



WHO

STUDY GUIDE

Haileybury Astana Model
United Nations

28 February - 1 March



Dear Delegates,

Welcome to the first Haileybury Astana Model United Nations 2020 (HASMUN)! We are pleased to welcome you to the Security Council. This year's chairs are:-----.

The topics under discussion for the World Health Organization are:

1. Screening for vaccine hesitancy
2. Influences and reasons
3. Role of healthcare professionals

The **World Health Organization (WHO)** is a specialized agency of the United Nations that is concerned with international public health. It was established in 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 WHO constitution has been signed by 61 countries (all 51 member countries and 10 others) on 22 July 1946. Since its establishment, it has played a leading role in the eradication of smallpox. Its current priorities include communicable diseases, in particular HIV/AIDS, Ebola, malaria and tuberculosis; 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.

This Background Guide serves as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to explore your Member State's policies in depth to further your knowledge on these topics. In preparation for the Conference, each delegation will submit a Position Paper by 11:59 p.m. (Nur-ultan) on the 27th of February 2020.

We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated.

If you have any questions concerning your preparation for the committee or the Conference itself, please contact-----

We wish you all the best in your preparations and look forward to seeing you at the Conference!

Chairs-----

Introduction

According to the World Health Organisation (WHO), a vaccine is a biological preparation that improves immunity to a particular disease. The administration of vaccines is called vaccination. The success of vaccinations in tackling epidemics is extensively studied and verified; for instance, vaccines that have proven effective include the influenza vaccine and the chickenpox.

Vaccines are like drill exercise for your body; they work by introducing weakened or killed germs of a disease into the body, normally through injection. In response, the immune system develops antibodies to destroy the vaccine germs, and then these antibodies stay in the body, resulting in immunity.

The WHO reports that licensed vaccines are currently available for twenty-five different preventable infections, which is particularly important as vaccinations are one of the most effective methods of promoting global welfare and health. It is estimated that immunisations prevent 2-3 million deaths every year, demonstrating the potency of vaccinations in tackling diseases globally. It would not be an understatement to say that vaccines, as an innovation, have had a significant impact on public health.

In 2006, the WHO and UNICEF created Global Immunization Vision and Strategy (GIVS). This organisation proceeded to develop a ten-year plan with four primary goals:

1. To immunize more people against more diseases;

2. To introduce a range of newly available vaccines and technologies;
3. To integrate other critical health interventions with immunization;
4. To manage vaccination programmes within the context of global interdependence.

Urgently, medical experts say that to improve global welfare and save more lives, there needs to be an improvement in efforts of creating new vaccines, and broadening access to the ones that already exist. Only 5% of children receive all 11 vaccinations recommended by the WHO, and this isn't a problem exclusively consigned to wealthy or impoverished communities. Moreover, this demonstrates the lack of access to vaccine, whether it's due to the fact that it is literally inaccessible, or due to the lack of affordability. However, the rise of a global AntiVaccine Movement, prevalently seen in some affluent communities in the US, also contributes to the total sum of people globally who are not vaccinated.

Rise of the Anti-Vaccine Movement

Over the past two years, there has been a 300 percent rise in Measles cases globally, with spikes in case numbers, occurring in countries with overall high vaccination coverage, such as the Israel, Thailand, Tunisia and the United States of America. The reasons for the outbreaks differ in each country, but a recent trend that can be observed, which is that there a rising number of parents who are refusing to vaccinate their children, due to various reasons and perceived fears. Refusal to vaccinate has existed since the inception of vaccines, but there has been a recent rise in refusal to vaccines in general, particularly against the MMR (Measles, Mumps, and Rubella) vaccine, "most notably since the rise in prominence of the notorious British ex-physician, Andrew Wakefield, and his works." These concerns have resulted in some parents not allowing their children to receive some, or all, of the 11 recommended vaccinations by the WHO. This is extremely prevalent in the US, where rates of vaccine exemptions increased from 1% in 2006 to 2% in 2016." The decision to refuse vaccines affects public health, due to numerous reasons, one of them being the impact it has on herd immunity. When a segment of a population is immune to a disease, the presence of the disease in the population decreases, reducing the possibility of the disease which puts the population at risk; this is how herd immunity functions. People particularly at risk include those

who may have been previously vaccinated, but did not induce immunity (for instance, 2-5% of recipients of the Measles vaccine do not respond to the first dosage).

Additionally, immunity may decrease over time, particularly with the elderly. Notably, there will always be a segment of the population who cannot receive vaccines (such as some immunocompromised patients), and therefore rely on herd immunity for protection against such diseases.

There are two main arguments for the anti-vaccine movement: - Vaccines allegedly causing autism. - “Vaccine overload” – giving children way too many vaccines at once overwhelming or weakening a child’s immune system, leading to adverse effects. It is important to address that the WHO has clearly identified that vaccine hesitancy is one of the top ten global health threats of 2019, with the arguments put forward by the anti-vaccination movement being opposed by overwhelming scientific consensus about the safety of vaccines. Regardless of this, antivaccination sentiments are still prevalent, with celebrities and practitioners such as Jim Carrey, Alicia Silverstone and Charlie Sheen, pushing this forward. Legislation for mandatory vaccination has been put forward, including Australia’s No Jab No pay and California Senate Bill 277, but these have been strenuously opposed by anti-vaccine supporters. Also, not all nations have such legislation; for example, parents do not have to prove that their children have received vaccines in Italy. Additionally, there are some oppose vaccines due to religious/spiritual beliefs. For instance, conservative religious leaders in northern Nigeria advised their followers to not vaccinate their children against oral polio in the early 21st century, and this was further supported by the governor of the Kano State, resulting in the reemergence of polio. This demonstrates how anti-vaccination sentiments are not only within the context of the movement currently happening in America, but also in various cultures and religions. In almost every case, “the public health effect is limited by cultural boundaries: English speakers worry about one vaccine causing autism, while French speakers worry about another vaccine causing multiple sclerosis, and Nigerians worry that a third vaccine causes infertility.”

The considerations for debate regarding the Anti-Vaccine Movement are also broad; individual liberty and children’s rights are at the core of this discussion, but also herd

immunity and the impact of the Anti-Vaccination Movement on public health is of extreme importance.

Key issues that should be addressed by a Resolution:

- How can further efforts be promoted in the development of new vaccines?
- Additionally, how will the development and research costs be secured whilst also assuring its availability to less economically developed nations?
- Can medical infrastructures be put in place ensure the availability of vaccinations, even in the most remote and financially impoverished areas of the world?
- What are the possible measures that can be taken to inform the general public about the scientifically-proven effectiveness of vaccinations?

Delegates are encouraged to research further into the topics, as this study guide is a mere summary into the subject matter. Not all aspects to vaccinations are covered within this brief overview, and delegates are welcome to put forward additional issues that can be tackled in the resolutions.

Best of luck!