
World Health Organization on Vaccinations
St. John's Preparatory School- Danvers, Massachusetts - December, 2019



Letter From the Chair

Hello Delegates,

My name is Aaron Kelly, and I am happy to say that I will be your chair for the World Health Organization (W.H.O.) committee on the topic of vaccinations. I am a junior at “the Prep,” and have been a part of this club ever since I first attended this school in seventh grade. Over the years, I have been an active delegate in a wide array of conferences ranging on multiple topics, and in the process, have gathered a lot of experience in diplomacy. Aside from Model UN, I have played both football and lacrosse for the Prep, played the clarinet in our concert band, a member of the National Honor Society, and a member of Mock Trial, all of which I have happily enjoyed.

Outside of my life at St. John’s, I am also a Boy Scout. I have earned my Eagle Scout rank last year, served as a Senior Patrol Leader for my troop, and have done a multitude of activities and projects while there. I also have an interest in the medical and science field, mostly to do with biomedicine, biotechnology, epigenetics, and pharmaceutical sciences, as well as international relations, political science, and law. In my opinion, I firmly believe that the health and safety of people is the number one priority for any country. It is important that we, as a world, come together to peacefully and adequately put aside our differences and focus on the issue at hand: to ensure everyone in the world that they have the greatest health possible modern technology today can provide. There are numerous issues in the world regarding vaccinations, which is up to all of you to decide.

I advise all of you involved in this committee to come prepared and know the stance of your country. I am excited to meet all of you, as well as what you delegates have in store for a

discussion. If you have any questions or concerns, please email me. Other than that, I wish you delegates the best of luck.

Sincerely,

Aaron Kelly - Class of 2021

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Chair, WHO:Vaccinations SJPMUN XIV

Description of the Committee

The World Health Organization (WHO) is a specialized committee of the United Nations designed to protect the world from deadly diseases as well as fighting them head on. Since WHO was founded on April 7, 1948, WHO is focused on, as it continues its mission from the start: to protect the world on the molecular level.

The main body of WHO is known as the World Health Assembly. They basically run the entire Organization from their yearly budget, to areas of work they would like to focus more on. One other key component of the Assembly is that they have voting power. Any major proposed resolution must be passed by a two-thirds majority, with each member having one vote. They are also in charge of voting selected individuals to the Executive Board, with their role being to enforce the policies approved by the Assembly.

In this committee, we will replicate the World Health Assembly body, as well as the abilities it holds with each passed resolution assumed to have been immediately carried out by the Executive Board. Although the Assembly can use suggestions as power, their suggestions are very influential in the world.

Statement of the Problem

In today's world, there is a fear among some communities around the world in regards to the Measles, Mumps, Rubella (MMR) and other vaccines. Pockets of people refuse to vaccinate their children. Refusal to vaccinate can be on religious grounds, but more frequently it results from fear of the administering agency, whether it is distrust of one's own government, or of an international agency or government. Diseases like polio that was virtually eradicated, and measles that was largely under control, have made a comeback. This has proven to be fatal as in 2000, there were an estimated 545,000 deaths in relation to measles globally. In 2017, that rate increased by 80% with 110,000 deaths being attributed to measles. Although most of these deaths occurred in developing countries, developed countries are still at risk from the consequences of the anti-vaccination movement. Even in the United States, from January 1, 2019 to October 3, 2019, there was a reported number of 1,250 measles-related cases across thirty-one states, the largest number of cases in the U.S. since 1992.

In order to understand the severity of this issue, we must first look at how measles spreads and who is affected by it the most. Measles is both an airborne and waterborne illness, commonly spreading via coughing, sneezing, kissing, handshakes, hugs, and any other form of contact with another person. In fact, measles is so contagious that it can linger on in an area hours after the host has left, and someone who is unvaccinated can pick up the disease via the water droplets in the air (no other known disease has that ability). Unfortunately, in a lot of developing countries, an overwhelming amount of people do not have access to the MMR vaccination, thus being vulnerable to the disease. In addition, many people who have the option for the vaccination do not even choose to get it, thus putting themselves at risk for such a deadly

disease. In this committee, we need to focus on a way to encourage people to get vaccinations if they can, and find a way to deliver vaccinations to people who are currently unable to.

Vaccinations work against viruses, for which there is no cure. Antibiotics work against many bacteria, but there is no known cure for a virus like measles. The best defense is prevention. The introduction of a small amount of live or attenuated virus to the patient when they are healthy allows their immune system to create antibodies specific to the virus, so that when they later come in contact with the virus in a more virulent form, their body's defense system kicks in immediately. It is estimated that only about 90% of the vaccinations given are effective in creating the necessary antibodies, but by vaccinating the entire population, public health programs create something known as "herd immunity". This means that if 90% of the population is immune, there is little likelihood that one of the 10% will encounter a case of the virus to contract, and if they did contract the virus, they would be unlikely to pass it on, causing an epidemic.

