



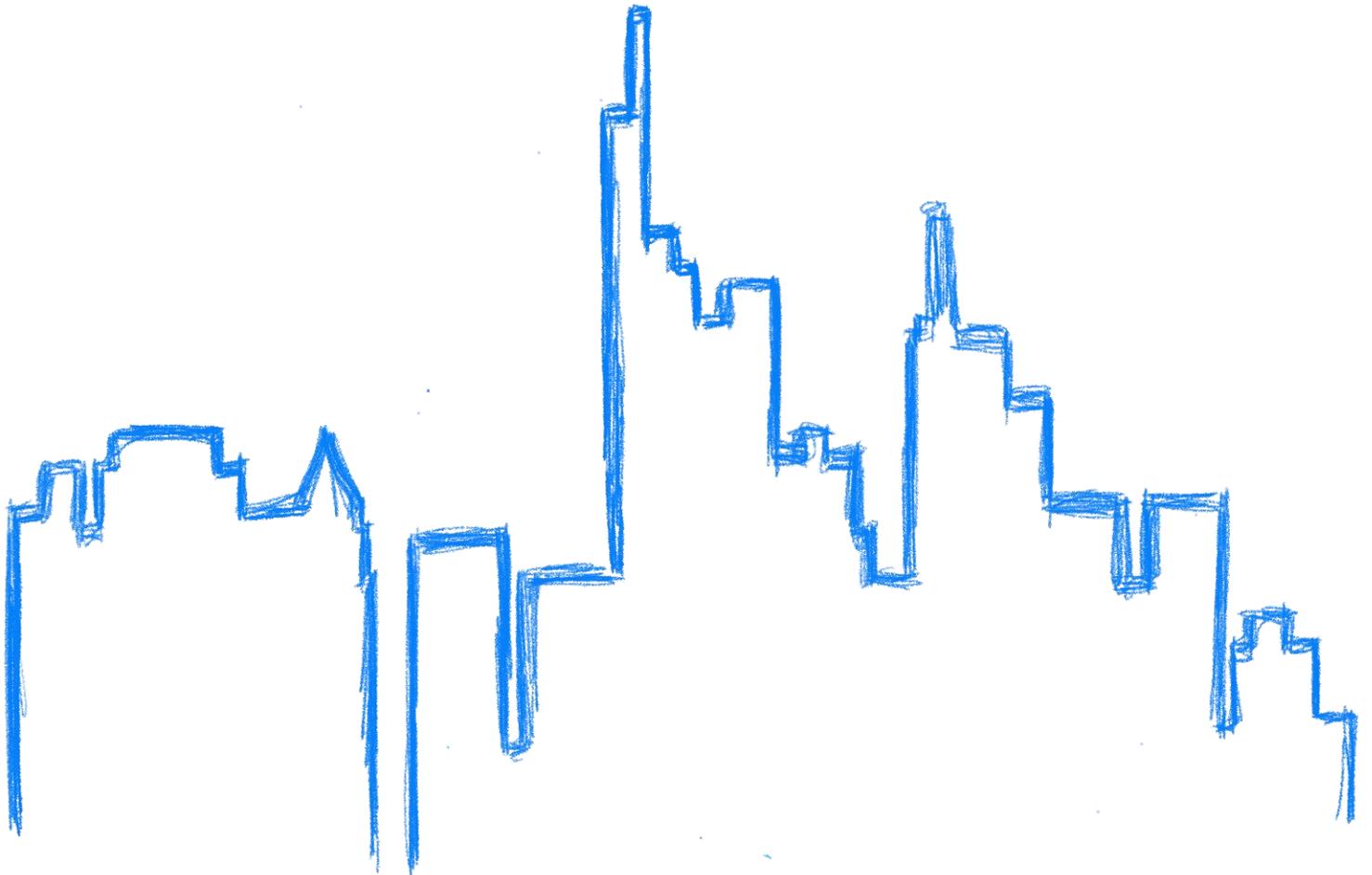
## Main Model United Nations Conference

Frankfurt am Main, Germany

16<sup>th</sup> Session

5<sup>th</sup> to 7<sup>th</sup> of March 2021

**Conflicts, Concerns, Cooperation - a Coup of Conventional Politics**



# Background Guide

World Health Organization

Topic I: Mental Health in Youth

Topic II: Establishing Research and Safety Standards in the Development of Affordable Life Saving Vaccinations

Distinguished Representatives, dear Faculty Advisors,

we are honoured to welcome you to a digital 2021 MainMUN conference. Whereas it was a heartfelt decision to transfer the conference to a digital medium we are all the more thankful to be able to welcome delegates from around the world. With this being said, we are looking forward to being your chairs for the World Health Organization. An organisation whose importance and dedication to the global society we have all recently witnessed.

As your Chairs, we are happy to introduce ourselves to our future delegates: Annalina is a teacher-to-be, currently writing on her thesis as she prepares to take the state examination in the autumn of 2021, continuing her journey towards an English, Philosophy, and History degree in teaching. While this is Annalina's debut as a chair and MainMUN team member, she has attended MUN conferences across the United States of America, Spain, and Germany and is excited to contribute to a local MUN conference. Further, as a future educator, she is especially interested in the matter of mental health in youth as she wholeheartedly believes that it is possible to change society for the better if we were more mindful of each other. Christian is happy to attend his 20<sup>th</sup> MUN conference this year and has been part of the MainMUN team for three years. As a 3<sup>rd</sup> year student of political science and economics, it was clear for him to join the organisation team when he was admitted to the university, where he is studying. Chairing the WHO will be unique this year, since a global pandemic is forcing us to work together more than ever. He is excited to see this cooperation during the conference.

