**ISSUE:** SPECIAL CONFERENCE 2

**QUESTION OF:** Measures taken to ensure the fair distribution of the Covid-19 vaccine.

**MAIN SUBMITTER:** United States of America

**Co-submitters:** Russian Federation, Chile, Argentina, Canada, Nigeria, Tajikistan, Republic of Korea

THE SPECIAL CONFERENCE,

*Guided by* the Secretary-General, António Guterres’ quote saying “It is totally unacceptable to live in the world, in which developed countries can vaccinate most of its population, while many developing countries do noy have not access to one single dose”,

*Referring* to Article 25 of the Universal Declaration of Human Rights, which states, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care”,

*Alarmed by* statistics that show 82% of the 832 million administered vaccine doses have gone to upper-middle or high-income countries instead of low-income countries,

*Noting with deep concern* that 1 in 4 people have been vaccinated in More Economically Developed Countries (MEDCs) while only 1 in 500 people have been vaccinated in Less Economically Developed Countries (LEDCs),

*Expressing its appreciation* of COVAX, an organization co-led by the World Health Organization (WHO) with the goal of achieving fair and safe access to the Covid-19 vaccine,

*Deeply disturbed* by the propagation of fake news regarding the Covid-19 vaccine,

*Having heard* Boris Johnson’s statement calling Member States to, “ensure that we distribute vaccines at cost around the world - make sure everybody gets the vaccines that they need so that the whole world can come through this pandemic together”,

*Confident* that there is a solution to the issue of fair distribution of the Covid-19 vaccine

*Recognizing* Russia’scontinual effort in sharing and donating vaccines to LEDCs,

*Understanding* the necessity of a boost/extra dose in some situations to limit and restrict the spread and severity of Covid-19,

*Seeing* the points brought upinThe Lancet’s [“Sputnik V Covid-19 Vaccine Candidate Appears Safe and Effective”](https://www.thelancet.com/article/S0140-6736%2821%2900191-4/fulltext) and that of the one brought up in the diagram from New York Times in the Research Report for this topic.

