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Head Chair: Gabriela Haddad
Co-Chair: Oriana Abreo,
Co-Chair: Marcello Siniscalchi

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Introduction from the Chairs

Hello delegates,

We are your chairs, Gabi Haddad, Oriana Abreo, and Marcello Siniscalchi, for the General Assembly for GMUN XI! We are so excited to see you discuss *Reducing Health Misinformation During Epidemics in Low-Resource Regions* and *Enhancing Safe Access to Lifesaving Vaccines in Conflict-Affected areas*– both topics of the utmost importance. As chairs, we will monitor the flow of debate and support you in any way we can. We understand that this may be the first Model UN conference for some of you, and we are thrilled to be a part of this learning experience with you. This topic guide is the first step in our assistance; we have compiled some background information that we hope you will utilize to learn more about your topic, in addition to your individual research. For more experienced delegates, we hope you take this opportunity to improve your skills and take on challenges. If you have any questions or concerns, please feel free to reach out to any of us. We are here to help and look forward to watching you debate!

Kind regards,
Gabi, Oriana, and Marcello

Contact Gabi Haddad at: gr344320@graded.br
Contact Oriana Abreo at: g361129@graded.br
Contact Marcello Siniscalchi at: gr360854@graded.br

Guide to Researching

The following information will serve to guide you in your research.

The first thing you should do is find the basics about your country. The sources you use should be reliable– meaning that the writer (whether that be an organisation, a well-known author, an expert in the field, or a governmental organisation) is credible and trusted by most. Sources such as Google Scholar and some websites that end with (examplewebsite**.edu**) are also great tools since they are both for educational purposes. Below are some questions you should answer:

1. Where is my country situated?
2. Who is the leader of my country? (President, Prime Minister, etc.)
3. What are some major cities in my country?
4. What are the major news stories out of my country currently?
5. What is the standard of living? (Economic, political, social, humanitarian issues, Global-South country?)
6. Is my country part of any major alliance? If so, who are my allies?

Continue reading and understanding the information within the topic guide, and extend your knowledge by asking yourself more questions and searching for the answers!

Good luck, and please reach out to us if anything is needed.
Gabi, Oriana, and Marcello

Topic A: Reducing Health Misinformation During Epidemics in Low-Resource Regions



Background Information

Origin of the problem

During the response to the 2014–2016 Ebola virus disease epidemic in West Africa, different needs drove the demand for information in these two regions. The severity of the epidemic was reflected not only in lives lost but also in the amount of fear and misinformation that came with it. The Centres for Disease Control and Prevention (CDC) helped increase awareness and coordinated communication efforts with many international and domestic partners; however, false information and miscommunication persisted. In 2018-2019, when the Ebola crisis reached the Democratic Republic of the Congo, the severity of misinformation became even clearer. Since the virus outbreak was taking place in an active conflict zone,

violence, fear and false information made the effects of the virus even more devastating, causing more than 2,000 lives lost and around 3,000 confirmed infections.

In 2020, during the COVID-19 pandemic, the World Health Organization (WHO) classified the health crisis as an **infodemic**. This means that there was too much false and misleading information going around, especially on social media. This has caused confusion and other behaviours that can harm health. It also leads to mistrust in health authorities and undermines the public health response, causing trustworthy scientific methods used to combat diseases to be less effective for the population. Because of this, people have been rejecting lifesaving scientific methods during disease outbreaks, causing many more lives to be lost. Therefore, the international community has recognised misinformation as a major global problem that is in need of urgent action.

Measures taken to address the issue

Since the outbreak of the Ebola crisis, there have been multiple UNICEF-sponsored community engagement projects in conflict-impacted areas that have also spread to low-resource regions throughout the years. These teams go into communities to meet the residents, inform them, raise awareness, listen to concerns, answer questions, and combat any prominent misinformation. In addition to this, UN teams conduct classes and presentations to inform vulnerable populations of effective and truthful health measures that should be taken to prevent further outbreaks and infections from diseases.

During the COVID-19 pandemic, the World Health Organisation Regional Office for Europe is building countries' capacity in risk communication, community engagement and

infodemic management by establishing long-term structures, systems, and skills. RCCE-IM is an essential public health intervention that is considered key to successful emergency response throughout the prevention and recovery of disease outbreaks. It is designed to enable targeted and more efficient emergency interventions that build trust between people and health authorities and address rumours and misinformation, leading truthful health information to become more pertinent among citizens. RCCE-IM is one of the 8 core capacities that all States Parties to the International Health Regulations (IHR) (2005) commit to implement. However, there have been some challenges that came with this plan, such as a mismatch between the objectives set for the Service and the resources available, limited communication about the Service's purpose, insufficient integration of it into the mainstream work of core partners, and an inadequate formal agreement on which to base the partnership.