At MainMUN 2021, we will be modelling the work of the World Health Organization, thus you will participate as a delegate of one of its 194 member states. The topics for this year's conference at the WHO committee will be:

**Topic I:** *Mental Health in Youth*

**Topic II:** *Establishing Research and Safety Standards in the Development of Affordable, Life-Saving Vaccinations*

The following study guide is to provide you with the basic committee and topic information. Nevertheless, we highly encourage you to do further research, using additional resources, as well

as the ones provided under *Advice for Delegates*. Furthermore, writing a position paper can be a good start to exploring the position of your assigned delegation, taking into consideration cultural, economic, and other differences that may distinguish your nation from other member states. Finally, a position paper allows you to receive feedback from your chairs and to start the conference well prepared and confidently. However, if you ever feel uncertain about information regarding the conference or have any concerns regarding your committee please do not hesitate to reach out to your chairs or any other member of the MainMUN 2021 team.

We are looking forward to getting to know you better and a great weekend of diplomacy, tackling issues that influence our day-to-day life.

Yours Sincerely,



**Annalina Benner and Christian Baier**

(Chairs of the World Health Organization at the MainMUN 2021 conference)

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# 1. Committee Description

The World Health Organization (WHO) was founded on 7 April 1948 when its constitution came into force. Since then, 7 April has been celebrated as *World Health Day*. From its headquarters in Geneva, Switzerland and cooperation with six regional offices in Africa, the Americas, South-East Asia, Europe, the Eastern Mediterranean, and Western Pacific the World Health Organization and its 194 member states work together in an attempt to promote health, keep the world safe and serve the vulnerable. The core function of the World Health Organization is to support governments in the coordination of health strategies, and policies by connecting them with the appropriate Non-Governmental Organisations (NGOs), civil societies, other organs of the United Nations, and additional global players. Consequently, its introductory principles as stated in the constitution of the WHO include but are not limited to “[basic principles] to the happiness, harmonious relationship and security of all people”.<sup>1</sup> It further describes health as “a state of complete physical, mental and social well-being” while affirming that “the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States”.<sup>2</sup>

Reaffirming the continuing relevance of these statements, this committee is going to not only discuss the importance of information sharing and cooperation in the prevention of communicable diseases but also noncommunicable diseases. As for the discussion of noncommunicable diseases (NCDs), MainMUN 2021 introduces Topic I: *Mental Health in Youth*. While Mental Health has just been added to the WHO list of major NCDs in 2018, the organisation has already introduced a special initiative for Mental Health (2019-2023).<sup>3</sup> Nevertheless, MainMUN 2021 chose to dedicate the discussion to Mental Health in Youth specifically, allowing delegates to discuss mental health topics that may directly or indirectly influence them. While this provides a unique opportunity for the committee and its Representatives, the MainMUN team wants to assure its delegates’ well-being and is therefore reminding them that discussion of sensitive topics may be inevitable when participating in the World Health Organization. Consequently, the MainMUN

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<sup>1</sup> WHO (2006): [Constitution of the World Health Organization](#), p.1.

<sup>2</sup> *ibid.*

<sup>3</sup> Cf. WHO: [Programme Mental Health and Substance Abuse](#).

2021 team, and the Chairs of the WHO specifically, reaffirm that delegates may leave the debate to assure their safety when necessary.

Concerning the discussion of communicable diseases, MainMUN 2021 dedicated Topic II to *Establishing Research and Safety Standards in the Development of Affordable, Life-Saving Vaccinations*. Recalling the immunization coverage and vaccination availability in the fight against Diphtheria, Pertussis, and Tetanus through the distribution of DPT vaccines to 86% of infants worldwide, WHO provides an example of the successful implementation of vaccination programmes.<sup>4</sup> In the light of recent developments such as the outbreak of the Coronavirus disease (COVID-19) pandemic, WHO's second topic allows delegates to build on the committee's past vaccination success stories while establishing guidelines for future actions.

## **2. Topic I: Mental Health in Youth**

### **2 Topic Description**

With depression as one of the leading causes of disability, suicide as the second leading cause of death among 15-29-year-olds, and persons with severe mental health conditions being prone to die prematurely<sup>5</sup>, WHO added *Mental Health and Substance Abuse* to their list of major NCDs in 2018.<sup>6</sup> With various forms, conditions, and symptoms associated with mental health, the stigma surrounding the varieties of noncommunicable diseases in question makes the discussion all the more important.

Following the definition of health as stated in the WHO Constitution, including “mental and social well-being”<sup>7</sup>, the organisation acknowledges its role in the establishment and assurance of assistance for those with mental health problems, introducing Mental Health as one of the sustainable development goals, and launching a special initiative for mental health (2019-2023) which is focused on universal health coverage for mental health.<sup>8</sup> While these projects certainly tribute to the conversation and prioritisation of mental health, the special initiative is only focusing

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<sup>4</sup> Cf. WHO: [Programme Vaccine-Preventable Diseases](#).

<sup>5</sup> Cf. WHO: [Mental health](#).

<sup>6</sup> Cf. WHO: [Programme Mental Health and Substance Abuse](#).

<sup>7</sup> WHO (2006): [Constitution of the World Health Organization](#), p.1.

<sup>8</sup> Cf. WHO: [Mental health](#).

on twelve priority countries to ensure access to quality and affordable care for mental health to 100 million people. However, the global community cannot declare debate on mental health as sufficient when the majority of nations are not included in these strategies. As a result, this year's committee hopes to encourage the Representatives of all member states to positively contribute to the heightened awareness for mental health issues and mental health stigmatisation in all areas of life. Furthermore, the World Health Organization aspires to draw attention to the 10-20% of children and adolescents experiencing mental disorders globally.<sup>9</sup>

Finally, acknowledging the sensitivity of this topic, the committee wishes to remind their delegates of the importance of diplomatic courtesy and appropriate speech, further requesting each delegate to monitor their mental health, leaving debate when necessary to assure their well-being throughout the conference.

