

HISAR SCHOOL

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“Globalization: Creating a Common Language”

Health Committee

Developing guidelines for public health surveillance



**RESEARCH
REPORT**

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Forum: Health Committee

Issue: Developing guidelines for public health surveillance

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Introduction

According to World Health Organization (WHO) public health surveillance is defined as ‘continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice (Organisation). Public health surveillance is used to speed up the process of providing health care to citizens when needed as well as guiding governments to build necessary precautions for certain health problems.

Public Health Surveillance is so important in terms of providing health care and has to be the priority of every government. Ministries of Health for every nation bears the responsibility of improving health surveillance for their citizens as it will contribute to the overall health care and services of that country and improve them immensely. Improving those services of a country would also improve the overall life standards, making it a more developed country than it used to be. This is why health is the basis of all services and is why holds great importance for the development of any nation. More Economically Developed Countries have higher health standards and therefore considered to be more improved. With the developed health surveillance, countries will be able to thrive for better services for their citizens as well as preventing major outbreaks of some diseases in their borders.

Health surveillance does not have to be limited in the borders of a country. Health surveillance can be general and consist all the world as a whole. This is how World Health Organization (WHO) manages to collect its data and provide the collected data when needed under certain circumstances. In other words, the way WHO collects its data is also surveillance in a much larger scale. Through collaboration of every country for an extensive health surveillance, a common language will be created, and that globalization will be promoted, which relates the issue on hand with the theme of Hisar JMUN 2018.

Definition of Key Terms

Routine health information system: a passive system in which regular reports about diseases and programs are completed by public health staff members, hospitals, and clinics.

Active surveillance: a system employing staff members to regularly contact health care providers or the population to seek information about health conditions. Active surveillance provides the most accurate and timely information, but it is also expensive.

Passive surveillance: a system by which a health jurisdiction receives reports submitted from hospitals, clinics, public health units, or other sources. Passive surveillance is a relatively inexpensive strategy to cover large areas, and it provides critical information for monitoring a community's health. However, because passive surveillance depends on people in different institutions to provide data, data quality and timeliness are difficult to control.

Why is surveillance needed?:

*fill in as an early cautioning framework, distinguish general wellbeing crises

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*manage general wellbeing arrangement and procedures

*report effect of a mediation or advance towards determined general wellbeing targets/objectives

*comprehend/screen the study of disease transmission of a condition to set needs and guide general wellbeing strategy and procedures

General Overview

General wellbeing observation is the progressing accumulation, examination and dispersal of wellbeing related information to give data that can be utilized to screen and enhance the strength of populaces. Such observation frameworks can be set up in numerous settings to ponder an assortment of populaces and conditions. The best frameworks are planned around particular, very much characterized goals, gather information in an institutionalized mold, examine the information habitually and disperse the outcomes to the individuals who need to know the data. Observation has been utilized to decide the event rates of hemophilia and to portray the populace influenced by this uncommon however possibly genuine innate issue. Information from observation frameworks has been utilized to recognize hazard factors for confusions that, once distinguished, have been changed through general wellbeing intercessions. The viability of these medications can be evaluated by proceeded with reconnaissance, in this manner guaranteeing a change in the care of individuals influenced by hemophilia around the globe.

Public health surveillance is customarily characterized as the continuous efficient accumulation, investigation, and translation of wellbeing information, fundamental to the arranging, usage, and assessment of general wellbeing practice, firmly incorporated to the scattering of this information to the individuals who need to know and connected to counteractive action and control.

The parts of general wellbeing observation are continuous information accumulation, customary and visit information investigation and the arrangement of the aftereffects of these examinations to the individuals who need to know. The information gathered in such frameworks regularly incorporate statistic, financial and clinical attributes of the populace under reconnaissance, information on key results, for example, sickness entanglements and mortality, and information on conceivably moderating or disturbing practices or co-bleak conditions alluded to as hazard factors.

Major Parties Involved and Their Views

India:

India, with its huge population, is one of the countries to host the most amount of diseases in its borders. Due to the lack of health care and hygiene in the country, diseases spread faster and have a greater impact than usual. Especially in particular regions named as slums where poor people live who cannot offer self-care, diseases burst unexpectedly. Indian government has been working on ways to prevent the spreading of diseases and the method they use the most is the public health surveillance. Through the data collected from surveillance, they act and ask for help accordingly which speeds up the process of providing health care and cure when needed.

World Health Organization(WHO):

WHO is the leading agency under United Nations which focuses solely upon health and branches related to that topic. Therefore, it is the most reliable and also authorized organization to count on while dealing with health matters. Public health surveillance is something WHO does frequently to collect information in order to update its data base on a regular basis. By using an extensive method of public health surveillance, WHO stands as an example for countries that are aiming to improve the health surveillance. In addition, WHO can assist governments and propose alternative solutions for their problems related to health surveillance.

