

I-HMUN

**World Health Organization
(WHO)
Chair Report**

Agenda: Production, Distribution, and Supply
of the Pandemic Vaccine

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[About UN]

The United Nations (UN) is the largest intergovernmental organization that aims to maintain international peace and security, protect human rights, deliver humanitarian aid, promote sustainable development, and uphold international law. It consists of 193 member states, with the latest addition of South Sudan in 2011.

The United Nations took its first step in April 1945, when 50 governments met in San Francisco to start drafting the UN Charter. As it was adopted on 25 June 1945 and took effect on 24 October 1945, the UN began its operations. It has been the center of discussion for multilateral issues such as general disarmament, international security, multilateral cooperation, international economy, human rights affairs, and sustainable development. The United Nations is operated under six major organs and has also assigned other specialized agencies in reach for international peace and security.

Sessions of committees pertaining to the United Nations carry heavy responsibilities of perpetuating peace and humanitarian rights. Delegates of member states represent their designated nation and form an international consensus on numerous agendas.

[About Committee]

The World Health Organization (WHO), which belongs to the United Nations, is a specialized agency responsible for international public health. The WHO Constitution, which has the right to decide upon the agency's governing structure and principles, states its main objective as “the attainment by all peoples of the highest possible level of health.” The headquarters of the WHO is currently in Geneva, Switzerland, with six semi-autonomous regional offices and 150 field offices worldwide.

The World Health Organization was founded on 7 April 1948, and it has been devoted in various activities to enhance worldwide health. The WHO has two major roles: first, the guidance and construction of International health services, and second, the encouragement of technical aid among individual member countries.

To elaborate, the WHO pays careful attention to contagious diseases. Thanks to the endeavor, the World Health Organization has succeeded in exterminating smallpox perfectly in 1980, for the first time in all history. Now, the WHO is making an effort on eradicating Malaria, measles, or poliomyelitis, and of course, many different types of research are being conducted by the WHO during the current COVID-19 pandemic.

[Agenda Introduction]

The world faces epidemics, the most recent one being COVID-19. Many countries have tried to contain the disease, to little, or at times, no effect. Each country is trying its best to develop a medicine that is effective at either combating the viral illness or can prevent the taker from contracting

the disease. However, the drug for the virus is not easily developed, as have proved quite a few months of no news from pharmaceutical companies and state research institutes.

Meanwhile, the virus grows even more fatal, not only for human beings but also for the entire global economy. Therefore, it has been suggested that all research institutes combine forces against this and all other viruses from now on. It is the unpleasant truth that there is currently no form of effective means to facilitate the global cooperation of medical research. Delegates shall figure out a way to establish a communal site where researchers from all countries and cultures may share their knowledge and experience on whatever topic concerning the medical development of a certain virus.

In order to win the fight against pandemics, humans need to make sure that the developed vaccine or medicine is distributed in a stable and just way. Also, there should be no discrimination in treating the rich and the poor. Rich states should not receive more benefits than less fortunate counterparts.

However, the development of medicine does not indicate the immediate end of the pandemic. In order to minimize the number of deaths caused by the virus, the next step we should devote ourselves to is the supply of the viral drug. Not all countries are built in flat plains where supply is not much of a challenge. In fact, more countries have problems than not, especially with some countries devoid of the needed infrastructure. Sporadic breakouts in those countries might still pose a problem.

The WHO aims to enact a protocol in which production, distribution, and supply can be conducted in an effective and economic way. In I-HMUN, delegates shall devise a way to encourage production, distribution, and supply of a pandemic vaccine.

[Key Terms]

Pandemic

A pandemic is an epidemic of an infectious disease that has spread across a large region, for instance, multiple continents or worldwide, affecting a substantial number of people. A widespread endemic disease with a stable number of infected people is not a pandemic. Widespread endemic diseases with a stable number of infected people such as recurrences of seasonal influenza are generally excluded as they occur simultaneously in large regions of the globe rather than being spread worldwide.