## **2.1 Mental Health and Youth**

In accordance with the WHO Regional Office for Europe, mental health is to be understood as “a state of wellbeing, in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”; consequently, mental disorders are defined to “represent disturbances to a person’s mental health that are often characterised by some combination of troubled thoughts, emotions, behaviour and relationships with others”<sup>10</sup>.

For the duration of the MainMUN 2021 conference, the term youth is understood as one covering the age span between 10-29 years of age. This definition is based on the WHO data on adolescent health, defining adolescence as a “phase of life between childhood and adulthood, from ages 10 to 19”<sup>11</sup> combined with the mental health information provided by the World Health Organization, grouping 15-29-year-olds.<sup>12</sup> With 50% of all mental illnesses beginning by the age of 14 and 75% by the mid-20s, mental health conditions are considered the leading cause of disability among young people in all regions.<sup>13</sup> Whereas many mental health conditions can be efficiently treated at

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<sup>9</sup> Cf. WHO: [Adolescents and mental health](#).

<sup>10</sup> WHO: [Mental health – Fact sheet](#).

<sup>11</sup> WHO: [Adolescent health](#).

<sup>12</sup> Cf. WHO: [Mental health](#).

<sup>13</sup> Cf. WHO: [Adolescent health](#).

low costs, explaining the low percentage of 0.74% of the overall WHO budget directed at this programme area,<sup>14</sup> many of those who need assistance do not receive sufficient care and support. As a result, many adolescents experience the severe influence untreated mental health conditions can have on their overall development and well-being, concerning academic performance as well as the potential for living a fulfilling and productive life.<sup>15</sup> Making matters worse, youth with mental disorders are not only constantly battling their diseases but “face major challenges with stigma, isolation, and discrimination, as well as lack of access to health care and education facilities, in violation of their fundamental human rights.”<sup>16</sup>

Finally, mental health disorders do not only influence adolescents’ mental and social well-being but are being associated with other health and social outcomes, including but not limited to premature death<sup>17</sup>, substance abuse, adolescent pregnancies, and school dropout.<sup>18</sup> Thankfully, “there is growing consensus that healthy development during childhood and adolescence contributes to good mental health and can prevent mental health problems.”<sup>19</sup>

## **2.2 Mental Health Resources**

### **2.2.1 Worldwide Resources**

While many WHO member states have already implemented policies, systems, and services to strengthen mental health efforts regionally, several of those still require assistance in the implementation of these regulations. Therefore, the WHO has proposed a Special Initiative for Mental Health, aiming to contribute to an increased global awareness for mental health through a country-by-country approach. Rather than implementing short-term mental health initiatives with limited long-term effects, the World Health Organization has concluded that a five-year support programme for designated countries can have a larger impact on the global community. As a result, the WHO can address the deficits and priorities of each member state, allowing for a tailored approach to mental health conditions.<sup>20</sup>

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<sup>14</sup> Cf. WHO: [Financial Flow](#).

<sup>15</sup> Cf. WHO: [Adolescent health](#).

<sup>16</sup> *ibid.*

<sup>17</sup> Cf. WHO: [Mental health](#).

<sup>18</sup> Cf. WHO: [Adolescent health](#).

<sup>19</sup> *ibid.*

<sup>20</sup> Cf. WHO: [The WHO Special Initiative for Mental Health \(2019-2023\)](#), p.3.

The overall resources for inpatient and residential care and mental health services include mental hospitals, psychiatric wards in general hospitals, and community-based residential care facilities. Nevertheless, it is to be noted, that there are vast differences in the numbers and availability of these services in the six different WHO regions. An example of this is the comparison of total adult inpatient care indicators by WHO region, providing that the European and West Pacific Regions can provide 0.7 facilities (mental hospital, forensic inpatient units, psychiatric wards, and community residential facilities) per median rate of 100,000 population, where the Americas can provide 0.5 and the remaining regions can only make 0.1 facilities available.<sup>21</sup> Whereas the graphs imply a focus on adult patients, Child and adolescent beds make up 1.5% of the mental health beds per 100,000 population in the European Region. Considering the overall availability of mental health facilities in different WHO regions it is to no surprise that “children and adolescent [...] beds are very rare types of beds particularly in low and lower-middle income countries.”<sup>22</sup>

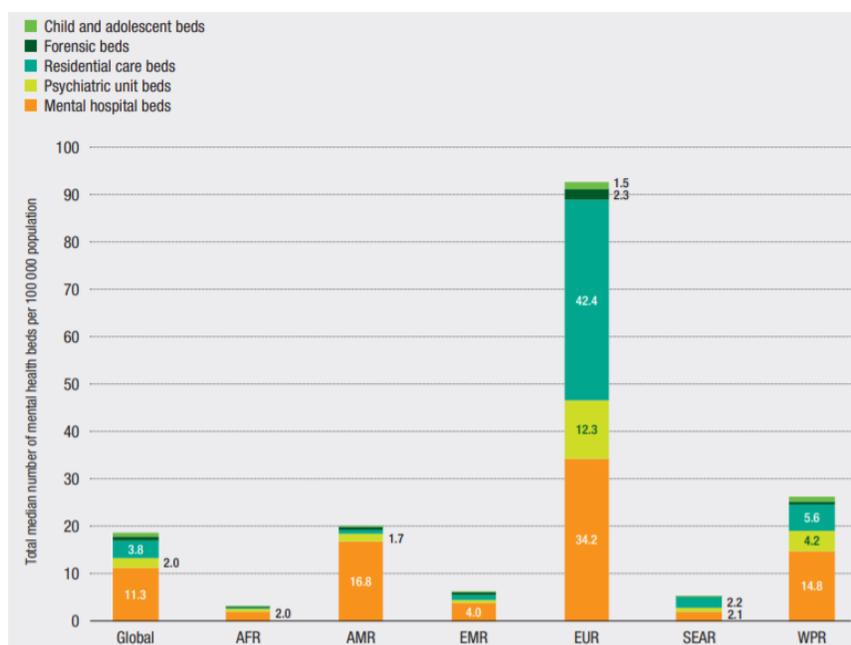


Figure 1 Total median number of mental health beds per 100 000 population, by WHO region<sup>23</sup>

Whereas the different types of inpatient care facilities seem to be a rather European and West Pacific phenomenon, the data from the Mental Health Atlas implies that there is considerably higher availability of outpatient care facilities across all regions but the African Region.<sup>24</sup>

<sup>21</sup> Cf. WHO: [Mental Health Atlas 2017](#), p.36 et seqq.