1. Calls upon all Member States to adopt a plan similar to the Biden-Harris Administration’s Allocation Plan, consisting of:
	1. Donating excess vaccines to the world, specifically intended for:
		1. Low Income Countries (LICs) and LEDCs,
		2. Countries whose vaccination status is either under 40% for population who received at least one dose or under 50% for population who is fully vaccinated,
	2. Working with local manufacturers to boost the production of vaccines for the rest of the world,
	3. Paying partially or fully for vaccines,
	4. Assisting countries in their capacity to produce vaccines, with hopes to:
		1. Boost the economy of LICs and LEDCs,
		2. Give LICs and LEDCs the opportunity to gain more independence from MEDCs;
2. Recommends Member States to collaborate with COVAX in order to ensure:
	1. Covid-19 doses for 20% of LICs’ populations by 2022,
	2. Support for the economies of LICs and LEDCs;
3. Emphasizes the importance of collaboration between Member States in this global crisis,
4. Encourages Member States to strengthen their healthcare systems in order to ensure the equitable access to a Covid-19 vaccine, through measures such as:
	1. Creating a focused plan of national health priorities,
	2. Developing national vaccination programs focused on creating flock immunity to combat the spread of Covid-19, and better understand the number of vaccines needed so nations purchase/produce the correct amount of vaccines in order to ensure nations do not:
		1. Waste excess vaccines,
		2. Exploit their economic power,
		3. Restrict other nations from access to vaccines;
	3. Implementing a small buffer of up to 5% of the total number of available doses to act as a backstop mechanism and serve as a last resort for, if or when, national, government-led processes fail to reach certain populations;
5. Deplores all Member States to collaborate and implement a Global Demand for Covid-19 Vaccine Plan, with the final goal of:
	1. Setting a percentage vaccination where Member States will be obliged to share excess vaccines with LEDCs and LICs,
	2. Pairing Member States with higher percentages of vaccination with countries with lower percentages of vaccination to ensure equitable access to the Covid-19 vaccine,
6. Further reminds Member States of the importance of battling misinformation regarding the Covid-19 vaccine, for example through implementing a Global Misinformation Plan consisting of:
	1. A guide based on the Misinformation Management Guide (created by UNICEF, First Draft, Yale Institute for Global Health, and PGP) to help counter vaccine misinformation,
	2. A data collection plan tracking news channels that post false information about the Covid-19 vaccine,
	3. A guide teaching children about the importance of media literacy in order to combat the effect of misinformation regarding Covid-19,
	4. A communication plan focusing on communication and engagement between the government and its citizens to ensure citizens receive reliable information;
7. Calls upon all member nations to enable the utilization of a greater variety of vaccines in order to aid in the distribution of the Covid-19 vaccines by means such as but not limited to:
	1. Focusing more resources on the testing and analysis of the vaccines by increasing monetary funding to organizations focused on said task funded by:
		1. National funds in MEDCs,
		2. The World Bank and IMF in LEDCs,
	2. The WHO and EU accelerating their acceptance of vaccines through collaborating with each other and other nations and organizations;
8. Encourages all Member States, especially MEDCs and nations in active conflict, to help with the development of Covid-19 Vaccine distribution centers in LEDCs through means such as but not limited to:
	1. Sending trained vaccinators to:
		1. Assist in the vaccination,
		2. Train locals to administer vaccines,
		3. Lead and supervise vaccinations centers,
	2. Sending funds to assists in areas such as, but not limited to:
		1. The construction costs of vaccination centers,
		2. The operational costs of the center (such as electrical fees and wages);
9. Encourages all Member States to create specific guidelines on when to recommend/administer a booster dose of the Covid-19 vaccine considering:
	1. The effects it may have on the international distribution of vaccines,
	2. The amount of funds and resources need to be allocated for the extra vaccine dose,
	3. The age group/s requiring the boost dose in order to decrease the spread and severity of Covid-19 infections in order to keep the population safe and protected, specifically the at-risk groups,
	4. The number of infected per 100,000 on a weekly average, when a booster shot would be beneficial for the city and/or region;
10. Ensures that developed countries which have reached a vaccinated population of 70% should administer the vaccines and dispense them to countries with under a 10% of vaccinated population in order to achieve a 50% of vaccinated population in every country of the globe to result in ending the pandemic;
11. Proclaims the importance of supervising countries which have limited access to vaccines in order to make sure that the distribution of vaccines is done in a fair and equitable manner for men and women:
	1. Expects signatories to supply a gendered list of vaccine distribution on a weekly basis,
	2. Believes that there should be a balance between how many men and women get vaccinated:
12. Calls for all Member States to allocate vaccines to the prioritization of vulnerable groups including but not limited to:
	1. Frontline workers and other medical staff who are susceptible to the virus,
	2. People over the age of 65,
	3. People who have underlying health conditions that put them at a higher risk of critical condition and death;
13. Trusts that Member States consider the special situation of vulnerability faced by people in particularly difficult backgrounds, and treats them as a priority, focusing on:
14. People detained in prison or with disabilities in psychiatric hospitals and other long term institutions,
15. Frontline workers and other medical staff who are susceptible to the virus,
16. People over the age of 65,
17. People who have underlying health conditions putting them at higher risk of contracting Covid-19;
18. Further invites governments to set up Covid-19 vaccine production factories in LEDC´s and LIC´s to make the distribution of vaccines more available to them, without worrying about the cost of the transportation of the vaccines from one country to another;
19. Calls for all Member States to set the pace at which countries receive additional doses of Covid-19 vaccine as determined by a risk assessment based on an evaluation of:
	1. Threat (the potential impact of Covid-19 on a country, assessed using epidemiological data),
	2. Vulnerability (the vulnerability of a country, based on health systems and population factors);
20. Urges all Member States to set the equitable distribution of a Covid-19 vaccine as a national priority in order to finally overcome the acute phase of the pandemic;
21. Resolves to remain actively seized on the matter.