

Committee: General Assembly

Agenda: Alleviating Vaccine Nationalism

## 1. Committee Introduction

The United Nations General Assembly (UNGA) is the chief organization in the United Nations (UN) system in which all 193 member states can participate and vote. It discusses the wide range of international issues in various aspects covered by the Charter of the United Nations. The General Assembly can not only draft resolutions on issues regarding socioeconomics and security of humanity but also make recommendations to the security council and elect the council's non-permanent members. There are six committees in the General Assembly, and they deal with each of the related agendas such as peace and security (GA1), economics (GA2), human rights (GA3), budget and administration (GA5), and international laws(GA6). Though the General Assembly does not have legal authority to enforce actions unlike the Security Council, the General Assembly still remains as one of the most influential international bodies that represents the global community.

## 2. Agenda Introduction

Since 2019 December, the entire world is suffering from the COVID-19 pandemic, with more than 3.92 million victims facing death. According to the World Health Organization, over 21 million people were infected by the Coronavirus, and 25,000 more are additionally being infected on a daily basis. Considering not only the direct damage but the economic damage, the World Health Organization (WHO) states that the international society has lost a cumulative cost of more than 12 trillion dollars. The Corona virus is still lasting within our society, and is posing a big threat to the international society.

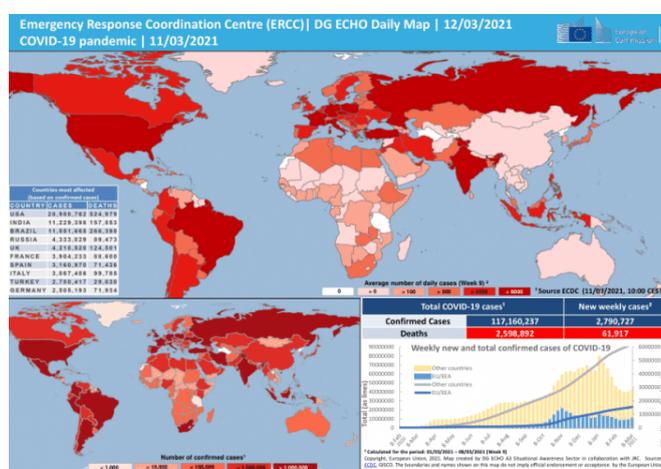


Figure 1 - The International Society's Confirmed Cases and Deaths due to COVID-19

As it is a worldwide pandemic, countries are longing for a solution with every possible means accompanied with massive investments of resources. Social restrictions such as social-distancing and the mandatory wearing of masks are implemented by many countries, and coercive actions like lockdown orders are often used in highly contagious situations, such as the situation of Wuhan in the March of 2020. Among various solutions, the use of vaccines has attracted the attention of many countries. Conventionally, vaccine development has required abundant research and investigation, which takes about 10 to 15 years on average to accomplish. However in the case of COVID-19 which came up with an historical impact, the process was promoted as the Moderna vaccine was approved by the FDA with a 94.1% prevention rate. Starting from the U.S's purchase of Moderna vaccines, countries overseas are overly in demand of the vaccines, compared to the limited supply.

Even though vaccines are being produced at a maximum speed, for instance the American government has provided an unprecedented amount of support for vaccine production with the estimation of 2,524,900,718\$ in total. Nonetheless, there is still a limit on the total amount of vaccines, and the total amount of vaccines created does not satisfy the needs of every country's moderate amount their society members need. Moreover, the distribution of vaccines worldwide is becoming uneven. While 48% of the U.S citizens, which is the equivalent to 1.58 billion, have been inoculated, only 7% of the citizens of Thailand were inoculated due to the lack of vaccine supply. The pandemic is starting to show a new form of inequality within countries, which can also be addressed as 'Vaccine Nationalism'.

