



Welcome Message

Dear Delegates, on behalf of the World Health Organization Committee, we are pleased to welcome you to PSUMUN 2021!

We are looking forward to meeting you and hearing your ideas for the distribution of COVID-19 vaccines in developing countries.

The United Nations (UN) depends on the cooperation and goodwill of its 193 Member States. Because each state has unique interests and concerns, it is challenging to write, negotiate, and pass resolutions. Every stage of the process demands creativity and diplomacy.

As your committee chairs, we will work to keep the 2021 PSUMUN's WHO Committee running smoothly. We will do our best to help you understand parliamentary procedure and to ensure that the views of all delegates are heard and respected.

We expect each delegate to come to the conference with an understanding of his or her country's positions and a willingness to forge agreements. The best way to prepare to represent your country well, is to do your full extensive research on your country and prepare a document of references to support you during your delegation. To ensure that you act professionally and diplomatically, please learn and practice PSUMUN' Rules of Procedure, and read and adhere to PSUMUN's Delegate Dress and Conduct Code. Those documents and many more can be found on the Welcome and Information, Tools for Delegates, and Topic Guide pages of the PSUMUN in the website. It is highly recommended that you go over all of the above documents, plus the Rules Chart, Resolution Writing Guide and Template, your position paper, the topic and background guides for your committee, and any additional research regarding your country compiled closely near you during the conference for your ease of access.

Please note that position papers are due by July 22nd, Beginning July 23rd we will begin sending you feedback on your position papers. The cut off date for the position papers reviewal process will be on the 26th of July.

If you have any questions or comments before the conference, please contact the PSUMUN Secretariat.

We look forward to seeing you on July 29th and wish you the very best in your preparations.

Sincerely,

- Daniel Núñez Constantino, WHO Committee Co-Chair.
- Anoud AlOfaysan, WHO Committee Co-Chair.

Introduction to the World Health Organization Committee

Message from The Director General of the World Health Organization

Some of the work done by WHO is visible and familiar: the response teams sent to contain outbreaks, the emergency assistance to people affected by disasters, or the mass immunization campaigns that protect the world's children from killer diseases. Other work is visible because the diseases being addressed – HIV/AIDS, tuberculosis, and malaria – have such a high profile for global health. The work of WHO is also visible in statistics, as we chart changing trends and sound the alarm when needed. As one example, we need to be concerned about the sharp rise of chronic diseases. Long thought to be the companions of affluent societies, diseases such as heart disease, cancer, and diabetes are now occurring in larger numbers and at an earlier age throughout the developing world. Some activities undertaken by WHO are largely invisible, quietly protecting the health of every person on this planet, every day. By assigning a single international name to drugs, WHO helps ensure that a prescription filled abroad is what the doctor ordered back home. Our standards help protect the safety of everyone's food and the quality of medicines and vaccines. When pollution in air or water reaches a dangerous level, it is WHO standards that are used as the measure. Our greatest concern must always rest with disadvantaged and vulnerable groups. These groups are often hidden, living in remote rural areas or shantytowns and having little political voice

WHO works to make these people – and their unmet health needs – more visible and thus worthy of our priority concern. In addressing the needs of these populations, we work together with governments and a host of agencies, foundations, nongovernmental organizations, and representatives of the private sector and civil society. One statistic from these vulnerable groups stands out as especially tragic: more than 500,000 women die each year from complications of pregnancy. To reverse this trend, WHO and its partners must address complex problems that have their roots in social and economic conditions and the failure of health services to reach the poor. These same problems account for many other needless deaths. All of our efforts – and their prospects for success – are greatly aided by today's unprecedented interest in health as a route to development, accompanied by equally unprecedented energy,

initiatives, and funds. This brochure provides some highlights from our broad range of activities – both high-profile and behind-the-scenes – that are working to improve world health.



