**BACKGROUND GUIDE**

**WORLD HEALTH ORGANISATION**

**AGENDA: DISCUSSING ABOUT VACCINE FOR PANDEMIC AS A WHOLE (PRICING AND TIMELINE IN COUNTRIES)**

Dear Delegates,

It is an honor to be serving as a part of the Executive Board at the Glengaze MUN, World Health Organization (WHO). Please consider that the following guide, as the name suggests, is merely to provide you with the background of the agenda and cannot serve as a credible source of information. Your real research lies beyond this guide and we hope to see some strong content and debate come our way. The agenda at hand is vast and complex, and a successful discussion on it would entail the collective participation of all of you. It shall be your prerogative to decide the direction in which you want to take this committee. **The Background Guide, however, is kept small but it remains informative.** The nature of the committee and the topic under discussion, which is, “Global Partnership in the governance of Global Commons” requires that we first understand the basic terminologies that are used. The subjectivity that this agenda induces within its terminologies that may serve as a point of debate. The background guide is designed to help everyone to understand the basic things about the agenda and we strongly recommend that you research various things on your own.

If you are doing a MUN for the very first time, we expect you to read the UNA USA rules of procedure shred with you by the Executive Board. Rest, the same aspect for research applies to you too. **Do not feel taken aback on the research,** foreign policy, and other details of the allotted country. **Take the initiative to research properly**. However, this guide might mention words and phrases like “rogue”, “Cold War”, “Third world countries”, “superpower nations”, the committee, and you as a delegate shall refrain from using such terminology.

While it is a clear agenda, it still is open to interpretation and there shall be no direction of debate that shall be provided by the Executive Board. Delegates are required to direct the council at all stages unless stagnation occurs. The agenda or a MUN is a beautiful experience and is not as difficult as it may seem. We hope to see a great level of effort and enthusiasm from you all so that we all can take back great experience. This Background has been created a month prior to the conference and it is in the best interest to stick to Reuters/UN News and documents to find more after you have researched. Do research the updated information on various news agencies.

Happy Researching.

## Chairperson Co-Chairperson

**Mehak Verma Yash Kumar**

**Best Practices For Research before a MUN**

(You can take these best practices into account, not only for this MUN but for other MUNs as well.)

* Read the Agenda Guide, least 20 days prior to the conference, and make a note of everything that needs to be understood. Do read the Background guide. In case of a crisis situation always read and look for the analysis and plausible rationale on the updates that may be issued a week before the MUN.
* Google/Search everything and find related documents (UN, News articles, Scholarly articles) for whatever was not really understood.
* After wholly understanding (subject to how in-depth you wish to go for the research), try understanding your allotted country’s perspective on the agenda.
* Make the stance in accordance with the country’s perspective on the agenda which shall also define your foreign policy (history, past actions, etc.)
* Understand the cues and hints that are given minutely in the Background Guide that may come handy while the presentation of contentions in committee.
* Take a good look at the mandate of the council as to what you can discuss and what you can do in this council. This point is placed here, just because your knowledge base shouldn’t be limited to the mandate of the council. Know everything, speak whatever the mandate allows.
* Follow the links given alongside and understand why they were given. **Read the footnotes and the links and hyperlinked text.**
* Predict the kind of discussions and on what subtopics can they take place, thereby analyzing the subtopic research you have done and prepare yourself accordingly. Make a word/pages document and put your arguments there for better presentation in the council.
* Ask the Executive Board your doubts, if you have any, at least 10 days before the conference by means of the given email ID and make sure to not disclose your allotted country, until you want to understand the policy of your country.
* Download the United Nations Charter, the Geneva Conventions of 1949, and additional protocols thereto and other relative treaties and documents given.
* Ask questions regarding procedures to speak something etc.if you have any, ON the day of the conference.

# Nature of Proof and Evidence

Documents from the following sources will be considered as a credible proof for any allegations made in committee or statements that require verification:

* Reuters: Appropriate Documents and articles from the Reuters News agency will be used to corroborate or refute controversial statements made in the committee.
* UN Document: Documents by all UN agencies will be considered as sufficient proof. Reports from all UN bodies including treaty-based bodies will also be accepted.
* Government Reports: Government Reports of a given country used to corroborate an allegation on the same aforementioned country will be accepted as proof.

