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(WHO)**



Study Guide

Agenda Item: *New Normal after the Covid 19 Pandemic and the Role of Vaccination*

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Letter from the Secretary-General

Highly esteemed participants of Junior Nesibe Aydın Model United Nations 2022 Online Conference, JNAMUN'22,

I am more than honored to welcome you all to the second session of JNAMUN. This year, unlike usual conferences, JNAMUN'22 will be held online due to the ongoing pandemic. Our conference has been attempting to encourage delegates both socially and academically through an inclusive simulation of the United Nations with unmatched committees and agendas to increase our delegates' eagerness and enthusiasm to speak up.

Both our academic and organization teams have been working very hard to give you the best JNAMUN experience. We did our best to make that online conference similar to face-to-face conferences as much as possible. Therefore; we could not discard some characteristics of JMUN such as fun activities in breaks.

This year in JNAMUN'22, we have four committees which are UNEP (United Nations Environment Programme), WHO (World Health Organization), UNHRC (United Nations Human Rights Council), and last but not least UNESCO (United Nations Educational, Scientific and Cultural Organization). All of our committees' agenda items had been decided according to the original organization committees' policies. Additionally; all of our committees', are focusing on debating upon Sustainable Development Goals (SDGs) of the United Nations.

It is my biggest wish to see all those who attend will reach their aims with remarkable knowledge and memories. Additionally, I would like to thank every participant for supporting JMUN conferences with their contribution and determination during the pandemic and staying safe.

We as the JNAMUN'22 team are looking forward to meeting all of you!

Secretary-General of JNAMUN'22

Duru Aşar

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1. Introduction to the World Health Organization (WHO)

1.1. What is WHO

WHO is a specialized agency of the United Nations responsible for international public health. The WHO Constitution states its main objective as "the attainment by all peoples of the highest possible level of health". Headquartered in Geneva, Switzerland, it has six regional offices and 150 field offices worldwide.

1.2. History of WHO

The WHO was established on 7 April 1948. The first meeting of the World Health Assembly (WHA), the agency's governing body, took place on 24 July of that year. The WHO incorporated the assets, personnel, and duties of the League of Nations' Health Organization and the Office International d'Hygiène Publique, including the International Classification of Diseases (ICD). Its work began in earnest in 1951 after a significant infusion of financial and technical resources.

1.3. Functions of WHO

The WHO's mandate seeks and includes: working worldwide to promote health, keep the world safe, and serve the vulnerable. It advocates that a billion more people should have: universal health care coverage, engagement with the monitoring of public health risks, coordinating responses to health emergencies, and promote health and well-being. It provides technical assistance to countries, sets international health standards, and collects data on global health issues. A publication, the *World Health Report*, provides assessments of worldwide health topics. The WHO also serves as a forum for discussions of health issues.

The WHO has played a leading role in several public health achievements, most notably the eradication of smallpox, the near-eradication of polio, and the development of an Ebola vaccine. Its current priorities include communicable diseases, particularly HIV/AIDS, Ebola, COVID-19, malaria, and tuberculosis; non-communicable diseases such as heart disease and cancer; healthy diet, nutrition, and food security; occupational health; and substance abuse.

1.4. Resources of WHO

The WHO relies on contributions from member states (both assessed and voluntary) and private donors for funding. Its total approved budget for 2020–2021 is over \$7.2 billion, of which the majority comes from voluntary contributions from member states. Contributions are assessed by a formula that includes GDP per capita. Among the largest contributors were Germany (which contributed 12.18% of the budget), the Bill & Melinda Gates Foundation (11.65%), and the United States (7.85%).

2. New Normal after the COVID-19 Pandemic and the Role of Vaccination

2.1. Life before COVID-19 Pandemic

So many things changed with COVID-19 pandemic. For example, we didn't use masks or we did not have to pay attention to social distance. When COVID-19 started we couldn't go outside but before the pandemic, we went wherever we wanted to and we could go to school.