LEDC

LEDC is an abbreviation for Less Economically Developed Country. The population dynamics of an LEDC are often characterized by a high birth/death/infant mortality rate as a result of poor health care.

MEDC

MEDC is an abbreviation for More Economically Developed Country. The population dynamics of an MEDC are often characterized by a low birth/death/infant mortality rate as a result of good health care.

Quarantine

A quarantine is a restriction on the movement of people and goods which is intended to prevent the spread of disease or pests. It is often used in connection to disease and illness, preventing the movement of those who may have been exposed to a communicable disease, but do not have a confirmed medical diagnosis. It is distinct from medical isolation, in which those confirmed to be infected with a communicable disease are isolated from the healthy population. Quarantine considerations are often one aspect of border control.

Isolation

In health care facilities, isolation represents one of several measures that can be taken to implement infection control: the prevention of communicable diseases from being transmitted from a patient to other patients, health care workers, and visitors, or from outsiders to a particular patient. Various forms of isolation exist, in some of which contact procedures are modified, and others in which the patient is kept away from all other people.

Isolation is most commonly used when a patient is known to have a contagious viral or bacterial illness. Special equipment is used in the management of patients in the various forms of isolation. These most commonly include items of personal protective equipment and engineering controls. Dedicated isolation wards may be pre-built into hospitals, or isolation units may be temporarily designated in facilities in the midst of an epidemic emergency.

COVID-19

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic of coronavirus disease 2019(COVID-19) caused by severe acute respiratory syndrome coronavirus 2. The disease was first identified in December 2019 in Wuhan, China. It was declared a Public Health Emergency of International Concern by the World Health Organization in January 2020 and was recognized as a pandemic in March 2020. As of 2 October 2020, more than 34.4 million cases have been reported worldwide, although the true number of cases is likely to be much higher. A more reliable indicator for case spread is the more than 1.02 million deaths attributed to COVID-19.

The disease spreads most often when people are physically close. It spreads very easily and sustainably through the air, primarily via small droplets or particles like aerosols, as an infected person breathes, coughs, sneezes, talks, or sings. It may also be transmitted via contaminated surfaces, although this has not been conclusively demonstrated. It can spread for up to two days prior to symptom onset and from people who are asymptomatic. People remain infectious for 7–12 days in moderate cases and up to two weeks in severe cases.

Common symptoms include fever, cough, fatigue, shortness of breath or breathing difficulties, and loss of smell. Complications may include pneumonia and acute respiratory distress syndrome. The incubation period is typically around five days but may range from one to 14 days.

There are several vaccine candidates in development, although none have completed clinical trials to prove their safety and efficacy. There is no known specific antiviral medication, so primary treatment is currently symptomatic.

Recommended preventive measures include hand washing, covering mouth when sneezing or coughing, social distancing, wearing a face mask in public, disinfecting surfaces, ventilating and air-filtering, and monitoring and self-isolation for people who suspect they may be infected. Authorities worldwide have responded by implementing travel restrictions, lockdowns, workplace hazard controls, and facility closures to slow the spread of the disease. Many places have also worked to increase testing capacity and trace contacts of the infected.

[Historical Background]

In human history, widespread outbreaks have historically resulted from the domestication of animals. There have been a number of significant epidemics that deserve attention above the destruction of cities.

Plague of Athens (430 to 426 BC)

During the Peloponnesian War, typhoid fever killed a quarter of the Athenian troops and a quarter of the population. In January 2006, researchers from the University of Athens analyzed teeth recovered from a mass grave underneath the city and confirmed the presence of bacteria responsible for typhoid.

Antonine Plague (165 to 180 AD)

Measles or smallpox that was brought to the Italian peninsula by soldiers returning from the East killed a quarter of those infected, up to five million in total.