Dr Margaret Chan
Director-General of the World Health Organization

Quick Background into The World Health Organization

The World Health Organization (WHO) is the directing and coordinating authority on international health within the United Nations' system. WHO experts produce health guidelines and standards, and help countries to address public health issues. WHO also supports and promotes health research. Through WHO, governments can jointly tackle global health problems and improve people's well-being. 193 countries and two associate members are WHO's members. They meet every year at the World Health Assembly in Geneva to set policy for the Organization, approve the Organization's budget, and every five years, to appoint the Director-General. Their work is supported by the 34-member Executive Board, which is elected by the Health Assembly. Six regional committees focus on health matters of a regional nature.

Body of the Study Guide

International statistics on vaccination percentage

Currently, more than 3.61 billion doses of various COVID-19 vaccines have been administered, while approximately 26.1% of the world population has, at least, received at least one dose of a vaccine, with most countries focusing on those medically vulnerable populations, such as people in their 60's or older and frontline workers such as doctors and nurses.

Vaccination rates by continent are as follows: North America and Europe; with 78 doses administered per 100 people, followed by South America, Asia, Oceania and Africa with 52, 49, 28 and 4.3 doses administered by 100 people respectively; Of this vaccines, 85% of the doses are administered in high and upper middle income cities and countries, while roughly a 0.3% of the doses have been administered in low income countries, which currently are waiting on the Covax program, said program currently aims to provide two billion doses in the last months of the year to low income countries who have been struggling with the vaccine.

Equal distribution of vaccines around continents

As of February 19, 2021, about 90 countries had access to at least one COVID-19 vaccine. Gibraltar and Israel had more than 78 cumulative COVID-19 vaccination doses administered per 100 people in this context. Compared to this, Cambodia, Pakistan, Mauritius, Albania, Ecuador, Guyana, and Bolivia had less than 0.1 doses administered.

Until this period, ten countries that account for 60% of the global gross domestic product had administered 75% of all COVID-19 vaccines. Dr. Tedros Adhanom Ghebreyesus, the WHO Director-General, and Henrietta Fore, UNICEF Executive Director, have pointed out that there are 130 countries, with a total population of 2.5 billion, that are yet to administer a single dose. As well, WHO's senior adviser Dr. Bruce Aylward said the Covax programme, designed to share and deliver vaccines to poorer countries, had only delivered 90 million doses to 131 countries, falling amazingly short of the 2 billion vaccines that were expected to be delivered from the Covax programme. One of the reasons the programme has not been able to deliver the expected goal is the manufacturing delays and supply disruptions. In the last month, countries such as Uganda, Zimbabwe, Bangladesh and Trinidad and Tobago have reported running out of vaccines.

On the other hand, countries, such as the United States, which have focused their strategy in mass buying and producing the vaccines, as they are getting closer to having a fully vaccinated population. Their manufacturing plants will produce more vaccines than the country needs to vaccinate their whole adult population.

It is a pity that expert health workers are dying in sub-Saharan Africa⁹, indicating an international moral failure in these regions although six hundred thousand doses of the AstraZeneca-Oxford vaccine, produced by the Serum Institute of India have recently reached Ghana. In summary, most countries in Africa and a few in Asia and South America are in the risk groups for vaccine inaccessibility. Antonio Guterres, the Chief of the United Nations (UN), has stated that progress on COVID-19 vaccinations has been wildly uneven and unfair.

Scientists believe that this uneven pattern of inoculations could also lead to virus mutations and new vaccine-resistant variants.

Top reasons hurdling countries from getting vaccinated

First, many LICs have low socio-economic status with low levels of education, income, and occupation. These factors may directly affect the vaccine-purchasing and accepting processes of their people.

Second, the geographical landscape of many LICs poses a significant challenge to vaccine distribution. Many high altitude landscapes within Hindu-Kush Himalayan regions, such as Nepal, Bhutan, Pakistan, and Afghanistan, make it very difficult for the vaccine campaigners and staff to distribute vaccines. The difficult situation might be worsened in the desert and remote areas engulfed in war, instability, and conflict. In this context, more than 160 million people have been estimated to be at risk of inaccessibility of the COVID-19 vaccine in Yemen, Syria, South Sudan, and Ethiopia

Third, people from urban slums and marginalized and migratory populations have poor access to immunization facilities. Vaccine distribution is challenging in urban and peri-urban slums that are overgrowing in developing countries.

