FORUM: World Health Organization

QUESTION OF: Providing Equitable and Fair Distribution of COVID-19 Vaccines

MAIN-SUBMITTED BY: China

CO-SUBMITTED BY: Nepal, Australia, Haiti

THE WORLD HEALTH ORGANIZATION,

*Recognizing* the efforts of the United Nations in countering the spread of the vaccine through their Global Humanitarian Response plan which funds fifty priority high risk countries to ease the negative effects of COVID-19,

*Seeking* to provide vulnerable countries with further aid through the speedy, organized distribution of vaccines,

*Reaffirming* the issue with non-renewable cold chains that require constant investment, and bureaucracy’s fears over liabilities in the case of improperly stored vaccines during transit,

*Fully aware* of ongoing conflict occurring in vulnerable countries during the time of this global pandemic,

*Deeply disturbed* by ethnic inequality in the dispensement of COVID-19 resources,

*Noting* Gavi alliance’s announced COVAX vaccine allocation plan, created to ensure that any new COVID-19 vaccine would be shared equally between the world's richest and poorest countries,

*Recognizing* that with LDS(Low Dead Space) syringes, it is estimated that a bottle of AstraZeneca's vaccine was enough to provide jabs to 10 people, while that of Pfizer came to six, when using the LDS syringes; however, a bottle of AstraZeneca's vaccine can provide jabs for up to 12 people, while that of Pfizer's can increase up to seven,

1. Calls upon member nations to cooperate with the WHO and other relevant non-governmental organisations (NGOs) to help mitigate vaccine nationalism through a five-year plan from 2021 to 2026 that ensures the equitable distribution of the COVID-19 vaccine within the nation through means such as but not limited to:

* 1. Prioritising identified vulnerable communities such as but not limited to:
		1. elderly individuals in nursery homes and those over the age of 65 who are at higher risk of death because of their underlying health conditions,
		2. frontline health care workers,
		3. individuals with pre-existing medical conditions,
		4. populations who have limited access to preventive equipment (low income),
	2. Ensuring fair distribution of vaccines, indiscriminate of gender, race, or refugee status through cooperation with Transparency International(TI) in such ways but not limited too:
		1. Monitor the various groups of people, and keep them fairly distributed by groups
		2. Eliminate those who force power on minorities
	3. Distributing and executing vaccines for low income countries through the help of NGOs like GAVI alliance.
	4. Preventing More Economically Developed Countries (MEDCs) from monopolising all the vaccines through the aforementioned means,
	5. Requesting accurate census on the rates of vaccination within regions of participating countries,
	6. Encouraging the creation of Public Service Announcements (PSAs) that are at no cost for non-profit organizations to raise awareness on the necessity of the vaccine through mediums such as prominent social figures

2. Requests the delays of vaccination to be eradicated in order to urge fair distribution in developing countries;

1. hoping for approved pharmaceutical companies to launch factories and invest research on more thermostable and high-efficacy vaccines in developing regions to minimize the time of manufacturing through the following:
	1. Using NGOs and other donations to create localized factories in rural regions
	2. Hiring low-income workers to support the economies of developing countries and save assets of developed countries to workers.
2. encouraging belt and road infrastructure to implement vaccine delivery such as but not restricted to: land, airtime, and maritime,
3. providing accessible means of transportation funded by Gates foundation for patients to take their vaccines in local areas:
	1. schedule and fund efficient and fast travel options for people to be taken to their vaccination centers,
	2. urge the local community to provide vaccines in accessible places such as schools, hospitals, and workplaces;

3. Suggests distributing the work of the EU, G20, and financial organizations by certain regions in order to support developing countries to purchase Covid vaccine; EU and G20 are not required to support them financially but they may share diplomatic relations to help them recover:

1. Allowing developed countries to contribute economic policies to recover their financial crisis of the government of developing countries after the purchase,
2. Supporting private companies of developing countries to back up the government,
3. Allowing the IMF and World Bank to extend the debt by five years
4. Calling upon cooperation between pharmaceutical, bio companies, and developing countries to produce effective vaccines
	1. produce at least two doses for each person to end pandemic as soon as possible.
	2. enact trade agreements in the case of massive debt;
5. Offer masks in case of delays of vaccination such as but not restricted to:
	1. N95
	2. KF94
	3. KN95

4. Emphasizes the use of vaccine with in an efficiency rate of ninety percent or higher, planning to produce more than seven billion doses in 2021 to boost ends to the pandemic in such ways to but not limited to:

1. partnership with developing countries that are excluded from western vaccines such as but not restricted to:
	1. Members of African Union,
	2. Members of Union of South American Nations,
	3. Members of Central Asian Unions,
2. partnership with MEDCs such as G20 and EU members to consider the usage of high successful rate vaccines in developing countries:
	1. boosts efficiency,
	2. combination of a various types of vaccines,
3. Investment to pharmaceutical companies to produce affordable vaccines to LEDC members such as but not limited to:
	1. safe administration of vaccine recipient,
	2. equal healthcare system to all,
	3. hire more biochemical engineers;

5. Draws attention to LDS (Low Dead Space) syringes which may maximize the use of doses;

1. purchase LDS syringe,
2. Train injections of LDS syringe by bringing all administrators up to speed with a little extra training,
	1. make sure all vaccine vials are being completely emptied,
	2. need for cohort studies that track the injections of LDS to improve non pharmacy outlets,
3. promote LDS syringe if but not restricted to,
	1. reduce drug waste,
	2. reduce incidence of overdose in infants and premature babies;

6. Encourages the vaccination of refugees, especially those in vulnerable areas:

1. ensuring that refugees are included in vaccine rollouts via the UNHCR and through varied work with stakeholders,
2. employing vaccination recommendations for refugees and migrants, particularly when vaccination documentation is not available via:
	1. electronic medical records, interlinking national immunization registers,
	2. data sharing along migratory routes, which can contribute to monitoring and planning of vaccination of refugees and migrants,
3. declaring that hospital administrators need to use the following preemptive methods to make sure medical staff can not reinforce stigma and inhibit refugees and migrants from accessing health services:
	1. demands that refugees and migrants receive culturally and linguistically flexible help from staff coming from similar backgrounds for appropriate and fruitful immunization,
	2. informs industries on how to collect racial and ethnic data holistically,
4. identify low-income migrant workers and irregular migrants, and allocate COVID-19 vaccination to such but not limited to:
	1. physically distanced,
	2. disabled people,

 7. Reminds that racial and financial disparity with Covid-19 vaccination should be abolished; no one is above one another since all have equal rights to be vaccinated.

1. Increase access to home- and community-based services
	1. Government supports payments for institutional care,
	2. advocate minor racial groups about home and community based services creating a public-facing education and outreach campaign and working with varied stakeholders,
	3. Encourage similar background staff such as nurses and doctors to ease the patients due to racial disparity ,
2. Recommandes the pharmaceutical industry and government to diverse vaccination among different ethnic groups equally,
	1. Inform industries on how to collect race and ethnicity data
	2. Encourage vaccination to minor ethnicity, which have been left behind
3. Build vaccination area in minor community such as but not limited to
	1. rural and low-income pockets of urban cities
	2. War zone

8. Determines the necessity for sustainable vaccination practices distribution through the use of:

1. solar energy,
	1. requesting the set up of, modular, walk-in cold rooms for off-grid storage in rural areas powered by solar panels on roofs or awnings,
	2. distributing solar-charged or hybrid vehicles to remediate inaccessibility to electricity in certain regions,
2. wind energy,
3. hydro energy;

9. Reprimands the lack of peace in the administration of vaccines in places of conflict by:

1. involving ECOSOC in trade agreements between demand and supply,
	1. No tariff or sanctions for COVID-19 vaccines,
	2. Structural change is the need for investment in sustainable infrastructure,
2. Involve the UN Security Council to support a “sustained humanitarian pause” to international conflicts in order to allow for COVID-19 vaccinations with UN peacekeeping forces to secure local conflicts and impediments in order to allow vaccination in such places but are not limited to:
	1. Nigeria
	2. Somalia
	3. Syria
	4. Afghanistan

10. Reminds that corruption in distribution of COVID vaccine should not operate immediately

1. raise awareness of illegal market of COVID-19 vaccine due to the fact that but not restricted to:
	1. fake COVID-19 vaccines that cause unanticipated diseases that cause life threatening situation,
	2. a number of Mexican gangs have reportedly already set up manufacturing laboratories that cause life threatening situations,
2. undermine corrupt government that does not prioritize its citizens in vaccination in such ways but not restricted to:
3. Eradicate the speculators, whose purposes are to benefit from profit coming from Covid vaccine, instead of healthcare.