Plague of Cyprian (251–266 AD)

A second outbreak of what may have been the same disease as the Antonine Plague listed above killed 5,000 people a day in Rome.

Plague of Justinian (541 to 750 AD)

The outbreak of bubonic plague started in Egypt and reached Constantinople the following spring, killing 10,000 a day at the worst times, ultimately adding up to 40% of the city's inhabitants. The plague went on to eliminate a quarter of half the human population of the known world. It caused Europe's population to drop by around 50% between 550 AD and 700 AD.

Black Death (1331 to 1353)

The total number of deaths worldwide is estimated at 75 to 200 million. Eight hundred years after the last outbreak, the plague returned to Europe. Starting in Asia, the disease reached the

Mediterranean and western Europe in 1348, and killed 20 to 30 million Europeans; a third of the total population, and up to a half in the worst-affected urban areas. The disease recurred in England every two to five years from 1361 to 1480. By the 1370s, England's population was reduced by 50%. The Great Plague of London of 1665–66 was the last major outbreak of the plague in England and killed approximately 100,000 people, 20% of London's population.

Third plague pandemic (1855)

Starting in China, it spread into India, where 10 million people died. During this pandemic, the United States saw its first outbreak: the San Francisco plague of 1900–1904. Today, sporadic cases of plague still occur in the western United States.

The 1918 flu pandemic infected half a billion people—including people on remote Pacific islands and in the Arctic—killing 20 to 100 million. Most influenza outbreaks disproportionately kill the very young and the very old, with higher survival rates for those in between, but the 1918 pandemic had an unusually high mortality rate for young adults as well. Mass troop movements and close quarters during World War I caused it to spread and mutate faster, and the susceptibility of soldiers may have been increased by stress, malnourishment and chemical attacks. Improved transportation systems made it easier for soldiers, sailors and civilian travelers to spread the disease.

COVID-19 (currently spreading)

A new strain of coronavirus was first identified in the city of Wuhan, Hubei province, China, in late December 2019. It has caused a cluster of cases of an acute respiratory disease, which is referred to as coronavirus disease 2019 (COVID-19). According to media reports, more than 200 countries and territories have been affected by COVID-19, with major outbreaks occurring in Brazil, Russia, India, Mexico, Peru, South Africa, Western Europe and the United States. On 11 March 2020, the World Health Organization characterized the spread of COVID-19 as a pandemic. As of 1 October 2020, the number of people infected with COVID-19 has reached 34,187,154 worldwide, of whom 25,448,336 have recovered. The death toll is 1,019,186. It is believed that these figures are understated as testing did not commence in the initial stages of the outbreak and many people infected by the virus have no or only mild symptoms and may not have been tested. Similarly, the number of recoveries may also be understated as tests are required before cases are officially recognised as recovered, and fatalities are sometimes attributed to other conditions. This was especially the case in large urban areas where a non-trivial number of patients died while in their private residences. It was later discovered that asymptomatic hypoxia due to COVID-19 pulmonary disease may be responsible for many such cases.

[Past Actions by Nations/NGOs/Organizations]

Publishment of Communicable Disease Control in Emergencies: Field Manual(2005)

This manual is intended to help health professionals and public health coordinators working in emergency situations prevent, detect, and control the major communicable diseases encountered by affected populations. Emergencies include complex emergencies and natural disasters. The term

“complex emergencies” has been coined to describe “situations of war or civil strife affecting large civilian populations with food shortages and population displacement, resulting in excess mortality and morbidity”.

In this manual, the generic term “emergencies” will be used to encompass all situations in which large populations are in need of urgent humanitarian relief. There has been a marked increase in the number of complex emergencies in recent years with large civilian populations affected by conflict. Following an emergency, the affected population is often displaced and temporarily resettled. They may be placed in camps or become dispersed among the local population. People who are displaced across national borders are termed refugees whereas those who have been displaced within their country are called “internally displaced persons” (IDPs). Resettlement in camps may entail high population densities, inadequate shelter, poor water supplies and sanitation, and a lack of even basic health care. Increases in numbers in established host communities or the return of displaced populations to their territories of origin may cause similar problems. In these situations, there is an increased threat of communicable disease and a high risk of epidemics.