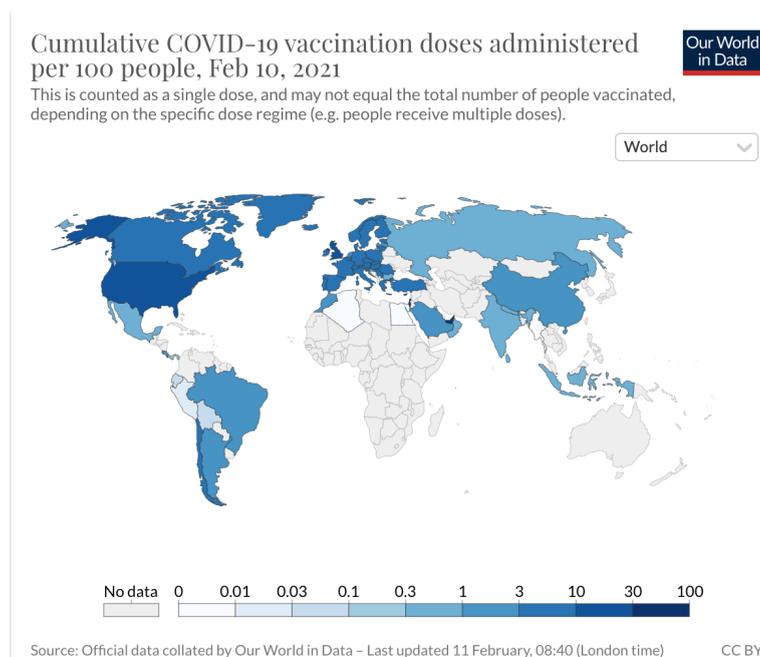


Figure 2 - the distribution of COVID-19 vaccine doses administered

The international society cannot blame countries that purchase large quantities of vaccines, since they are only taking the best action in order to protect their society members and bring back social stability. As an example, the tremendous amount of vaccine purchases proceeded by the U.S.A, EU, and many other organizations are movements to create immunity within their communities and protect their members from the danger of COVID-19. However, vaccine nationalism can lead to social problems such as intensifying national inequality, worsening the global health status, and delaying the economic recovery. Thus the situation overall threatens international peace and regiment which only hinders the integrated resolution for the crisis. The chief of the World Health Organization, Tedros Adhanom Ghebreyesus, claims that the situation of vaccine nationalism will ‘only help the virus’, as the cost of vaccines will constantly and exponentially increase due to the overheated competition between countries. According to the Bill & Melinda Gates Foundation, the total capital used for vaccine transactions of 7 low-income countries, including Vietnam, Philippines, and many more, has been estimated by \$25 billion, a relatively low cost compared to the \$50 billion dollars the U.S.A uses for a single transaction. Such figures show the severity of vaccine nationalism. Furthermore, vaccine nationalism not only affects low-income countries but also damages developed countries. The pandemic would last longer if only a part of the international society gains immunity, and the continued disruption of the world economy will weigh on all nations through battered supply chains and weaker demands.

The issue of vaccine nationalism has emerged significantly along with the pandemic and development of vaccines, and current statistics of the distribution of vaccines and its results highlight the importance of alleviating the situation of vaccine nationalism.

### **3. Definition of Key Terms**

#### **Vaccine Nationalism**

Vaccine Nationalism refers to the situation in which countries consider their own citizens’ welfare and health first. It occurs when governments sign agreements with pharmaceutical manufacturers in order to supply their own populations with vaccines ahead of them becoming available for other countries. The situation of vaccine nationalism is natural when considering such action as fulfilling every government’s duty to protect and act for their society members as the first priority. However, various organizations and experts, including the WHO, are concerned that vaccine nationalism will create problems corresponding to the whole international society.

## **The Global Alliance for Vaccines and Immunizations (GAVI)**

GAVI alliance is a collaborative organization established between private sectors, funding organizations, international organizations, and governments. GAVI aims to promote immunization and vaccination to all, regardless of their ethnic, cultural, and socioeconomic backgrounds. GAVI has been assisting Health System Strengthening (HSS) programs since 2007 to enable countries to identify their weaknesses on medical infrastructure that hampers the successful implementation of public health goals. GAVI alliance plays a great role in resolving current medical inequality especially in distribution of vaccines. The alliance has currently made the progress of supporting more than 20 countries with 10% of each countries' entire vaccine requirement, and has stated that they will continue their support for resolving medical inequality..

### **Medical inequality**

Medical inequality—which is a key term for this agenda— is a difference in condition of hygiene, health status, access to medical care, or medical knowledge between different population groups. These differences are mostly based on uncontrollable factors— income level, ethnicity, gender, or cultural backgrounds. Thus the medical inequality can be interpreted as an unjust and discriminatory distribution of medical resources. Such a concept of medical inequality is also connected to vaccine nationalism, since vaccine nationalism occurs as one of the causes of medical inequality.

### **Humanitarianism**

Humanitarianism is an active belief in the value of each human life, where humans support other humans to improve the conditions of humanity for moral, altruistic, and logical reasons. Humanitarians believe that their duty is to provide assistance to other humans for the promotion of human welfare. Humanitarianism also gains significance that it is one of the main purposes of the United Nations, as stated in the Charter 'to achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character'.