Any changes that have happened since

Today, tackling misinformation is built into global health strategies. In 2020, the World Health Assembly (WHA) passed a resolution urging countries to counter misinformation during the COVID-19 outbreak. Because of this, the World Health Organisation and other UN organisations have established specific programs to combat “infodemics”. Furthermore, working groups to combat misinformation have been developed. An example of this is the Africa Infodemic Response Alliance (AIRA), which was launched as a network of organisations to pool resources to fight COVID-19 rumours in African countries. Finally, there has been a realisation of the importance of building community trust as a foundation for combating misinformation. Because of this, today's outbreak responses put a lot of importance on two-way communication, which means listening and involving the communities impacted by these pandemics.

Nevertheless, health misinformation, especially in low-resource countries, prevails until today and the international community is still fighting to eliminate it as much as possible.

Suggested Questions for Further Research

1. How has your country been affected by health misinformation during past epidemics?
2. What challenges does your country face when trying to build trust between health workers and citizens?
3. Does your country have the ability to run community outreach programs, or does it need help from outside organisations?
4. Has your country made progress on the International Health Regulations (IHR) core capacities?
5. How is your country working to improve public trust in health authorities today?

Bloc Positions

United States,

The United States is a full supporter of and a leader in an internationally coordinated response by nations to combat health misinformation during the epidemic with science-based information. This nation fully supports the efforts of the World Health Organisation (WHO) and the Centres for Disease Control and Prevention (CDC) in emphasising the importance of clear

communication of evidence, effective educational public campaigns, and the swift identification and elimination of false information. In 2013, during the Ebola Outbreak, and during the 2020 COVID-19 pandemic, both the CDC and WHO collaborated with NGOs and the United States to provide accurate information to everyone from reliable sources and debunk any fake news that was being spread about the diseases.

Democratic Republic of Congo,

The Democratic Republic of Congo has suffered greatly from health misinformation during pandemics and greatly values interventions by respected organisations to eliminate misinformation. During the 2013 Ebola Outbreak in the Democratic Republic of the Congo, multiple NGOs and humanitarian organisations worked side by side with local health workers and community leaders to help reduce the amount of misinformation and aggression towards healthcare professionals. During this intervention, these different organisations worked side by side with multiple UN agencies to correct this problem, and this bloc looked favorably upon the rapid response from private companies' operations during this crisis.

China,

China believes in countries' national sovereignty, domestic ownership of communication companies, and cultural background. This country believes that nations which were affected by these outbreaks need to create messages adapted to each country's main language, traditions, and religious backgrounds. This block believes in the collaboration between UN agencies, such as the World Health Organisation (WHO) and UNICEF, and multiple countries' local radio stations

to provide a reliable outlet of information. A possible suggestion made by this nation would be bringing respected religious leaders to help spread the word about epidemics such as Ebola and COVID-19.

Nigeria,

Nigeria recognises how health misinformation is a structural development challenge for poorer countries, as there are issues with massive poverty rates, massive educational gaps, and unstable healthcare systems. This country looks favorably upon working closely with organisations like the African Union and World Bank that are willing to provide heavy subsidisation to healthcare, education, and strong communication systems spread throughout developing countries. This block recognises how such organisations have constantly supported these African countries that were affected by both the Ebola and COVID-19 outbreaks throughout the years, highlighting how these are crucial pillars to fight misinformation worldwide and push for social reform.

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Topic B: Enhancing Safe Access to Lifesaving Vaccines in Conflict-Affected Areas



Background Information

Origin of the problem,

Vaccines are a valuable **public health tool** that develops something called herd immunity. Herd immunity occurs when a large group of people are protected against a virus or disease, thereby establishing a strong barrier of protection for the community against that virus or disease. Vaccines can prevent dangerous diseases such as measles and polio, and are also one of the most **cost-effective health tools**. However, it is important to consider how armed conflicts can disrupt health systems due to a variety of reasons, such as hospitals and clinics being destroyed or damaged. Hospitals and clinics are being destroyed or damaged, health workers are fleeing, getting injured and even killed. It is also important to analyse how conflict-affected areas can impact hospital and vaccine supply chains, due to roads being damaged, fuel and electricity shortages, as well as vaccines not being able to be correctly refrigerated and delivered on time to the needed areas. Overall, armed conflicts disrupt public health systems drastically and create a

shortage in supplies and a **displacement of public health workers**. Armed conflict not only disrupts public health systems but also hinders the flow of **population development**. Conflict increases the number of children who have never received any basic vaccines, because of the large number of refugees and displaced people who do not have access to public healthcare. A specific case that demonstrates these issues is the resurgence of poliovirus in Nigeria and Syria. Both countries had previously been declared polio-free; however, armed internal conflict created conditions where vaccination became impossible in certain areas, creating more frequent outbreaks. In Syria specifically, polio **re-emerged** in 2013, which is 14 years after it had been eliminated there. By the end of 2016, the nation's **vaccination rate** had fallen from over 80% to less than 50% as a result of the civil war's effects on medical facilities, displacement of medical staff, and overall insecurity. Due to the large number of children who were not vaccinated, the virus was able to spread further and create new cases of paralysis.