Communicable diseases are a major cause of mortality and morbidity in emergencies, and particularly in complex emergencies, where collapsing health services and disease control programmes, poor access to health care, malnutrition, interrupted supplies and logistics, and poor coordination among the various agencies providing health care often coexist. The main causes of morbidity and mortality in emergencies are diarrhoeal diseases, acute respiratory infections, measles, and, in areas where it is endemic, malaria. Other communicable diseases, such as epidemic meningococcal disease, tuberculosis, relapsing fever, and typhus, have also caused large epidemics among emergency-affected populations. Malnutrition and trauma are the two main additional causes of illness and death.

Ensuring adequate shelter, water, sanitation and food, and providing basic health care is the most effective means of protecting the health of those affected by emergencies. A systematic approach to the control of communicable diseases is a key component of humanitarian response and is crucial to protect the health of the emergency affected population. This requires cooperation among agencies working at local, national, and international levels, and collaboration among all sectors involved in the emergency response - health, food and nutrition, shelter, water, and sanitation.

Canada’s agreement for Vaccine

The government of Canada has signed agreements with the following companies. AstraZeneca, which will supply up to 20 million doses of its viral vector vaccine candidate AZD1222. Sanofi and GlaxoSmithKline, which will supply up to 72 million of doses of their protein subunit vaccine candidate. Johnson & Johnson, which will supply up to 38 million doses of its viral vector vaccine candidate Ad26.COVS. Novavax, which will supply up to 76 million doses of its protein subunit vaccine candidate NVX-CoV2373. Pfizer, which will supply a minimum of 20 million doses of its mRNA vaccine candidate, BNT162. The government is negotiating with the company to expand the agreement to include options for obtaining additional doses. Moderna, which will supply up to 56 million doses of its mRNA vaccine candidate mRNA-1273.

Currently, no vaccines have been approved to prevent COVID-19 in Canada. Many vaccines are in clinical trials or under development. Once additional studies have been completed, Health Canada will review the evidence of safety, efficacy, and manufacturing quality for each vaccine to

determine whether individual vaccines will be approved for use in Canada, before they are made available to Canadians. Full payments to drug companies are contingent on the vaccines passing clinical trials and obtaining regulatory approval. All contracts the Government of Canada signs with vaccine developers contain off-ramps and exit provisions, should they be required.

The Government of Canada is also securing the equipment and supplies needed for the final phases of vaccine manufacturing and packaging in Canada. The government is also purchasing the equipment required for safe and effective immunization, including syringes, needles, and alcohol swabs.

[Status Quo]

Nowadays, the situation worldwide seems very grave. The virus is currently all parts of the world including culture, education, climate, and environment, not to mention economics, politics, and famine.

For example, the pandemic has affected educational systems worldwide, leading to the near-total closures of schools, universities, and colleges. Most governments around the world have temporarily closed educational institutions in an attempt to reduce the spread of COVID-19. As of 4 September 2020, approximately 1.277 billion learners are currently affected due to school closures in response to the pandemic. According to UNICEF monitoring, 46 countries are currently implementing nationwide closures and 27 are implementing local closures, impacting about 72.9 percent of the world's student population. 72 countries' schools are currently open.

The outbreak is a major destabilising threat to the global economy as well. Agathe Demarais of the Economist Intelligence Unit has forecast that markets will remain volatile until a clearer image emerges on potential outcomes.

Also, 55 countries are reported to be at risk, with three dozen succumbing to crisis-level famines or above in the worst-case scenario. 265 million people are forecast to be in famine conditions, an increase of 125 million due to the coronavirus pandemic.