### **The Humanitarian Buffer**

The Humanitarian Buffer is a mechanism established within the COVAX facility to act as a measure of 'last resort' to ensure access to COVID-19 vaccines for both high-risk and vulnerable populations in humanitarian settings. The Humanitarian Buffer is based on the ideal of humanitarianism, and populations in which the Humanitarian Buffer concerns may include refugees, asylum seekers, stateless individuals, minorities, vulnerable migrants irrespective of their legal status,

and etc. It is one of the most fundamental purposes and reasons why COVAX and various other organizations are aiming for the alleviation of vaccine nationalism.

#### **4. Relevant organizations and nations**

##### **People's Republic of China**

The People's Republic of China is one of the most impacted member states by the COVID-19 crisis as the virus was first detected in Wuhan China on 17 November 2019. Medical inequality in China has been prevalent since high social stratification under communistic regime led to a large number of low-income groups being primarily concentrated in rural areas where medical facilities and human resources are lacking. To reduce the medical inequity, the Chinese government established the New Cooperative Medical Scheme (NCMS) in 2003, a heavily subsidized voluntary health insurance program to reduce the catastrophic health spending for rural residents in China. This initiative chiefly aims to “reduce the economic barriers in healthcare and to improve equity of healthcare services for rural populations regardless of individual socioeconomic factors such as marital status, education and income.”

The current status quo of China related to the infection rate and the mortality rate, 93,193 cases of infection and 4,636 deaths were reported as of August 1st, 2021. The government of China has administered 1,669,527,000 doses of vaccines as of August 1st, 2021.

##### **The United States of America**

In the United States, which is one of the most complex capitalistic societies, economic factors like income level mostly contribute to the medical inequality between different population groups. To enlarge the opportunity for healthcare to working class individuals and low class individuals, the Obama administration enacted the Affordable Care Act (ACA, also known as ‘Obamacare’)<sup>1</sup> on 23 March 2010. Yet, Obamacare faced fierce political challenges and budgetary constraints; ACA only covers certain hospitals and doctors' practices which reduces its effectiveness on elevating the health status of low class populations. As a result, the United States is still struggling with medical inequality, which was accelerated by the recent COVID-19 crisis.

In addition, the United States is a country with advanced medical technology, both Moderna and Pfizer companies which lead the vaccine development originating from the U.S. The country has already secured large amounts of supplies since the beginning of the vaccine's sales and circulation.

---

<sup>1</sup> Through the ACA, the US government reformed the taxation system, legal amendments, and budgetary revision to ensure equal access to medical care for low class individuals.

According to the Duke Global Center of Health and Innovation, 210 million doses of vaccine are already secured by the U.S, and an addition of 1.3 million more doses are under contract.

The United States of America has contributed significantly to the counteractions of COVID-19 pandemic. The U.S government has announced that more than 1.2 billion dollars in State Department and USAID (U.S Agency for International Development) were utilized specifically for supporting governments, international organizations such as COVAX, and NGOs (Non-governmental organizations) including the following content: Approximately \$428 million in emergency health assistance from USAID's Global Health Emergency Reserve Fund for Contagious Infectious-Disease Outbreaks and Global Health Programs account, more than \$462 million in humanitarian assistance from USAID's International Disaster Assistance (IDA) account, more than \$206 million from the Economic Support Fund (ESF), and more than \$173 million in humanitarian assistance from the Migration and Refugee Assistance (MRA) account, provided through the State Department's Bureau of Population, Refugees, and Migration.

### **COVID-19 Vaccines Global Access (COVAX)**

COVAX is one of the instruments for the Access to COVID-19 Tools (ACT)<sup>2</sup>, led by GAVI, WHO, UNESCO, and the Coalition for Epidemic Preparedness Innovations (CEPI). It focuses on “accelerating the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world”. According to the Gavi Vaccine Alliance, one of the main organizations co-leading COVAX, sufficient amounts of vaccines have already been delivered to various countries. The specific status quo of COVAX's actions is to have delivered 1,123,200 AstraZeneca (AZD1222) vaccines among the 1,881,600 allocated to Algeria, 391,200 SII-AstraZeneca (COVISHIELD) vaccines among the 1,752,000 allocated to Cameroon, 19,890 Pfizer-BioNtech vaccines among the 19,890 allocated and 62,400 AstraZeneca (AZD1222) vaccines among the 100,800 allocated to Botswana, 100,620 Pfizer-BioNtech vaccines among the 100,620 allocated and 245,200 SII-AstraZeneca (COVISHIELD) vaccines among the 10,908,000 allocated to Bangladesh, and etc.

