

# **ROLE OF WORLD HEALTH ORGANIZATION IN DECREASING THE SPREAD OF COVID 19**

**Dr.Sri Ram V Assistant Professor<sup>1</sup>,**

**Dr.Thulasiraman D Associate Professor<sup>2</sup>**

*Meenakshi Academy of Higher Education and Research*

*thulasiramand@mmchri.ac.in*

## ***Abstract***

*The 2019 coronavirus pandemic disease (COVID-19), the emergent, re-emerging and abandoned infectious diseases and bioterrorism, which pose a danger to the protection of health, indicate the need and relevance of pandemic research. Without international collaboration the prevention of pandemics is unlikely because of their transboundary nature; and in the pandemic planning and reaction, the intergovernmental organisations<sup>1</sup>. The WHO is the only source of legally binding international pandemic response laws, which are growing and providing the states with technical assistance and uniform guidance. The basis for successful pandemic prevention and surveillance is strong national health systems, and improving them is important especially in low-income countries. The international pandemic response mechanisms are currently being developed and a complex process is underway. The challenge for this structure is to guarantee the presence and operation of supranational legal authority. During the Ebola outbreak and the COVID-19 pandemic, the WHO's jurisdiction and capabilities for international replies have been debated. The disasters have also shown that the WHO needs tools to avoid and respond effectively to pandemics. At the same time, there has been a rise in the position of new pandemic management players such as the World Bank Community, the Bill and Melinda Gates Foundation, Medicines without Frontiers and other organisations. The assistance to the poorest countries to build health care programmes and to ensure that their people have access to basic healthcare facilities are a key concern in international attempts to avoid and monitor pandemics<sup>2</sup>.*

***Keywords: WHO, COVID-19, Pandemic***

## **BACKGROUND**

The challenge of organising intervention in various countries was already apparent during the 2003 SARS epidemic<sup>3,4</sup>. There are sluggish and disorganised reaction processes in operation. The epidemic demonstrated that the IHR had to be modified. The 2005 reform of the IHR allowed the WHO to declare an international emergency for public health (PHEIC) and called on Member States to improve national emergency response capabilities. The updated version of the IHR was evaluated in the 2009 H1N1 influenza epidemic as vulnerabilities were again exposed in the global response to the flu pandemic. The WHO has released guidelines in order to create a greater public health reserve and a contingency fund for \$100 million for potential pandemics in the Member States. These guidelines were only enforced in 2014, however. Due to the Ebola crisis, for example, some countries have imposed travel bans and exposed the value of legal instruments and addressed legal and ethnic questions. This outbreak challenged WHO reputation and IHR productivity<sup>5,6</sup>.

## **WORLD HEALTH ORGANIZATION AND ITS ROLE IN COVID**

Formed as the first specialised organisation of the United Nations (UN) in 1948, the WHO helped protect humanity from threats to global health. Tuberculosis, malaria and sanitation as well as maternal and infant wellbeing and education were the focus fields of early work. In 1980, smallpox was eradicated as the WHO's best-known accomplishment. WHO and its allies now have wild polio, limited to Afghanistan and Pakistan, on the brink of eradicating it. The group currently seeks to eliminate 90% of malarial cases and associated deaths by 2030, after the removal of malarial diseases from over two dozen countries in the 1950s<sup>7-9</sup>.

The International Health Regulations (IHR) also authorised the WHO to respond to international public health crises, which included 2009 A(H1N1) Pandemic Virus, 2014 polio, 2014 Zika, 2014 and 2018 Ebola and 2020 COVID-19. The department strengthened its responses, created a health emergency network and established a health emergencies fund after the West African Ebola outbreak<sup>10</sup>.

## **PUBLIC HEALTH AND WHO**

The WHO tracks public health patterns, conducts research, sets guidelines and delivers professional assistance, beyond infectious diseases. The role of the department covers non-communicable infections, diet and obesity, mental wellbeing, road safety and antifood resistance. WHO offers relief for the hundreds of millions of people living in severe poverty. The WHO formulated a strategic 5-year 'Triple billion' strategy in response to the United Nations Sustainable Development Goals: an additional 1 billion people benefiting from universal health care, a further 1 billion health-protected people and a further 1 billion more people with better health across the board. The COVID- 19 pandemic threw up several concerns about the treatment of women and unborn children. Women's emotional health, bonds and breast feeding have been impacted by the pandemic in just a few studies<sup>1,2,11-14</sup>. However, there is adequate literature on how breastfeeding decreases physiological susceptibility for different stressful factors and has beneficial impacts on mothers and newborn children's physical and mental wellbeing. Our goal was to examine the effect on the prevalence of exclusive breastfeeding during hospital discharge of interventions applied to mothers and infants in a particular pandemic study period<sup>5,15</sup>.

## **DISCUSSION**

A descriptive, multi-center research analysed mothers who screened the virus COVID-19 and its children in a supportive way. The babies were delivered between 13 March and 31 May 2020 in 15 Spanish clinics, which were part of the study group Neo-COVID- 19 (Appendix S1). The research ethics commissions from the participating hospitals have accepted the report. Only moms who tested the virus positive with real-time reverse polymerase reaction chain tests or serological tests were considered. Following the informed consent of mothers, the data on the prevalence of breast-feeding exclusively as described by the World Health Organisation (WHO) were obtained on release from their medical records. Information on skin-to-skin touch after birth, separation of the mother-child and if a partner was present at birth was also obtained<sup>8-10</sup>. We also represented our knowledge using both absolute and relative frequencies for categorical

data and median numerical data 25th and 75th percentiles. The final study included 242 mothers and 248 live newborn babies, 6 twins and one twin and one sister not hospitalised. The estimated gestational age was 39 weeks, with an interquartile range of 38–40 for the entire cohort and an average weight of  $3,084 \pm 605$  g for birth. The twins born in the period of 32-38 weeks were from 1 311 to 2 930 grammes birth weight. Thirteen of the babies were screened positive for the virus during the study time, but we assumed that they were false positive. In neonatal units, 115 unborn children (46.3%), including all 13 Twins, have been admitted. Of those 28, five of the twins were admitted to the Neonatal Intensive Care Units (NICU). The cohort's median period was 3 days (IQR 2-10) and for the twin newborn twins, it was 10 days (IQR 3-21)<sup>1,13-15</sup>.

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