There is no cure yet for Covid-19. Only one treatment, a drug called remdesivir, has been approved by the F.D.A. for the disease, and research suggests it may provide only a modest benefit to patients. The F.D.A. has granted emergency use authorization to some other treatments, but their effectiveness against Covid-19 has yet to be demonstrated in large-scale, randomized clinical trials. Scientists are also studying a wide range of other potential treatments, but most are still in early stages of research.

[Stances of Major Countries (and NGOs)]

United States of America

The first recorded outbreak in the United States was on January 20, 11 days before the pandemic was declared a health emergency. Soon after, flights to and from China were banned to slow the spread of the virus, however slow and poor responses— although the Global Health Security Index says that the US was the "most prepared" nation— made the goal a failure. The first death is in February, and by the end of March, all states and inhabited US territories except American Samoa have had confirmed COVID-19 cases. Large quantities of medical equipment were then also purchased in late March by the Trump administration using the Defense Production Act.

The United States might use its global influence to demand that it receives the medication before other countries, and therefore make conflict with other countries. Although its population is hardly what is called small, as the most influential country in the world, they will no doubt use its power to get a large Quota of medicine.

People's Republic of China

The COVID-19 pandemic originated with a cluster of mysterious, suspected pneumonia cases in the city of Wuhan, the capital of Hubei, China. On 31 December, the Wuhan CDC disclosed to the media that there was a cluster of unknown pneumonia cases. The potential disease outbreak soon drew nationwide attention including that of the National Health Commission (NHC) in Beijing who sent experts to Wuhan on the following day. On 8 January 2020, a new coronavirus was identified as the cause of the pneumonia. The sequence of the virus was soon published on an open-access database.

By 29 January, the virus spread to all provinces of mainland China. The World Health Organization declared the outbreak a Public Health Emergency of International Concern on 31 January, citing reasons of spread in other countries, particularly those without robust healthcare systems. By 8 February, over 724 died from the coronavirus infection-associated pneumonia and 34,878 were confirmed to have been infected. In Hubei alone, there were 24,953 cases of infections and 699 related deaths.

Commands for epidemic control have been formed in different regions including Wuhan and Hubei. Many inter-province bus services and railway services have been suspended. By 29 January, all Hubei cities were quarantined. Curfew laws were implemented in Huanggang, Wenzhou, and other mainland cities. In February 2020, the region also saw a huge shortage of face masks and other protective gear despite itself being the world's manufacturing hub for these products. Other countries donated medical supplies to help China deal with the epidemic.

On 25 February, the number of newly confirmed cases outside mainland China exceeded those from within for the first time; the WHO praised the effectiveness of measures taken in the country. By 6 March the reported number of new cases had dropped to well fewer than 100 nationally per day, down from thousands per day at the height of the crisis. On 13 March, the number of newly imported cases passed the number of domestically transmitted new cases for the first time. On 26 July, China saw its highest number of daily cases since March.

China might build conflict against other countries because of its enormous population. States might argue on the way to distribute the drugs. China has a narrow stand because the COVID-19 virus appeared in China, so it might be hard to receive the proportion of medicine and vaccine needed to

cure all its citizens before other states. However, as the country undergoing unbelievable economic development, they might still have a lot to say on the global stage.

Federal Democratic Republic of Ethiopia

Ethiopia is the 12th most populous country in the world, the second most populous nation on the African continent, and most populous landlocked country in the world. The nation is a land of natural contrasts, with its vast fertile west, its forests and its numerous rivers, and the world's hottest settlement of Dallol in its north. The Ethiopian Highlands are the largest continuous mountain ranges in Africa, and the Sof Omar Caves contains the largest cave on the continent. Therefore, Ethiopia should try especially hard to have MEDCs subsidize the LEDCs as in receiving medical help. The supply will be very hard to keep stable, as its landscapes vary and its infrastructures are not much developed. As a country in a continent which is always overwhelmed by many ongoing outbreaks, this is the chance for the country to request an intensive subsidy as in combating numerous diseases.