Since many people in developing nations do not have access to the MMR vaccination, outbreaks are common in these countries. With deadly outbreaks, many people will flock to other nations (primarily developed nations) in order to escape the disease. However, in some cases, some people do not know they are carrying the measles virus. Thus, they accidentally bring it to other countries, resulting in a spread of infections, being deadly to those whom are unvaccinated. This can result in countries shutting down their airports and harbors, which in turn can hurt their economy. It's a double-edged sword. Although it is our job to stop the outbreak, we also need to make sure that the virus cannot spread to other countries, yet the methods to do so can easily go either way, especially with multiple countries having multiple viewpoints.

Although the United Nations has been a great influence in our world, that is not without its controversy. Many people believe that the UN has a tendency to violate a country's right to determine their own laws. Even more specifically, some communities within countries do not vaccinate their children, such as the Jewish Orthodox community in New York City that do not vaccinate their children because they claim it is against their religion. However, this caused a measles outbreak in New York City. Thus, it is a great concern in this committee to take into account *every* country's viewpoints, as well as their sovereign right to make their own laws regarding this issue.

History of the Problem

Measles has been noted to be around **at least** since the ninth century AD, with a Persian doctor writing the first known account of the measles disease. Since then, it had been a deadly disease that had continuously devastated communities. This was due in part to its extremely contagious aspect and that the knowledge we know about diseases today weren't present back then.

Measles became more of a global issue in the early 1900s when traveling became more easy to come by. Measles was easily spread throughout the world, especially in the United States. Multiple amounts of children and adults were being infected and dying as a result of complications caused by the disease. However, as the 1900s went on, the death rate for measles subsided, yet the infection rate was not affected. Thus, in 1963, the first vaccination targeted for measles was released, and both rates of death and infection were decline rapidly as a result. It was assumed that the measles virus was eliminated in the majority of the world thanks to the vaccination.

However, the tides turned in 1998 when a British doctor released a report claiming that the MMR vaccine was causing autism in young children. His report was labeled as "fraudulent" simply because the report stated he "felt" that it caused autism, yet used little to no factual evidence. Despite this, the damage was already done, and parents globally were refusing to vaccinate their children at an alarming rate. The consequences of such are still prevalent today, with multiple outbreaks of the measles virus in developed countries such as the 2015 Disneyland outbreak, the 2018 New York City outbreak, and a small outbreak in Washington State earlier

this year (2019). If we do not act quick enough, it seems that history would keep repeating itself, thus putting the world in danger of another mass deadly outbreak felt all over the world.

Questions to Consider

- How can the UN decrease the spread of preventable diseases without interfering with a country's sovereign right to determine their own laws?
- How can we effectively control outbreaks without causing devastating harm (economically, morale, etc) to the inflicted country?
- How can we make sure developing countries have access to vaccinations?
- How can we build vaccination programs that respect people's religious/cultural beliefs but protect the population?
- How do we determine an effective and humane way of administering vaccinations?
- Should we repeal combined vaccinations? Should the MMR vaccination be broken up into three separate vaccinations (one for measles, one for mumps, and one for rubella)?

Bloc Positions

BLOC 1: Madagascar, Pakistan, Yemen, Benin, Burkina Faso, Eswatini, United Republic of Tanzania*, Bangladesh, Georgia, Romania, Djibouti, Iraq, Sudan, and Liberia.

This bloc comprises the committee's poorest countries, which can result in high infection and death rates due to inadequate healthcare. Therefore, these countries are the ones that need a solution the most yet do not want to hinder their economy even more than it currently is.

*Although poor right now, the United Republic of Tanzania has great economic potential in the future. This fact must be considered throughout the committee as, depending on events, the potential could possibly take effect.

BLOC 2: Ukraine, Philippines, Brazil, Gabon, Kenya, Zambia, Grenada, Indonesia, Russia, China, and Turkey.

This is an interesting bloc and should be considered a wild card of some sorts. Some of these countries are neither the poorest nor richest in the committee, leading to adequate healthcare. However, most of these countries are rich as a country, yet most of their people are poor, thus inhibiting them from accessing the healthcare needed to fight this issue. Also, nearly all of these countries have a large tourism market that is strongly significant to their economy, meaning if they were forced to close their borders and/or quarantined for an outbreak, their economy will be doomed.

BLOC 3: India, Argentina, Chile, United States of America, Canada, Mexico, Austria, Finland, Germany, Israel, Italy, United Arab Emirates, Australia, Japan, Singapore, and Switzerland.

Out of all the countries in the committee, these countries are the richest, meaning they have access to some (if not all) of the top-of-the-line healthcare humanity can offer in our lifetime. Yet, despite this, many of them will have different ideas of administering a solution globally, if they even want to. Some may want certain countries to administer an overwhelming amount of a solution, which can cause the designated country(s) to feel overwhelmed. Some may not even want to spend their money on other countries, citing that the UN should administer it themselves. Since these countries have a lot of money, they have a lot of influence on how to go about this issue. Yet, they need to convince **two-thirds** of the committee to vote in their favor, which is a difficult task of itself.

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