Under no circumstances will sources like Wikipedia, Amnesty International, Human Rights Watch or newspapers like the Guardian, Times of India, etc. be accepted as credible proof; but may be used for better understanding of any issue and even be brought up in debate, if the information given in such sources is in line with the beliefs of a government or a delegate (**who is a representative of a government, usually).**

# HISTORY OF WHO

In response to cholera epidemics in 1830 and 1847, which killed tens of thousands in Europe, the first International Sanitary Conference was convened in Paris in 1851. At the time, the cause of cholera was unknown and due to political differences little was accomplished at this or the next several meetings. Nonetheless, the conferences were the first attempt at establishing a mechanism for international cooperation for disease prevention and control.

The World Health Organization (WHO) is a specialized agency of the United Nations that is concerned with international public health. It was established on 7 April 1948, and is headquartered in Geneva, Switzerland. The WHO is a member of the United Nations Development Group. Its predecessor, the Health Organization, was an agency of the League of Nations. The constitution of the WHO was signed by 61 countries on 22 July 1946, with the first meeting of the World Health Assembly. It incorporated the Office International d'Hygiene Publique and the League of Nations Health Organization.

The WHO played a leading role in the eradication of smallpox. Its current priorities include communicable diseases, in particular HIV/AIDS, Ebola, malaria and tuberculosis; as well as the

mitigation of the effects of non-communicable diseases such as sexual and reproductive health, development, and aging; nutrition, food security and healthy eating; occupational health; substance abuse; and driving the development of reporting, publications, and networking.

The WHO is responsible for the World Health Report, the worldwide World Health Survey, and World Health Day. The current Director-General of the WHO is Tedros Adhanom, who started his five-year term on 1 July 2017. Tedros Adhanom Ghebreyesus (born March 3, 1965) is an Ethiopian politician, academic, and public-health authority who since 2017 has been Director- General of the WHO. He served in the Government of Ethiopia as Minister of Health from 2005 to 2012 and as Minister of Foreign Affairs from 2012 to 2016. Tedros joined the Ministry of Health in 1986, after graduating from the University of Asmara. An internationally recognized malaria researcher, as Minister of Health, Tedros received praise for a number of innovative and system-wide health reforms that substantially improved access to health services and key outcomes. Among them were hiring and training roughly 40,000 female health extension workers, cutting infant mortality from 123 deaths per 1,000 live births in 2006 to 88 in 2011, and increasing the hiring of health cadres including medical doctors and midwives. In July 2009, he was elected Board Chair of The Global Fund to Fight AIDS, Tuberculosis and Malaria for a two- year term. Tedros was elected as Director-General of the WHO by the World Health Assembly on 23 May 2017. He took office for a five-year term on 1 July 2017.

The International Sanitary Conferences, originally held on 23 June 1851, were the first predecessors of the WHO. A series of 14 conferences that lasted from 1851 to 1938, the International Sanitary Conferences worked to combat many diseases, chief among them cholera, yellow fever, and the bubonic plague. The conferences were largely ineffective until the seventh, in 1892, when an International Sanitary Convention that dealt with cholera was passed. Five years later, a convention for the plague was signed. In part as a result of the successes of the Conferences, the Pan-American Sanitary Bureau, and the Office International d'Hygiene Publique were soon founded in 1902 and 1907, respectively. When the League of Nations was formed in 1920, they established the Health Organization of the League of Nations. After World War II, the United Nations absorbed all the other health organizations, to form the WHO.