---

<sup>2</sup> ACT is a term for the global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

## **5. Past Actions**

### **Declaration of Alma-Ata**

The declaration of Alma-Ata on Primary Healthcare was signed in 12 September 1978 to “express the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world”<sup>3</sup> In its clause II, the declaration expresses its concern on “growing inequality in the health status of the people particularly between developed and developing countries as well as within countries.” This declaration is a vital endeavour to alleviate medical inequalities as it called for multilateral cooperation between private sectors, Non-governmental Organizations (NGO), regional bodies, governments, and international organizations like WHO or UNICEF.

The content of the declaration of Alma-Ata on Primary Healthcare also corresponds to the COVID-19 pandemic, which threatens the promotion of health of people around the world, and therefore needs urgent action just as stated within the declaration.

### **WHO established Commission on Social Determinants of Health (CSDH)**

The Commission on Social Determinants of Health (CSDH) is an organization established by the WHO in March 2005 for supporting member states in addressing the socio economic factors that cause ill health and health inequities. The creation of CSDH implies that the United Nations officially agreed upon the idea that the health inequality problems derive from diverse socioeconomic backgrounds and eliminating those unjust discriminations by the novel organization is critical for the improvement of the world health status.

### **Economic and Social Council (ECOSOC) resolution 2010/24**

This resolution called for building health equity and medical capacity for less economically developed nations via extensive cooperations between relevant UN branches, such as the World Health Organization (WHO)’s Global Non-communicable Disease Network, and local organizations.<sup>4</sup> Passing of this resolution is a milestone for global actions to improve health equality among nations as this is the first resolution drafted after humanity’s struggles with the first officially declared pandemic, the N1H1 influenza virus.

---

<sup>3</sup> Quote from the preambulatory clause of the declaration.

<sup>4</sup> See ECOSOC 2010/24 operative clause 12~15.

## **Sustainable Development Goals (SDGs)**

The General Assembly resolution A/71/1 confirmed the implementation of 17 2030 Agendas for Sustainable Development. These 17 agendas are also known as Sustainable Development Goals, or SDGs. SDG aims to eradicate poverty, malnutrition, inequality, and most importantly, health challenges by the year 2030. Especially regarding this agenda, SDG 3 called for “health and well-being” while SDG 10 stressed the importance of reducing inequalities between nations and between different population groups. Implementation of these 17 goals set collective guidelines for all nations in alleviating medical inequalities.

## **World Health Summit 2020**

On 27, October 2020, world summits held a virtual meeting on medical challenges each nation is currently facing in the context of COVID-19 pandemic. In the 2020 World Summit, representatives of COVAX initiative stated that only 0.3% of COVID-19 vaccines are allocated to the low-income nations and highlighted that “Vaccine inequity risks not only endangering the global recovery, and giving an easier path to new variants”. The 2020 World Health Summit is one of the most recent world conferences on vaccine distribution and medical inequality, especially considering the context of COVID-19.

## **6. Conclusion/Suggested Solutions**

The important matter when it comes to alleviating vaccine nationalism is to find the equilibrium between the responsibility of the state to protect their people as their priority and the right for every country to access vaccines. In addition, the violence of sovereignty and coercion should not be tolerated in the name of preventing vaccine nationalism. The General Assembly has to aim for the best policy to the extent that does not harm the rights and freedom of every member state.

The easiest and the most direct solution would be encouraging voluntary participation of the developed countries like the U.S and EU. Amid the heavy monopoly in the vaccine market, the voluntary participation for equitable distribution of vaccines from countries with high vaccine shares will benefit all countries. It also includes the developed countries themselves, considering the interconnected nature of modern global society. Unfortunately, the cases for voluntary participation by developed countries are minimal. Reasons for such actions are that developed countries suffered the most from COVID-19 due to large-scale exchanges, and there is also an idea implied that they must protect their people as their first priority.

There are also other solutions possible to alleviate vaccine nationalism. The purchasing and securing of vaccine supply itself is a market. In this perspective, the main cause for vaccine inequality would be the weak competitiveness of individual countries. Therefore, if countries unite and build solidarity within the market, they would be able to compete with the countries with power and high shares. Similar examples exist nowadays, the representative case being the example of COVAX. COVAX is an organization that aims for equal access for vaccine purchases and acceleration for a global response to the COVID-19 pandemic. In 2020, COVAX has its own rules, aiming to provide every country with the number of vaccines 10~15% of their citizens can receive. Until then, they clearly defined that other countries can not gain more than the amount 20% of their citizens can gain immunity. COVAX is gaining a practical effect. They have realized their philosophy of the Humanitarian Buffer, and have succeeded in securing more than 2.5 million doses of vaccine supplies.