Measures taken to address the issue,

The international community has multiple bodies that have taken different measures to address the issue; these international bodies include the UN (United Nations), WHO (World Health Organisation), UNICEF (United Nations Children's Fund), and governments. Security Council Resolution 2565 (2021), which called for global cooperation to ensure equitable access to COVID-19 vaccines in conflict-affected areas and asked for humanitarian pauses to allow vaccination campaigns. To address the critical issue of enhancing safe access to lifesaving vaccines in conflict-affected areas, several key measures have been implemented by UN agencies, NGOs, and governments, focusing on negotiation, partnerships, and innovative delivery methods. Negotiation strategies include securing temporary ceasefires or "days of tranquillity" with armed groups, such as the 2005 Sudan polio campaign that reached 5 million children and the 2024 Gaza polio vaccination pause benefiting over 640,000 kids. Partnership initiatives like Gavi's Zero-dose Immunisation Programme (ZIP), launched in 2022, collaborate with organisations such as the International Rescue Committee (REACH consortium) to deliver over 845,000 first doses in 11 Sahel and Horn of Africa countries by 2024, while UNICEF and WHO lead campaigns in Yemen and Syria using trusted local NGOs like Médecins Sans

Frontières. Delivery innovations support these efforts through mobile clinics at borders and refugee camps, community health workers, as in Burkina Faso's resilience strategy, bundling vaccines with food aid in South Sudan, and digital tracking/GPS for teams in Iraq and Pakistan, all aimed at overcoming insecurity, displacement, and low trust.

Any changes that have happened since,

Since 2023, efforts to improve safe access to vaccines in conflict-affected areas have brought some hopeful changes, even as fighting and disease outbreaks create big hurdles. Organisations like Gavi, UNICEF, and WHO stepped up with new partnerships and smart ways to reach kids, such as negotiating short ceasefires for vaccination days in places like Gaza, where a 2024 polio campaign safely reached over 640,000 children. Gavi's Zero-dose Immunization Programme grew bigger, helping countries like Syria and DR Congo vaccinate more kids against deadly diseases, with overall immunisation rates in tough spots inching up slightly to about 84% by 2024. However, in areas like Sudan and Yemen, coverage dropped due to intense conflict, leaving millions of zero-dose children unprotected and showing the need for more funding and local teamwork. These steps prove that with creativity and cooperation, progress is possible, but the work must continue to protect every child.

Suggested Questions for Further Research

- How has the recent global ongoing conflict affected children's access to routine vaccines?
- In what ways did Sudan's civil war cause zero-dose children to rise in 2024, and which new measures could reverse this?
- How can UN agencies partner with local leaders to build trust for vaccination drives during ceasefires?

- What role can digital tracking and community health workers play in protecting vaccine supplies during intensified fighting?

- What innovative tools, like mobile clinics, work best to reach kids in hard-to-access areas?

Bloc Positions

United States,

The United States has historically led other donor countries in support of international immunisation initiatives, with a strong focus on accountability, efficiency, and the safety of health staff and workers through multilateral partnerships with organisations such as the World Health Organisation, UNICEF, and Gavi. The country has historically worked closely with other donors through collective funding and joint vaccination campaigns for health and medical emergencies in fragile and conflict zones. However, there has been a shift in the policies of the United States under the current administrations towards a sovereignty-driven and dominated approach to engagement with international health. The US has, of course, continued with humanitarian health efforts for vaccination, but the manner and terms of collaboration with other donors have changed.

China,

China's approach to vaccine access in areas of conflict is mostly based on state sovereignty and allowing each government to manage the coordination within their own nation. China has maintained all along that humanitarian assistance, such as vaccination campaign programs, should be carried out with the cooperation and approval of respective national authorities, as recognised by the international community and regional bodies. China has developed new channels for international health engagement through bilateral campaigns to provide vaccine exports, health assistance missions, and South-South cooperation schemes, especially in Africa and some regions in the Middle East. In international forums, China partners

with developing countries on some fronts to challenge humanitarian language with political undertones as well as rigorous surveillance instruments.

India,

India has an important role in this discussion, promoting equity and sovereignty with its technical and production capacity. India is known as a prominent vaccine manufacturer in the international community, and they remain focused on the need for regional and developing countries to have capabilities to produce and sustain vaccines in areas of conflict. There has been a long history of cooperation in vaccine development initiatives through South-South cooperation structures, the non-aligned movement, and engagement with global health institutions. During general assembly discussions, the focus in many cases has remained on attempting to achieve a balance between the accountability structures preferred by donor nations and the interests of developing nations.

Yemen,

Yemen is symbolic of the sharp humanitarian crisis at the heart of the discussion, which is beset with conflict, fragmentation, and the breakdown of health structures. Yemen shifts its focus towards the need for safe, flexible, and sustained immunisation to compensate for the lack of access to immunisation services and the need to avoid the outbreak of diseases that are preventable with vaccines. Yemen relies extensively on partnership efforts between UN agencies and states, through which emergency immunisation activities have been carried out in highly constrained environments, which has been evident. Yemen and those states face, for instance, at the level of the General Assembly, a negative relationship between conflict, blockades, and state constraints on access to health.

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