**Forum:** GA 3 – Social, Humanitarian and Cultural Committee

**Issue:** Guaranteeing universal access to COVID vaccine

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**Position:** Chair



**Introduction**

“*With AIDS we saw that when treatments were found the wealthier people in wealthier countries got back to health, while millions of people in developing countries were left to die. We must not repeat the same mistake when a vaccine for COVID-19 is found. The right to health is a human right – it should not depend on the money in your pocket or the color of your skin to be vaccinated against this deadly virus. A vaccine should be a global public good and free of charge for all*.”(Byanyima, W., n.d.)

From the beginning of the COVID-19 pandemic up until today, February 26th, 2021, 113 Million cases and 2.5 Million deaths have been registered globally. Figures are alarming and devastating, and at this moment the vaccine seems to be the light at the end of the tunnel. Therefore, due to the technological advances, several countries and laboratories have been able to develop vaccines, within less than two years, in search of an antidote or a method of reducing the spread of this deadly virus. Some of the vaccines which have been developed include: Pfizer-BioNTech, Moderna, AstraZeneca-University of Oxford, Johnson & Johnson, Sputnik V Vaccine, Sinovac Biotech, Novavax, among other vaccines.

“Affordable, non-discriminatory access to the vaccine is a human right” established a report from the United Nations. (United Nations, 2020). If global access to the vaccine is not granted, there is a high risk of restricted access based on nationality, wealth and race among other factors, rather than on an “evidence-based assessment of need”. While wealthy countries have purchased enough doses in order to vaccinate their entire population multiple times by the end of 2021, it has been estimated that 90% of the population of other 67 countries will not have access to even a single dose of the vaccine in 2021, which is extremely concerning.

**Definition of Key Terms**

**COVID-19**

COVID-19 is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Elderly people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. (World Health Organization - WHO, 2021)

**Coronavirus**

C[oronavirus](https://www.webmd.com/lung/coronavirus) is a kind of common virus that causes an infection in the nose, [sinuses](https://www.webmd.com/allergies/picture-of-the-sinuses), or upper throat. Most coronaviruses aren't dangerous. (WebMD, 2020)

**Virus**

A virus is an infectious agent of small size and simple [composition](https://www.merriam-webster.com/dictionary/composition) that can multiply only in living cells of [animals](https://www.britannica.com/animal/animal), [plants](https://www.britannica.com/plant/plant), or [bacteria](https://www.britannica.com/science/bacteria). (Krug, M., 2020)

**Epidemic**

An epidemic is a disease that affects a large number of people within a community, population, or region. (Intermountain Healthcare, 2020)

**Pandemic**

A pandemic is an epidemic that’s spread over multiple countries or continents. (WHO, n.d.)

**Vaccine**

A vaccine is an antigenic preparation, of a typically inactivated or attenuated pathogenic agent, administered (as by injection) to stimulate the body's [immune response](https://www.merriam-webster.com/dictionary/immune%20response) against a specific infectious disease. (Merriam Webster, n.d.)

**Immunity**

Immunity is a form of protection from an infectious disease. If a person is immune to a disease, the person can be exposed to it without becoming infected. (Centers for Disease Control and Prevention, n.d.)

**Immunization**

Immunization is the process by which a person becomes protected against a disease through vaccination. (WHO, n.d.)

**Universal Access**

Universal access refers to the ability or opportunity of each and every person to secure necessary health services without fear of incurring financial problems due to the costs, or other factors. It is a feature of the World Health Organization's goal of universal health coverage. (WHO, n.d.)

