



The World Health Organization(WHO)

INTRODUCTION

The WHO, formed 1948, is the “directing and coordinating authority on international health within the United Nations’ system.” It aims towards universal health coverage in the long term and leads immediate health responses to emergency situations in the short term.

ZIKA VIRUS: Combating, Obviating and finding remedies to prevent the same

Problem

Between 2015 and 2016, Zika has been declared an international health concern as the intensity and frequency of outbreaks increased primarily in the South American region.

Zika virus is an emerging viral disease that is transmitted through the bite of an infected mosquito, primarily *Aedes aegypti*, the same vector that transmits chikungunya, dengue and yellow fever. Zika has a similar epidemiology, clinical presentation and transmission cycle in urban environments as chikungunya and dengue, although it generally causes milder illness.

Zika virus was first identified in 1947 in a monkey in the Zika forest of Uganda, and was first isolated in humans in 1952 in Uganda and the United Republic of Tanzania. Zika virus has been causing sporadic disease in Africa and Asia. Outbreaks were reported for the first time from the

Pacific in 2007 and 2013 in Yap Island (Federated States of Micronesia) and French Polynesia, respectively. There was subsequent spread of the virus to other Pacific islands, including Cook Islands, Easter Island (Chile), Fiji, New Caledonia, Samoa, Solomon Islands and Vanuatu. The geographical range of Zika virus has been steadily increasing ever since.

In February 2015, Brazil detected cases of fever and rash that were confirmed to be Zika virus in May 2015. The last official report dated 1 December 2015, indicated 56 318 suspected cases of Zika virus disease in 29 States, with localized transmission occurring since April 2015. Due to the magnitude of the outbreak, Brazil has stopped counting cases of Zika virus. Today the Brazilian national authorities estimate 500 000 to 1 500 000 cases of Zika virus disease. In October 2015, both Colombia and Cabo Verde, off the coast of Africa, reported their first outbreaks of the virus. As of 19 March 2016, Colombia had reported 56 477 suspected cases of Zika virus, while Cabo Verde reported 7499 suspected cases as of 6 March 2016. An International Health Regulations (IHR 2005) Emergency Committee met on 1 February 2016, and WHO declared the recent clusters of microcephaly and other neurological disorders in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern. In the absence of another explanation for the clusters of microcephaly and other neurological disorders, the IHR Emergency Committee recommended enhanced surveillance and research, and aggressive measures to reduce infection with Zika virus, particularly amongst pregnant women and women of childbearing age.

As Zika virus spreads, our knowledge base is also expanding, and there is now scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barre syndrome. Recent case reports also indicate a link between Zika virus infection and other neurological abnormalities, such as inflammation of the spinal cord and brain abnormalities in children who do not have microcephaly. WHO will continue to lead the harmonization, collection, review and analysis of data that will shed further light on the precise nature of the relationship between Zika virus and its complications. In May 2016, the United Nations Secretary-General Ban Ki-moon established the UN Zika Response Multi-Partner Trust Fund (MPTF) to finance critical unfunded priorities in the response to the Zika outbreak. The MPTF, which aims to provide a rapid, flexible and accountable platform to support a coordinated response from the UN system and partners, will

directly support the Zika Strategic Response Framework. Contributions to the MPTF may be accepted from Member States, regional organizations, inter-governmental organizations, businesses and individuals. Donors will contribute to a central point and an Advisory Committee will direct funds to the highest-priority activities in the affected countries. WHO supports and advises the Chair of the Advisory Committee on strategic issues for the MPTF and technical health issues. Currently, WHO is working with partners to revise the Strategic Response Framework to run from July 2016 to the end of 2017 to guide international efforts against Zika, and to establish what structures will be necessary to implement this strategy. This will set the course for countries and partners to work together, with a mechanism to coordinate this work internally and externally. WHO headquarters and regional offices have conducted an initial planning session and are now developing a more detailed vision for the future response. Partners will be consulted on this through May 2016, to help develop the strategic objectives and coordinate their activities, in order for a new strategy to be published in mid-June 2016.

Come let's debate on Zika Virus outbreak global response and find solutions to this imminent problem, which indeed is the need of an hour.

To be addressed in resolutions:

How can we implement effective methods of controlling the spread of Zika?

What preventive methods can be implemented to set a precedence for future potential outbreaks?

How can we provide healthcare for those affected by microcephaly and the Guillain Barré syndrome?