Public Health Ontario (Canada):

In 2012, Public Health Ontario distributed "A structure for the lead of general wellbeing activities". It applies a coordinated approach for morals audit, in which all confirmation creating activities experience moral investigation proportionate to the level of hazard. Its Ethics Review Board assumes an imperative part in guaranteeing that examination and different activities led by Public Health Ontario are done in a way that is predictable with the second version of the Federal "Tri-gathering approach explanation on moral lead for look

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into including people and other applicable directions, strategies, and rules". The Ethics Review Board tends to inquire about, assessment, reconnaissance, and quality change extends that include human members, their information, or their organic materials. Participation of the Board consents to the arrangements of the Federal strategy explanation as to master portrayal and piece, with individuals chose from Public Health Ontario and general wellbeing units and scholastic establishments in Ontario. They have ability in different general wellbeing disciplines and in approach, law, and morals; the individuals likewise incorporate network delegates.

Centers for Disease Control and Prevention, Public Health Ethics Unit (USA):

The Centers for Disease Control and Prevention set up the Public Health Ethics Unit in the workplace of the Associate Director for Science, which teams up with the Public Health Ethics Committee. It offers help all through the establishment; its points are to "coordinate the devices of moral examination into everyday tasks". It gives preparing, encourages and maintains a culture of moral investigation, and gives direction to and bolster in morals interviews.

National Health Service clinical governance committee (United Kingdom):

The National Health Service in the United Kingdom recognizes look into and non-examine exercises. People engaged with reviews, program assessment, or general wellbeing observation are coordinated to look for exhortation from the clinical administration office of their nearby National Health Service organization.

Timeline of Events

*Public health surveillance dates back to the time of Pharaoh Mempo in the First Dynasty, when an epidemic was first recorded in human history.

*The first public health action that can be attributed to surveillance occurred during the 1348 bubonic plague epidemic which started the "Black Death".

* The concept of systematic ongoing collection of mortality data was first used in 1532 when the town council of London, England started to keep a count of the number of persons dying from the plague

* Comprehensive analysis and interpretation was introduced by John Graunt (1620–1674), a haberdasher and serious amateur scientist in London, who analyzed the weekly bills and published in 1662

* Reconnaissance was felt to need to connect to approach improvement. In 1776, Johann Peter Frank in Germany supported an exhaustive type of general wellbeing observation which managed school wellbeing, damage anticipation, maternal and tyke wellbeing, and open water and sewage treatment. Blunt detailed far-reaching wellbeing arrangement which had the extensive effect both inside Germany and in nations, for example, Hungary, Italy, Denmark, and Russia that had close social contact with Germany

Treaties and Events

In 1997, the "Worldwide Public Health Intelligence Network" was proposed by the World Health Organization in association with the Public Health Agency of Canada to help recognize critical illness episodes around the globe exploiting the current globalized virtual interchanges. This worldwide observation activity is an Internet reconnaissance framework that accumulates information and general wellbeing reports from assorted nations in 7 dialects, meaning to disperse auspicious alarms to help control flare-ups, the spread of irresistible sickness, pollution of sustenance and water, bioterrorism, catastrophic events, and presentation to compound specialists and atomic materials. This framework researches and affirms flare-up reports of worldwide wellbeing significance and additionally screens questions identified with the security of drugs and therapeutic items .

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The World Health Organization has made a worldwide system of national flu focuses in 83 nations , the "FluNet" and "DengueNet" , as Internet locales devoted to observing worldwide flu and dengue-related data. A system of Internet-based observation, "ProMED-mail", started by the International Society of Infectious Diseases, is thought to be one of the biggest openly accessible Internet-based revealing systems for developing sicknesses on the planet .

In worldwide ceaseless sickness observation, new worldwide wellbeing reconnaissance systems have likewise developed. Models incorporate the World Alliance for Risk Factor Surveillance (WARFS) and the Americas' Network for Chronic Disease Surveillance (AMNET) . WARFS is the Global Working Group on Surveillance of the International Union for Health Promotion and Education (IUHPE). It bolsters the advancement of conduct chance factor observation as an instrument for proof based general wellbeing, recognizing the significance of this data source to educate, screen, and assess infection aversion and wellbeing advancement approaches, administrations, and intercessions. There has been a progression of biennial worldwide gatherings on hazard factor reconnaissance, starting in USA (Atlanta), 1999; Finland (Tuusula), 2001; Australia (Noosaville), 2003; Uruguay (Montevideo), 2005; Italy (Rome), 2007; Italy (Venice), 2009; Canada (Toronto), 2011. AMNET was set up in Uruguay in 2003 as a local system for the motivations behind sharing data and encounters and additionally giving chances to improving perpetual illness observation in the WHO Region of Americas (North, Central and South America, and the Caribbean) .