2.2. Dealing with COVID-19 Pandemic

With COVID-19 we need to use masks or we have to pay attention to social distance and hygiene. Sometimes we were forbidden to go outside. We attended online classes and schools were closed.

2.3. What does it mean "New Normal"?

Covid-19 is merely biding its time, waiting for us to let our guard down. So we must continue protective practices such as physical distancing, covering our mouths while coughing, and must our hands frequently.

We have all made sacrifices over the past few months to keep our families and communities safe. This collective effort has made a huge difference. While restrictions are being lifted in some places, COVID 19 is still here. We must continue to protect ourselves and each other.

The following must be done to protect yourselves against COVID 19:

- Wash your hands frequently.
- Cover coughs and sneezes.
- Avoid touching your face.
- Avoid crowded places and limit time in enclosed spaces.
- Keep a distance of at least 1 meter from others.
- Regularly disinfect frequently touched objects and surfaces.
- Isolate yourself from others if feeling unwell and seek care, if needed.

Even if you're feeling well and do not think you have, cover coughs and sneezes with your elbow to help prevent the spread of the disease.

Before COVID 19, we may not have considered how close we stood, walked, or sat near other people. Now it's important to keep a distance of at least 1 meter from each other to limit the spread of coronavirus.

Wherever you are, whether at work, home or school, you can help prevent COVID 19. Remember to wash your hands frequently with soap and water or an alcohol-based hand rub.

You can stay safe and help prevent the spread of COVID 19 in every setting:

Clean frequently touched objects to help prevent coronavirus transmission. Regularly clean frequently touched objects and surfaces to help prevent coronavirus transmission. Clean fist with a detergent, then disinfect with 0.1% diluted bleach or an alcohol-based disinfectant.

Whether or not you are wearing a mask, you must clean your hands before and after you touch your face. Otherwise, you could spread the virus from your hands to your nose, mouth, or eyes.

You are more at risk of coronavirus transmission in some settings. Even as restrictions are lifted, consider where you are going to stay safe by avoiding the Three C's:

- **Confined and closed space** with poor ventilation
- **Crowded places** with many people nearby
- **Close-contact settings** especially where people have a close-range conversation

To stop the spread of COVID 19, we all need to play our part. Some of us including people at risk with more severe diseases rely, in part, on other people taking the right actions. Help protect those who need it most:

- **Feel sick:** stay home unless seeking urgent medical care
- **Face:** avoid touching it
- **Elbow:** cough into it
- **Hands:** clean them often
- **Keep a distance:** at least 1 meter from others
- **Space:** avoid crowded places and limit time in enclosed spaces
- **Clean:** frequently touched objects and surfaces regularly

Do what you can to stop the spread of coronavirus because others might not be able to. Some people are more vulnerable to COVID 19 because they may not be able to carry out protective measures easily, like cleaning their hands and keeping a distance of at least 1m from others.

Be a role model. Show others the importance of cleaning hands, covering coughs and sneezes with a bent elbow, maintaining a distance of at least 1 meter from others, and cleaning frequently touched objects and surfaces regularly.

For those responsible for communal spaces, like shops, restaurants, or places of worship:

- Keep the space ventilated: open doors and windows if possible
- Maintain physical distancing between your staff, clients, and visitors
- Limit the number of people in enclosed spaces to reduce crowding
- Have handwashing stations or alcohol-based hand rub readily available
- Have a plan in place if someone becomes unwell (e.g. collect visitor's contact details on entry, know which hotline or health facility to call)

If you feel unwell, stay home and monitor your health. Follow your national health advice. If you experience difficulty breathing seek medical attention immediately.

Remember! Even when you're not treating patients, the risk of COVID-19 continues. Stay vigilant and protect yourself from possible coronavirus infection wherever you are.

3. The Role of Vaccination

3.1. The history of COVID-19 vaccination and its origin

The first known infections from severe acute respiratory syndrome coronavirus (SARS-CoV-2) were discovered in Wuhan, China. The original source of viral transmission to humans remains unclear, as does whether the virus became pathogenic before or after the spillover event.