<sup>22</sup> Ibid, p.40.

<sup>23</sup> Ibid.

<sup>24</sup> Cf. *ibid*, p.42.

### 2.2.2 Resources designated for Youth and Youth Workers

As suicide ranks as the second leading cause of death among youth, it comes as no surprise that the World Health Organization offers flyers, short movies, and other resources specifically designated to youth and those who work with them, including youth workers or teaching staff. Consequently, the WHO has published a series on suicide prevention, including WHO/MBH/00.3, titled *Preventing Suicide – A Resource for Teacher and other School Staff*<sup>25</sup>. Whereas the guide offers guidance on the assessment of risk factors and risk situations, how to identify potentially suicidal students, and provides recommendations to educational staff, this resource is only available in selected languages.

However, the World Health Organization does work in coordination and cooperation with regional offices and Non-Governmental Organisations that can provide resources for educational facilities in their area. One example of such an organisation is Australia-based Oryge which is recognising schools as settings for mental health support systems and has drafted a university mental health framework.<sup>26</sup>

### 2.2.3 Digital Resources: eHealth

Amid the SARS-CoV-2 pandemic, critical mental health services were disrupted or suspended in 93% of all countries worldwide while the demand for mental health services had increased. A representative survey of 130 countries has provided data on the negative impact the pandemic has had and still has on global mental health.<sup>27</sup> Taking into consideration the results of the survey, Dr. Tedros Adhanom Ghebreyesus has stated that “as we continue to live through a global pandemic, we need movement on mental health, perhaps more than we have ever needed it before.”<sup>28</sup> With this statement, the Director-General of the WHO has not only reaffirmed the importance of mental health care but further called for increased financial investments in global mental health programmes.

Whereas the pandemic has limited access to personal consultations with mental health experts, it has also heightened awareness for and availability of digital mental health resources. Nevertheless,

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<sup>25</sup> Cf. WHO: [Preventing Suicide – A Resource for Teacher and other School Staff](#).

<sup>26</sup> Cf. Orygen: [Resources](#).

<sup>27</sup> Cf. WHO: [COVID-19 disrupting mental health services in most countries, WHO survey](#).

<sup>28</sup> Cf. WHO: [Global challenge for movement on mental health kicks off as lack of investment in mental health leaves millions without access to services](#).

this approach is not a new one as the WHO Symposium on the Future of Digital Health Systems in the European Region had already discussed the digitalisation of mental health resources in February 2019. The Symposium’s reflections from the discussion on the topic suggest that collaborative care and treatment through videoconferencing could reduce severe or very severe symptoms of depression in adults.<sup>29</sup> However, the approach to video-based or web-based resources has not only been recognised by the World Health Organization’s regional offices but also by NGOs alike. One Non-Governmental Organisation that is sharing videos to “connect and learn from someone who has already been through the challenge you are facing today”<sup>30</sup> is Oslo-based The Human Aspect.

### **2.3 Resolutions, Initiatives, and Strategies**

In recent years, the WHO has implemented several Mental Health strategies including the Special Initiative for Mental Health (2019-2023) as well as the Mental Health Action Plan (2013-2020) and WHO MIND - Mental Health in Development. These policies and strategies do not only state action plans for specific WHO regions but can also contribute to the discussion by providing relevant international human rights instruments to the rights of people with mental disabilities including the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR) as well as other UN and regional treaties.<sup>31</sup>

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<sup>29</sup> Cf. WHO (2019): [Report on the WHO Symposium on the Future of Digital Health Systems in the European Region](#), p. 80 et seq.

<sup>30</sup> [The Human Aspect](#).

<sup>31</sup> Cf. WHO: [International human rights instruments relevant to the rights of people with mental disabilities](#).

## 2.4 Key Issues in Mental Health in Youth

### Funding:

- Whereas mental health diseases could be treated with limited monetary resources, only 0.74% of the overall WHO budget goes toward the mental health sector.

### Stigmatisation:

- Limited availability to mental health facilities resulting in a lack of understanding for and stigmatisation of mental health disorders in youth.

### Social Media:

Research on the impact of Social Media on youth's self-view, interpersonal relationships, and mental health offers ambivalent results.

- One survey among 54 adolescents aged 11 through 18 years suggests that social media is commonly perceived as a threat to mental health in youth. This threat to mental health and well-being was mainly based on the participants' perception of social media as a cause of anxiety disorders, a platform for cyberbullying, while the usage of social media was repeatedly described as "a kind of addiction."<sup>32</sup>
- A second study on the impact of social media on mental health in youth suggests that there are challenges and opportunities as previous studies had provided mixed findings, "with many revealing a small but significant negative effect of social media use on mental health."<sup>33</sup>
- Other studies have outlined the use of advocacy strategies in Social Media and the ways these strategies can promote the importance of social media and contribute to the destigmatisation of discussion about mental health disorders.<sup>34</sup>

## 2.5 Actions and Reports

### 2.5.1. WHO Actions and Reports

- WHO. [Mental Health](#).
- WHO (2020): [Guidelines on mental health promotive and preventive interventions for adolescents](#).
- WHO. [WHO and UNICEF recommit to accelerating health and well-being at all ages](#). 18 September 2020.
- WHO. [New WHO guidelines on promoting mental health among adolescents](#). 28 September 2020.