Evaluation of Previous Attempts to Resolve the Issue

General wellbeing observation goes back to the season of Pharaoh Mempses in the First Dynasty, when a pestilence was first recorded in mankind's history.

From this scourge it tends to be seen that three sorts of data were incorporated into the chronicled records of pandemics. These are wellbeing results, hazard components, and mediations. These are additionally the sorts of data that ought to be incorporated into an advanced general wellbeing reconnaissance framework. They are the powers directing the adjustments in general wellbeing. Wellbeing results measure the condition of general wellbeing. Hazard factors move the condition of general wellbeing towards unwanted wellbeing results, and intercessions if effective move the condition of general wellbeing towards attractive wellbeing results ;

Egypt: *First recorded epidemic*: "A great pestilence".

Greece: *Father of medicine*: Hippocrates wrote about the endemic state and epidemic state of disease.

Venice: *First public health action that can be attributed to surveillance*: during the "Black Death", three guardians of public health for the Republic of Venice prohibited ships with infected passengers from docking at the port.

London: *First systematic ongoing collection of surveillance data*: England started collecting the London Bills of Mortality

The first record of an epidemic was made in Egypt, starting the practice of collecting and recording data.

The main general wellbeing activity that can be credited to observation happened amid the 1348 bubonic torment pestilence which began the "Dark Death". The Venetian Republic designated 3 watchmen of general wellbeing to distinguish and avoid ships which had contaminated individuals

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on board. Isolate as a way to control the spread of irresistible ailments was utilized again in 1377 in Marseilles to confine voyagers from torment tainted territories for 40 days.

The idea of the efficient continuous accumulation of mortality information was first utilized in 1532 when the town board of London, England began to keep a tally of the number of people passing on from the torment. These Bills of Mortality were gathered on and off for more than 100 years. Be that as it may, this information was not utilized for reconnaissance reason until the 1600s, when the assistants of London revealed the number of internments and reasons for death to the Hall of the Parish Clerk's Company and discharged in a week by week Bill of Mortality.

Far-reaching investigation and translation were presented by John Graunt (1620– 1674), a haberdasher and genuine beginner researcher in London, who dissected the week after week charges and distributed in 1662 his book *Natural and Political Observations Made upon the Bills of Mortality*. For this work, he was in this manner chose an individual of the Royal Society, whose individuals at first were awkward with the possibility of a haberdasher being chosen. Graunt was the first to measure the examples of ailment and to comprehend that numerical information on a populace could be utilized to think about the reason for sickness. He was the first to gauge the number of inhabitants in London and to check the number of passings from particular causes.

Developing irresistible illnesses, for example, human immunodeficiency infection/AIDS (HIV/AIDS), serious intense respiratory disorder (SARS), and pandemic flu, and rising perpetual conditions, for example, the worldwide heftiness pestilence, have exhibited that we stay powerless against wellbeing dangers [249]. The significance of fortifying general wellbeing reconnaissance to give early cautioning and create activities has been an essential concentration in general wellbeing. Be that as it may, in spite of enhancements in the previous decades, general wellbeing reconnaissance capacities stay constrained and divided, with uneven worldwide inclusion.

It is trusted that gaining from the past, thinking about the present, and getting ready for the future can additionally improve general wellbeing reconnaissance for the benefit of mankind.

Possible Solutions

Wellbeing requests for buyers, including information on the execution of medicinal services suppliers, have consistently expanded over the previous decade. Many state and national activities ought to be started to enlist or elevate wellbeing offices to openly reveal data about corporate and doctor execution. The required revelation of wellbeing administration execution ought to be intended to empower partners, including buyers, to settle on more educated decisions on medical problems.

An open revelation of wellbeing execution data can be acknowledged in different ways. Wellbeing execution reports (report cards and respect rollers) may regularly clarify the outcomes of therapeutic consideration as far as mortality, chose inconveniences or restorative blunders, and less monetary results. Process measures (ie, estimation of adherence to suggested social insurance practices, for example, hand cleanliness) ought to be utilized as a pointer of how well an association sticks to the norms of usage set by a certain supposition that great practices prompt great medicinal services results. National wellbeing administration quality change activities, specifically Health Institutions

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Accreditation (JCAHO), Medicare and Medicaid Services (CMS) Centers, and the Hospital Quality Alliance Joint Commission, should utilize process measures out in the open revealing activities.