SARS-CoV-2 was first isolated from three people with pneumonia connected to the cluster of acute respiratory illness cases in Wuhan. All structural features of the novel SARS-CoV-2 virus particle occur in related coronaviruses in nature.

The most recent common ancestor (MRCA) of all coronaviruses is estimated to have existed as recently as 8000 BCE, although some models place the common ancestor as far back as 55 million years or more, implying long term coevolution with bat and avian species.

The official names COVID-19 and SARS-CoV-2 were issued by the WHO on 11 February 2020. In February 2020, WHO said it did not expect a vaccine against SARS-CoV-2 to become available in less than 18 months. Virologist Paul Offit commented that, in hindsight, the development of a safe and effective vaccine within 11 months was a remarkable feat. The rapidly growing infection rate of COVID-19 worldwide during 2020 stimulated international alliances and government efforts to urgently organize resources to make multiple vaccines on shortened timelines, with four vaccine candidates entering human evaluation in March.

On 24 June 2020, China approved the CanSino vaccine for limited use in the military, and two inactivated virus vaccines for emergency use in high-risk occupations. On 11 August 2020, Russia announced the approval of its Sputnik V vaccine for emergency use, though one month later only small amounts of the vaccine had been distributed for use outside of the phase 3 trial.

The Pfizer–BioNTech partnership submitted an Emergency Use Authorization (EUA) request to the U.S. Food and Drug Administration (FDA) for the mRNA vaccine BNT162b2 on 20 November 2020. On 2 December 2020, the United Kingdom's Medicines and Healthcare products Regulatory Agency (MHRA) gave temporary regulatory approval for the vaccine, becoming the first country to approve the vaccine and the first country in the Western world to approve the use of any COVID-19 vaccine. As of 21 December 2020, many countries and the European Union had authorized or approved the Pfizer–BioNTech COVID-19 vaccine. Bahrain and the United Arab Emirates granted emergency marketing authorization for the Sinopharm BIBP vaccine. On 11 December 2020, the FDA granted an EUA for the Pfizer–BioNTech COVID-19 vaccine. A week later, they granted an EUA for mRNA-1273 the Moderna vaccine.

On 31 March 2021, the Russian government announced that they had registered the first COVID-19 vaccine for animals. Named Carnivac-Cov, it is an inactivated vaccine for carnivorous animals, including pets, aimed at preventing mutations that occur during the interspecies transmission of SARS-CoV-2.

3.2. People reactions to the vaccines

The announcements in November by BioNTech/Pfizer, Moderna, and Oxford/Astra Zeneca about their respective vaccines being $\geq 90\%$ effective is certainly exciting. Of course, many questions remain open. General advantages of mRNA drugs are the simplicity of their production and their inexpensiveness. Among the disadvantages are the inherent instability of mRNA, though some of that has been overcome with the described modifications. The BioNTech/Pfizer vaccine needs to be stored at $-80\text{ }^{\circ}\text{C}$, while the Moderna vaccine can be stored in a refrigerator short term and at $-20\text{ }^{\circ}\text{C}$ longer term. The Oxford/Astra Zeneca vaccine is refrigerator stable, production of a single dose costs only $\sim \$3$ (as opposed to up to $\$20$ for the mRNA vaccines). For the BioNTech/Pfizer vaccine, it has been questioned whether the vaccine works in particular demographic groups and whether it stays effective beyond the two months of the current trial. A real intriguing question is whether the vaccine can prevent transmission by COVID-19 patients that are asymptomatic. The answers to these questions cannot be given with the current trial but will require large-scale vaccination and long-time observation. Of course, much of the same applies to the Moderna and Oxford/Astra Zeneca vaccines, though Moderna released data that the vaccine reduced severe COVID-19, a distinction that had not been made by Pfizer. Astra Zeneca makes age distinctions among patients.