Fourth, most of the available COVID-19 vaccines need to be transported and stored at refrigerating to freezing temperatures, for example, the Oxford-AstraZeneca COVID-19 vaccine at 2–8 °C and the Pfizer vaccine at –70 °C, although new stability data submitted by the companies to the US regulator show that the latter vaccine can be stored at temperatures of –15 to –25 °C for up to 2 weeks.

Even to protect their quality, care is still needed after transferring these vaccines to the refrigerator or following thawing. Strict regulations for temperature are critical for the maintenance of efficacy, potency, and stability of vaccines. These are significant challenges in LICs due to a shortage of cold chain infrastructures and a lack of advanced technology to monitor the cold chain for storage, distribution, and transportation of vaccines, especially in the rural regions. It could result in low immunization coverage in these areas and, subsequently, the probable endemicity of COVID-19 infections.

Fifth, levels of vaccine hesitancy, fear, and confusion have been raised in many countries because of the range of data from efficacy trials for the same product. For example, the Sinovac, a Chinese company, showed 50–91% efficacy. Also, there is the apparent doubt whether the vaccines that have been designed and developed by the researchers following one year of the experiment will work against new variants of the virus. In this context, it is not easy for a developing nation to decide to spend a considerable amount of money to purchase the old vaccines or wait for other future products that would work against new variants.

Finally, obtaining intellectual property (IP) of COVID-19 vaccines by the developing countries from vaccine developers has not been entirely successful yet

Surplus of vaccines and their usages

As more pharmaceuticals are amping up their covid-19 production. BioNTech is set to grow it's surplus of COVID-19 vaccines to 1.8 billion doses in 2021. While millions of yet to be used doses are piling up world wide with tight access to that storage for underdeveloped countries and minorities.

Enabling access to the vaccine for minorities (i.e indigenous people, refugees.etc)

With vaccination rates getting slower in some cities and countries, there has been a disparity between the vaccination rates of white and minority populations. This,

according to doctors who work on vaccination centers, is not because of people being doubtful of getting vaccinated, but, rather due to economical and social barriers such, but not limited to, as location of vaccination sites, online-only sign-ups, appointment scheduling, transportation, etc. As well, migrant communities have felt discouraged by the presence of military and security elements present in vaccination sites.

Evidence shows that migrants in high-income countries are at increased risk of SARS-CoV-2 and are more represented among COVID-19 cases and deaths . While reaching the migrant population for routine vaccinations has been a challenge even before the pandemic , the implementation of an inclusive COVID-19 vaccination campaign to ensure an equitable distribution of COVID-19 vaccines should be a priority.

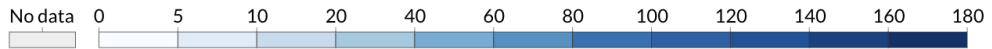
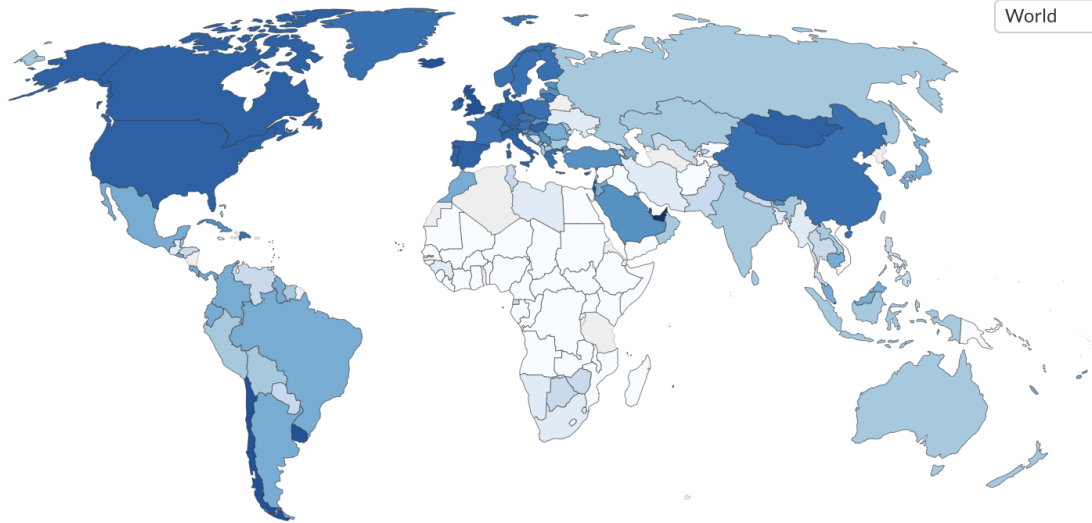
Promoting and financing mass production in developing countries

