

# HABSMUN 2022

## HEALTH BRIEFING PAPER



# The Question of Compulsory Vaccination

## Introduction

In 2015, the World Health Organization (WHO) declared that the United Kingdom had eradicated the infectious viral disease rubella. The following year, it similarly designated the country as measles-free after confirmed cases numbered fewer than 125 for the second consecutive year.

Immunisation rates in UK children were high at that time. They had slumped to a nadir in the mid-2000s following the false assertion in 1998 that the measles, mumps, and rubella (MMR) vaccine was linked to autism. But by 2016, more than 95% of the country's 5-year-olds had received one dose of MMR, and roughly 85% had received the pre-school booster that maximizes immunity.

When 95% of a population is immune to measles, the disease cannot spread. This is known as herd immunity, and it is the cornerstone of the WHO's long-held plan to eradicate measles globally. Achieving this would rid the world of a very serious disease, for which 1 in 1,000 cases is fatal. In 2010, eradication was considered achievable by 2020. But that time is almost here, and the disease is not close to being eradicated. In fact, it is on the rise.

## Key Points

Vaccination is one of the **most effective** public health interventions in the world for saving lives and promoting good health.

Despite this, **uptake of vaccines has reduced** in some countries, and this is thought to be partly caused by **misguided concerns** over vaccine safety.

When vaccines control disease, parents are less likely to witness the devastating effects of vaccine preventable infectious diseases first-hand. It is then easy for misplaced anxiety or suspicion about vaccines to **override concerns** about the disease itself.

When vaccination rates decline, we start to see a **resurgence of infectious diseases**.

That's why some countries are choosing to **make vaccination mandatory**. However, the effectiveness of this approach varies in countries which have already implemented it.

## Previous & Existing Responses

Dr Hans Kluge, the Europe Director of WHO, has said that vaccinations should not be made mandatory *"if you haven't reached out first to the communities."* He commented that *"Mandates around vaccination are an absolute last resort and only applicable when all*

*other feasible options to improve vaccination uptake have been exhausted.*” Kluge admitted that such measures had been proven effective in some environments, to increase vaccine uptake. However, the effect that mandating vaccination could have on public confidence and public trust, as well as vaccination uptake, must be considered.

*“Ultimately, mandates should never contribute to increasing social inequalities in access to health and social services,”* Dr Kluge said.

On December 9th, 2021, the Austrian Government laid a bill before parliament that would impose a mandatory COVID-19 vaccination requirement for all its residents. This move followed the Greek Prime Minister's announcement to impose fines on residents aged 60 years and older who do not take up COVID-19 vaccination. Many other nations are contemplating similar mandates or have adopted mandates in certain workplace settings, such as Australia, Brazil, Canada, France, Indonesia, Italy, and the UK. Some people resist vaccine mandates on pragmatic grounds, for example, that such mandates could decrease health-care staffing levels or morale.

However, mandatory vaccination is also often opposed in principle. The UK Secretary of State for Health and Social Care, Sajid Javid, for instance, told the BBC on December 10th, 2021, that he thought mandatory vaccination is *“unethical”*. Many others presume mandatory vaccination violates human rights.

### Questions to Consider & Possible Debate Points

1. Is compulsory vaccination an infringement on human rights?
2. Should there be exceptions? What should they be?
3. Which professions (if any) should be subjected to mandatory vaccination first?
4. Is it the place of the UN to suggest this measure to states?
5. If mandatory vaccination is put in place, how will this be enforced? Would states be expected to work together on enforcing this- by sharing police forces etc?

### Useful Links

[YouTube: How vaccines work \(4 minute video\)](#)

[Nursing in Practice: Should vaccinations be compulsory for children?](#)

[BBC News: Reasons for and against mandatory COVID vaccination](#)

# The Question of Preparing for Future Pandemics

## Introduction

As countries grapple with the worst global pandemic in a century, it's hard to think about preparing for the next one. But if we don't, it could be worse than Covid-19.

