

Saint Peter's University High School Model United Nations

World Health Organization

Topic A: Mitigating the Expected Increase in Mortality as a Result of Climate Change

Introduction

Climate change has been and is projected to coincide with a variety of increased health risks for humanity. Such risks include greater heat exposure and heat stress, poorer air quality, reduction in water quality and access, increased food insecurity, and more extreme weather events.¹ In fact, climate change is estimated to contribute to around 250,000 additional deaths per year from malnutrition, heat stress, and diseases.² A 2014 report commissioned by the WHO concludes that by 2030 additional deaths per year will be 38,000 due to heat exposure in the elderly, 48,000 due to diarrhea, 60,000 due to malaria, and 95,000 due to childhood malnutrition.³ These increased deaths are projected to fall disproportionately within poorer countries of Asia and Sub-Saharan Africa.⁴ The above projections also do not take into account the direct deaths due to extreme weather events and flooding.

This grim forecast has caused the WHO to take climate change seriously as a public health challenge, labeling it as “the biggest health threat facing humanity”.⁵ The WHO has called on member states to keep their commitments on GHG reductions, arguing that the “health gains value from climate action is double the cost of mitigation policies at the global level.”⁶ Of course, one problem is that the health impacts of climate change will not be concentrated in areas of the greatest polluters. While the ideal scenario would be to prevent these impacts through the reduction of GHGs and keep global temperature increase below 1.5° C, the reality is that the world is much more likely to exceed this threshold and the WHO must prepare to assist health authorities to adapt to a new reality. The WHO increasingly sees its role as preparing member states for the reality of climate change-related health impacts, and in particular assisting those countries which suffer from already overwhelmed and under resourced health systems.⁷

Current Situation

WHO's current efforts follow its strategic plan adopted in 2019.⁸ The strategy prioritizes preventive measures geared towards educating populations about climate risks and reducing

¹ World Health Organization. Climate change and health. 30 October 2021. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health> Accessed 22 January 2022.

² Ibid.

³ World Health Organization. *Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s*. 2014. WHO: Geneva, p.1.

⁴ Ibid., p. 11.

⁵ World Health Organization. Climate change and health

⁶ World Health Organization. “Climate change: WHO response” https://www.who.int/health-topics/climate-change#tab=tab_2 Accessed 23 January 2022.

⁷ Ibid.

⁸ World Health Organization. WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments. April 2019. A72/15

Saint Peter's University High School Model United Nations

World Health Organization

those risks through behavioral and structural changes.⁹ WHO is also putting resources into helping countries boost their health sectors and encourage public support to advocate for more funding.¹⁰ WHO also approved a particular plan of action to assist small island developing states (SIDS) who will be disproportionately affected by climate change and lack the resources to address it.¹¹ In practical terms, WHO has created an operational framework for building climate-resilient health systems.¹² The framework serves as a toolkit to help nations prepare for climate adaptation and to assist countries in creating the health component of their National Adaptation Plans (NAPs) established under the UN Framework Convention on Climate Change (UNFCCC).¹³ The WHO has also been assisting countries in accessing Green Climate Fund (GCF) readiness funds for health and climate change.¹⁴

Despite these efforts, evidence suggests that health systems are not adapting as quickly as they need to.¹⁵ In particular, although many countries have completed health vulnerability and adaptation assessments, these appear to have little impact on government strategy and funding.¹⁶ Further, relatively few countries have completed health early warning systems for heat-related illness or extreme weather events.¹⁷ Finally, very few low-and-lower-middle-income countries have been able to access international funds to support climate change and health work.¹⁸ This assessment makes clear that WHO needs to raise the profile of climate risks to health, focus authorities on early detection of heat-related health risks, and create better avenues of access to adaptation planning funds.

Questions to Address

- How can WHO raise awareness that climate-related health risks need to lay a bigger part in adaptation planning?
- What can WHO do help public awareness about the risk of heat-related illnesses?
- How can WHO increase access to planning funds for low-income countries?

⁹ Ibid.

¹⁰ Ibid.

¹¹ World Health Organization. WHO plan of action on climate change and health in small island developing States. April 2019. A72/16

¹² World Health Organization. "Building climate-resilient health systems" <https://www.who.int/activities/supporting-countries-to-protect-human-health-from-climate-change/climate-resilient-health-systems> Accessed 24 January 2022.

¹³ Ibid.

¹⁴ World Health Organization. "Finance for Health and Climate Change" <https://www.who.int/activities/supporting-countries-to-protect-human-health-from-climate-change/finance-for-health-and-climate> Accessed 24 January 2022.

¹⁵ *WHO health and climate change global survey report*. 2021. Geneva: World Health Organization, p. viii.

¹⁶ Ibid.

¹⁷ Ibid, p. ix

¹⁸ Ibid.

Saint Peter's University High School Model United Nations

World Health Organization

Topic B: Intellectual Property Rights and Global Access to COVID-19 Vaccines and Treatments

Introduction

The world recently reached a milestone in vaccination against COVID-19, with 10 billion doses of vaccines having been administered worldwide.¹⁹ Yet, this vital protection against the disease is not distributed evenly across the globe. Countries with the highest incomes are being vaccinated 10 times faster than those with the lowest.²⁰ In fact, the 50 least wealthy countries, which contain 20.6% of the world's population have only received 6.3% of vaccinations.²¹ Geographically, countries with less than half of the population vaccinated tend to be concentrated in Africa, Latin America, and Central Asia.²² There have been many reasons offered for the lack of vaccinations in poorer countries – lack of planning and capacity in local healthcare systems, failure of donor countries to meet their vaccine pledges under the COVAX system²³, and vaccine hesitancy among some populations.²⁴ Yet, a year after the rollout of the first vaccines, it is unconscionable that so much of the world's population has not received a single dose.

