses to international public health problems and emergencies. It focuses on disease surveillance, detection, and management, and offers technical, managerial, and financial assistance to states. In addition, it ensures the implementation of the IHR, one of the first agreements made to address such issues. The agency also participated in the negotiations for the WHO Pandemic Agreement, one of the most recent attempts to mitigate this issue. Moreover, it promotes collaboration and data sharing among states as well as ensuring access to vaccines, diagnostic tests, and treatments.

United States

The United States is a central actor in the international arena, but they are currently relatively critical of WHO mechanisms. They previously contributed significantly to the funding of various international initiatives and research into global health security, as well as possess substantial domestic research and development capabilities. At the same time, the US is currently promoting a more isolationist approach. The US announced its withdrawal from the WHO in 2025 and suspended contributions to the negotiations on the WHO Pandemic Agreement. The rationale behind this was that the organization required reforms and was placing too great a financial burden on the US; accordingly, their position reflects a shift towards sovereignty-focused foreign policy.

China

China plays a large role in global disease surveillance and response. It has a large population and major international connections, which highlights its important role in preventing cross-border disease spread. COVID-19 was first identified in China, making the country a central focus of international discussions about the importance of early outbreak reporting and transparency. China has also increased its manufacturing capacity for vaccines and other medical products. China plays an important role in international disease surveillance, information, and pathogen sharing, as well as the production of vaccines and other medical products. Its cooperation with the WHO is therefore crucial for global preparedness. China supports international cooperation while maintaining that countries should play a central role in managing their own public health responses. This makes it an important party in discussions about how much information countries should be expected to share when new outbreaks emerge.

European Union (EU)

The European Union is a major supporter of multilateral preparedness and international cooperation on pandemic preparedness. The EU promotes a variety of approaches; it supports stronger surveillance and development of early warning systems, but also supports more equitable access to medical products and strengthening health systems and preparedness capacities. Moreover, the EU is an important contributor to global health financing. Its members participated in negotiations leading to the WHO Pandemic Agreement. The EU promotes international cooperation, stronger global health rules, and greater investment in pandemic preparedness, while ensuring Member States maintain control over their own national health policies.

Timeline of Events

7 April 1948	Establishment of the World Health Organization (WHO)
23 May 2005 (adopted); 15 June 2007 (in force)	Establishment of International Health Regulations (IHR)

24 May 2011	Pandemic Influenza Preparedness (PIP) Framework: Adopted unanimously at the 64th World Health Assembly after four years of negotiation. It rests on three pillars (virus sharing, benefit sharing and governance) and ties the sharing of influenza viruses with pandemic potential to fair access to vaccines and other benefits.
2014–2016 (emergency declared 8 August 2014)	Ebola outbreak in West Africa
30 January 2020 – 5 May 2023	COVID-19 pandemic (public health emergency of international concern)
1 June 2024 (adopted); 19 September 2025 (in force)	2024 Amendments to the IHR: Adopted by consensus at the 77th World Health Assembly to reflect on COVID-19 lessons, including a new "pandemic emergency" category and better information-sharing. Eleven of the 196 States Parties rejected them.
20 May 2025	WHO Pandemic Agreement: The first Pandemic Agreement, adopted by consensus at the World Health Assembly. Its central pillar is the Pathogen Access and Benefit-Sharing (PABS) System. The agreement cannot open for signature until the PABS annex is adopted.

Previous Attempts to Resolve the Issue

- International Health Regulations (IHR), 23 May 2005 (**WHA58.3**)

The new IHR were introduced by the WHO in 2005, which required countries to create systems of detection, assessment, and reporting of public health events of international concern, as well as notification to the World Health Organization (WHO) in the case an event could have international consequences. The framework formed an important part of the legal framework of global epidemic preparedness but left many countries with difficulties related to both preparedness and implementation, which led to later amendments on the IHR.

- Pandemic Influenza Preparedness Framework, 24 May 2011 (**WHA64.5**)

The Pandemic Influenza Preparedness Framework was created in response to concerns related to the influenza pandemic. It encourages the sharing of information concerning influenza viruses with pandemic potential and linking sequence to benefits, such as access to vaccines. In addition, it supported global influenza surveillance and preparedness, enhancing cooperation in health emergencies. However, the framework was largely focused on influenza-related pathogens, leaving other potential causes of pandemics unaddressed.