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<sup>32</sup> Michelle O'Reilly et al. (2018): [Is social media bad for mental health and wellbeing? Exploring the perspective of adolescents](#).

<sup>33</sup> Jacqueline Nesi (2020): [The Impact of Social Media on Youth Mental Health – Challenges and Opportunities](#).

<sup>34</sup> Cf. Sarah Smith-Frigerio (2020): [Grassroots Mental Health Groups' Use of Advocacy Strategies in Social Media Messaging](#).

- WHO (2019). [The WHO Special Initiative for Mental Health \(2019-2023\): Universal Health Coverage for Mental Health](#).
- WHO (2017). [Mental Health Atlas](#).

### 2.5.2 United Nations Actions and Reports

- Human Rights Council: [Promotion and Protection of all Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development](#). A/HRC/36/L.25. 26 September 2017.
- Human Rights Council: [Resolution 32/18. Mental health and human rights](#). 18 July 2016.

## 2.6 Areas That Need Further Attention

### Implementing Mental Health Policies:

- While some member states have implemented mental health policies and actions throughout the last decades, others are still in the process of drafting regulations.
  - These statements, policies, and action plans may include financing, coordination, legislation, and organisation of services, promotion, prevention, treatment, rehabilitation, and many more.<sup>35</sup>

### Accessibility:

- With 10-20% of children and adolescents globally experiencing mental disorders, there is limited to no access to mental health facilities open to and specialised in mental health in youth.
- Specialised facilities and their services are temporarily suspended due to the SARS-CoV-2 outbreak.

### Social Media:

- As children and young adults have been submerged in a digital world pre-COVID-19 pandemic, remote learning, and the requirement to work from a home office has forced many to spend even more time in digital realities.

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<sup>35</sup> Cf. WHO: [WHO's work in supporting countries to develop human-right oriented mental health policies and plans](#).

### **3. Topic II: Establishing Research and Safety Standards in the Development of Affordable, Life-Saving Vaccinations**

The race against COVID 19 has shown the impact funding and human trial has on the successful development of safe vaccinations. Recognizing that the global mismatch between the supply, need, and demand for health workers is particularly acute, especially in low-and middle-income countries, we welcome resolutions that can be used as guidelines for global cooperation. In 2006 the WHO launched in joint effort with UNICEF the Global Immunization Vision and Strategy (GIVS) in order to promote safe vaccination and help countries “to immunize more people”.<sup>36</sup> Furthermore, the Fifty-Eight World Health Assembly (WHA) adopted the Global immunization strategy emphasizing the importance of “systematic planning” and “long-term financial commitment”<sup>37</sup>(WHA58.15). Recalling the Constitution of the World Health Organization, we reaffirm, that “governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.” Having seen “unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, [as] a common danger”, we support resolutions that can provide a protocol for the development of vaccinations, keeping in mind Article 3 of the Universal Declaration of Human Rights: “Everyone has the right to life, liberty and the security of person”, as well as the latest efforts to push for a multilateral vaccination effort, connected to the COVID-19 outbreak.

#### **3.1 Vaccines and Immunization**

A vaccination is one of the most effective ways to protect people from harmful diseases such as mumps, measles or cervix cancer. It is administered before people get in contact with the disease and “uses your body’s natural defenses to build resistance to specific infections and makes your immune system stronger.”<sup>38</sup> Therefore, the vaccines teach the body to create antibodies just as it would naturally do when exposed to a disease.<sup>39</sup> In order to promote immunization and vaccines the sixty-fifth World Health Assembly adopted a resolution to further emphasise the importance

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<sup>36</sup> WHO: [Immunization, Vaccines and Biologicals](#).

<sup>37</sup> WHA: [WHA58.15 Global immunization strategy](#).

<sup>38</sup> WHO (2020): [Vaccines and immunization – What is a vaccination?](#).

<sup>39</sup> Cf. WHO (2020): [How do vaccines work?](#).

of vaccination<sup>40</sup>. Recognizing the report of the Global Vaccine Action Plan, the WHA underlines “the importance of immunization as one of the most cost-effective interventions in public health”<sup>41</sup> (WHA65.17).

Most vaccines are given via injection but there are also cases where a vaccination can be administered orally or sprayed into the nose. The vaccine itself contains, in most cases, killed or weakened forms of germs from viruses or bacteria. The body reacts to those germs and starts to build antibodies. Those antibodies are proteins which are produced naturally by the immune system to battle diseases. After producing the antibodies, the immune system remembers how to fight the disease. As a result, the body is able to defend itself if it is exposed to the illness in the future and prevents the person from becoming ill.<sup>42</sup>

“Once exposed to one or more doses of a vaccine, [...] we typically remain protected against a disease for years, decades or even a lifetime. This is what makes vaccines so effective. Rather than treating a disease after it occurs, vaccines prevent us in the first instance from getting sick.”<sup>43</sup>

### **3.2 Vaccination Programmes**

With the help of vaccines researchers were able to fight the spread of different diseases. A good example where vaccination helped to stop the spread and almost eradicated the disease is polio. Especially in the 1900s polio was a dangerous disease which was responsible for paralyzing hundreds of thousands of people every year.<sup>44</sup> Through a joint effort scientist were able to create an effective vaccination against the disease in the 1950s.<sup>45</sup> Nevertheless, not all parts of the world were able to establish a broad vaccination campaign due to money or political reasons. Therefore, a worldwide effort commenced in the 1980s to eradicate the disease throughout the world.<sup>46</sup> Big vaccinations campaigns were organised, and routine immunization visits established to direct the world's attention to the disease. By August 2020 the African continent was declared poliovirus

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<sup>40</sup> Cf. WHA: [World Health Assembly Resolution WHA 65.17](#).