Despite the efforts made by various countries and organizations, vaccine nationalism and the inequality of vaccine distribution is a serious problem within the international society. The current world has changed, and today's society is advanced in transportation and communication with most countries connected. Such connection can lead to various benefits, but also implies that an outbreak from a single country will affect the entire world. Furthermore, according to Stephen Morse of Columbia University, it is likely that the recurrence rate of a new infectious disease would be less than 5 years. Now, it is a time for international solidarity to cope with infectious diseases. Considering the aforementioned context, vaccine nationalism is an outdated idea. COVID-19 can also act as a device that informs the international society of the need to break down vaccine nationalism. To deal with the long-term war with COVID and the infectious diseases that will ensue, the international society must alleviate vaccine nationalism. In addition, the balance between the responsibility of developed countries and each state's freedom of vaccine purchases must be considered within the procedure of alleviating vaccine nationalism.

## 7. Bibliography

A., Caddell. "The Children's Vaccine Initiative." Africa health. U.S. National Library of Medicine. Accessed July 11, 2021. <https://pubmed.ncbi.nlm.nih.gov/12348372/>.

"Coronavirus Disease (COVID-19): Herd Immunity, Lockdowns and COVID-19." World Health Organization. World Health Organization. Accessed July 11, 2021. [https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19?gclid=Cj0KCQjwxJqHBhC4ARIsAChq4ausrMY8o3eOfq6cJhev2JKN17Oo5jZuVNVX2071IuKG3SJJrd7g33waAnvXEALw\\_wcB#](https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19?gclid=Cj0KCQjwxJqHBhC4ARIsAChq4ausrMY8o3eOfq6cJhev2JKN17Oo5jZuVNVX2071IuKG3SJJrd7g33waAnvXEALw_wcB#).

"Countries Where COVID-19 Has Spread." Worldometer. Accessed July 11, 2021. <https://www.worldometers.info/coronavirus/countries-where-coronavirus-has-spread/>.

"COVAX Facility." Gavi, the Vaccine Alliance. Accessed July 11, 2021. <https://www.gavi.org/covax-facility>.

Khan, Dr Amir. "What Is 'Vaccine Nationalism' and Why Is It so Harmful?" Coronavirus pandemic | Al Jazeera. Al Jazeera, February 8, 2021. <https://www.aljazeera.com/features/2021/2/7/what-is-vaccine-nationalism-and-why-is-it-so-harmful>.

Kawachi, I, S V Subramanian, and N Almeida-Filho. "A Glossary for Health Inequalities." Journal of Epidemiology & Community Health. BMJ Publishing Group Ltd, September 1, 2002. [https://A., Caddell. "The Children's Vaccine Initiative." Africa health. U.S. National Library of Medicine. Accessed July 11, 2021. <https://pubmed.ncbi.nlm.nih.gov/12348372/>.](https://A., Caddell. )

Person, Intermountain Healthcare, 500, and ImageObject. "What's the Difference between a Pandemic, an Epidemic, Endemic, and an Outbreak?" intermountain healthcare.org, April 2, 2020. <https://intermountainhealthcare.org/blogs/topics/live-well/2020/04/whats-the-difference-between-a-pandemic-an-epidemic-endemic-and-an-outbreak/>.

"The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention. Accessed July 11, 2021. <https://www.cdc.gov/h1n1flu/cdcresponse.htm>.

"The COVAX Humanitarian Buffer Explained." Gavi, the Vaccine Alliance. Accessed July 11, 2021. <https://www.gavi.org/vaccineswork/covax-humanitarian-buffer-explained>.

"The Danger of Vaccine Nationalism." Harvard Business Review, February 1, 2021. <https://hbr.org/2020/05/the-danger-of-vaccine-nationalism>.

The New York Times. "What to Know About India's Coronavirus Crisis." The New York Times. The New York Times, April 30, 2021.

<https://www.nytimes.com/article/india-coronavirus-cases-deaths.html>.

Wang, Zengwen, Yucheng Chen, Tianyi Pan, Xiaodi Liu, and Hongwei Hu. "The Comparison of Healthcare Utilization Inequity between URRBMI and NCMS in Rural China." International Journal for Equity in Health. BioMed Central, June 14, 2019.

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-0987-1>.

Written by Harry Kretchmer, Senior Writer. "Vaccine Nationalism – and How It Could Affect Us All." World Economic Forum. Accessed July 11, 2021.

<https://www.weforum.org/agenda/2021/01/what-is-vaccine-nationalism-coronavirus-its-affects-covid-19-pandemic/>.