



*Committee Guide for the
World Health Organisation
Vaccine Hesitancy*

Stockholm International School Model United Nations

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A LETTER FROM THE SECRETARY-GENERAL

Dear Delegates,

It is with great pleasure that I invite and welcome you to Stockholm International School Model United Nations 2020. This year I have the privilege of leading SISMUN as our Secretary General and it is with honour that I present this year's conference.

It is a great honor to be this year's Secretary-General, and welcome you to the Stockholm International School Model United Nations 2020.

This year's conference's theme is "Threats to Global Security" due to the fact that there are numerous challenges that our world is currently facing today. Global security entails many aspects that not only relate to the physical and emotional security of people, but also includes the security of our environment and institutions.

I am excited to see such a wide range of debates and hope that you will experience and gain a lot of memories, and experience from debating.

Yours faithfully,

Thabang Radebe
Secretary-General, SISMUN 2020

A LETTER FROM THE HEAD CHAIR OF WORLD HEALTH ORGANISATION

Dear Delegates,

As the representative of this year's World Health Organisation committee, one of the United Nations main agencies working towards the complete establishment of global health security, you will be asked to vigorously debate a topic which greatly affects us all- vaccine hesitancy. In the past three years, the percentage of "anti-vaxxers" has risen exponentially in higher-income countries, which has threatened to bring back nearly eradicated infectious diseases. On January 31st, it will be up to you to create a resolution!

Diplomacy, global politics, and debating have always been a core part of my interests. I believe that language is the most powerful weapon to not only unite, but also divide. With that, I believe that you must use your words articulately, consciously, as well as knowingly. During SISMUN we will expect you to participate in dialogue with countries which may disagree, and find the common intricacies which unite us all.

In the future, I hope to use the skills and knowledge which MUN has taught me to bridge the gap between conflict and peace. I aspire to become a human-right lawyer and to reinforce the rule of law in places where it still lacks. I am looking forward to hearing your arguments and resolutions on the subject at hand.

Yours faithfully,

Camilla Cerruti

Head Chair of WHO, Head of Logistics and Admin, SISMUN 2020

INTRODUCTION

Vaccine hesitancy is a phenomenon where people develop a tendency to refuse or become reluctant to the medical process of vaccinations. Today, the World Health Organization has defined this issue as part of the top ten global health threats of 2020. The term “vaccine hesitancy” encompasses the dismissal of particular vaccines, the outright refusal to vaccinate, delaying vaccines, as well as accepting vaccines but remaining uncertain of their efficiency.

Arguments against vaccination are contradicted by overwhelming scientific consensus about the safety and efficacy of vaccines. Vaccine hesitancy has resulted in various disease outbreaks which are evidently harmful for our human civilization, including measles and diphtheria.

Vaccine hesitancy presents itself as a threat to millions of people, however in the WHO we will focus on the rejection of vaccines practices on children by a guardian or their parents, and their consequent effect on the human civilization. Recently, there have been outbreaks of vaccine-preventable diseases, the CDC (Centers for Disease Control and Prevention) reports that 1,261 measles cases have been reported from 31 states in the United States in 2019. “The majority of cases are among people who were not vaccinated against measles” (Outbreaks of Vaccine-Preventable Diseases). For the issue of vaccine hesitancy, fast and efficient solutions need to be implemented as it essentially impacts everyone’s health. Hopefully, by the end of the conference you will have a deeper understanding about the complexity of the issue, but also about the possible solutions.

The solutions that you develop here today are very important. In order to come up with sustainable solutions you need to look at the issue as a whole and

consider all aspects such as the funding and safety of the solutions.

COMMITTEE DYNAMICS

As a delegate of SISMUN 2020, you will be responsible for representing a particular country in one of our committees. You are playing the role of that country’s representative in a UN committee. You will do this by researching the country’s views on the topic at hand and coming up with solutions complying to the view of the country. If you have not done any research you will have little to contribute within committee sessions. Therefore, it is recommended to take it upon yourself to prepare yourself for the conference in order to make it more enjoyable for yourself and others in your committee. When in committee, it is important that you respect and listen to your fellow delegates and Chairs.