The BioNTech/Pfizer and Moderna vaccines have been given EUA by the FDA, Pfizer has received approval of their vaccine in the UK and applied for approval in Germany, the Astra Zeneca vaccine has been approved in the UK. Astra Zeneca is applying for emergency approval for distribution worldwide. This includes 100 million doses for people in the UK. An important question that arises at this stage is the prioritization of the vaccine within the population of a given country. In the US, the CDC has published their prioritization and consideration guidelines and recommends the vaccination of 17–20 million health care workers during the limited dose availability phase, and the vaccination of 60 to 80 million essential workers during a large number of doses availability phase, followed by people with high-risk conditions and the elderly (>65 years). EU member states will receive vaccines according to their population size, starting to vaccinate health care workers, people with high-risk conditions, and elderly. The Joint Committee on Vaccination and Immunization (JCVI) in the UK recommends an age based prioritization of the vaccine. The BioNTech/Pfizer vaccine was approved by the Medicines and Healthcare products Regulatory Agency (MHRA) in the UK on 2 December 2020. In Germany, the Paul-Ehrlich Institut is responsible for vaccine safety. The first phase of vaccination in Germany has a focus on health care workers and members of vulnerable groups.

While the western part of the world performs their phase III trials first and gives emergency use approval for the vaccines after that, Russia and China already vaccinated people before their phase III trials were started/completed. Russia was the first to register their vaccine and some 40,000 Russians were vaccinated after that. Several general media outlets reported that three of the doctors who got the vaccine got sick with COVID-19. A press release from 24 November 2020 promised the production of a billion doses during 2021 at a production price of less than \$10 and a need for two doses. Preliminary data from the phase III trial indicate an efficiency that is similar to the BioNTech/Pfizer and Moderna vaccines. A willingness was expressed to provide the vaccine to other countries who need it, though no countries were specified. In China, the phase III trial for the Sinovac vaccine had started in November and yet 1 million people had already been vaccinated. The latest general media press releases point towards a quick immune response but with antibody levels that are lower than in recovered patients. There is not a definite information on how the Russian and Chinese vaccines are prioritized within the respective populations.

Looking at the countries that are producing the vaccines and the countries the companies are contracted with, there appears to be broad coverage within Europe, North America, Australia, as well as parts of Asia. There seems to be a gap, however, covering much of South America and Africa. Admittedly, the transmission of COVID-19 in Africa and South America (except for Brazil) started later and is still somewhat lower than in other parts of the world. In fact, the coronavirus map by John's Hopkins lists the US, India, and Brazil first, followed by several European countries (including Russia) and shows a significant gap in Africa. Additionally, differences in reporting, differences in the age profile of the populations could be among the reasons for this discrepancy.

Of course, vaccine acceptance is an additional problem, which has been known before the COVID-19 pandemic and has recently been fuelled by conspiracy theories. A formal survey of 13,426 people in 19 countries determined that 71.5% of the participants would be open to taking a COVID-19 vaccine with large variations within countries (China, 88%; Russia 55%). In the US, vaccine acceptance has been determined to be at 67%, but with large differences between demographics. It seems like making the vaccine accessible to every world citizen, as well as convincing people that vaccines are not the enemy will be one of the major challenges the world will face in the upcoming months and every progress that will be made with vaccine development, phase III trial completion, and approval will be work in progress until the vaccine has been delivered to the people.

3.3. Enhancing public trust in COVID-19 vaccination: The Role of Governments

While the rapid development of vaccines against COVID-19 is an extraordinary achievement, successfully vaccinating the global population presents many challenges, from production to distribution, deployment, and importantly, acceptance. Trust in the vaccines is vital, and is critically dependent on the ability of governments to communicate the benefits of vaccination, and to deliver the vaccines safely and effectively.