Earlier, South African president, Cyril Ramaphosa, stated his government was looking into working with the Covax programme in order to create a regional hub to produce more vaccines for the region, given that, only 40 million doses have been administered throughout the continent, which, roughly, accounts for less than 2% of the population. As many developing countries look to build their capabilities for developing COVID-19 vaccines locally, the need for joint efforts is increasing to finance and promote this step. How can the WHO and it's member countries support developing countries in facing this challenge?

COVID-19 vaccine doses administered per 100 people, Jul 16, 2021

For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses per 100 people can be higher than 100.

Our World
in Data

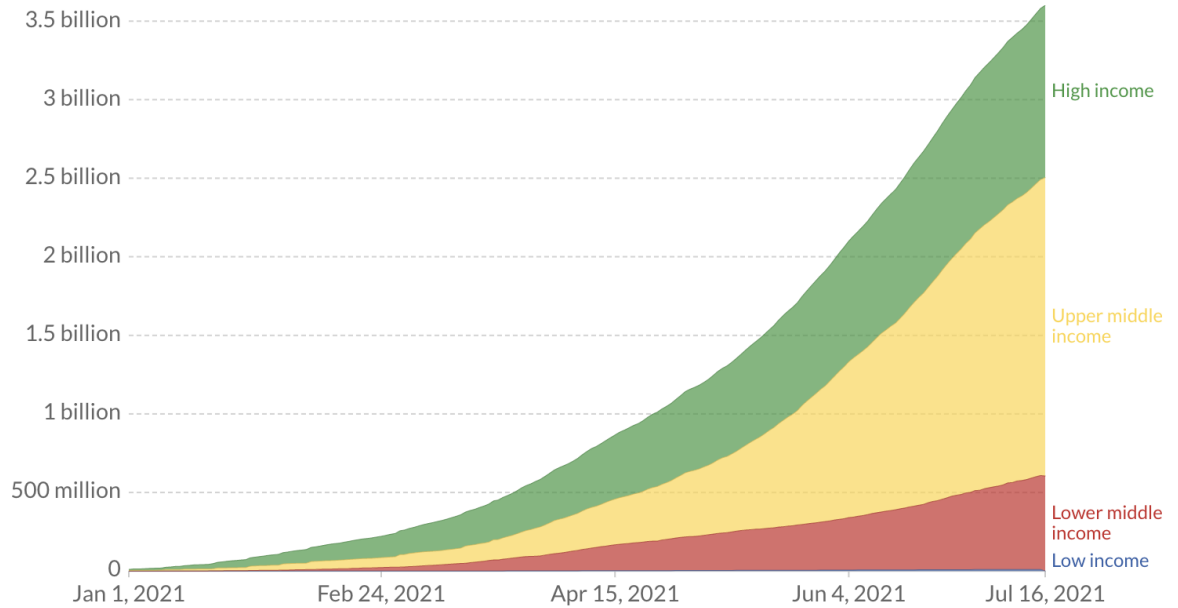


COVID-19 vaccine doses administered by country income group

For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.