HISTORY OF THE COMMITTEE

The World Health Organization (WHO) constitution came into force in 1948. Since then, WHO representatives and employees have worked toward the broad goal of ensuring the highest level “physical, mental, and social well-being... not merely the absence of disease or infirmity.” In other words, the WHO constitution endows the WHO with the tremendous responsibility of promoting every aspect of every person’s health. For this reason, the WHO has an operating budget of over 4 billion USD. With offices in over 150 countries, staff members work side by side with governments and partners to ensure safety in everything from the air we breathe to the water we drink. Their main areas of work include:

- Health systems
- Promoting health through the life-course
- Non- Communicable diseases
- Corporate services
- Preparedness, surveillance and response

Despite its extensive responsibilities and resources today, the WHO has not always been so prominent. In fact, even its establishment seemed unlikely in 1945, when a resolution to create an international organization focused on health failed to pass. Nonetheless, its advocates persevered and, in July of 1946, 61 nations signed the WHO constitution. As it began operations in 1948, it was predominantly focused on disease control and eradication; for instance, one of its first resolutions created the Global Malaria Eradication Program (GMEP). Beyond taking action against prominent diseases, the WHO also established systems for collecting more detailed and comprehensive information about the prevalence, morbidity, and mortality of diseases, deficiencies, and other health threats around the globe. The affinity for data collection presaged modern eradication and disease control efforts and helped establish the WHO as the de facto, not just the delege, global health leader.

However, it was another early effort that has turned out to be the WHO's greatest and most enduring success: the smallpox eradication effort. For reference, smallpox is a viral, dangerous, and highly transmissible disease. In the early 1960s, it was endemic in much of the world and particularly so in Asia and Africa; in 1966, for instance, there were 10 to 15 million smallpox cases and 1.5 to 2 million smallpox deaths. Therefore, the WHO established the Smallpox Eradication Unit, an appropriately-named division tasked with completely eliminating smallpox. Levying cheaper vaccination technology and the combined resources of dozens of nations, the Smallpox Eradication Unit managed to eliminate the disease from all but five countries by 1973. Then, by shunning mass vaccination and instead focused on preventing transmission from known patients, the WHO dramatically reduced the numbers of cases in these countries. On October 12, 1977, the last smallpox

patient succumbed to the disease. After two years of observation, the

WHO declared smallpox eradicated in 1980.

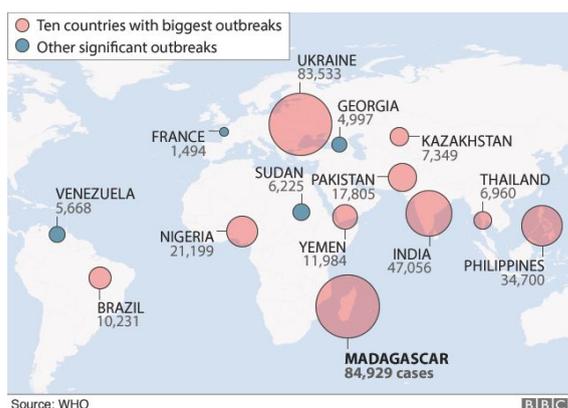
Unfortunately, the WHO has found it difficult to repeat this success; even today, smallpox remains the only disease in human history to be eradicated.

STATEMENT OF THE PROBLEM

The BBC article "Vaccines: Low trust in vaccination 'a global crisis'" reveals the number of people who say they have little confidence or trust in vaccination. When asked if vaccines were safe: 7% somewhat or strongly disagreed, and 14% neither agreed nor disagreed. This is a direct cause of our problem at hand because vaccines protect billions of people around the world. For example, they have completely got rid of one disease, smallpox, and are very close to eliminating others, such as polio. "But some other diseases, such as measles, are making a resurgence and experts say people avoiding vaccines, fuelled by fear and misinformation, is one of the main causes" (Roberts, Michelle).