- Amendments to the International Health Regulations, 1 June 2024 (**WHA77.17**)

The COVID-19 pandemic highlighted many of the shortcomings of the existing system for global health security, and Member States amended the IHR to strengthen it instead of establishing a completely new set of regulations. The amendments formally introduced the concept of the ‘pandemic emergency’ and emphasized international cooperation and equal access to health products, while also emphasizing national preparedness as one of the key pillars of pandemic response.

- WHO Pandemic Agreement, 20 May 2025 (**WHA78.1**)

The WHO Pandemic Agreement was also created in response to the challenges posed by the COVID-19 pandemic and covers a variety of areas related to pandemic prevention, preparedness, and response, including surveillance, research, healthcare systems, supply chains, and technology. It sought to prevent the key issues of access to healthcare products observed during the COVID-19 pandemic and established mechanisms to enhance equity between countries during public health emergencies. The agreement thus represents one of the most recent international attempts at pandemic preparedness.

Possible Solutions

Strengthening Global Disease Surveillance and Early-Warning Systems

One potential solution to the problem is to strengthen global disease surveillance and early-warning systems, aiming to detect outbreaks before they reach international levels. First, countries could improve their surveillance and laboratory capacities by investing in modern diagnostic equipment, training healthcare workers, and establishing more testing facilities, particularly in rural areas. In addition, countries should increase the speed of reporting by establishing standardized digital reporting systems. Allowing hospitals and national health authorities to share information about emerging outbreaks directly with the WHO. This would give the international community more time to respond by implementing preventive measures, such as targeted testing, contact tracing, and public health awareness campaigns, helping to limit the spread of diseases and reduce the risk of future outbreaks escalating into pandemics. However, developing countries may lack the technological and infrastructural capacity to rapidly detect and report emerging diseases. To address this, international organizations such as the WHO, alongside developed countries, could provide financial assistance, technical equipment, and training programs to strengthen local healthcare systems and improve disease surveillance.

Ensuring More Reliable Financing Sources

Countries and international organizations should also invest more effort and funding into building preparedness before an epidemic emerges instead of waiting for an emergency to occur. Firstly,

international mechanisms for epidemic financing could be created or strengthened to help achieve this, with some funding directed at helping developing countries improve their surveillance, laboratory, hospital, and emergency response capacities. Second, national emergency preparedness funds should be established in order to minimize the reliance of developing countries on emergency financing during an outbreak. Since financial preparedness is an ongoing process that requires continuous investment, reliable long-term funding should be established for this, while also ensuring that spending is appropriately monitored and accounted for.

Improving Equitable Access to Vaccines, Diagnostics and Treatments

Access to vaccines, diagnostics, and treatments should also be improved, particularly for developing countries, which should be prioritized during a large-scale emergency. International agreements could be established to ensure equitable distributions of these medical products based on need. Another potential solution is to increase regional manufacturing of vaccines, diagnostics, and treatments in order to reduce the risks associated with overreliance on a few major manufacturers. In addition, governments and manufacturers could voluntarily share relevant technology, know-how, and expertise to help address supply shortages and promote generic manufacturing. Regional emergency stockpiling is another option that should be explored, as it could make the distribution of medical products faster and easier once an epidemic or pandemic emerges.

Strengthening National Healthcare and Emergency-Response Capacity

International preparedness will be meaningless if individual countries are unable to respond to an epidemic domestically. As such, countries should maintain and regularly update national pandemic preparedness plans, which could be tested using outbreak simulations, in order to respond to potential outbreaks in a timely and efficient manner. First, healthcare workers need to be properly trained in terms of epidemic and pandemic management, as well as infection prevention and control. Countries should also ensure that hospitals have sufficient capacity and maintain emergency stockpiles of essential medical supplies to prevent shortages during outbreaks. Rapid response teams should also be trained and ready to intervene in the event of an outbreak, with the support of international organizations and developed countries for those with weak healthcare systems.