Ineffective public health systems and vaccine hesitancy may play some role in this trend, but it's hard to believe they can be the major reason for lack of vaccination. Many of these countries with lower vaccination rates have a long history of successful vaccination campaigns and a population used to vaccinations.²⁵ The real culprit seems to be high prices and inequities in supply and distribution. The same holds true for COVID treatments as well as vaccinations, like remdesivir and molnupiravir.²⁶ As a result of the slow access to vaccines and treatments in poorer countries, some including the head of the WHO - have called for the elimination or relaxation of patent rights and other intellectual property protections for these medicines.²⁷ Humanity has often debated the tension between ensuring individuals and businesses can profit from their

¹⁹ "More than 10 billion Shots Given: Covid-19 Tracker." Bloomberg News. 28 January 2022.

<https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/#global> Accessed 28 January 2022.

²⁰ Ibid.

²¹ Ibid.

²² "Covid vaccines: How fast is progress around the world?" BBC News. 24 January 2022.

<https://www.bbc.com/news/world-56237778> Accessed 28 January 2022.

²³ Ibid.

²⁴ Mallapaty, Smitri. "Researchers fear growing COVID vaccine hesitancy in developing nations" 23 December 2021. <https://www.nature.com/articles/d41586-021-03830-7> Accessed 18 January 2022.

²⁵ Hossain, Azfar et al. "Claims of vaccine hesitancy in African countries are at odds with the reality on the ground". STAT. 21 December 2021. <https://www.statnews.com/2021/12/21/claims-of-vaccine-hesitancy-in-african-countries-are-at-odds-with-the-reality-on-the-ground/> Accessed 22 January 2022.

²⁶ Nolen, Stephanie. "Will New Covid Treatments Be as Elusive for Poor Countries as Vaccines?" New York Times. 27 October 2021. <https://www.nytimes.com/2021/10/17/health/covid-treatment-access-molnupiravir.html> Accessed 20 January 2022.

²⁷ Ghebreyesus, Tedros Adhanom. "Waive Covid vaccine patents to put world on war footing" 7 March 2021. <https://www.who.int/news-room/commentaries/detail/waive-covid-vaccine-patents-to-put-world-on-war-footing> Accessed 16 January 2021.

Saint Peter's University High School Model United Nations

World Health Organization

innovations and the need to address public health emergencies. The WHO has begun this debate as well, with a focus on ensuring equity in the response to the COVID-19 pandemic.²⁸

Current Situation

The lack of vaccinations in low-income countries represents a failure of the COVAX system, which was meant to ensure quick and affordable access to an eventual COVID vaccine worldwide.²⁹ High income countries that pledged hundreds of millions of vaccine doses to COVAX have been unable to make good on these pledges.³⁰ Reasons for this include hoarding on the part of some countries – largely to provide booster shots to local populations – and the lack of availability of surplus doses due to pre-purchase agreements from wealthy nations.³¹ This has led some to conclude that the inequity is not being caused by patents, but by changing needs for vaccines in donor countries, thus removing intellectual property rights would not help.³²

Nevertheless, the WHO has made clear that intellectual property rights should not be allowed to inhibit the response to COVID-19. Whether through licensing and technology transfer or abrogation of patents, pharmaceutical manufacturers around the globe must be able to increase vaccine production in low-income countries. WHO has convened several meetings to discuss the barriers to and assist agreements with pharmaceutical countries to allow local production.³³ As Director-General Tedros Adhanom Ghebreyesus stated:

“We are living through an exceptional moment in history, and must rise to the challenge. Whether it’s dose sharing, tech transfer, voluntary licensing as the WHO’s own COVID-19 Technology Access Pool initiative encourages, or waiving intellectual property rights as South Africa and India have suggested, we need to pull out all the stops.”³⁴

Questions to Address

- Are intellectual property rights truly contributing to slow vaccination rates?
- What actions can the WHO take to encourage companies to waive patent rights for local producers?
- How can the WHO help secure pledged vaccination doses from donor countries?

²⁸ World Health Organization. “WHO calls on world leaders at the UN General Assembly to focus on vaccine equity, pandemic preparedness, and getting the SDGs back on track.” 17 September 2021. <https://www.who.int/news/item/17-09-2021-who-calls-on-world-leaders-at-the-un-general-assembly-to-focus-on-vaccine-equity-pandemic-preparedness-and-getting-the-sdgs-back-on-track> Accessed 18 January 2022.

²⁹ World Health Organization. “COVAX: Working for global equitable access to COVID-19 vaccines.” <https://www.who.int/initiatives/act-accelerator/covax> Accessed 22 January, 2022. WHO: Geneva

³⁰ “Covid vaccines: How fast is progress around the world?”

³¹ World Bank. “Absolutely Unacceptable' COVID-19 Vaccination Rates in Developing Countries” The Development Podcast. 3 August 2021. <https://www.worldbank.org/en/news/podcast/2021/07/30/-absolutely-unacceptable-vaccination-rates-in-developing-countries-the-development-podcast> Accessed 20 January 2022.

³² Silverman, Rachel “Would Exempting COVID-19 Vaccines from Intellectual Property Rights Improve Global Access and Equity?” Center for Global Development. <https://www.cgdev.org/debate/would-exempting-covid-19-vaccines-intellectual-property-rights-improve-global-access> Accessed 22 January 2022.

³³ World Health Organization. “At Local Production Forum, WHO and partners highlight key steps to improve access to health technologies” 25 June 2021. <https://www.who.int/news/item/25-06-2021-at-local-production-forum-who-and-partners-highlight-key-steps-to-improve-access-to-health-technologies> Accessed 18 January 2022.

³⁴ Ghebreyesus, Tedros Adhanom. “Waive Covid vaccine patents...”