<sup>41</sup> *ibid.*

<sup>42</sup> Cf. WHO (2020): [Vaccines and immunization - Vaccine safety](#).

<sup>43</sup> WHO (2020): [Vaccines and immunization - What is vaccination?](#).

<sup>44</sup> Cf. WHO (2020): [How do vaccines work?](#).

<sup>45</sup> Cf. *ibid.*

<sup>46</sup> Cf. WHO: [Poliomyelitis \(polio\)](#).

free joining almost every part of the world.<sup>47</sup> Only the countries of Pakistan and Afghanistan are yet to be freed from polio.<sup>48</sup>

The fight against polio is a great example on how vaccines can save millions of lives around the world. Furthermore, the joint effort of researchers and countries to eradicate the disease are a good example of what extraordinary things we can achieve together.

Today, one of the most important roadmaps for vaccination and immunization is the Global Vaccine Action Plan (GVAP) 2011-2020. Endorsed by the 194 member states, the GVAP emphasises the importance of “more equitable access to vaccines for people in all communities”<sup>49</sup> and the “spur research and development for the next generation of vaccines and technologies.”<sup>50</sup> Furthermore, the WHO established recommendations for routine immunization. Those contain the endorsed vaccines for children and adults. They can be found on the official page of the WHO.<sup>51</sup>

As we have seen in 2020, we need to upgrade our readiness. We are struggling with a newly discovered virus which keeps the world in suspense: the coronavirus. Only a few times before, a disease was able to affect the whole world and cause a pandemic.<sup>52</sup> Therefore, it is the highest priority for researchers around the world to develop a safe and functioning vaccine. Normally it takes years or even decades to develop a vaccination.<sup>53</sup> Yet, only a year after the discovery of the virus researchers were able to develop more than 50 possible candidates to fight the COVID-19 pandemic.<sup>54</sup> Thanks to funding, global attention and collaboration across the world researchers were able to develop vaccines from which some have already been approved.<sup>55</sup> Nevertheless, it is still a long way to end the pandemic.

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<sup>47</sup> Cf. WHO (2020): [How do vaccines work?](#).

<sup>48</sup> Cf. WHO: [Poliomyelitis \(polio\)](#).

<sup>49</sup> WHO (2012): [Immunization, Vaccines and Biologicals – World Health Assembly endorsed the Global Vaccine Action Plan and World Immunization Week](#).

<sup>50</sup> WHO: [Immunization, Vaccines and Biologicals – Global vaccine action plan 2011-2020](#).

<sup>51</sup> Cf. WHO: [Immunization, Vaccines and Biologicals – WHO recommendations for routine immunization summary tables](#).

<sup>52</sup> Cf. WHO: [Past pandemics](#).

<sup>53</sup> Cf. World Economic Froum (2020): [5 charts that tell the story of vaccines today](#).

<sup>54</sup> Cf. WHO: [COVID-19 vaccines](#).

<sup>55</sup> Cf. EMA (2020): [EMA recommends first COVID-19 vaccine for authorisation in the EU](#).

### 3.3 Funding of Vaccination Research and Development

The development of vaccinations depends on different factors. One important aspect is the funding. In order to develop vaccines research facilities, need monetary assets. They receive funding amongst others from NGOs and the private sector. The WHO uses 8.92% of its budget for vaccine-preventable diseases. Furthermore, they use 26,51% of the budget for the polio eradication.<sup>56</sup> That includes the development and production of vaccines. Furthermore, as it is of global interest to develop vaccinations the global community must contribute to the funding. At the Seventy-First World Health Assembly a report by the Director-General stated that “despite significant investment [...] it is estimated that only 60 regulatory authorities in all WHO regions have well-functioning and integrated regulatory systems”<sup>57</sup> (A71/12). In order to improve the funding and research development, the GVAP promotes innovation measures and sets funding goals.<sup>58</sup> On a global scale there are different actors who invest in research and development of vaccines. One of the biggest supporters is the Bill & Melinda Gates Foundation. A declared goal of their foundation is to increase and better the development of life-saving vaccinations.<sup>59</sup> “We invest in expertise and platform technologies that help us make vaccines faster, better, and cheaper. We also invest in education and training to ensure that knowledge around vaccine development and manufacturing is created, shared, and retained.”<sup>60</sup> In addition, they promote the idea of readiness for new diseases and equal distribution around the world. Therefore, one of their areas of focus is the Epidemic Preparedness domain.<sup>61</sup> Another vital player for the funding and development of vaccinations is Gavi, The Vaccine Alliance. They support a variety of vaccine development including measles, meningitis and yellow fever.<sup>62</sup> In order to do so, they publish reports and policies like the “Evaluation of the GAVI Alliance Co-financing Policy” in 2014.<sup>63</sup> Other important contributors are UNICEF, The World Bank, individual countries and the private sector.

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<sup>56</sup> Cf. WHO: [Funding by contributor](#).

<sup>57</sup> WHO (2018): [Addressing the global shortage of, and access to, medicines and vaccines](#).

<sup>58</sup> Cf. WHO (2013): [Global Vaccine Action Plan 2011-2020](#).

<sup>59</sup> Cf. Bill and Melinda Gates Foundation: [Vaccine Development and Surveillance – Strategy Overview](#).

<sup>60</sup> *ibid.*

<sup>61</sup> Cf. *ibid.*

<sup>62</sup> Cf. GAVI: [Vaccine support](#).

<sup>63</sup> Cf. GAVI (2014): [Evaluation of GAVI Alliance Co-financing Policy](#).