During the 1945 United Nations Conference on International Organization, Szeming Sze, a delegate from China, conferred with Norwegian and Brazilian delegates on creating an international health organization under the auspices of the new United Nations. After failing to get a resolution passed on the subject, Alger Hiss, the Secretary General of the conference, recommended using a declaration to establish such an organization. Sze and other delegates lobbied and a declaration passed calling for an international conference on health. The use of the word “ world“ rather than “ international“ emphasized the truly global nature of what the organization was seeking to achieve. The constitution of the WHO was signed by all 51 countries of the United Nations, and by 10 other countries, on 22 July 1946. It thus became the first specialized agency of the United Nations to which every member subscribed. Its constitution formally came into force on the first World Health Day on 7 April 1948, when it was ratified by

the 26th member state. The first meeting of the World Health Assembly finished on 24 July 1948, having secured a budget of US$5 million for the 1949 year. Andrija Stampar was the Assembly's first president, and G. Brock Chisholm was appointed Director-General of WHO, having served as Executive Secretary during the planning stages. Its first priorities were to control the spread of malaria, tuberculosis and sexually transmitted infections, and to improve maternal and child health, nutrition and environmental hygiene. Its first legislative act was concerning the compilation of accurate statistics on the spread and morbidity of disease. The logo of the WHO features the Rod of Asclepius as a symbol for healing.

In 1958, Viktor Zhdanov, Deputy Minister of Health for the USSR, called on the World Health Assembly to undertake a global initiative to eradicate smallpox, resulting in Resolution WHA11.54. At this point, 2 million people were dying from smallpox every year. In 1967, the WHO intensified the global smallpox eradication by contributing $2.4 million annually to the effort and adopted a new disease surveillance method. The initial problem the WHO team faced was inadequate reporting of smallpox cases. WHO established a network of consultants who assisted countries in setting up surveillance and containment activities. The WHO also helped contain the last European outbreak in Yugoslavia in 1972. After over two decades of fighting smallpox, the WHO declared in 1979 that the disease had been eradicated - the first disease in history to be eliminated by human effort.

The WHO fulfills this objective through its functions as defined in its Constitution: (a) To act as the directing and coordinating authority on international health work; (b) To establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate; (c) To assist Governments, upon request, in strengthening health services; (d) To furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments; (e) To provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories; (f) To establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services; (g) to stimulate and advance work to eradicate epidemic, endemic and other diseases; (h) To promote, in co-operation with other specialized agencies where necessary, the prevention of accidental injuries; (i) To promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene; (j) To promote co-operation among scientific and professional groups which contribute to the advancement of health; (k) To propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform.

As of 2012, the WHO has defined its role in public health as follows: providing leadership on matters critical to health and engaging in partnerships where joint action is needed; shaping the research agenda and stimulating the generation, translation, and dissemination of valuable knowledge; setting norms and standards and promoting and monitoring their implementation;

articulating ethical and evidence-based policy options; providing technical support, catalyzing change, and building sustainable institutional capacity; and monitoring the health situation and assessing health trends.

**COVID-19: GLOBAL PANDEMIC**

Coronavirus disease (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. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it’s important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.

To prevent infection and to slow transmission of COVID-19, do the following:

* + Wash your hands regularly with soap and water, or clean them with alcohol-based hand rub.
  + Maintain at least 1 metre distance between you and people coughing or sneezing.
  + Avoid touching your face.
  + Cover your mouth and nose when coughing or sneezing.
  + Stay home if you feel unwell.
  + Refrain from smoking and other activities that weaken the lungs.
  + Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization.

Most common symptoms:

* + fever.
  + dry cough.
  + tiredness.

Less common symptoms:

* + aches and pains.
  + sore throat.
  + diarrhoea.
  + conjunctivitis.
  + headache.
  + loss of taste or smell.
  + a rash on skin, or discolouration of fingers or toes.

Serious symptoms:

* + difficulty breathing or shortness of breath.
  + chest pain or pressure.
  + loss of speech or movement.

Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.

People with mild symptoms who are otherwise healthy should manage their symptoms at home.

On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days.

**RESEARCH**

WHO is bringing the world’s scientists and global health professionals together to accelerate the research and development process, and develop new norms and standards to contain the spread of the coronavirus pandemic and help care for those affected.

The [R&D Blueprint](https://www.who.int/teams/blueprint/covid-19) has been activated to accelerate diagnostics, vaccines and therapeutics for this novel coronavirus.

The solidarity of all countries will be essential to ensure equitable access to COVID-19 health products.

