

FORUM: World Health Organization

QUESTION OF: Ensuring the Fair Distribution of COVID-19 Vaccines Across Nations

MAIN SUBMITTED BY: Sweden

CO-SUBMITTED BY: Switzerland, Iran, Argentina

THE WORLD HEALTH ORGANIZATION,

Noting with concern the threat to human health, safety, and well-being caused by the coronavirus disease 2019 (COVID-19) pandemic, which has spread all around the globe, as well as the unprecedented and multifaceted effects of the pandemic, including the severe disruption to societies, economies, global trade, and travel and the devastating impact on the livelihoods of people,

Applauding the competence, generosity, and personal sacrifice of health-care professionals, services, and institutions such as the Global Alliance for Vaccines and Immunizations (GAVI), the Pan American Health Organization (PAHO), and the United Nations International Children's Emergency Fund (UNICEF) for stimulating efforts to ensure the fair distribution of COVID-19 vaccines across all states,

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health, and regretting the inhumanity of withholding vaccines from a country most in need of them in order to further their political agenda,

Deeply concerned about the Less Economically Developed Countries (LEDCs) and developing countries who tend to have lower quality healthcare and are not receiving an adequate amount of vaccines, and are therefore incapable to offer the entire public vaccine injections,

Underscoring that equitable access to health products is a global priority and that the availability, accessibility, acceptability and affordability of health products of assured quality are fundamental to tackling the pandemic, which doesn't allow citizens who are unable to have access to a hospital aid and have no way of mobility,

Recognizing the importance of international cooperation and effective multilateralism in helping to ensure that all states have in place effective national protective measures, access to and flow of vital medical supplies, medicines and vaccines, in order to minimize negative effects in all affected states and to avoid relapses of the pandemic,

Alarmed by the devastating impacts the COVID-19 virus had on the world by putting approximately 2.45 million people to death, infecting nearly 112 million people worldwide, and challenging development gains of LEDCs,

Realizing that vaccine nationalism is no longer an option, as many nations are experiencing a drastic Gross Domestic Product (GDP) loss of 1.2 trillion dollars annually worldwide due to purchasing vaccines, and that all nations should be receiving a sufficient amount of vaccines for their population,

Acknowledging the turmoil caused by any sanctions in place that prevent member states from obtaining the vaccines they need,

Convinced that solid, effective, and long-lasting actions must be carried to establish that all nations worldwide are receiving an adequate amount of vaccines for their full population,

1. Reaffirms the fundamental role of the United Nations system in coordinating the global response to contain the spread of COVID-19 and in supporting member states, and in this regard acknowledges the crucial leading role played by the World Health Organization to equitably distribute vaccines;
2. Requests the Secretary-General, in close collaboration with the World Health Organization and other relevant agencies of the United Nations System, including COVID-19 Vaccines Global Access (COVAX) and international financial institutions, to identify and recommend solutions for mitigating the pandemic with approaches such as but not limited to:
 - a. rapidly strengthening supply chains that promote and ensure fair, efficient and timely access to vaccines by creating a task force comprised of health systems experts, from NGOs and nations, that conducts tasks such as but not limited to:
 - i. analyzes and lays out current supply chain methods that are used across nations, as well as previous supply chain methods in past pandemics, and evaluating the strengths and weaknesses of specific supply chains,
 - ii. gathering data from the efficacy of the current supply chain used in the nation, which includes data but is not limited to, percentages of vaccines thrown away due to mishandling, speed of the process in specific parts of the supply chain, etc.
 - b. discussing with representatives from each nation, that are comprised of health experts, government officials, and representatives of important parts of the supply chains, to talk about methods to improve the supply chain of each respective nation, by using the analysis done in sub-clause-i and sub-clause-ii,
 - c. rapidly distributing preventive tools, laboratory testing, reagents and supporting materials, essential medical supplies, new diagnostics, drugs and future COVID-19 vaccines, with a view to making them available to all those in need, in particular in developing countries,
 - d. taking the necessary steps to effectively coordinate and follow up on the efforts of the United Nations system to promote and ensure global access to medicines, vaccines and

medical equipment needed to face COVID-19, and, in this regard, to consider establishing, within existing resources, an inter-agency task force, and to brief the General Assembly on such efforts, as appropriate;