On a national scale the individual health system within the country is responsible for covering the costs of vaccinations. In Germany for example the different medical insurances cover the costs for vaccinations. After a health care reform in 2007, the health insurances were obligated to assume the costs for certain vaccinations.<sup>64</sup>

### 3.4 Research and Safety Standards in the Development of Vaccinations

The development of vaccines needs a huge effort from the development to its approval. Normally such a process takes several years but as we have seen in 2020 the time between development and approval of a vaccination can be speeded up if there is enough funding and attention.<sup>65</sup> Nevertheless, a vaccination cannot lack safety standards and must follow certain protocols. To improve those safety standards the WHO releases a Technical Reports Series. In 1995 the WHO released a policy called “Regulation and licensing of biological products in countries with newly developing regulatory authorities”<sup>66</sup> which aims to improve the regulation process in developing countries. Furthermore, in 2004, the WHO released the “Guidelines on clinical evaluation of vaccines: regulatory expectations”<sup>67</sup> (WHO/BS/2016.2287) which aim to guide the national regulatory authorities.

During the development a possible vaccination candidate must pass through different phases. After researchers developed a promising vaccine it underwent multiple tests in a laboratory. “This includes careful examination and testing of the vaccine and its ingredients. These tests evaluate the safety of the vaccine, and how well it prevents a disease.”<sup>68</sup> If the candidate proves to be promising the manufacturer can continue with clinical trials. Those trials are bound to strict regulations and are realized with thousands of volunteers across the globe. The clinical trials are divided into three different phases.

In phase one only small groups around 20-25 people receive the vaccine. “This phase will assess the safety, side effects, appropriate dosage, method of administration and composition of the

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<sup>64</sup> Cf. Robert Koch Institut (2019): [Übernahme von Kosten für Schutzimpfungen](#).

<sup>65</sup> Cf. World Economic Forum (2020): [5 charts that tell the story of vaccines today](#).

<sup>66</sup> WHO (1995): [WHO Technical Report Series, No. 858 – Annex 1](#).

<sup>67</sup> WHO (2016): [Guidelines on clinical evaluation of vaccines: regulatory expectations](#).

<sup>68</sup> WHO (2020): [Vaccines and immunization - Vaccine safety](#).

vaccine.”<sup>69</sup> If the tests in the first phase are successful, the candidate proceeds to the second phase. At this stage, the vaccine is usually given to several hundred people. “This group will have the same characteristics (e.g. age, sex) as the people for whom the vaccine is intended to be given.”<sup>70</sup> In phase three the vaccine is given to thousands of people to ensure its effect on broader use. Thereby, one part of the participants receives a placebo while the others receive the vaccination candidate.<sup>71</sup> This is done to compare the effectiveness of the vaccine compared to non-vaccinated. After a successful third phase the results of the studies are given to the individual regulators. In Europe for instance the European Medicines Agency (EMA) is responsible for the approval. This means that every country itself must approve the vaccination. Afterwards, they are responsible to buy and distribute the vaccines.

Nevertheless, there are certain conditions that possible vaccination candidates must present in order to be approved. The Global Advisory Committee on Vaccinations Safety (GACVS) is an independent coalition which functions as a council to the WHO and organizations that approve vaccinations and establish research and safety standards. The committee consists of fourteen members who are “[...] acknowledged experts from around the world in the fields of epidemiology, statistics, paediatrics, internal medicine, pharmacology and toxicology, infectious diseases, public health, immunology and autoimmunity, drug regulation and safety.”<sup>72</sup> Their function is to provide scientific and independent advice to the WHO, governments and NGO’s “[...] on vaccine safety issues of global or regional concern with the potential to affect in the short or long term national immunization programmes.”<sup>73</sup> After receiving all the information and advice on a subject the WHO formulates and identifies general parameters on a consensus and communicates them to the national authorities and developers.<sup>74</sup>

“Through this mechanism, national regulatory authorities are informed on the scientific background needed to assess critical issues, and are advised on which regulatory approaches and methodologies have been found to be optimal for insuring the global supply of uniformly high,

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<sup>69</sup> WHO (2020): [Vaccines and immunization - Vaccine safety](#).

<sup>70</sup> *ibid.*

<sup>71</sup> Johnson and Johnson (2020): [The 5 Stages of COVID-19 Vaccine Development - What You Need to Know About How a Clinical Trial Works](#).

<sup>72</sup> WHO: [The Global Advisory Committee on Vaccine Safety](#).

<sup>73</sup> *ibid.*

<sup>74</sup> Cf. WHO: [Regulation and Prequalification – Vaccine regulation](#).

quality, and efficacious biological medicinal products.”<sup>75</sup> To further improve vaccination safety, the WHO developed, with the financial help of the Bill & Melinda Gates foundation, the “Global vaccine safety blueprint”.<sup>76</sup> This document contains strategies to strengthen vaccine safety, to develop “internationally harmonized tools and methods to support country vaccine safety activities” and to provide “expert advice on vaccine safety issues”.<sup>77</sup>

### **3.6 Key Issues in the Development and Distribution of Vaccinations**

#### **Data Deficiencies and Communication:**

- Data deficiencies at the national and local level resulting in a lack of information concerning the location and extent of vaccination and immunization gaps.<sup>78</sup>
- Deficiencies in the communication between health professionals and citizens.

#### **Affordability:**

- Missing funding to allow accessibility to vaccinations for most-at-risk citizens.

#### **Stability:**

- Lack of funding, organizational structure or program to assure the continuity of vaccination efforts in an unpredictable global health crisis.

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<sup>75</sup> *ibid.*

<sup>76</sup> WHO (2012): [Global vaccine safety blueprint](#).

<sup>77</sup> *ibid.*

<sup>78</sup> Cf. Dr. Margaret Chan, et al.(2017): [Reaching Everyone, Everywhere With Life-Saving Vaccines](#).