Kingdom of Spain

The virus was first confirmed to have spread to Spain on 31 January 2020. A lockdown was imposed on 14 March 2020. By late March, the Community of Madrid has recorded the most cases and deaths in the country. On 25 March, the official death toll in Spain surpassed that of mainland China. On 2 April, 950 people died of the virus in a 24-hour period—at the time, the most by any country in a single day. On 17 May, the daily death toll announced by the Spanish government fell below 100 for the first time, and 1 June was the first day without deaths by coronavirus. However, the number of cases increased again in July in a number of cities.

Studies have suggested that the number of infections and deaths may have been underestimated due to lack of testing and reporting, and many people with only mild or no symptoms were not tested. Spain is the second country in Europe to record half a million cases, with 682,267 infections and 30,905 deaths reported as of 23 September, a third of which occurred in Madrid.

The public medical infrastructure was completely paralyzed in Spain. Therefore, Spain would be likely to improve their medical system and focus on taking care of the damage done by the virus. Spain had big trouble maintaining the medical system, and its infrastructure was as good as paralyzed. Therefore, there is good reason to believe that the Spanish government may have trouble in supplying medical supplements to all citizens. It must think about the way to enhance their abilities to provide their citizens with good medical service even in times of pandemics. They might well ask for subsidy in providing the service.

Republic of India

The first case of COVID-19 in India originated from China and was reported on 30 January 2020. India ordered a nationwide lockdown for the entire population starting 24 March, with a phased unlock beginning 1 June.

As of September 2020, India had the largest number of confirmed cases in Asia; and the second-highest number of confirmed cases in the world, behind the United States, with the number of

total confirmed cases breaching the 100,000 mark on 19 May, 1,000,000 on 16 July and 5,000,000 confirmed cases on 16 September 2020. On 30 August, India surpassed the US record for the most cases in a single day, with more than 78,000 cases, and set a new record on 16 September, with almost 98,000 cases reported that day.

India, which has the second largest population in the world, was unsuccessful in stopping the virus from spreading to all corners of the country. However, unlike the virus, medicine will have trouble being distributed throughout a large state. The infrastructure is not strong, compared to MEDCs. Also, the hot weather will not help in keeping the vaccine and medicine fresh. Four major climatic groupings predominate in India: tropical wet, tropical dry, subtropical humid, and montane. None exactly help in the preservation of medication. Therefore, India needs a way to supply in a safe way the antiviral drugs when developed.

Republic of Peru

Peru is located on the central western coast of South America facing the Pacific Ocean. The highlands is the region of the Andes; it includes the Altiplano plateau as well as the highest peak of the country. The third region is the jungle, a wide expanse of flat terrain covered by the Amazon rainforest that extends east. Almost 60 percent of the country's area is located within this region.

The combination of tropical latitude, mountain ranges, topography variations, and two ocean currents gives Peru a large diversity of climates. The coastal region has moderate temperatures, low precipitation, and high humidity, except for its warmer, wetter northern reaches. In the mountain region, rain is frequent in summer, and temperature and humidity diminish with altitude up to the frozen peaks of the Andes. The Peruvian Amazon is characterized by heavy rainfall and high temperatures.

Due to its diverse wildlife, landscapes, and climates differing from a tropical rainforest to a highland, Peru will have a lot of trouble in supplying the vaccine and medicine to its most remote citizens. Its transportation infrastructure is not yet complete, and the rainforests and hot and humid weather in some parts of the state makes it even harder for Peru to convey the medical supplement to all regions of the country without the medication being spoiled.

South Korea

COVID-19 was confirmed to have spread to South Korea on 20 January 2020 from China. The nation's health agency reported a significant increase in confirmed cases on 20 February, largely attributed to a gathering in Daegu of the Shincheonji Church of Jesus. South Korea declared the highest level of alert on 23 February 2020. On 29 February, more than 3,150 confirmed cases were reported.