**Issue Overview**

**Timeline of Events**

|  |  |
| --- | --- |
| **Date** | **Description of event**  |
| December 31st, 2019 | Wuhan Municipal Health Commission, China, reported [a cluster of cases of pneumonia](https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/) in Wuhan, Hubei Province. |
| January 1st, 2020 | WHO had set up the IMST (Incident Management Support Team) across the three levels of the organization. |
| January 5th, 2020 | WHO published the [first Disease Outbreak News](https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/) on the new virus. |
| January 10th, 2020 | WHO issued a comprehensive package of technical guidance online with advice to all countries on how to detect, test and manage potential cases, based on what was known about the virus at the time. |
| January 13th, 2020 | Officials confirm a case of [COVID-19 in Thailand](https://www.who.int/news/item/13-01-2020-who-statement-on-novel-coronavirus-in-thailand), the first recorded case outside of China. |
| November 21st, 2020 | The Director-General [addressed](https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-g20-leaders-summit) the G20 Leaders’ Summit, calling for action to: ensure COVID-19 vaccines are allocated fairly as global public goods. |
| December 8th, 2020 | First person receives the Pfizer vaccine |
| February 6th, 2021 | China gives conditional approval to the Sinovac vaccine. |
| February 7th, 2021 | A second vaccine from Iran enters Phase 1. |
| South Africa halts plans for a rollout of AstraZeneca’s vaccine. |
| February 8th, 2021 | The University of Washington moves to Phase 1/2. |
| February 10th, 2021 | A vaccine from Italy’s Takis and Rottapharm enters Phase 1. |
| February 18th, 2021 | China’s Shenzhen Kangtai moves to Phase 2. |
| February 20th, 2021 | Russia approves the Chumakov Center vaccine for early use. |
| February 22nd, 2021 | Sanofi moves to Phase 2. |
| A vaccine developed by the Icahn School of Medicine enters Phase 1. |
| February 25th, 2021 | Bahrain authorizes Johnson & Johnson’s vaccine for emergency use. |
| China approves two vaccines by CanSino and Sinopharm for general use. |
| February 26th, 2021 | Canada authorizes the Oxford-AstraZeneca vaccine for emergency use. |
| February 27th, 2021 | The Food and Drug Administration authorizes Johnson & Johnson’s vaccine for emergency use. |
| March 1st, 2021 | Massachusetts-based VBI Vaccines enters Phase 1/2. |
| March 4th, 2021 | Cuba’s [Soberana 2](https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html#soberana2) vaccine moves to Phase 3. |
| A vaccine from BioNet-Asia and Australia’s Technovalia enters Phase 1. |
| March 5th, 2021 | Canada authorizes Johnson & Johnson’s vaccine. |

**Vaccine testing process**

The first step is the “Preclinical Testing”, where vaccines are tested in animals to see their response. In second place, the vaccine enters “Phase 1: Safety Trials”, in which a small group of people is injected with the vaccine to test safety and dosage. Thirdly, the vaccine enters “Phase 2: Expanded Trials”, where a larger group of people (hundreds of people), embracing a variety of ages and other characteristics, is now injected to further test its safety and different reactions. The next step is “Phase 3: Efficacy Trials”, in which scientists give the vaccine to an even larger group of the population (thousands of people), and wait to see how many of these people get the virus. Phase 3 measures the efficacy rate, determining whether or not the vaccine protects people against the virus. After Phase 3, the vaccine enters the phase of “Early or Limited Approval”, due to the sanitary emergency, during this pandemic countries such as Russia and China have begun administering the vaccine before detailed results of Phase 3 were made public, and have been hence, warned of serious risks. Subsequently the vaccine enters the “Approval” phase, where after evaluating the complete trial results, it is decided whether or not it is safe to manufacture the vaccine. If people, who were injected during one of the three phases, were to present any type of worrying symptoms the trial would be paused, and after an investigation has been carried out it may be either resumed or abandoned.

***Adapting the process to the health emergency***

This process normally takes around ten years, whereas, due to the sanitary emergency many of the COVID-19 vaccine developers are racing to compress this whole process into about a year and a half, by overlapping the different phases or manufacturing the vaccine while it is being tested, so in case of being approved it can be distributed right away.

 **Authorized vaccines[[1]](#footnote-0)**

Currently, a total of 12 different vaccines have been approved by at least one country worldwide. These 12 vaccines are: FBRI (approved in 1 country), Moderna (approved in 40 countries), Pfizer-BioNTech (approved in 68 countries), CanSino (approved in 3 countries), Gamaleya (approved in 45 countries), Johnson & Johnson’s Janssen (approved in 4 countries), Oxford-AstraZeneca (approved in 74 countries), Serum Institute of India (approved in 17 countries), Bharat Biotech (approved in 3 countries), Sinopharm-Beijing (approved in 20 countries), Sinopharm-Wuhan (approved in 2 countries) and Sinovac (approved in 16 countries). 25 other vaccines remain in Phase 3 Clinical Trials, 39 vaccines in Phase 2 Clinical Trials, and 29 in Phase 1 Clinical Trials.

 ***Pfizer-BioNTech***

The Pfizer-BioNTech (BNT162b2) vaccine, manufactured by Pfizer, Inc., and BioNTech, consists of two shots 21 days apart. The type of vaccine is mRNA. This vaccine has been approved by a total of 68 countries including: Germany, Hungary, Slovakia, France, Italy, Austria, Portugal, Spain, United Kingdom, United States, Romania, Poland, Czech Republic, Bulgaria, Denmark, Iceland, Latvia, Lithuania, Belgium, Canada, Chile, Costa Rica, Croatia, Cyprus, Finland, Greece, Israel, Kuwait, Mexico, Malta, Oman, Qatar, Saudi Arabia, Serbia, Slovakia, Switzerland, UAE and Singapore.

