

LmunA 2021

# Research report

Forum: General Assembly 6

Issue: Implementing legal rules upon the distribution of vaccines

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## **Introduction**

The COVID-19 pandemic has taken a major toll on the human race as a whole. With the virus spreading like wildfire there is a need for a fast solution to save lives. Vaccines - and in turn herd immunity - have prevented the spread of illnesses throughout the years since the start of the production of vaccines. We will be focussing on setting up the production and distribution of COVID-19 vaccines. If by October the pandemic is more or less over we will be discussing the prevention of future pandemics.

## **The Issue**

With the creation and production of the COVID-19 vaccines began the distribution phase; how many vaccines will each country get? This has become a major issue among countries, as the vaccination distributors are also actively trying to make money off the distribution (they're commercial enterprises in the end), which automatically gives priority to developed countries.

Meanwhile low-to-middle income countries have to rely on NGOs and other more developed countries for their vaccine imports.

Since we are the Sixth committee of the General Assembly, we will discuss the legal aspects of the issue. In this research report you will find information about the committee, the topic, how we will perceive the topic and more. If you still have any questions about the topic or anything else after reading the report, feel free to get into contact with the chairs.

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## Definitions of key terms

- LDC: least developed country
- NGO: non-government operation
- COVAX: a global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines, launched by Gavi.
- WHO: World Health Organization
- CEPI: Coalition for Epidemic Preparedness Innovations
- Gavi: a public–private global health partnership with the goal of increasing access to immunization in poor countries.
- COVID-19: Coronavirus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- CDC: the Centres for Disease Control and Prevention

## General overview

During 2020, as the COVID-19 pandemic escalated globally and vaccine development intensified, the WHO COVAX Facility adopted the motto "No one is safe unless everyone is safe" to emphasize the need for equitable vaccination. This motto was partially referring to herd immunity which is needed to protect people who do not want vaccines. The Facility set a goal of supplying COVID-19 vaccines to nearly 100 low-to-middle income countries that could not afford them. COVAX sought to fundraise US\$6.8 billion to purchase and deliver vaccines to participating countries in proportion to their populations. On 18 December 2020, the Facility announced agreements with vaccine manufacturers to supply 1.3 billion doses for 92 low-middle income countries in the first half of 2021.

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Yet, by mid-December, some 16 countries – representing only 14% of the world's population – had pre-ordered more than 10 billion vaccine doses or about 51% of the available world supply. Specifically, Canada, Australia, and Japan – having only 1% of the world's COVID-19 cases – had collectively reserved some one billion vaccine doses, while the COVAX Facility had reserved only a few hundred million doses. Concerns were raised that wealthy countries may receive their vaccines in 2020/21 while developing countries may be excluded from vaccinations until 2023/24. Data from April 2021 comports with this expectation since 25% of the population in high income countries have been vaccinated compared to only 0.2% in low income countries. Pre-orders from rich countries were made during 2020 with 13 different vaccine manufacturers, whereas those for low-to-middle income countries were made primarily for the Oxford-AstraZeneca COVID-19 vaccine, which is lowest in cost and has no special refrigeration needs.

CEPI, WHO, and charitable vaccine organizations, such as the Gates Foundation and Gavi, raised over US\$20 billion during the first half of 2020 to fund vaccine development and preparedness for vaccinations, particularly for children in under-developed countries. CEPI, which was created to monitor fair distribution of infectious disease vaccines to low- and middle-income countries, has recommended considering manufacturing capacity, financing and purchasing, and releasing vaccine developers from liability. Despite opposition from some vaccine manufacturers, CEPI revised its February 2020 equitable access policy to apply specifically to its COVID-19 vaccine funding:

1. "Prices for vaccines will be set as low as possible for territories that are or may be affected by an outbreak of a disease for which CEPI funding was used to develop a vaccine;
2. "Information, know-how and materials related to vaccine development must be shared with (or transferred to) CEPI" so that it can assume responsibility for vaccine development if a company discontinues expenditures for a promising vaccine candidate;
3. CEPI would have access to, and possible management of, intellectual property rights (i.e., patents) for promising vaccines;
4. "CEPI would receive a share of financial benefits that might accrue from CEPI-sponsored vaccine development, to re-invest in support of its mission to provide global public health benefit"; and
5. "Data transparency among development partners should maintain the WHO Statement on Public Disclosure of Clinical Trial Results, and require results to be published in open-access publications.

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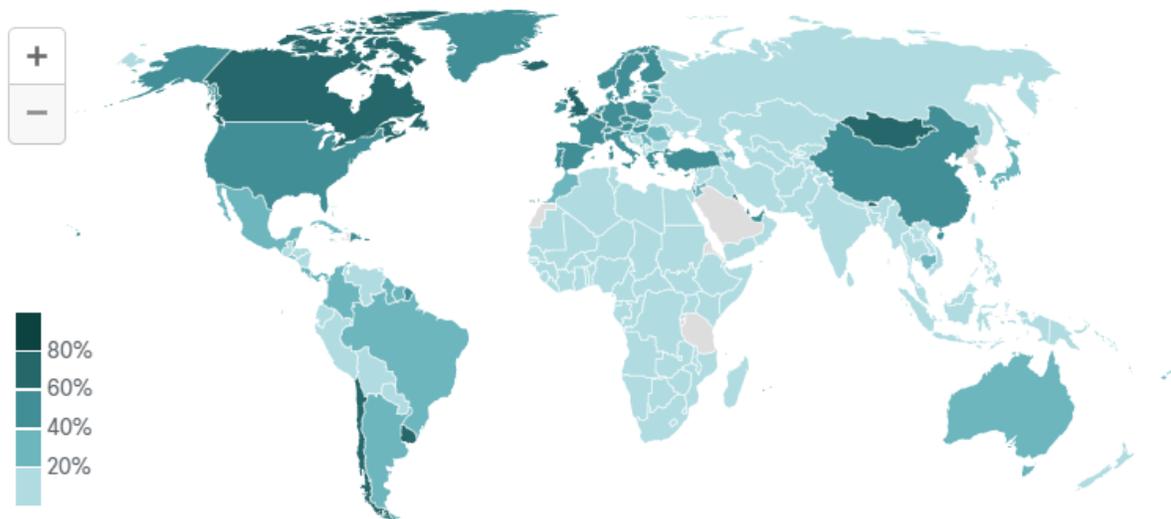
International groups, such as the Centre for Artistic Activism and Universities Allied for Essential Medicines, advocate for equitable access. Scientists have encouraged collaboration between the WHO, CEPI, corporations, and governments to ensure that vaccines are distributed in an evidence-based manner based on infection risk and to prioritize healthcare workers, vulnerable populations, and children.

By mid-March 2021, 67 countries, mostly in Africa and the Middle East, had not yet reported any vaccinations. Countries that had begun vaccinations were generally prioritizing populations such as health workers or the elderly. It has also been suggested that elective surgery recipients should be prioritized since a patient recovering from surgery would be more vulnerable than average. Some expressed concern over the short shelf-life of the Moderna and Pfizer-BioNTech vaccines, which expire within hours after being removed from the freezer; they argued that, once the vaccine is unfrozen, it is better to apply these doses to anyone who can be found rather than discard the doses.

As of March 2021, the United States had ordered twice the necessary doses to cover its own population, but it remained unclear when it might share surplus doses with other countries. In April 2021, Vanity Fair reported that it would be difficult to share surplus doses with other countries because the U.S. government had expressly agreed in its contracts with vaccine manufacturers to use doses only in the United States and its territories. The manufacturers requested this clause because most other countries do not have liability protections for vaccines as expansive as the Public Readiness and Emergency Preparedness Act.

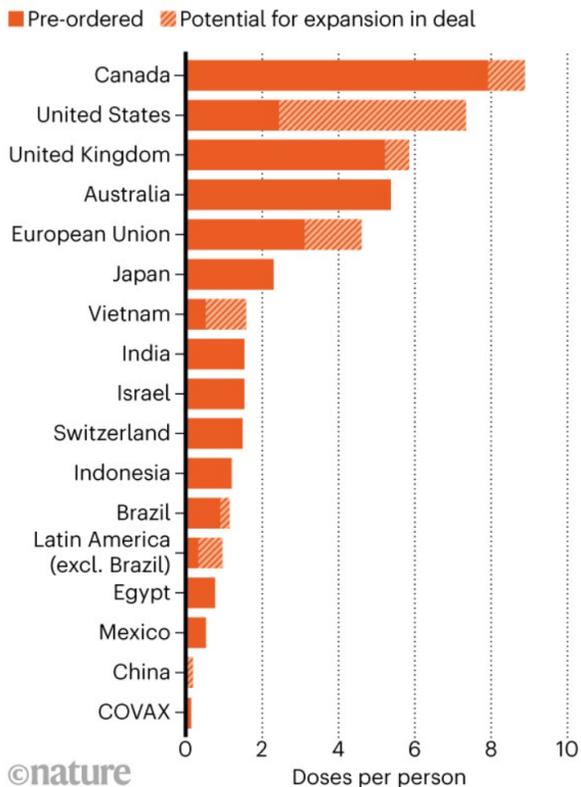
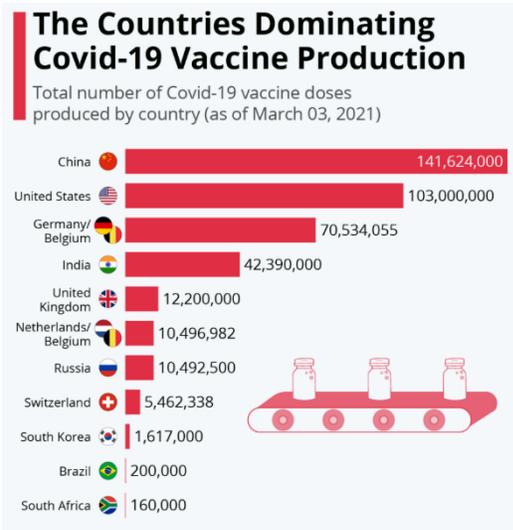
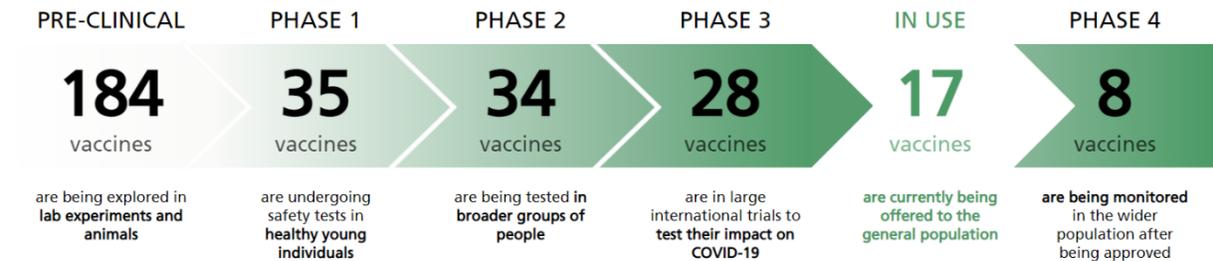
### Global COVID-19 Vaccination Divide Grows

