**WHO**

**LETTER FROM THE EXECUTIVE BOARD**

**Agenda: Improving Access to Immunisation and Halting the Spread of Vaccine-Preventable Diseases**

**CHAIRPERSON – Naishadh Bhavsar**

**VICE CHAIRPERSON – Om Pandit**

Greetings Delegates, we first of all would like to thank you all for being a part of this amazing conference. WHO is a specialized agency of the United Nations, responsible for international public health. The WHO Constitution, which establishes the agencies governing structure and principles, states its main objective of uplifting the prosperity and health status of the citizens. We adhere ourselves to the WHO Mandate. As being the esteemed Executive Board members we expect you all delegates to go through this Background Guide. This Background Guide will be the stepping stone towards your research. Secondly, we expect you to all have a successful and fruitful debate and you take home new friends and memories. As a reminder, you all are going to represent a portfolio, so kindly have respect towards it and maintain the decorum during the committee sessions. Go through all the bases of the Agenda and it’s a humble request, please be crystal clear with your foreign policies. Wishing you ALL THE BEST! May diplomacy Prevail.

**IMPORTANT NOTICE**

The Facts shall have its background from the following sources if asked for it :

1. Reuters

2. BBC World

3. Amnesty International

4. UN or Governments Official Reports

**Terminology**

**WHO (World Health Organization)**

The World Health Organization is a specialized agency of the United Nations responsible for international public health established on April 7 1948. The WHO Constitution, which establishes the agency's governing structure and principles, states its main objective as "the attainment by all peoples of the highest possible level

of health."

**Vaccination**

A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease.

**Immunization**

Immunization is the process of giving a vaccine to a person to protect them

against disease. Immunity (protection) by immunization is similar to the

immunity a person would get from a disease, but instead of getting the disease, you get a vaccine.

**Vaccine hesitancy**

The reluctance or refusal to vaccinate despite the availability of vaccines.

**DTP VACCINE**

The DTP vaccine is a class of combination vaccines against three infectious diseases in humans: diphtheria, pertussis (whooping cough), and tetanus.

Vaccines are something that stimulates the body’s immune system to protect the person against subsequent infection or disease. Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities, and vaccination does not require any major lifestyle change.

Despite their success in preventing disease, vaccines rarely protect 100% of the recipients. No vaccines, including travellers, should assume that there is no risk of contracting the disease(s) against which they have been vaccinated. For example, vaccination is not a substitute for avoiding potentially contaminated food and water. Consequently, all additional precautions against infection should be carefully considered.

The administration of vaccines requires the same high standard of injection safety as any other injection. A sterile needle and syringe should be used for each injection and both should be disposed of safely. WHO recommends the exclusive use of single-use (“auto-disable”) syringes and preferable devices with sharps injury protection features. Syringes should not be recapped and should be disposed of in a way that is safe for the patient, the provider and the community.

**4 main aspects lead d to a reduced vaccination rate in less and least developed countries:**

**1.** **Medical and Scientific**

**2.** **Structural and Demographic**

**3.** **Economic and Political**

**4.** **Societal and Cultural**

The medical and scientific aspect includes that less developed countries tend to have a weaker surveillance capacity when it comes to controlling and monitoring immunization. Furthermore, the scientific base and knowledge tend to be weaker, less widespread, and the available data is limited. All these reasons lead to a lack of awareness in society. In addition to this, the medical and scientific includes a tendency for malnutrition among children, as well as a prevalence of parasitic infections and multiple infections with different pathogens, all of which leading to much weaker immune systems and higher infection risks. The structural and demographic aspect includes that less developed countries are more likely to have poor infrastructure in terms of vaccine delivery and storage leading to logistic problems in effective distribution. Furthermore, populations are quickly expanding, and last but not least, countries are generally inhomogeneous and diverse systems that require equally complex solution approaches. Under the economic and political aspect, the high cost of vaccines and the limited amount of resources available in underdeveloped countries are the most dominant reason for the poor distribution and availability of vaccines. In addition, todue the history of colonialism and national pride, many countries fear the dependence on developed industries and the economic exploitation through the latter. To maintain national autonomy, they show certain move towards the interests of developed countries and the associated pharmaceutical industries. In the societal and cultural aspect, many issues specific and characteristic for underdeveloped countries are identified. The most obvious is the generally high level of poverty. In addition, educational shortcomings contribute to reduced awareness, such as the high prevalence of illiteracy as well the general emphasis on a curative instead of preventive medical treatment. Furthermore, religious taboos and the influence of traditional healers and shamans can lead to refusal of immunization. Of course, all of these four aspects are interconnected and cannot be tackled as separate issues. An effective approach is necessary to reach a sustainable solution.