South Korea introduced what was considered the largest and best-organized program in the world to screen the population for the virus, isolate any infected people, and trace and quarantine those who contacted them. Screening methods included mandatory self-reporting of symptoms by new international arrivals through mobile application, drive-through testing for the virus with the results available the next day, and increasing testing capability to allow up to 20,000 people to be

tested every day. South Korea's program is considered a success in controlling the outbreak without quarantining entire cities.

On 23 March, it was reported that South Korea had the lowest one-day case total in four weeks. On 29 March it was reported that beginning 1 April all new overseas arrivals will be quarantined for two weeks. Per media reports on 1 April, South Korea has received requests for virus testing assistance from 121 different countries.

Having gained the most control over the virus among all states and complete with infrastructure to supply the drugs, South Korea is likely to be focused on developing the drug that will conquer the virus at hand. It might also be interested in securing the medicine once it has been developed. Other countries might require help from the South Korean government. Depending on the diplomatic interests, South Korea may accept or accept or reject, favoring certain countries over others.

New Zealand

New Zealand is another country with successful quarantine procedures, and have succeeded in controlling the pandemic to some extent. All borders and entry ports of New Zealand were closed to all non-residents on 19 March 2020, with returning citizens and residents being required to self-isolate. Since 10 April, all New Zealanders returning from overseas must go into two weeks of managed isolation.

A four-level alert level system was introduced on 21 March to manage the outbreak within New Zealand. The Alert Level was moved back down to Level 3 on 27 April, partially lifting some lockdown restrictions, and down to Level 2 on 13 May, lifting the rest of the lockdown restrictions while maintaining physical distancing and gathering size limits. The country moved down to Level 1 on 8 June, removing all remaining restrictions except border controls.

On 11 August, four cases of COVID-19 from an unknown source were reported in Auckland, the first from an unknown source in 102 days. At noon the following day, the Auckland Region moved up to alert level 3, while the rest of the country was moved to level 2. On 30 August at 11:59 pm, Auckland moved down to "Alert Level 2.5", a modified version of Alert Level 2 with limitations on public gatherings, funerals, and weddings. On 23 September at 11:59 pm, Auckland moved down to Alert Level 2, after the rest of New Zealand moved to Alert Level 1 on 21 September at 11:59 pm.

Like South Korea, New Zealand will be interested in developing the medicine that will end the pandemic. And again, it might want to secure the medication and the vaccine for its use. New Zealand can offer advice to the other countries. It might choose to cooperate with South Korea, according to their mutual interests.

[Possible Solutions]

In I-HMUN 2021, it is up to the delegates to devise a strategy to facilitate the production, distribution, and supply of a pandemic vaccine. They should consider each country's economic

situation, fatality rate, and quarantine policies to think of an effective way to give each country the help it needs.

To elaborate, delegates shall first think of a way to share developments and research results. A common internet website to upload the results of the projects might help researchers share their achievements, and receive feedback. Or a MEDC country with advanced technology and research funds may provide an isolated institute in exchange for receiving the medication before all other countries.

For an effective means of distribution, delegates may consult which countries need early medication and make a standard protocol. Or they may decide not to make a protocol, but have a conference every time a pandemic breaks out.

As for supply, delegates may choose to form a certain medicine delivery service which works by airplane or, in rougher landscapes, helicopter. They may decide to raise the fund to form it or make it obligatory for all countries to chip in. Or they might even help LEDCs to form infrastructure.

Again, the decision lies in the delegates' discretions.

[Questions to Consider]

- How can we build cooperation between researchers in different countries?
- Should we make a standard protocol for distributing the drugs?
- In which priority should we distribute the drugs?
- How will states overcome the poor wealth distribution in supplying the drugs?
- How can backward areas receive the benefit of the medicine in the same way as others?

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