Share of people who have received at least one dose as of June 29 or most recent date available



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THE COVID-19 VACCINE RACE



## Major parties involved

<b>Biggest producers/ Most Vaccines taken</b>	<b>Least vaccines taken</b>
People's Republic of China	<b>LDC's:</b>
The United States of America	The Independent State of Papua New Guinea
The Federal Republic of Germany	Democratic Republic of the Congo
The Kingdom of Belgium	The Republic of Uganda
The Republic of India	Burkina Faso
The Kingdom of the Netherlands	The Republic of Yemen
The United Kingdom of Great Britain and Northern Ireland	The Republic of South Sudan
The Russian Federation	The Republic of Chad
The Swiss Confederation	The Syrian Arab Republic
The Republic of Korea	The Republic of Guinea-Bissau
The Federative Republic of Brazil	The Republic of Benin
The Republic of South Africa	The Republic Cameroon
The Arab Republic of Egypt	The Republic of Sierra Leone

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Canada	The Republic of Liberia
The Commonwealth of Australia	The Kingdom of Bhutan
Japan	The Republic Tajikistan
The Socialist Republic Vietnam	The Republic of Malawi
The State of Israel	The Republic Mali
The Republic of Indonesia	Republic of the Niger

**Vaccines:**

BioNTech, Pfizer vaccine - Biggest distributor: Germany, USA

Johnson & Johnson vaccine - Biggest distributor: USA

Moderna vaccine - Biggest distributor: USA

Oxford, AstraZeneca vaccine - Biggest distributor: UK

## Timeline of Key Events

**2019, December 1st:** First known coronavirus case detected.

**2020, January 11th:** Genetic sequence of COVID-19 was published

**2020, march 30th:** Trump (USA) sets in “Operation Warp Speed”, planning to produce and administer vaccines to all 328,2 million American citizens.

**2020, august 11th:** Russia announces Sputnik V vaccine for emergency use.

**2020, December 2nd:** The UK’s MHRA gives temporary approval to Pfizer, being the first country to approve of the vaccine and the first western country to approve of a COVID-19 vaccine.

**2020, December 21st:** The European Union and many other countries authorised or approved of the Pfizer vaccine.

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## **Previous attempts to solve the issue**

There have been little to no feats ensuring the distribution of vaccines in LDCs - before COVAX. Gavi's COVAX is one of the few organisations which is actively doing something against the pandemic on a large scale. They focus on getting doses for at least 20% of countries' population, the creation of a diverse and actively managed portfolio of vaccines, delivering vaccines as soon as they are available, ending the acute phase of the pandemic and rebuilding economies. COVAX doesn't have enough resources to make this happen, thus it is our responsibility to make sure it does; one way or another. The issue is very new, thus there have not really been talks about how the issue can be solved.

## **Possible solutions**

As mentioned before, our committee will focus on setting up the production and distribution of the COVID-19 vaccine. Please do keep in mind that if by October this is no longer a relevant topic we will be discussing the prevention of future pandemics. For now it is important to have relevant, up-to-date information on the topic. There is a lot of information known about the current situation which we will be using in the committee. We strongly urge the delegates to do further reading and watch the news.

## **Bibliography and further reading**

[Coronavirus \(COVID-19\)](#)

[Gavi, the Vaccine Alliance](#)

[Deployment of COVID-19 vaccines](#)

[Gavi – COVAX Facility](#)

[Chart: The Countries Dominating Covid-19 Vaccine Production](#)

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[Next Post: Statement by President Joe Biden on Global Vaccine Distribution](#)

[US-donated vaccine deliveries to Africa set to begin, with first deliveries planned to Burkina Faso, Djibouti, and Ethiopia](#)

[What COVAX offers](#)

[History of COVID-19 vaccine development](#)

[Least developed countries](#)