***Moderna***

Moderna (mRNA-1273) vaccine is manufactured by ModernaTX, Inc. and it is of type mRNA. This vaccine consists of two doses one month (28 days) appart, and has been approved by 40 countries including: Canada, United States, Andorra, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Vatican City, Israel, Qatar and Singapore.[[2]](#footnote-1)

# *Johnson & Johnson’s Janssen*

Johnson & Johnson’s Janssen (JNJ-78436735) vaccine is manufactured by Janssen Pharmaceuticals Companies of Johnson & Johnson, and consists of one single shot. The type of vaccine is Adenovirus-based, and has been approved in only 4 countries: Bahrain, Canada, South Africa and the United States.

# *Oxford/ AstraZeneca*

The Oxford vaccine is Adenovirus-based type and consists of two doses 28 days apart. This vaccine has been approved in a total of 73 countries: Angola, Argentina, Australia, Austria, Belgium, Botswana, Brazil, Bulgaria, Cambodia, Canada, Chile, Colombia, Croatia, Cyprus, Czech Republic, Democratic Republic of the Congo, Denmark, Dominican Republic, Egypt, El Salvador, Estonia, Finland, France, Gambia, Germany, Ghana, Greece, Guyana, Hungary, Iceland, India, Iran, Iraq, Ireland, Italy, Ivory Coast, Kenya, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Malawi, Malaysia, Mali, Malta, Mauritius, Mexico, Moldova, Mongolia, Morocco, Netherlands, Nigeria, Norway, Oman, Pakistan, Philippines, Poland, Portugal, Republic of Serbia, Romania, Rwanda, Saudi Arabia, Senegal, Slovakia, Slovenia, South Korea, Spain, Sudan, Sweden, Thailand, Uganda, United Kingdom and Vietnam.

# *Sinovac*

The Sinovac vaccine comes from China, the type of vaccine is Inactivated SARS-CoV-2 virus, consists on one single shot, and has been approved in the 16 following countries: Azerbaijan, Brazil, Cambodia, Chile, China, Colombia, Dominican Republic, Ecuador, Indonesia, Laos, Malaysia, Mexico, Philippines, Thailand, Turkey and Uruguay.

 **Private profit and public health**

“Private profit should not be prioritised over public health”. (United Nations Human Rights, Office of the High Commissioner) Each Nation has the duty to prevent high unaccessible costs in what concerns essential medicines and vaccines. Therefore, each state should take measures to protect the primacy of public health over private profit, since this will assure a less discriminatory distribution of the vaccine.

 **Non-discriminatory access to accurate health information**

Besides the vaccine, it is crucial for people to be able to access accurate information regarding COVID-19. Hence, it is utterly important that information about the topic is transmitted without discriminating against certain groups of the population, this means information should be available in “readily understandable formats and languages, including indigenous languages and those of national or ethnic, religious and linguistic minorities”. Moreover, this information should also be adapted for people with special needs, including visually- and hearing-impaired people. By keeping everyone informed, chances of people taking sanitary measures are higher, and hence lower contagion rates.

**Major Countries and Organizations Involved**

**COVAX**

COVAX was launched in April by the World Health Organization (WHO) together with the European Commission and France. COVAX brings together governments, global health organisations, manufacturers, scientists and civil society, among other members, with the objective of providing equitable access to COVID-19 treatments, diagnostics and vaccines. The organization aims at achieving this goal by supporting research, development and negotiating prices of the COVID vaccine. “All participating countries, regardless of income levels, will have equal access to these vaccines once they are developed. The initial aim is to have 2 billion doses available by the end of 2021, which should be enough to protect high risk and vulnerable people, as well as frontline healthcare workers.”

**World Health Organization (WHO)**

The World Health Organization (WHO) is the United Nations’ health agency. The organization has helped countries to prepare and respond towards COVID-19, by creating a “Strategic Preparedness and Response Plan” which outlines the main actions countries should take and the resources required. The WHO works closely with governments worldwide in order to help them face the pandemic. The “COVID-19 Solidarity Response Fund” was set up by the WHO, together with other organizations, with the objective of ensuring patients receive the care they need. Moreover, the COVID-19 Solidarity Response Fund also aims at accelerating the research and development of the vaccines, in order to provide universal access to the vaccine to those in need. The organization works from donations from governments, the private sector and individuals.[[3]](#footnote-2)

**International Covenant on Economic, Social and Cultural Rights (ICESCR)**

The ICESCR guarantees the enjoyment of economic, social and cultural rights. Such as the right to “education, fair and just conditions of work, an adequate standard of living, the highest attainable standard of health and social security”. The ICESCR requires states, which have the means, to provide assistance to developing countries for immunization against diseases, such as COVID-19, and prevention, control and treatment of these diseases. This assistance is mainly economic, technical and scientific.

**United Nations (Security Council)**

The Security Council, on February 26th of 202, presented a resolution tackling the issue in hand. The council requested the Secretary-General “to provide a full assessment of the impediments to vaccine accessibility and the COVID-19 response, including vaccination programmes, in situations of armed conflict and complex humanitarian emergencies”.

Furthermore, the Security Council emphasized the urgent need for “solidarity, equity and efficacy”, encouraging nations with developed economies to donate vaccine doses to countries in need, mainly through the COVAX Facility.

**Relevant UN Treaties and Events**

* Security Council Resolution, 26 February 2021(S/RES/2565)
* Human Rights and Access to COVID-19 Vaccines, 17 December 2020

**Previous Attempts to solve the Issue**

Due to how recent this issue is, most of the following attempts/ actions taken to solve it are taking place at the present moment or are projects for the near future.

**World Health Organization (WHO)**

Aside from the creation of the “Strategic Preparedness and Response Plan” and the “COVID-19 Solidarity Response Fund”, the World Health Organization has taken other measures to face the pandemic, such as providing accurate information about the topic, busting myths. Moreover, by April 2020, the WHO had shipped more than four million items of personal protective equipment, for healthcare professionals, to 133 countries, launching on April 8 a “UN COVID-19 Supply Chain Task Force”. Tedros Adhanom (Director-General of the World Health Organization) expressed in a press briefing that the WHO is committed to “serve all people of the world with equity, objectivity and neutrality.”

In what concerns the vaccine, during 2020 the WHO had launched a “Solidarity Trial” (an international clinical trial) confirmed by a total of 90 countries, in the search for a vaccine.

**Access to COVID-19 Tools (ACT) Accelerator**

The Access to COVID-19 Tools (ACT) Accelerator was launched in April 2020 by the World Health Organization (WHO), European Commission, France and The Bill & Melinda Gates Foundation. Its objective is to accelerate the development, manufacturing, and equitable access to COVID-19 tests, treatments, and vaccines, by bringing together governments, health organizations, scientists, businesses, civil society, and philanthropists to work together towards the common goal.[[4]](#footnote-3)

**Possible Solutions**

Collaboration is needed between Member States and international financial institutions, to ensure cost is not a barrier to access any of the COVID-19 vaccines and health products to as many people as possible. Donations of privates to some Less Developed Countries (LEDC’s) should also be encouraged, as those countries are not able to buy as many vaccines as they need. Member States who have bought surplus amounts of vaccines should be either penalized for their actions which affect the international community, or encouraged to donate those vaccines that they will not need to those countries that need them the most.

Furthermore, businesses should publicly disclose information about pricing arrangements, meaning its research, development and manufacturing, in order to contribute to a “transparent pricing of COVID-19 health products”.

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**Appendix or Appendices**

**Appendix I**

COVID-19 Vaccine Tracker: <https://covid19.trackvaccines.org/vaccines/>

**Appendix II**

“A Fair Shot: ensuring universal access to COVID-19 diagnostics, treatments and vaccines” Report by Amnesty International: [https://drive.google.com/afairshot](https://drive.google.com/file/d/16NfBU5zgmoZtizPrqdkTXKo-nEYPw8zC/view?usp=sharing)

**Appendix III**

Resolution SC, 26 February 2021(S/RES/2565). Access: [https://undocs.org/en](https://undocs.org/en/S/RES/2565%282021%29)

**Appendix IV**

Human Rights and Access to COVID-19 Vaccines, 17 December 2020. Access: [https://drive.google.com/res](https://drive.google.com/file/d/1wVGDYm8ukEnj82UEUP9u33PHd_7rLMjx/view?usp=sharing)

1. Find detailed information about each vaccine: <https://covid19.trackvaccines.org/vaccines/> [↑](#footnote-ref-0)
2. Find more information about moderna in each country: <https://www.modernacovid19global.com> [↑](#footnote-ref-1)
3. More information about actions taken by the WHO in section: “Previous Attempts to solve the Issue” [↑](#footnote-ref-2)
4. More information in the Access to COVID-19 Tools Accelerator webpage: [https://www.who.int](https://www.who.int/initiatives/act-accelerator/faq) [↑](#footnote-ref-3)