## Global research database

WHO is gathering the latest international multilingual scientific findings and knowledge on COVID-19. The global literature cited in the WHO COVID-19 database is updated daily (Monday through Friday) from searches of bibliographic databases, hand searching, and the addition of other expert-referred scientific articles. This database represents a comprehensive multilingual source of current literature on the topic. While it may not be exhaustive, new research is added regularly.

The WHO evidence retrieval sub-group has begun collaboration with key partners to enrich the citations and build a more comprehensive database with inclusion of other content. The database is built by BIREME, the Specialized Center of PAHO/AMRO and part of the Regional Office’s Department of Evidence and Intelligence for Action in Health.

For further information or questions, please contact the WHO Library via [email](mailto:Library@who.int).

## Other resources on coronavirus disease (COVID-19)

* + [BMJ](https://www.bmj.com/coronavirus)
  + [Cambridge University Press](https://www.cambridge.org/core/browse-subjects/medicine/coronavirus-free-access-collection)
  + [Centers for Disease Control and Prevention](https://www.cdc.gov/coronavirus/2019-ncov/index.html)
  + [Chinese Medical Association](http://medjournals.cn/COVID-19/index.do)
  + [Cochrane](https://www.cochrane.org/coronavirus-covid-19-cochrane-resources-and-news)
  + [Elsevier](https://www.elsevier.com/connect/coronavirus-information-center)
  + [European Centre for Disease Prevention and Control (ECDC)](https://www.ecdc.europa.eu/en)
  + [JAMA Network](https://jamanetwork.com/journals/jama/pages/coronavirus-alert)
  + [The Lancet](https://www.thelancet.com/coronavirus)
  + [LITCOVID: US National Library of Medicine](https://www.ncbi.nlm.nih.gov/research/coronavirus/docsum?filters=topics.General%20Info)
  + [New England Journal of Medicine](https://www.nejm.org/coronavirus)
  + [Oxford University Press](https://global.oup.com/academic/category/medicine-and-health/coronavirus/?cc=us&lang=en)
  + [PLOS](https://blogs.plos.org/plos/2020/01/novel-coronavirus-2019-ncov-outbreak/)
  + [Public Health England](https://phelibrary.koha-ptfs.co.uk/coronavirusinformation/#Journals)
  + [Science](https://www.sciencemag.org/coronavirus-research-commentary-and-news)
  + [Springer Nature](https://www.springernature.com/gp/researchers/campaigns/coronavirus)
  + [SSRN (Preprints)](https://www.ssrn.com/index.cfm/en/coronavirus/)
  + [Wiley](https://novel-coronavirus.onlinelibrary.wiley.com/)

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**VACCINE**

(Reuters) - Moderna Inc’s ([MRNA.O](https://in.reuters.com/companies/MRNA.O)) experimental COVID-19 vaccine, the first to be tested in the United States, produced protective antibodies in a small group of healthy volunteers, according to very early data released by the biotech company on Monday. The data comes from eight people who took part in a 45-subject safety trial that kicked off in March. The Moderna vaccine is one of more than 100 under development intended to protect against the novel coronavirus that has infected more than 4.7 million people globally and killed over 317,000.

Overall, the study showed the vaccine was safe and all study participants produced antibodies against the virus.

An analysis of the response in the eight individuals showed that those who received a 100 microgram dose and people who received a 25 microgram dose had levels of protective antibodies to fend of the virus that exceeded those found in the blood of people who recovered from COVID-19, the illness caused by the coronavirus.

The news, issued in a release by the U.S. biotechnology company, lifted shares of Moderna by 20%.

Moderna launched a $1.34 billion share offering at an offer price of $76 per share late Monday. The company had earlier said it plans to sell $1.25 billion in common stock to raise money for vaccine development and manufacturing.

“These are significant findings but it is a Phase 1 clinical trial that only included eight people. It was designed for safety, not for efficacy,” said Dr Amesh Adalja, in infectious disease expert at the Johns Hopkins Center for Health Security who was not involved in the study.

The very early data offers a glimmer of hope for a vaccine among the most advanced in development.

