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WORLD HEALTH ORGANIZATION

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Director's Welcome Letter

Dear delegates,

I am honored to welcome you to AUSMUN 2024, where you will play an essential role in shaping global discourse about world issues. This year's conference is set to be a platform for innovation, collaboration, and meaningful dialogue. Here we will explore global issues, analyze the complexities of the same, and propose solutions that satisfy the varying perspectives of countries in the international community.

It is important to remember that you think critically, engage in constructive debate, and seek to achieve common ground with your fellow delegates. At AUSMUN, we encourage you to approach this experience with an open mind and a commitment to finding a solution. This conference is not only a simulation but also an opportunity for you to develop skills that benefit your academic, professional, and personal lives. It is a chance to form connections with individuals who share a similar passion for global issues and diplomacy. I encourage you to make the most of this unique experience and to challenge your limits by thinking beyond the ordinary. Together, we will all contribute to the legacy of excellence that AUSMUN is known for.

I look forward to meeting you all and witnessing the remarkable contributions each of you will make to our conference.

Welcome to AUSMUN 2024, and let us embark on this enriching journey together.

Warm regards,
Sarvagya Sharma

Moderators' Welcome Letter

Distinguished delegates,

We would like to warmly welcome you all to the World Health Organization at the American University of Dubai Model United Nations 2023. We hope that each and every one of you will have an enriching and memorable experience, whether you are just beginning your MUN career or are an experienced delegate. We hope to create an environment for you to grow and push yourself to do better, whether it be through improving your public speaking skills or enriching your knowledge on the agenda at hand.

Model United Nations is a platform upon which young minds can aspire to be more—a forum where they can show what greatness they can achieve. It is a phenomenal simulation of the United Nations not only to propitiously discuss world issues but to effectively learn, gain knowledge, and have a momentous impact on the future, our future. It is a platform to nurture the potential and efforts of the youth of today who aspire to be the leaders of tomorrow.

To benefit from this conference, delegates must keep in mind that this background guide is only to aid your research and not to replace individual research. Individual research is not only favored but mandatory to better understand the issue and have a broad idea of the agendas. The agendas which will be discussed by the committee are immensely significant issues. We, as chairs, are looking forward to the heated debates, conflicts, and fruitful resolutions that delegates come up with. We wish you all the very best and can not wait to see you all in action!

Sincerely,

Muhammad Vidha and Kingshuk Paul
Moderators of the World Health Organization

Muhammad Vidha
Moderator of WHO
American University of Sharjah

Kingshuk Paul
Moderator of WHO
Arab Unity School

Brief About the Committee

The World Health Organization supports and spearheads global initiatives aimed at improving everyone's health. They work to give everyone, everywhere an equitable shot at a safe and healthy life by linking nations, people, and partners.

WHO brings together 194 countries and works on the frontlines in more than 150 locations to confront the biggest health challenges of our time and measurably advance the well-being of people worldwide. From emerging epidemics like COVID-19 and Zika to the persistent threat of communicable diseases like HIV, malaria, and tuberculosis and chronic diseases like diabetes, heart disease, and cancer (WHO, n.d.).

The Director-General, who guides the organization in accomplishing its objectives for global health, is chosen by the Member States. WHO's Regional Directors manage the activities of the six Regional Offices and their national offices, while the Director-General of WHO sets the overall direction and directs all of their activity in the field of international health. The Director-General and the Regional Directors collaborate closely to implement plans and initiatives at all organizational levels (WHO, n.d.).

The two primary sources of income for WHO are assessed contributions paid by Member States as part of their country's membership dues, as well as voluntary donations from Member States and international partners (WHO, n.d.).

The United Nations General Assembly determines the percentage of a nation's gross domestic product that is allocated to Assessed Contributions (AC). At the World Health Assembly every two years, member states provide their approval. ACs however, cover less than 20% of the entire budget.

The remaining funding for WHO comes from Voluntary Contributions (VC), which come mostly from Member States but also from other UN agencies, international bodies, charitable foundations, the commercial sector, and other sources.