One particular issue that has been pointed out many times is the high price for vaccines and the associated profits of multi-national corporations in the pharmaceutical industry. Vaccine producers claim that the prices of a pharmaceutical product have to cover the high prices of research and development as well as the cost of production. However, it is undeniable that the prices of vaccines have increased significantly: in 2001 the cost of purchasing a set of six key vaccines as defined by WHO and supplied under the Global Alliance for Vaccines and Immunization (GAVI) was $1.37. In 2011, after adding 5 more diseases to the list of key vaccines, the set cost $38.80.

Some things mightto due be noted by each and everyone for their safety while getting vaccinated:

Vaccines are generally both effective and safe, but no vaccine is safe for all recipients. Vaccination may sometimes cause mild side effects: local reaction, slight fever and other systemic symptoms may develop as part of the normal immune response. In addition, certain components of the vaccine occasionally cause reactions. A successful vaccine reduces these reactions to a minimum while inducing maximum immunity. Serious reactions are rare. Health-care workers who administer vaccines should inform recipients of known adverse reactions and the likelihood of their occurrence.

Talking about the Covid-19 Vaccination, to bring this pandemic to an end, a large share of the world needs to be immune to the virus. The safest way to achieve this is with a vaccine. Vaccines are a technology that humanity has often relied on in the past to bring down the death toll of infectious diseases. Within less than 12 months after the beginning of the COVID-19 pandemic, several research teams rose to the challenge and developed vaccines that protect from SARS-CoV-2, the virus that causes COVID-19.

India began the administration of COVID-19 vaccines on 16 January 2021 (129 days ago). As of 24 May 2021, India has administered 198,538,999 doses overall, including first and second doses of the currently-approved vaccines. Two vaccines received approval for emergency use in India at the onset of the programme

1. Covishield (a brand of the Oxford–AstraZeneca vaccine manufactured by the Serum Institute of India)

2. Covaxin (developed by Bharat Biotech).

3. In April 2021, Sputnik V (distributed by Dr Reddy's Laboratories) was approved as a third vaccine, which was deployed by May 2021.

A graph depicting the vaccination process going in India:

**CONCLUSIONS:**

The benefits of vaccination extend beyond the prevention of specific diseases in individuals. They enable a rich, multifaceted harvest for societies and nations. Vaccination makes good economic sense might and meets the need to care for the weakest members of societies. Reducing global child mortality by facilitating universal access to safe vaccines of proven efficacy is a moral obligation for the international community as it is a human right for every individual to have the opportunity to live a healthier and fuller life. Achievement of the Millennium Development Goal 4 (two-thirds reduction in 1990 under-5 child mortality by 2015) will be greatly advanced by, and unlikely to be achieved without, expanded and timely global access to key life-saving immunizations such as measles, Hib, rotavirus and pneumococcal vaccines.

We conclude that a comprehensive vaccination programme is a stepping stone of good public health and will reduce inequities and poverty.

**Points to Address during Research:**

● Do inequalities concerning vaccination affect your country?

● Considering how to expand integration efforts and to better focus immunization on

the most disadvantaged, including attention to addressing social determinants of health.

● How to fight the already existing inequities when it comes to vaccine distribution.

● Should there be universal legislation on vaccination and immunization?

● How can developed countries address the issue of vaccination hesitancy? Should vaccination be a legal requirement? How can we combat misinformation about that

subject? Should the medical community be responsible for the proper information of the general population?

● How can we ensure proper vaccination in countries with an insufficient healthcare system? How should we address vaccine-preventable diseases outbreaks in these countries?

● How does the current pandemic situation change our approach towards vaccination?