Combat Misinformation and Strengthen Public Communication

Medical preparedness is only part of the solution: the public also needs to be informed about the ongoing emergency. A potential solution is to have governments develop emergency communication strategies prior to an outbreak occurring and work with the WHO to provide regular, science-based information about the health emergency to the public. It should be easy for the general public to understand, which could be achieved by improving health literacy about pandemics, epidemics, and preventative measures. Governments could also work with relevant organizations and platforms to combat health misinformation, but this should be done while ensuring that legitimate discourse and freedom of speech is not impeded. Information should also be translated and localized to ensure that it is accessible to non-English speaking populations.

Bibliography

- World Health Organization. “WHO Pandemic Agreement.”** World Health Organization, 2025, www.who.int/health-topics/who-pandemic-agreement. Accessed 27 Sept. 2026.
- World Health Organization. “International Health Regulations.” World Health Organization, www.who.int/health-topics/international-health-regulations. Accessed 27 Sept. 2026.
- World Health Organization. “International Health Regulations (2005).”** 3rd ed., World Health Organization, 2016, www.who.int/publications/i/item/9789241580496. Accessed 27 Sept. 2026.
- World Health Organization. “Outcome of Informal Consultations of Member States: Draft Resolution on the WHO Pandemic Agreement.”** World Health Organization, 15 May 2025, apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10Add1-en.pdf. Accessed 17 Oct. 2026.
- World Health Organization. “Pandemic Influenza Preparedness (PIP) Framework.” World Health Organization, www.who.int/initiatives/pandemic-influenza-preparedness-framework. Accessed 28 Sept. 2026.
- World Health Organization. Pandemic Influenza Preparedness Framework for the Sharing of Influenza Viruses and Access to Vaccines and Other Benefits. World Health Organization, 23 May 2011, www.who.int/publications/i/item/9789241503082. Accessed 29 Sept. 2026.
- World Health Organization. “World Health Assembly Agreement Reached on Wide-Ranging, Decisive Package of Amendments to Improve the International Health Regulations.”** World Health Organization, 1 June 2024, www.who.int/news/item/01-06-2024-world-health-assembly-agreement-reached-on-wide-ranging--decisive-package-of-amendments-to-improve-the-international-health-regulations--and-sets-date-for-finalizing-negotiations-on-a-proposed-pandemic-agreement. Accessed 29 Sept. 2026.
- World Health Organization. “World Health Assembly Adopts Historic Pandemic Agreement to Make the World More Equitable and Safer from Future Pandemics.”** World Health Organization, 20 May 2025, www.who.int/news/item/20-05-2025-world-health-assembly-adopts-historic-pandemic-agreement-to-make-the-world-more-equitable-and-safer-from-future-pandemics. Accessed 1 Oct. 2026.
- The White House. “Withdrawing the United States from the World Health Organization.” The White House, 20 Jan. 2025, www.whitehouse.gov/presidential-actions/2025/01/withdrawing-the-united-states-from-the-worldhealth-organization/. Accessed 1 Oct. 2026.
- European Commission. “An International Agreement on Pandemic Prevention, Preparedness and Response.” European Commission, health.ec.europa.eu/internationalcooperation/global-

health/international-agreement-pandemic-prevention-preparedness-and-response_en. Accessed 2 Oct. 2026.

World Health Organization. “Communicating Risk in Public Health Emergencies.” World Health Organization, 10 Jan. 2018, www.who.int/activities/communicating-risk-in-public-health-emergencies. Accessed 2 Oct. 2026.

World Health Organization. “WHO Policy Brief: Building Trust through Risk Communication and Community Engagement and Infodemic Management.” World Health Organization, 10 Dec. 2024, www.who.int/publications/m/item/who-policy-brief-building-trust-through-risk-communication-and-community-engagement-and-infodemic-management. Accessed 3 Oct. 2026.

ALNAP. “Report of the Ebola Interim Assessment Panel.” ALNAP, alnap.org/help-library/resources/report-of-the-ebola-interim-assessment-panel/. Accessed 4 Oct. 2026.

“Black Death: Effects and Significance.” Encyclopaedia Britannica, www.britannica.com/event/Black-Death/Effects-and-significance. Accessed 4 Oct. 2026.