The Function of the Committee

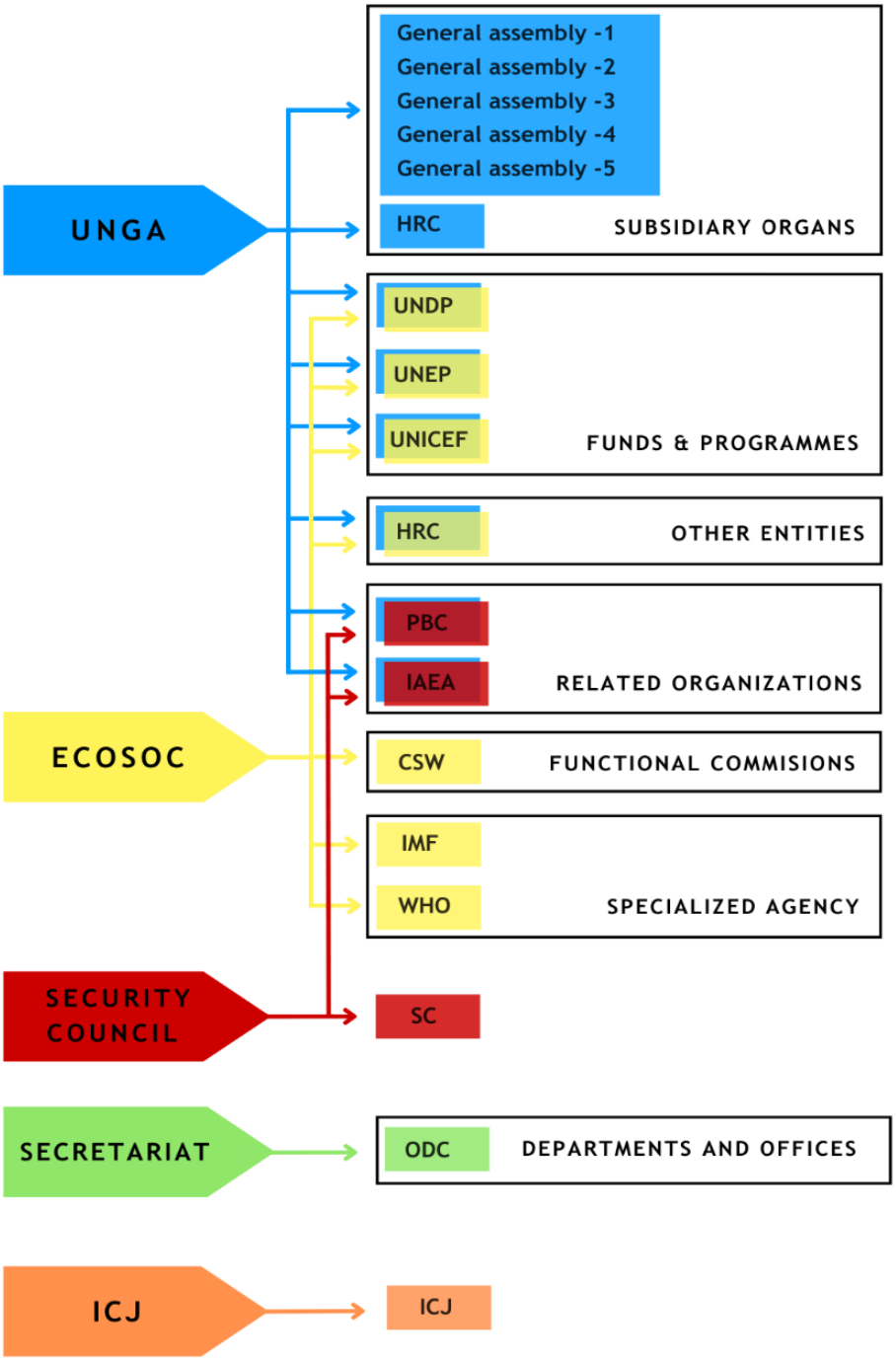
The World Health Organization (WHO) was founded by the United Nations in 1948 as a specialized agency tasked with the responsibility of maintaining and upkeeping public health all around the globe (WHO, n.d.). Its primary purpose is to fundamentally bridge countries, active and involved partners, and people in all regions of the world to advocate and promote the upkeep of health as well as serve those who are particularly vulnerable in an effective drive to ensure the global attainment of quality health for all. Moreover, a simplified and general overview of the mandate of the World Health Organization includes but is not

limited to the indispensable proliferation of universal health coverage, proactive coordination and response to global health crises and emergencies, and the vital promotion and awareness of leading healthier lives, all of which are accomplished, on a local, regional and international scale, using well-established programs, structured schemes and scientifically-studied and implemented policies.

The Constitution of the World Health Organization was effective from 7th April 1948 onwards, a date that is globally and annually recognized and celebrated as World Health Day. Furthermore, developed and established in 2004, the Global Health Histories project historically stems from the pivotal principle that acquiring a coherent understanding of the history of health, peculiarly over the past 6 decades, empowers and supports the public health community around the world to optimally react to and resolve the obstacles that face us today and to actively create a healthier future for everyone, everywhere.

A two-thirds majority of the present and voting members of the Health Assembly decides critical questions. These questions consist of the adoption of conventions or agreements (WHO, 2006). The World Health Organization also allows organizations, international or national, governmental or non-governmental, to participate without the right to vote.

This diagram visually represents the UN system and corresponds to AUSMUN. It reflects the relationships between committees and clearly demonstrates the committee's position, significance, and powers as defined under the UN charter.



Topic I: Melting Glaciers Around the World and New Diseases: Preventing a Future Pandemic

Summary and History

Glaciers are massive ice formations that cover 10% of Earth's land surface, and store 75% of the planet's freshwater. These natural wonders have historically played vital roles in regulating climate, sustaining biodiversity, and providing water resources. However, global warming is causing glaciers to melt at an alarming rate, posing severe environmental and public health concerns. A particularly alarming consequence is the release of ancient, potentially infectious germs from thawing glaciers, raising fears of future pandemics.

The issue at hand is the accelerated melting of glaciers, releasing ancient viruses and bacteria previously dormant or inactive. Reactivating these germs under warmer conditions can lead to new and potentially uncharted diseases, complicating diagnosis, treatment, and prevention efforts. This issue has already manifested, with instances like the 2016 Siberian anthrax outbreak linked to permafrost thawing, and the discovery of 28 new virus groups in a Tibetan glacier in 2020.

The origins of this issue can be traced back to the last glacial period, which ended about 11,700 years ago. During this time, glaciers trapped germs within their icy layers. As Earth's climate began warming, some glaciers gradually melted and released these dormant pathogens into the environment. The industrial era, marked by increased greenhouse gas emissions, has further accelerated glacial melting, exacerbating the issue.

The primary driver of glacier melting, releasing ancient viruses into the ocean, is Earth's warming due to human activities. Key factors include **CO2 emissions**, caused by industrial activities, deforestation, and fossil fuel burning, which raise global temperatures. **Ocean warming**, driven by the absorption of 90% of Earth's heat, affects polar and coastal glaciers. Over the past 30 years, these factors have led to the loss of over 9.6 billion tonnes of glacial ice. As glaciers melt, they may release ancient viruses and bacteria, potentially endangering both wildlife and human health.

Key Terms

- **Glacier:** A large mass of ice that forms on land from the accumulation and compaction of snow, and flows slowly due to gravity.
- **Permafrost:** A layer of soil or rock that remains frozen throughout the year.

- **Virus:** A microscopic infectious agent that can only replicate inside living cells of other organisms.
- **Pathogen:** A microorganism that causes disease in its host..
- **Pandemic:** A worldwide outbreak of a disease that affects a large proportion of the population.

Melting glaciers have extensive environmental consequences, disrupting the hydrological cycle, raising sea levels, imperiling biodiversity, diminishing freshwater resources, increasing flood risks, and threatening cold-adapted species. Furthermore, glacier melt exposes both humans and animals to novel, potentially severe, and treatment-resistant diseases, with pandemic potential and far-reaching implications. Furthermore, glacier melt may undermine global efforts to combat climate change, compounding the broader challenges associated with this critical issue.

The full scope of this issue is vast and complex, encompassing the potential for new, unforeseen diseases to emerge and impact humanity's health and well-being. Monitoring and mitigating this issue requires global cooperation, strong policies to combat climate change, and enhanced public health preparedness for emerging diseases linked to melting glaciers.

Discourse on the Issue

The issue of melting glaciers and new diseases poses a substantial global health and security threat, raising concerns about unknown pathogens and potential pandemics. This problem is closely tied to climate change, impacting the spread of existing diseases. It necessitates a holistic approach addressing both environmental and health aspects.

The issue infringes upon the UN Charter in significant ways. It undermines human rights, as it endangers access to clean water and food, jeopardizing millions. It threatens global peace and security by causing resource conflicts, migration pressures, and destabilizing regions. It obstructs the achievement of Sustainable Development Goals, particularly those related to health, water, climate action, and biodiversity.