Scientists are trying to understand what level of antibodies will ultimately prove protective against the novel coronavirus, and how long that protection will last.

Moderna said the vaccine appeared to show a dose response, meaning that people who the 100 mcg dose produced more antibodies than people who got the lower dose.

The vaccine has gotten the green light to start the second stage of human testing. Last week, U.S. regulators gave the vaccine “fast-track” status to speed up the regulatory review.

In the Phase II, or midstage, trial designed to further test effectiveness and find the optimal dose, Moderna said it will drop plans to test a 250 mcg dose and test a 50 mcg dose instead.

## MAXIMIZING NUMBER OF DOSES

“In the context of a pandemic, we expect demand to far outstrip supply and the lower the dose the more people we expect to be able to protect,” said Chief Medical Officer Tal Zaks.

The U.S. government in April placed a big bet on Moderna, backing its vaccine with $483 million from the Biomedical Advanced Research and Development Authority (BARDA), a part of the U.S. Department of Health and Human Services (HHS).

The company said that grant will enable it to supply millions of doses per month in 2020 and, with further investments, tens of millions a month in 2021 if the vaccine proves successful.

“We are investing to scale up manufacturing so we can maximize the number of doses we can produce to help protect as many people as we can from SARS-CoV-2,” Moderna Chief Executive Stéphane Bancel said, using the official name for the new virus.

In May, Moderna struck a 10-year strategic collaboration with Lonza Group ([LONN.S](https://in.reuters.com/companies/LONN.S)) that over time will allow the company to make up to 1 billion 50 mcg doses by the end of 2021, Zaks said in an interview.

The company is working out a plan to provide vaccine to countries outside of the United States, Zaks said.

“The U.S. is poised to be the first beneficiary of this vaccine,” Zaks said, adding that the company believes it has an “ethical obligation to make this vaccine available to whoever needs it globally.”

Moderna said it expects to start a larger late-stage, or Phase III, trial in July.

There are currently no approved treatments or vaccines for COVID-19, and experts predict a safe and effective vaccine could take 12 to 18 months from the start of development, which in Moderna’s case was in January.

The most notable side effects reported from the early testing of Moderna’s vaccine were three participants with “flu-like” symptoms following a second shot of the highest dose. The company said it believed the symptoms were an indirect measure of a strong immune response.

## Links for further research:

[https://www.who.int/health-topics/coronavirus#tab=tab\_3](https://www.who.int/health-topics/coronavirus#tab%3Dtab_3)

[https://in.reuters.com/article/us-health-coronavirus-moderna/coronavirus-vaccine-from-moderna-](https://in.reuters.com/article/us-health-coronavirus-moderna/coronavirus-vaccine-from-moderna-appears-safe-shows-promise-in-data-from-eight-people-idINKBN22U1KQ) [appears-safe-shows-promise-in-data-from-eight-people-idINKBN22U1KQ](https://in.reuters.com/article/us-health-coronavirus-moderna/coronavirus-vaccine-from-moderna-appears-safe-shows-promise-in-data-from-eight-people-idINKBN22U1KQ)

[https://in.reuters.com/article/health-coronavirus-china/china-to-strengthen-global-cooperation-in-](https://in.reuters.com/article/health-coronavirus-china/china-to-strengthen-global-cooperation-in-covid-19-vaccine-trials-idINKBN23E035) [covid-19-vaccine-trials-idINKBN23E035](https://in.reuters.com/article/health-coronavirus-china/china-to-strengthen-global-cooperation-in-covid-19-vaccine-trials-idINKBN23E035)

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

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov) [coronavirus-2019-ncov](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov)

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool) [coronavirus-2019-ncov/covid-19-technology-access-pool](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool)

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/accelerating-a-safe-and-effective-covid-19-vaccine) [coronavirus-2019-ncov/accelerating-a-safe-and-effective-covid-19-vaccine](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/accelerating-a-safe-and-effective-covid-19-vaccine)

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-2-global-serologic-study-for-covid-19) [coronavirus-2019-ncov/solidarity-2-global-serologic-study-for-covid-19](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-2-global-serologic-study-for-covid-19)

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments) [coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments)