

# **Victoria Shanghai Academy Model United Nations XI**

World Health Organization (WHO)

Topic: The Issue of Covid-19 Vaccine Imbalances across the World

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## WORLD HEALTH ORGANIZATION - VSAMUN XI

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### **Message From the Chairs**

Greetings delegates,

It is truly a pleasure to welcome you all to the World Health Organization at VSAMUNXI! We are Ashleigh Fung and Valerie Yum, from St Paul's Co-Educational College and Chinese International School respectively. We are honoured to chair this committee and are looking forward to fruitful debate for such a timely and relevant topic.

Please make sure to read the chair report thoroughly and research further on your country's specific stance before the conference. As for position papers, we expect them to encompass your country's general stance and brief outline of proposed solutions. They should be a maximum of 1.5 pages long, typed out in Times New Roman font size 12. We will send out more information regarding the method of submission closer to the conference.

Since the WHO is a beginners' council, we hope that novice delegates will be proactive in raising any questions about procedures, and the chairs will do their best to foster a welcoming environment for you all. Furthermore, if you have any enquiries about the topic, please feel free to email us.

Best wishes,

Ashleigh Fung ([ashleighfung0112@gmail.com](mailto:ashleighfung0112@gmail.com))

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### **Introduction to the committee:**

The World Health Organization (WHO) is a specialized agency of the United Nations, formed with the objective of “the attainment by all peoples of the highest possible level of health”, and is mainly responsible for advocating for universal health care, monitoring public health risks, and coordinating responses to health emergencies. Other duties include providing technical assistance to countries, setting international health standards, and collecting data on global health.

The WHO has led the fight against COVID-19, first informing the global community about the "pneumonia of unknown cause" in China and subsequently followed up with investigating the disease in January 2020. It has spearheaded several initiatives like the COVID-19 Solidarity Response Fund to raise money for the pandemic response and the UN COVID-19 Supply Chain Task Force. The COVAX vaccine-sharing program aims to distribute 2 billion doses of COVID-19 vaccines for free or at a reduced cost by the end of 2021.

The WHO has also done its best to maintain diplomatic relations with both China and the United States, as evidenced by the US accusing the WHO of being biased towards Beijing. Delegates should thus assess the issue not only from a perspective of promoting global health, but also the implications of any decision on global politics.

### **Topic Introduction:**

Covid-19 has ravaged the world, paralyzing economies and industries crucial to the world's health, evolving infectious variants that kill thousands every day, devastating the healthcare systems of third-world nations, with hundreds of thousands of citizens unable to resume pre-pandemic productivity. Nonetheless, many first-world countries have begun to recover from the pandemic via the use of vaccines, with one of the most successful first-world countries, Israel, with 57% of their population receiving both doses of the vaccine. Although many developed nations have pledged to donate vaccines to lesser developed nations, the world is still seeing a massive imbalance in vaccination rates. First World nations have begun to return to loosen pandemic regulations as their populations gradually shift to increased vaccination rates. In contrast, many third world nations continue to suffer from intermittent bouts of Covid-19 cases. This committee will focus on advancing vaccination rates all across the globe, especially in third world nations, as well as creating an equal supply of vaccines for all countries, no matter their development, and finally, increasing citizens' public trust of vaccines in third-world nations.