Our World
in Data

Relative

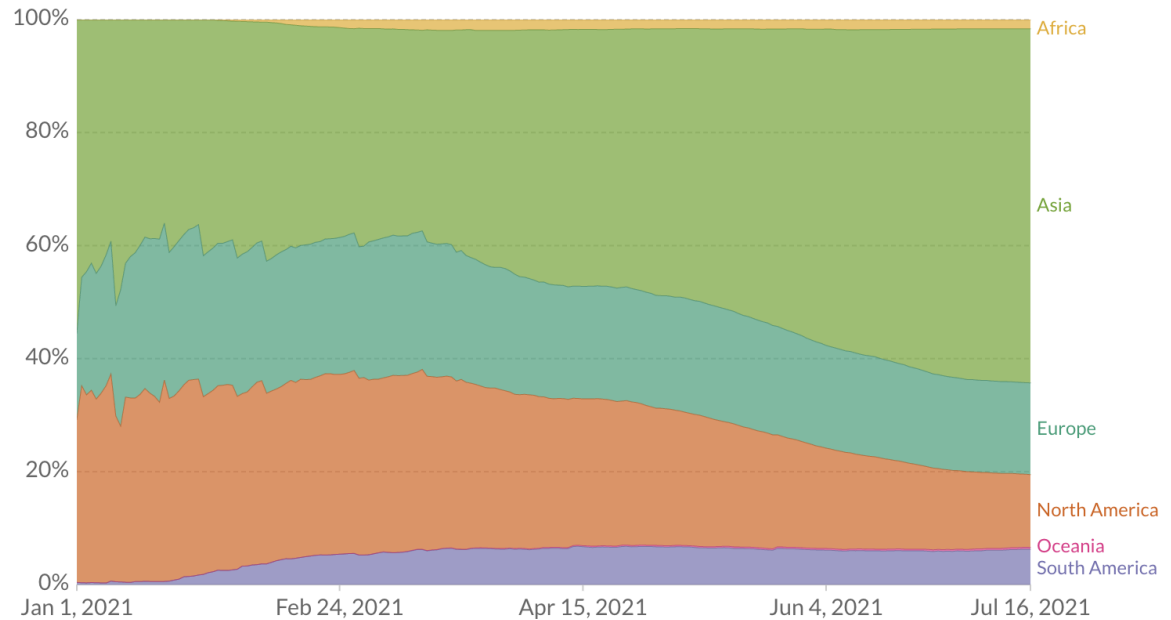


COVID-19 vaccine doses administered by continent

For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.

Our World
in Data

Relative



Questions for you to research

- What's the current reality on equal distribution of the COVID-19 Vaccine worldwide?
- What's the position of your delegation around ensuring equal distribution of the vaccine within your country and around the world?
- How can the WHO and member countries ensure a safe and equal vaccination rollout plan?
- What is the biggest challenge your delegation is facing around the vaccination process and what are the current efforts being taken into place to ensure complete vaccination?
- How could the WHO and it's member countries reach the populations who are currently in conflict areas/wars?
- How can countries ensure fair policies that protect refugees and migrants' right to access the vaccine in a timely manner?
- How can the WHO and it's member countries enable scientists in developing countries to create local vaccines and enable them to mass produce it?
- How to promote and establish common efforts to encourage full population vaccination?

Reading Material

<https://ourworldindata.org/covid-vaccinations>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

<https://fra.europa.eu/en/news/2021/covid-19-vaccination-ensuring-equal-access>

<https://www.avac.org/blog/equitable-access-covid-19-vaccines>

<https://www.unicef.org/indonesia/ensuring-fair-and-equitable-access-covid-19-vaccines>

<https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html>

<https://www.nytimes.com/2020/12/18/world/covid-covax-vaccine-deals.html>

<https://www.brookings.edu/blog/future-development/2021/05/04/how-big-of-a-vaccine-surplus-will-the-us-have/>

<https://www.bbc.com/news/world-57558401>

https://www.unaids.org/en/resources/presscentre/featurestories/2021/march/20210310_covid19-vaccines

<https://www.npr.org/sections/health-shots/2021/04/26/989962041/why-black-and-latino-people-still-lag-on-covid-vaccines-and-how-to-fix-it>