3. Encourages member states to work in partnership with all relevant stakeholders to increase research and development funding for vaccines and medicines, leverage digital technologies, and strengthen scientific international cooperation necessary to combat COVID-19 and to bolster coordination with means such as but not limited to:
 - a. private sector, moving towards rapid development, manufacturing and distribution of diagnostics, antiviral medicines, personal protective equipment and vaccines, adhering to the objectives of efficacy, safety, equity, accessibility, and affordability,
 - b. collaborate to promote both private sector and government-funded research and development, including open innovation, across all relevant domains on measures necessary to contain and end the COVID-19 pandemic, in particular on vaccines, diagnostics, and therapeutics and share relevant information with WHO,
 - c. share COVID-19 related knowledge, lessons learned, experiences, best practices, data, materials and commodities needed in the response with WHO and other countries, as appropriate,
 - i. collecting data of the number of injections and comparing them to other nations' data, and observing if the entire population is receiving ample doses of the vaccine,
 - ii. sharing this collected data of vaccine injections from each nation by reporting these results to the government, so that the government can publicly announce this data to all states;
 - d. utilizing Memoranda of Understanding (MOUs) between the government and universities in relation to conducting technological research concerning vaccines that include but are not limited to:
 - i. Efficient infrastructure of implementing and transporting the vaccines through cold chains
 - ii. Thorough research on economic positions, societal conditions and citizen demographics to determine the most accurate methods of distribution and administration among LEDCs and other struggling nations,
 - iii. Effective ways of using energy resources to sustain cold chains across the world,

4. Address, and where relevant in coordination with member states, the proliferation of disinformation and misinformation, particularly in the digital sphere, as well as the proliferation of malicious cyber-activities that undermine the public health response, and support the timely provision of clear, objective and science-based data and information to the public through ways such as but not limited to:

a. holding talks about the vaccine in community centers, with speakers such as medical professionals, researchers, or volunteers who know much about the issue, through means such as but not limited to:

i. sending workers from relevant NGOs such as WHO to these community centers,

ii. hiring medical professionals from the area,

iii. recruiting volunteers who are knowledgeable about this issue,

b. educating the public to dispel unfounded vaccine conspiracies through media platforms by means such as but not limited to:

i. creating social media campaigns on platforms like Instagram, Facebook, Reddit, etc.

ii. utilizing mass media (e.g. TV and Radio),

iii. utilizing posters, billboards, flyers, etc,

5. Requests nations to yield specific types of vaccine and medical equipment to specific nations, where it's more effective to variants, (e.g. Oxford-AstraZeneca is more effective toward the British "B117 Kent" variant, the Johnsons & Johnson's vaccine is more effective toward the South African "B1.351" variant) also to nations which are encountering a variant breakout, where deaths and cases are imminent, as well as providing information toward the specific variant through ways such as but not limited to:

a. encouraging cooperation between nations through the medium of NGOs like the WHO to create mutually beneficial agreements, where each nation would exchange vaccines and medical equipment in order to better prepare their respective nations to combat a specific variant of the virus,

b. providing nations that are facing specific variants of vaccines with vaccines that are better suited to face the variant through the WHO vaccine bank,

c. encouraging nations to quickly identify new Covid-19 variants and alert other nations, as well as NGOs such as the WHO,

d. urging nations to cooperate with one another to research the efficacy of vaccines against specific variants of the virus by sharing data banks, sharing novel research, etc.

6. Supports the removal of any unfair sanctions in place that prevent member states from obtaining vaccines and other supplies they require through:

a. sanctions placed by rival countries that directly or indirectly lead to shortages of surgical masks, hand sanitizer, and other medical supplies,

b. the prevention of certain Member States to purchase vaccines, causing their access to vaccines to come far too late, despite willingness to pay for them;

7. Requests that the World Health Organization reevaluate the distribution of vaccines and

prioritize at risk patients worldwide instead of at the national level, with factors that include but are not limited to:

- a. pre-existing medical conditions such as asthma, diabetes, and heart disease, and down syndrome
- b. immunocompromising diseases such as cancer, chronic kidney disease, blood or bone marrow transplants and heart condition,
- c. vulnerable elderly individuals in nursery homes and those over the age of 65,
- d. frontline health care workers,
- e. populations made vulnerable due to the lack of medical equipment,

8. Requests governments and relevant parties to assist institutions such as the COVID-19 Vaccines Global Access Facility (COVAX) and UNICEF who confront the issue of vaccine distribution and ensures that developing countries and LEDCs are receiving vaccines with means such as but not limited to:

- a. providing subsidies for LEDCs,
- b. requesting organizations to encourage citizens to support front line workers with various method such as but not limited to:
 - i. write supportive and heartfelt letters to the front-line workers;
 - ii. post encouraging messages and words of appreciation for front line workers on social media platforms.