Good practices in public communications during the COVID-19 pandemic

- **Leveraging the use of behavioral science to increase vaccine confidence in Canada**

Impact Canada led the implementation of the World Health Organization (WHO) Behavioral Insights data collection tool, which was applied in several waves, surveying around 2000 Canadians on key behavioral areas including public risk perceptions, information sources, and vaccine confidence. The findings revealed that citizens who trust the government correspond to those who trust vaccines.

In addition, Impact Canada analyzed over 125 sources of information to gain insights on successful COVID-19 international communication campaigns and policy responses. The results showed that demonstrating efficacy, evoking emotional responses, emphasizing collective action and adaptiveness, making social norms salient, and addressing pandemic fatigue were effective ways of communicating.

- **Chatbots and call-contact center in Estonia and Slovenia**

Estonia's Communication Unit established an automated Chabot with nearly a thousand questions related to the COVID-19 crisis on multiple aspects, and is embedded in several public websites. In an effort to cater to minorities, the content is also translated into Russian and English. Slovenia's government set up a call-contact center for citizens seeking information and answers, as well as allowing them to express their fears and worries while talking to someone knowledgeable, trustworthy, and understanding. The calls are answered by medical students at the University of Ljubljana, under the professional supervision of doctors at the Clinic for

Infectious Diseases and Febrile Conditions who receive training and updated information to respond to these calls.

The Slovenian National Institute of Public Health also created a user-friendly website, which provides information regarding vaccines, including how they were developed and approved, about vaccination in general, and an FAQ section. It also features an interactive tool with vaccination data and other health advice.

- **Partnerships with influencers in Finland and Korea**

Finland's Prime Minister's Office, in collaboration with the National Emergency Supply Agency and the private sector partnered with social media influencers to provide clear and relevant information for younger audiences that can be harder to reach through traditional channels. Following a comprehensive influencer mapping, over 1 800 Finnish influencers helped the government share reliable information on health measures to empower and engage citizens in the fight against COVID-19. A follow-up survey conducted revealed that: "94% of followers felt they got enough information and instructions about coronavirus via influencers with the over half saying influencer communication affected their behavior" and "97% of respondents consider the COVID-19 information shared by influencers reliable".

During the pandemic, the Korean Ministry of Health and Welfare launched the "Thanks Challenge" on Instagram, with the aim of expanding the reach of awareness-raising efforts around COVID-19 measures. The initiative invited citizens to share a picture of themselves at home to promote social distancing and "stay at home" measures. Celebrities and influencers also took part in the campaign and helped the government disseminate official information about the disease and its symptoms.

- **Targeted messaging through social media in Italy**

During the second wave of the pandemic, a key priority was to address COVID-related messages to selected audiences that appeared to be the most reluctant to follow the rules set by the Italian Government in order to limit the spread of the virus: wear a mask, maintain social distancing and wash your hands. As such, the Presidency of the Council of Ministers implemented a multi-platform campaign on major social media channels focused on these three elements, with ad-hoc messages for selected audiences such as youth, or small and medium business owners. Studies concluded that a 3-week campaign on Facebook and Instagram led to a 2.4 percentage point increase in remembering the advertising campaign and a 1.5 point increase in compliance with the three rules.

Accordingly, putting in place mechanisms to ensure that vaccines reach all countries, and prioritizing their administration in locations of greatest need, will be important to achieving a global recovery (OECD, 2021[1]). Explaining this rationale effectively – that vaccine nationalism will ultimately be self-defeating as it will hinder the revival of the global economy, and that it is not only a matter of fairness but also a question of efficiency in bringing about the end of the pandemic – will be critical in maintaining trust, particularly where governments choose to donate vaccine or re-prioritized access.

4. Questions to Consider

- How have our priorities changed during the coronavirus pandemic?
- How should we inform next generations about Covid-19?
- What kinds of regulations must we consider to get back to “normal” after Covid-19?
- What precautions should countries take for people who are traveling internationally?
- What should be done to avoid bullying, discrimination, and stigmatization caused by the coronavirus pandemic?

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