Dr Ann Lindstrand, an expert in immunization at the WHO, said the current situation was extremely serious. "Vaccine hesitancy has the potential, at least in some places, to really hinder the very real progress the world has made in controlling vaccine-preventable diseases," she said. Are most prominent urgency is to stop the movement spreading against vaccination as this poses a risk to everyone surrounding unvaccinated people. If enough people are vaccinated, the spreading of a disease stops due to "herd immunity". Imran Khan, from the Wellcome Trust, said: "We are really concerned at the moment because for measles, anything less than 95% coverage can lead to outbreaks and that is what we are seeing."

Confirmed Cases of Measles Outbreak in 2019



HISTORY OF THE PROBLEM & LATER CONSEQUENCES

Hesitancy primarily results from public debates around the medical, ethical and legal issues related to vaccines. Vaccine hesitancy stems from multiple key factors including a person's lack of confidence (mistrust of the vaccine and/or healthcare provider), complacency (the person does not see a need for the vaccine or does not see the value of the vaccine), and convenience (access to vaccines). It has existed since the invention of vaccination, and pre-dates the coining of the terms "vaccine" and "vaccination" by nearly 80 years. The specific hypotheses raised by anti-vaccination advocates have been found to change over time. Vaccine hesitancy often results in disease outbreaks and deaths from vaccine-preventable diseases.

Bills for mandatory vaccination have been considered for legislation, including California Senate Bill 277 and Australia's No Jab No Pay, all of which have been strenuously opposed by anti-vaccination activists. Opposition to mandatory vaccination may be based on anti-vaccine sentiment, the concern that it violates civil liberties or reduces public trust in vaccination, or suspicion of profiteering by the pharmaceutical industry.

Not vaccinating children can cause serious consequences including the outbreak of various threatening diseases, a person's death due to their little to no protection against contaminations, as well as global epidemics. This year only, there has been roughly around 1,500 measles

outbreaks in France primarily because 20% of French people believe that vaccines are "ineffective". Furthermore, 10% of French people believe that vaccines aren't important for children to have. The spreading of this false propaganda is the greatest problem arising from anti-vax opinions and perspectives as it subconsciously affects the mentality and health of surrounding people.

RELEVANT WHO ACTIONS

The Department's objectives, with respect to vaccine hesitancy health, are:

- to strengthen advocacy, effective leadership and governance to set compulsory vaccination laws;
- to provide comprehensive, integrated and responsive vaccination services in community-based settings;
- early recognition and evidence-based management and demolition of anti-vax movements;
- to implement strategies for the promotion of vaccinations and their benefits
- to allow children to receive vaccinations despite disapproval from parents or guardians
- to strengthen information systems, evidence and research.

To address these and other threats, 2019 sees the start of the World Health Organization's new 5-year strategic plan – the 13th General Programme of Work. "This plan focuses on a triple billion target: ensuring 1 billion more people benefit from access to universal health coverage, 1 billion more people are protected from health emergencies and 1 billion more people enjoy better health and well-being" ("Ten Health Issues WHO Will Tackle This Year"). Reaching this goal will require addressing the threats to health from a variety of angles.

QUESTIONS A RESOLUTION MUST ANSWER

These are areas of the topic that are encouraged to be addressed in any working paper or resolution that the dais approves to be discussed. While you do not have to research and write about all of these questions in extreme depth, you should address them in your writing and keep them in mind throughout the research process.

1. How has vaccine hesitancy affected the global community?
2. What solutions have been used to improve vaccine hesitancy in the recent past, and how successful were they?
3. In what ways can the WHO help to combat ideologies and anti-vax movements among the population?
4. How will these solutions be funded?
5. What precautions must be taken to ensure the health of children growing up (prevention)?

SUGGESTIONS FOR FURTHER RESEARCH

1. Successful and/or unsuccessful public health initiatives.
 - a. What variables and decisions have perhaps affected the effectiveness of past initiatives?
2. Sustainable and affordable public health initiatives.
 - b. What can be done to ensure the accessibility of suggested initiatives?