Socially, it may disrupt the lives and cultures of those in glacier regions, with indigenous communities at higher risk due to their reliance on glaciers. Economically, sectors dependent on glacier-sourced water, like agriculture and tourism, could be severely affected. Politically, it could escalate tensions between nations sharing glacier resources or borders and create divisions over climate policies.

The most impacted are those in glacier regions, including the Himalayas, the Andes, the Alps, and the Arctic, home to over half a billion people facing vulnerability. However, due to global travel and trade, individuals far from glaciers are not entirely shielded from potential disease spread. Hence, collective efforts from all stakeholders are essential to prevent a pandemic originating from this source.

Past International Organization (IO) Actions and Latest Developments

The UN and its agencies have addressed the issue of melting glaciers and the diseases within them. The UN has passed resolutions and declarations that recognize the threat of climate change and its impacts on health, biodiversity, water, and security, and urge action to mitigate and adapt to its effects.

Resolution 70/1: The 2030 Agenda for Sustainable Development, sets 17 goals and targets to combat climate change and ensure healthy lives (UNGA., 2015). However, it faced drawbacks such as the lack of binding commitments, the reliance on voluntary national actions and reviews, and uneven progress and implementation across countries and regions.

The UN addresses the issue through key bodies, such as IPCC and UNFCCC. **The Intergovernmental Panel on Climate Change (IPCC):** Provides scientific assessments of climate change, focusing on glaciers and their impacts on various aspects. **The United Nations Framework Convention on Climate Change (UNFCCC):** An international treaty for stabilizing greenhouse gas levels and promoting cooperation on emissions reduction, adaptation, finance, and transparency through annual COP conferences.

Other international organizations (IOs) addressing the issue include **UNESCO**, a UN agency promoting cooperation in education, science, culture, and communication. It monitors glaciers' impacts on natural and cultural heritage and supports research and education on topics like climate change, water resources, biodiversity, and indigenous knowledge. **The International Union for Conservation of Nature (IUCN)**, is a global network conserving nature and promoting sustainable development. IUCN assesses glacier vulnerability to climate change, raises awareness, advocates for policy action, and evaluates the conservation outlook of affected World Heritage sites, including those impacted by glacier melt.

China and Switzerland are facing rapid glacier shrinkage due to rising temperatures, impacting water availability, hydropower generation, agriculture, and ecological services. Both countries are implementing adaptation measures and committing to carbon neutrality by 2060 and achieving net zero emissions by 2050.

The WHO's mandate includes addressing the health impacts of climate change, emerging diseases, and environmental issues. The challenges faced in addressing this issue include funding, political will, and data gaps. To address these issues, WHO requires cooperation from stakeholders, including member states, civil society, academia, and international organizations.

Questions that the Committee and Resolutions Should Address

1. What specific measures can member states take to mitigate the effects of melting glaciers, such as glacier monitoring, disaster preparedness, and adaptation strategies?
2. How can the WHO guarantee equitable progress across countries as they work towards achieving the SDGs?
3. How can member states and international organizations work to overcome the challenges related to the lack of political will and foster greater commitment to addressing the health and environmental risks associated with melting glaciers and new diseases?
4. How can the World Health Organization (WHO) and other international organizations support member states in addressing the health impacts of glacier melt and new diseases?
5. What mechanisms can be established to ensure the equitable distribution of resources and support for vulnerable regions affected by glacier melt?

Suggestions for Further Research

- Investigate the potential impact of ancient viruses and bacteria on human health and the environment, especially in regions where permafrost and glaciers are rapidly thawing.
- Explore the possible sources and transmission routes of infectious diseases from melting ice to wildlife and humans, and the measures to prevent or control them.
- Consider the ethical and legal implications of reviving or manipulating frozen microorganisms and the need for international regulations and guidelines.

- Analyze the effects of climate change on the diversity and distribution of microorganisms in glacial ecosystems, and the implications for biogeochemical cycles and ecological functions.
- Examine the methods and challenges of sampling, preserving, identifying, and analyzing frozen viruses and bacteria, and the potential applications of their genetic information.

Suggested Resources

1. https://www.theguardian.com/science/2022/oct/19/next-pandemic-may-come-from-melting-glaciers-new-data-shows
2. https://www.unep.org/resources/report/global-glacier-changes-facts-and-figures
3. https://www.ipcc.ch/srccl/chapter/chapter-7/
4. https://news.un.org/en/story/2023/05/1137147
5. https://www.livescience.com/40311-pleistocene-epoch.html

Timeline of Major Events

2.6 million to 11,700 years ago: The Pleistocene epoch, also known as the Ice Age, was a period of glaciation that covered much of the Earth's surface and preserved many ancient organisms in ice.

2007: The United Nations Intergovernmental Panel on Climate Change (IPCC) reported that glaciers and ice caps are melting faster than ever due to global warming, and projected that most of them will disappear by 2100.

2015: The United Nations adopted the 2030 Agenda for Sustainable Development, which included 17 goals and 169 targets to address the global challenges of poverty, inequality, climate change, and more.

2016: An outbreak of anthrax killed thousands of reindeer and affected dozens of humans in northwest Siberia, caused by the thawing of permafrost accelerated by summer heat.

2017: The World Health Organization (WHO) published a brochure on climate change and health, highlighting the impacts of climate change on human health and well-being, such as increased risks of infectious diseases, malnutrition, heat stress, and mental disorders.

2018: The United Nations Human Rights Council adopted a resolution on human rights and climate change, recognizing that climate change poses an immediate and far-reaching threat to people and communities around the world and has implications for the full enjoyment of human rights.

2019: Scientists discovered 28 new virus groups in a melting glacier in Tibet, some of which may have survived from the last Ice Age.

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Topic II: Ensuring the More Equitable and Efficient Distribution of New Vaccines in Future Outbreaks of New Diseases

Summary and History

There is no doubt that the recent COVID-19 pandemic and the consequential lockdown measures imposed by countries to contain the spread of the virus have resulted in profound impacts on the socio-economic development of nations across the globe. While there has been a noticeably distinct effect on crucial financial activities, this impact has been more profound for the Less Economically Developed Countries (LEDCs). In the context of the topic being discussed, it is essential to recognize that the disproportionate access to vaccines between the More Developed Countries (MDCs) and LEDCs has manifestly resulted in an alarming notion of "vaccine apartheid" (Bajaj et al., 2022). In particular, the recent COVID-19 pandemic has sparked a sense of urgency to adopt measures that effectively promote and ensure vaccine equity in all regions of the world in thorough preparedness for any future outbreaks and their associated repercussions.

In recent times, there has been increased discussion and debate with regard to worldwide vaccine equity. This is primarily due to vaccine supply being adversely delayed to LEDCs, while the first doses not even reaching and being accessible to all communities and regions in these countries. Taking the example of the recent COVID-19 pandemic, equitable vaccine supplies for all nations had been promised and guaranteed by the COVID-19 Vaccines Global Access Facility (COVAX) during the initial stages of the pandemic. However, due to an unprecedented surge of cases, the widespread impact of the virus, and inadequate funds, COVAX concerningly failed to reach even fifty percent of its set goal of delivering two billion vaccine doses in 2021. Published in October 2021, an open letter addressed to the G20 leaders conveyed the analytics and statistics behind 133 doses for every 100 people being delivered to the high-income countries (HICs) when compared with the supply rate of four doses per 100 people in the LEDCs (UNDP, n.d.). In response to this, the Director-General of the World Health Organization stated that this unfortunate and unacceptable divide can be considered to be "vaccine apartheid" while accentuating this immense and obligatory moral failure to humanity (Bajaj et al., 2022). The transmission of the virus among communities in the LEDCs increases the chances for the emergence of new variants; therefore, the World Health Organization believes that in order to address and eliminate the fundamental root causes of the outbreaks, it is vital to vaccinate the world including the LEDCs.

In an effort to advocate for the importance of global vaccine equity, a group of organizations, namely the World Health Organization, Collaboration for Epidemic

Preparedness Innovations, and the Global Alliance for Vaccines and Immunization launched the COVID-19 Vaccines Global Access Facility (COVAX) in April 2020. The primary aim of this measure was to collectively and globally work with nations to secure equitable allocation and access to COVID-19 vaccines for all countries.

Furthermore, several factors can contribute to the outbreak of a disease. In particular, environmental conditions play a crucial role as factors such as temperature, humidity, and sanitation can either promote or inhibit the transmission of the disease. Human behavior, including travel patterns and interactions, can also impact disease spread. Additionally, the level of immunity within a population, vaccination rates, and healthcare infrastructure can influence the severity and extent of an outbreak. Therefore, surveillance and early detection systems are vital in identifying and containing outbreaks before they escalate.