## 3.7 Actions/Reports on the Issue

### 3.7.1 WHO and UN Actions and Reports

- [Universal Declaration of Human Rights](#) (1948).
- The World Health Organization (1986). [The Ottawa Charter for Health Promotion](#). 21 November 1986.
- WHO. [International Clinical Trials Registry Platform](#) (ICTRP)
- WHO. [WHO Drug Information](#)
- WHO. [Health Technology Assessment](#).
- WHO. [Immunization Standards](#).
- WHO. [Immunization, Vaccines and Biologicals](#).
  - WHO (2017). [From Vaccine Development to Policy: A Brief Review of WHO Vaccine-Related Activities and Advisory Processes](#). 6 June 2017.
- WHO. [Global Vaccine Safety](#).
  - WHO (2013). [Global Vaccine Action Plan 2011-2020](#).
- WHO. [Map Gallery: Immunization, Vaccines and Biologicals](#).

### 3.7.2 NGO Actions and Reports

- Bill & Melinda Gates Foundation. [Vaccine Development and Surveillance - Strategy Overview](#).

## 3.8 Point of Discussion

### Data Deficiencies and Communication:

- Improved and innovative alternatives to the traditional vaccination certificate to assist in the closing of the data gap, offering alternatives to private web-based vaccination cards such as Vivy GmbH.
- Improving communication between health professionals and citizens to establish a continuous information flow regarding vaccination updates.

### Affordability:

- Creating funds to increase affordability of vaccination to most-at-risk citizens.
- As poorer countries do not have the same capacity as wealthy states could we establish a mechanism to ensure the equality of distribution?

**Stability:**

- Establishment of funding, organizational structure or program to assure the continuity of vaccination efforts in the fight against vaccine-preventable diseases amid an unpredictable global health crisis.<sup>79</sup>

**Safety:**

- As we have seen in 2020 the development of vaccines can go much faster than in the past. The question is if we can develop a vaccine in such a short period and still adhere to the safety protocols?

## 4. Advice for Delegates

As an easy source of regular updates, we highly recommend subscribing to the official WHO newsletters. For continuous updates from your beloved committee please find the link [here](#). Now that you are receiving any crucial news updates, we strongly encourage you to review NGOs you may cooperate with to achieve our goals.

Finally, we would like to remind you to use trustworthy sources such as WHO, UN, or NGO data were available as well as scholarly articles or well-researched articles in other reputable magazines. For this you may find the following resources to be helpful:

### 4.1 Topic I: Mental Health in Youth

#### NGOs

Find a list of Non-Governmental Organisations targeting mental health by researching the webpage of the [Mental Health Innovation Network](#) (MHIN). Through the MHIN search engine, delegates can easily filter for organisations that are active in their region.

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<sup>79</sup> Cf. WHO (2020): [Protecting Lifesaving Immunization Services During COVID-19: New Guidance From WHO](#).

Nevertheless, the following list may provide several NGOs who specialise in Mental Health in Youth:

- [No Limit Generation](#)
  - **Region(s):** Africa, Middle East, North America, Central America and the Caribbean, South America, Asia, Europe, Oceania
  - **Target audience:** families and carers who are being trained to become effective role models for children.
- [Teenmentalhealth.org](#)
  - **Region(s):** Africa, North America, Central America and the Caribbean, South America, Asia, Europe
  - **Target audience:** confidants and caregivers of teenagers experiencing mental health disorders.
- [CitiesRISE](#)
  - **Region(s):** Africa, Middle East, North America, South America, Asia, Europe
  - **Target audience:** youth and adults willing to help empower their communities.
- [Playing to Live!](#)
  - **Region(s):** Africa, Middle East, North America, Europe
  - **Target audience:** Communities with limited access to mental health professionals.

### **WHO Reports and Statistics**

Whereas the World Health Organization aims to establish and standardise the highest levels of health care and coverage across the globe, the organisation also provides data for individual countries. This data can be used by delegates to research their country's position on a topic as well as previous actions their state has taken:

- WHO Programme Mental Health and Substance Abuse: [Country Success Stories](#).
- WHO: [Universal Health Coverage for Mental Health](#).
- WHO. [Mental Health Atlas - 2017 country profiles](#).

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**Michelle O'Reilly et al. (2018):** [Is social media bad for mental health and wellbeing? Exploring the perspective of adolescents](#). *Clinical Child Psychology and Psychiatry* (4): 601-613. Web. (last accessed: 11.01.2021)

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## 6. Annex

### Summary of Basic Committee Data

WHO Constitution	7 April 1948
Official Abbreviation	WHO
Headquarters	Geneva, Switzerland
Director-General	Dr. Tedros Adhanom Ghebreyesus <sup>80</sup>
Structure of WHO	<a href="#">Structure of WHO</a>
Official Languages <sup>81</sup>	<ul style="list-style-type: none"> <li>● Arabic</li> <li>● Chinese</li> <li>● English</li> <li>● French</li> <li>● Russian</li> <li>● Spanish</li> </ul>
Regions	<ul style="list-style-type: none"> <li>● Africa</li> <li>● Americas</li> <li>● South-East Asia</li> <li>● Europe</li> <li>● Eastern Mediterranean</li> <li>● Western Pacific</li> </ul>
Members	<p>194 Member States<sup>82</sup></p> <ul style="list-style-type: none"> <li>● African Region: 47</li> <li>● Eastern Mediterranean Region: 21</li> <li>● European Region: 53</li> <li>● Region of the Americas: 35</li> <li>● South-East Asia Region: 11</li> <li>● Western Pacific Region: 27</li> </ul>

<sup>80</sup> Cf. WHO: [WHO Director-General](#).

<sup>81</sup> Cf. WHO: [Multilingualism and WHO](#).

<sup>82</sup> Cf. WHO: [Countries](#).