MUN TERMINOLOGY

Delegate: A person representing a particular country during committee sessions.

Best Delegate: An award for delegates that participated particularly well.

Chair: A person or persons leading committee sessions.

Dais: A selection of above average talented individuals that lead committee sessions.

Clause: A single solution of the greater solution (resolution) to the topic.

Resolution: A collection of clauses that create a solution for the topic.

Signatory: A delegate that supports another delegate's clause and wants it discussed.

Placard: A rectangular piece of paper with a country's name.

Opening Speech: An opportunity for delegates to present their country's ideas.

Quorum: The number of votes needed to pass a clause or resolution - $\frac{2}{3}$ votes for.

Decorum: The Latin word for "grace". If a chair says "decorum", they want the delegates to be quiet.

Amendment: a change or addition designed to improve the clause passed

PROCEDURAL TERMINOLOGY

The following components of SISMUN are in the order of which they will play out.

1. Roll Call - Time to take attendance
 - a. At the beginning of each session your chairs will conduct a roll call. During roll call each delegate's name will be called and you are expected to reply with either "Present" or "Present and voting".
2. Opening Speeches - Time to share views and ideas
 - a. The delegation leader of each country will hold a maximum of one minute long speech introduce your country's position on the topic at hand.
3. Moderated Caucus I (Formal Debate) - Time to speak under official time
 - a. During a moderated caucus delegates that wish to speak on a topic may do so by raising their placards when the chair asks for speakers.
 - b. Delegates that are called on can speak for up to 60 seconds. There will be two questions of 30 seconds and two answers of 30 seconds per speaker.

- c. There will be two moderated caucuses during the conference.
 - d. In Moderated Caucus (I) the points brought up during the opening speeches or other points regarding solutions to the topic will be discussed.
4. Unmoderated Caucus (Informal Debate) - Time to speak freely
- a. During unmoderated caucus delegates will talk to other delegates and write clauses (solutions) for the topic.
 - b. Each clause requires one signatory (supporter) to be acknowledged.
 - c. When a clause is finished the delegates will send the clause to the Dais to be edited and for later projection onto the board. Only clauses sent during unmoderated caucus will be discussed during the final moderated caucus.
5. Moderated Caucus II (Formal Debate)
- a. In Moderated Caucus (II) clauses will be presented, discussed and voted upon.
 - b. When clauses are presented, delegates can choose to speak for or against a clause.
 - c. When the committee moves into voting procedure, delegates vote on the clause being discussed.
 - d. During voting procedure delegates can do one of the following actions:
 - i. Vote for: The delegation agrees with the clause or resolution.
 - ii. Vote against: The delegation disagrees with the clause or resolution.
 - iii. Abstain from voting: The delegation neither agrees nor disagrees with the clause or resolution.
6. Voting Procedure - Time to vote on the proposed resolutions
- a. When the committee moves into voting procedure, delegates vote on the resolution as a whole after having voted for each individual clause.
 - b. During voting procedure delegates can do one of the following actions:
 - i. Vote for: The delegation agrees with the clause or resolution.
 - ii. Vote against: The delegation disagrees with the clause or resolution.
 - iii. Abstain from voting: The delegation neither agrees nor disagrees with the clause or resolution.

BIBLIOGRAPHY

Outbreaks of Vaccine-Preventable Diseases.” *Vaccinate Your Family*, www.vaccinateyourfamily.org/questions-about-vaccines/outbreaks-of-vaccine-preventable-diseases/.

Roberts, Michelle. “Vaccines: Low Trust in Vaccination 'a Global Crisis'.” *BBC News*, BBC, 19 June 2019, www.bbc.com/news/health-48512923.

“Ten Health Issues WHO Will Tackle This Year.” *World Health Organization*, World Health Organization, www.who.int/emergencies/ten-threats-to-global-health-in-2019.

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