Moreover, the term "vaccine equity" can be considered to be relatively new. The use of this term became widespread when it was used as a hashtag (#VaccineEquity) on social media platforms in 2021, which called on manufacturers, stakeholders and governments to adopt practical measures to resolve vaccine inequity, one of the key root causes of the spread of the COVID-19 pandemic (Graaf et al., 2022). From the COVID-19 pandemic and past moments in history, it is high time for all nations to learn from the past, recognize the repercussions of vaccine inequity and how it is a bold representation of health inequity in the present and finally consider what the various actors involved across the spectrum can undertake to profoundly reduce vaccine inequity in the future.

Key Terms

- **New vaccine:** A vaccine that is developed to prevent or treat a new or emerging infectious disease, such as COVID-19, Ebola, or Zika.
- **Equitable distribution:** The fair and ethical allocation of vaccines across different countries and populations, based on the principles of human rights, social justice, and public health.
- **Efficient distribution:** The timely and cost-effective delivery of vaccines from the point of manufacture to the point of use, ensuring optimal quality, safety, and coverage.
- **Future outbreaks:** The occurrence or re-emergence of new or known infectious diseases that pose a significant threat to human health and well-being, such as pandemic influenza, SARS-CoV-2 variants, or antimicrobial-resistant pathogens.

- **COVAX facility:** A global initiative co-led by the World Health Organization (WHO), Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations (CEPI), that aims to accelerate the development and equitable access of COVID-19 vaccines for all countries.
- **Cold chain:** A system of storage and transportation that maintains vaccines at the required temperature range (usually between 2°C and 8°C) from the point of manufacture to the point of use.

Discourse on the Issue

This section focuses on the COVID-19 pandemic in particular to analyze and explain the general impacts of the issue of global vaccine inequity. The COVID-19 pandemic has brought into sharp focus the issue of global vaccine inequity. Initially, there were concerns about whether the distribution of vaccines would be sufficient and equitable. This skepticism was rooted in the historical accumulation of vaccines by high-income countries (HICs) during the 2009 swine flu pandemic and their prioritization of personal protective equipment (PPE) for healthcare workers at the onset of the COVID-19 pandemic.

The problem of vaccine inequity has become more apparent as mass vaccinations against COVID-19 began. The primary developers of these vaccines received substantial funding from HIC governments, which enabled them to secure priority access to large vaccine quantities. In contrast, Low- and Middle-Income Countries (LMICs) with limited or no funding faced significant delays in vaccinating their populations, undermining the effectiveness of measures to curb the spread of the virus. As a matter of fact, efforts to address vaccine inequality made in the past decade have seemingly been undone. Experts argue that a universal approach to global vaccine equity, in cooperation with organizations such as WHO, would benefit HICs economically by up to four times more than pursuing individual approaches. Such an approach should involve an efficient and structured model for vaccine supply, demand, and distribution to effectively control future health crises.

Moreover, the current vaccine distribution situation in LMICs reveals a stark disparity, with less than 11% of the population in low-income countries, 56% in LMICs, and 17% in Africa having received at least one vaccine dose (Parray et al., 2022). Administering booster doses in LICs and LMICs could further exacerbate domestic vaccine inequity, creating a notion of "inequity within inequity" where a privileged segment of the population receives additional doses. Furthermore, it is crucial to recognize the challenges and costs that LMICs face when purchasing vaccines and implementing nationwide vaccination programs. Issues like unstable power supply for maintaining cold chains, fragile healthcare systems, and inadequate management can hinder the effectiveness of these programs. To truly address

global vaccine inequity, a comprehensive, coordinated effort is essential to ensure that the benefits of vaccination reach all corners of the world, regardless of economic status.

Past International Organization (IO) Actions and Latest Developments

The World Health Organization (WHO)

The WHO has long been involved in vaccine distribution and ensuring equitable access to vaccines, particularly through its Expanded Program on Immunization (EPI). In particular, the WHO has provided guidance on vaccine distribution during disease outbreaks, including the H1N1 pandemic and the Ebola crisis, emphasizing the need for fairness. Additionally, WHO had also co-launched the COVAX initiative in 2020 to ensure equitable access to COVID-19 vaccines. COVAX aimed to distribute vaccines to low- and middle-income countries (LMICs) and has delivered millions of doses worldwide.