“COVID-19 Vaccine Delivery Partnership: Final Situation Report.” EMPHNET, 30 June 2023, epinews.emphnet.net/en/news/covid-19-vaccine-delivery-partnership-final-situation-report. Accessed 4 Oct. 2026.

“COVID Is No Longer a Global Health Emergency – WHO.” The Algemeiner, 5 May 2023, www.algemeiner.com/2023/05/05/covid-is-no-longer-a-global-health-emergency-who/. Accessed 4 Oct. 2026.

“Ebola Interim Assessment Panel: First Report of the Panel.” Blätter, www.blaetter.de/node/26742. Accessed 4 Oct. 2026.

“Glossary.” International Health Regulations Benchmarking Tool, World Health Organization, ihrbenchmark.who.int/document/glossary. Accessed 4 Oct. 2026.

“Health Regulations (2005): National Public Health Capacities and on IHR Implementation.” Universidade de São Paulo, edisciplinas.usp.br/mod/resource/view.php?id=2699764. Accessed 4 Oct. 2026.

“International Health Regulations.” WHO Regional Office for Europe, pro.who.in.cloud.sitfinity.com/europe/health-topics/international-health-regulations. Accessed 4 Oct. 2026.

“International Health Regulations (2005).” World Health Organization, 2nd ed., 2008, www.who.int/publications-detail-redirect/9789241580410. Accessed 4 Oct. 2026.

“Now or Never for Pandemic Accord: WHO.” New Age, newagebd.net/post/europe/258169/now-or-never-for-pandemic-accord-who#1. Accessed 4 Oct. 2026.

- NYU Institute for Public Policy. "Summary of the 2014–2016 Ebola Outbreak." NYU Institute for Public Policy, ifp.nyu.edu/?p=1363568. Accessed 4 Oct. 2026.
- "Preparedness." United Nations Office for Disaster Risk Reduction, www.undrr.org/terminology/preparedness. Accessed 4 Oct. 2026.
- "Progress on International Health Regulations (2005) Core Capacities in WHO's Western Pacific Region." PubMed Central, National Library of Medicine, www.ncbi.nlm.nih.gov/pmc/articles/PMC12325170/. Accessed 4 Oct. 2026.
- "Seventy-Ninth World Health Assembly – Daily Update: 19 May 2026." World Health Organization, 19 May 2026, www.who.int/philippines/news/detail-global/19-05-2026-seventy-ninth-world-health-assembly---daily-update--19-may-2026. Accessed 4 Oct. 2026.
- "WHO Director-General Lifts 'PHEIC' Status for COVID-19." WHO and Gavi, 5 May 2023, apigateway.agilitypr.com/distributions/history/052b9197-ff4b-4be7-85a1-3fc57a859b72. Accessed 4 Oct. 2026.
- "WHO Director-General's Remarks at the High-Level Meeting on Pandemic Prevention, Preparedness and Response – 25 September 2026." World Health Organization, 25 Sept. 2026, www.who.int/news-room/speeches/item/who-director-general-s-remarks-at-the-high-level-meeting-on-pandemic-prevention--preparedness-and-response---25-september-2026. Accessed 4 Oct. 2026.
- "WHO Launches New Initiative to Improve Pandemic Preparedness." World Health Organization, 26 Apr. 2023, www.who.int/news/item/26-04-2023-who-launches-new-initiative-to-improve-pandemic-preparedness. Accessed 4 Oct. 2026.
- "WHO Pandemic Agreement." World Health Organization, www.who.int/health-topics/pandemic-agreement. Accessed 4 Oct. 2026.
- "WHO's Response to Ebola Slowed by Politics, Bureaucracy." HealthDay, 8 July 2015, consumer.healthday.com/infectious-disease-8/misc-infections-news-411/who-s-response-to-ebola-slowed-by-politics-bureaucracy-701140.html. Accessed 4 Oct. 2026.
- "World Health Assembly Adopts Historic Pandemic Agreement to Make the World More Equitable and Safer from Future Pandemics." World Health Organization, 20 May 2025, www.who.int/news/item/20-05-2025-world-health-assembly-adopts-historic-pandemic-agreement-to-make-the-world-more-equitable-and-safer-from-future-pandemics. Accessed 4 Oct. 2026.