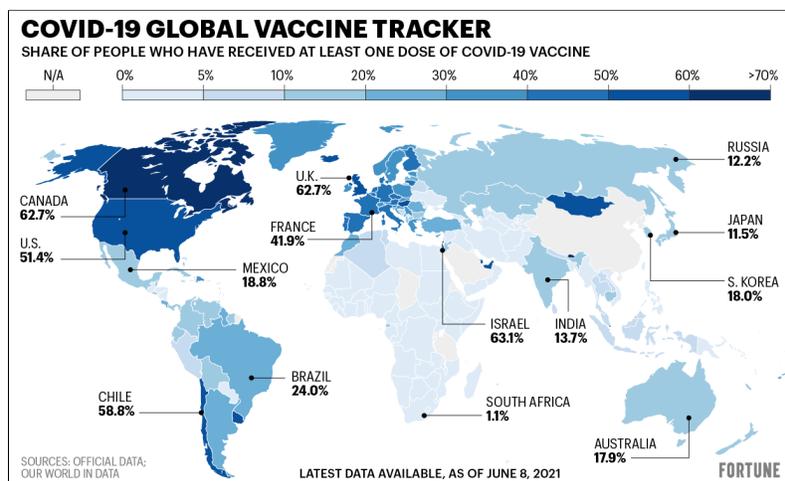


### **Background Information:**

There are a range of deep-rooted barriers to equitable uptake of COVID-19 vaccines, such as obstacles to accessing healthcare in underdeveloped and rural regions in both LEDCs and MEDCs, and many patients' lack confidence in the vaccine due to ineffective dissemination of scientific knowledge in the general public, which has inspired mistrust in the government and medical communities. These hurdles create a formidable challenge to equitable vaccination of the world population.

As of November 2021, 7.23 billion COVID-19 vaccine doses had been administered worldwide, with half of the global population having received at least one dose. However, according to official reports from national health agencies, only 4.1% of people in low-income countries have received at least one dose before October 2021. Therefore, delegates should place emphasis on the reasons behind the lack of vaccines in LEDCs.

Besides the difficulties faced by LEDCs, MEDCs face their own problems. Albeit unrelated to economic capability, many developed countries have to find ways to combat their citizens' wary mindsets and misinformation about vaccines. Though a large proportion of people in some MEDCs (eg. Canada, UK and the US) have received at least one dose of the vaccine, there may still be some groups that are adamantly against vaccination and wearing masks, which poses a risk towards public health. Furthermore, there are some MEDCs, such as Japan and South Korea, that have relatively low vaccination rates. Thus, a low vaccination rate may not only be due to lack of economic support, and on the other hand, a country being economically advanced does not necessarily indicate vaccination rates must be significantly easier for them to achieve. Hence, delegates should research not only the economic capabilities of a country in buying vaccines, but also how cultural mindsets may play a role in people refusing to get vaccinated.



On another note, countries who produce vaccines may be more incentivized or perhaps persuaded to favor the highest bidder, or, to prioritize serving their own country. This creates a clash between groups who might want vaccines to be given to the most needy, no matter their nationality, and groups who believe that the government’s first duty is to protect their own citizens.

Finally, the issue of patent waivers on vaccines will have a large impact on whether LEDCs can produce their own vaccines to alleviate their internal COVID situation. A campaign initiated by South Africa and India proposed to temporarily waive intellectual property (IP) protection on coronavirus vaccines, their goal to reduce barriers for countries who are currently producing their own vaccines — particularly for least economically developed nations. Although the WHO has come out in support for this, at present, the proposal does not have the support of the pharmaceutical industry, nor that of most high-income nations (besides the US, Russia and China). Instead, developed countries are pledging to share more of their own vaccines with low-income nations and to provide more funding to charitable vaccine-provision schemes such as COVAX. Countries should deliberate on how to gain support or offer incentives to the pharmaceutical industries and MEDC governments if they choose to support this proposal.

### Key Terms

Term	Definition
COVAX vaccine-sharing program	With the aim of providing equitable access to a



	<p>vaccine, particularly protecting health care workers, the program encourages MEDCs to subsidise vaccine costs for LEDCs, and hopes to distribute enough vaccines to protect at least 20% of the population in 92 low- or medium-income countries.</p>
<p>COVID-19 Strategic Preparedness and Response Plan (SPRP 2021)</p>	<p>The WHO launched an appeal for 1.96 billion USD to fulfil the requirements of this plan, which aims to guide coordinated action globally to overcome the challenges in the response to COVID-19. It also addresses inequities, and attempts to mitigate, for example, risks related to new variants. The plan also considers the methods we must take to deliver vaccines safely, equitably and effectively.</p>
<p>CEPI</p>	<p>The Coalition for Epidemic Preparedness Innovations (CEPI) is a foundation that takes donations from organisations to finance independent research projects to develop vaccines against emerging infectious diseases such as COVID.</p> <p>An April 2020 CEPI report stated: "Strong international coordination and cooperation between vaccine developers, regulators, policymakers, funders, public health bodies, and governments will be needed to ensure that promising late-stage vaccine candidates can be manufactured in sufficient quantities and equitably supplied to all affected areas, particularly low-resource regions."</p>
<p>Emergency Use Listing (EUL)</p>	<p>EUL focuses on determining if the manufactured vaccine is safe, effective, and of quality.</p>
<p>Strategic Advisory Group of Experts on Immunization (SAGE)</p>	<p>SAGE works in collaboration with the EUL, but focuses more on recommending policies for each vaccine when it has been listed or authorized for use. It is also the principal advisory group to the WHO for all vaccine-preventable diseases, including COVID-19.</p>
<p>Covaxes recommended by WHO for emergency use</p>	<p><b>Pfizer/BioNTech</b> produced by the US and Germany <b>Moderna</b> produced by the US</p>