Global Alliance for Vaccines and Immunization (GAVI)

GAVI has been instrumental in improving access to vaccines for LMICs since its development in 2000. Not only has GAVI facilitated the procurement of vaccines for LMICs to help them access life-saving vaccines, but it was also a key partner in the COVAX initiative during which it used its expertise to support vaccine distribution in LMICs during the COVID-19 pandemic.

Coalition for Epidemic Preparedness Innovations (CEPI)

Founded in 2017, CEPI focuses on accelerating vaccine development for emerging and infectious diseases. It has funded research and development of vaccines for diseases such as MERS, Nipah virus, and others. Moreover, EPI has also played a pivotal role in funding COVID-19 vaccine development and contributing to the rapid production of vaccines.

As a matter of fact, efforts are ongoing to bolster vaccine production capacity worldwide, with a focus on LMICs. Initiatives are exploring technology transfer and partnerships to enhance vaccine manufacturing capabilities in regions that were historically dependent on imports. Additionally, discussions around booster shots for COVID-19 vaccines have raised questions about equity. Organizations such as WHO and UNICEF have advocated for a temporary halt on booster shots in high-income countries to ensure that more doses are available to LMICs. Moreover, WHO proposed a global treaty on pandemic prevention and response in 2022; this treaty aims to address issues such as equitable vaccine distribution and global cooperation in managing disease outbreaks.

Questions that the Committee and Resolutions Should Address

1. How can HICs collaborate and work with the World Health Organization to resolve the issue of vaccine inequity among LEDCs?
2. What steps and measures should be adopted by the LICs and LMICs to reduce the impact on the maximization of their vaccination programs?
3. How can the notion of 'inequity within inequity' be resolved?
4. What channel of communication should be established or improvised that links the private sector, HICs, LEDCs, and the World Health Organization in an effort to resolve the issue of vaccine inequity?
5. How can the member states of the World Health Organization tackle the root causes of global vaccine inequity (e.g. the extent of priority-based agreements made between governments of HICs and private companies, the development of healthcare infrastructure in LEDCs, etc.)?

Suggestions for Further Research

- Develop and analyze models for the equitable distribution of vaccines globally.
- Investigate ways to optimize the vaccine supply chain to reduce wastage and ensure efficient distribution.
- Examine the economic and ethical aspects of vaccine distribution.
- Study the factors contributing to vaccine hesitancy and its impact on equitable distribution around the world.
- Investigate the role of community engagement and education in vaccine distribution.
- Explore the use of data analytics, data science and technology in the process of tracking and optimizing vaccine distribution.

Suggested Resources

https://www.weforum.org/impact/global-vaccine-equity/

https://www.who.int/campaigns/vaccine-equity

https://data.undp.org/vaccine-equity/

https://news.un.org/en/story/2022/03/1114762

https://www.researchgate.net/publication/357284533_COVID-19_Vaccine_Equity_for_the_Global_South_Vaccination_Challenges_and_Opportunities_for_Small_and_Poor_Countries

Timeline of Major Events

1947: The World Health Organization (WHO) is established as a specialized agency of the United Nations.

2000: The Global Alliance for Vaccines and Immunization (GAVI) is founded for the purpose of increasing access to immunization in developing countries.

2009: The H1N1 influenza pandemic highlights challenges in vaccine distribution, with some wealthy nations securing more vaccines than needed, leaving developing countries distinctly undersupplied.

2014-2016: The Ebola outbreak in West Africa underscores the need for a coordinated international response to vaccine distribution in emergencies.

2015: The WHO launches the "Blueprint for R&D Preparedness and Response to Public Health Emergencies," emphasizing equitable access to vaccines to all nations.

2017: Coalition for Epidemic Preparedness Innovations (CEPI) is established to fund research and development of vaccines for emerging infectious diseases.

2020: The COVID-19 pandemic exposes global inequities in vaccine access as wealthy nations secure early vaccine supplies.

2021: In January 2021, COVAX—a global initiative to ensure equitable access to COVID-19 vaccines—is launched by WHO, GAVI, and CEPI. In December 2021, the first COVID-19 vaccines are administered, marking the start of mass vaccination campaigns, with concerns over vaccine nationalism and inequality.

2022: Ongoing efforts to distribute COVID-19 vaccines continue, with debates around booster shots and global disparities in vaccination rates. Furthermore, WHO proposes a global treaty on pandemic prevention and response to address issues including equitable vaccine distribution in August 2022.

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