	<p><b>Janssen (Johnson &amp; Johnson)</b> produced by the US <b>Oxford/AstraZeneca</b> produced by the UK and Sweden <b>Covaxin</b> produced by India <b>Sinopharm</b> produced by China <b>Sinovac</b> produced by China</p>
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### Key clashes

1. The concept of prioritization and under-representation, which denotes how governments may want to give vaccine priority to certain social or racial groups, and how that may lead to political discontent
2. Vaccines as a bargaining tool: usage of vaccines to form friendly relations or sanction unfriendly nations, for example, forming economic deals related to vaccines with other countries
3. Balance between ethical values, i.e. helping LDCs as much as possible to reduce global deaths, and nationalism, which would mean prioritizing the country's own citizens in terms of vaccine distribution
4. Who should pay for LDCs who are critically in need of vaccines, and who is responsible for ensuring that vaccines arrive in good condition and quality i.e. be refrigerated
5. What types of vaccines should be approved and distributed (i.e, Moderna, Pfizer, Sinovac, BioNTech)
6. Whether patents on vaccines should be waived, which may lead to a clash between capitalistic gain and equitable access to vaccines
7. Education on vaccine effectiveness to improve trust in the medical and scientific communities
8. Debate whether it is in the public's best interest to get everyone vaccinated, or to value people's individuality and personal preferences

### Key Parties Involved

USA	The USA is one of the most heavily hit countries by COVID, but also has the most elaborate access to vaccine resources such as Pfizer, Moderna and Janssen, to name a few. The main issues they face are changing the mindset of certain groups who distrust the principle of vaccination, and their rivalry with China – how vaccines could be used
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	<p>as a major tool to form alliances with smaller countries to fight China's influence.</p> <p>The USA is in support of the patent waiver for vaccines.</p>
PRC	<p>China has adhered to the policy of “zero cases”, making it one of the most stringent countries in terms of eliminating COVID right now; thus, it will be very adamant in promoting vaccinations both internally and externally.</p> <p>After producing the Sinovac vaccine, and distributing it to multiple LEDCs; the country's main problem lies in the relative ineffectiveness of their technology – Sinovac (51%) as compared to the Moderna and Pfizer vaccines (94% and 95% respectively), making the Sinovac vaccine perhaps less of a bargaining tool than the US vaccines in international relations.</p> <p>The PRC is in support of the patent waiver for vaccines.</p>
UK	<p>The UK is home to the Oxford/Astrazeneca vaccine.</p> <p>The problem here possibly lies in the method of encouraging more of the general public to get vaccinated, since the general public is increasingly less concerned by the spread of COVID.</p> <p>In April 2020, the UK agreed to work with other countries including France, Germany and Italy to develop a vaccine and to share the results, and that UK citizens would not get preferential access to any new COVID-19 vaccines developed by taxpayer-funded UK universities.</p>
Brazil	<p>One of the hardest hit countries by COVID, and has relatively less economic capability to offer vaccines to all citizens.</p>
India	<p>One of the hardest hit countries by COVID, and has relatively less economic capability to offer vaccines to all citizens. However, it is also notable that India has produced their own vaccine, Covaxin, and has got it approved by the WHO.</p>



## Possible Solutions

1. Country-specific research into what types of services can reach marginalizes societies and groups more effectively. For example, according to this [research project](#) based in the US, CVS pharmacies happen to be more geographically convenient for minorities to receive their vaccine doses, and this helps boost vaccination rates among the Black and Hispanic community..
2. Improving accessibility of vaccine appointments. The elderly and those without internet access may not be able to book vaccine appointments or receive updated information on vaccines.
3. Continuation of COVAX or increased support from MEDCs towards it.
4. Incentives for MEDCs and pharmaceutical companies to agree with the patent waiver of vaccines.

## Bibliography/ Further Resources

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