Over the last 30 years, infectious disease outbreaks have emerged with alarming regularity. The World Health Organization lists an influenza pandemic and other high-threat viral diseases such as Ebola and dengue among the top 10 biggest threats to public health. The rate of animal-to-human transmission of viruses has been increasing, with the U.S. Centers for Disease Control and Prevention estimating that 75% of new infectious diseases in humans come from animals (zoonotic infections).

These zoonotic infections can have profound effects on human life. The overall infection-fatality rate is around 10% for severe acute respiratory syndrome (SARS), between 40% and 75% for the Nipah virus, and as high as 88% for Ebola.

There is no doubt that the global pharmaceutical industry, governments, nongovernmental organizations, and health care systems should have been better prepared for Covid-19 in part because the coronavirus that causes it, known as SARS-CoV-2, is closely related to other viruses, particularly the one that caused the outbreak of SARS in 2003.

## Key Points

Nipah (1999); SARS (2003); H5N1 (2004); H1N1 (2009); MERS (2011); Ebola (2014); Zika (2015) were all **warning signs** that a new infectious disease could appear and become a global pandemic.

**Pandemics cross borders.** They need countries to work together. Throughout the current pandemic, leaders have struggled to tackle Covid-19 collectively.

Crucial institutions involved in preventing a new pandemic are UNICEF, WHO, and the World Bank.

Member states often duplicate research; by **sharing information** and research across the global community, it is possible that future pandemics could be avoided, or the damage mitigated.

Putting **programmes and institutions** in place to safeguard the global community before a problem arises may be a desirable priority for states, especially for geographically continental states, or those in zones of free movement.

## Previous & Existing Responses

Pandemics and large-scale outbreaks can claim millions of lives, disrupt societies, and devastate economies. WHO's Health Emergencies Programme (WHE) is working with Member States to help countries to prepare for large-scale outbreaks and pandemics.

Through the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), core capacities required by the International Health Regulations (2005), or IHR, are being advanced, providing an important foundation for pandemic preparedness. This is complemented by efforts to strengthen disease-specific systems and capacities, including for vaccines, pharmaceuticals, and other public health interventions. Countries are also encouraged to engage the whole of society for effective pandemic preparedness and response.

As the next pandemic is most likely to be caused by influenza, the disease continues to be the priority public health threat in the Region. WHE continues to work with Member States to strengthen prevention, surveillance, and response capacities for seasonal and zoonotic influenza with pandemic potential.

## Questions & Debate Points to consider

1. Should UN member states share their medical research? What if it is tax funded? What if it includes the private medical information of some of their population?
2. How can private healthcare research companies work effectively with the UN and UN member states to prepare the globe for a future pandemic, given there is little accountability, and these companies have their own private interests?
3. Should UN member states who are more at risk of extensive damage within their country (more densely populated countries, countries without infrastructures in place for a pandemic) be given more aid? Is it fair for better prepared member states to be responsible for this?
4. What problems have we seen as a global community in the coronavirus pandemic? How can we learn from what we have experienced? How can we speed up the process of research and development?

## Useful Links

[YouTube: Bill Gates - This is how we prevent the next pandemic](#) (2 minute video)

[YouTube: Is it possible to avoid a future pandemic?](#) (3 minute video)

[WHO Health Emergencies Program website](#)

[APSED III](#)

# The Question of Antibiotic Resistance

## Introduction

Antibiotic resistance is one kind of AMR (antimicrobial resistance), and is the process by which bacteria, viruses, fungi, and parasites change over time and no longer respond to medicines, making infections harder to treat and increasing the risk of disease spread, severe illness and death.

The emergence and spread of drug-resistant pathogens that have acquired new resistance mechanisms, leading to antibiotic resistance, continues to threaten our ability to treat common infections.

Especially alarming is the rapid global spread of multi- and pan-resistant bacteria (also known as “superbugs”) that cause infections that are not treatable with existing antimicrobial medicines such as antibiotics.

The world may urgently need to change the way it prescribes and uses antibiotics. Even if new medicines are developed, without behavioural change, antibiotic resistance could remain a major threat. Behaviour changes may also include actions to reduce the spread of infections through vaccination, hand washing, practising safer sex, and better food hygiene.

## Key Points

Antibiotic resistance is one of the **biggest threats** to global health, food security, and development today.

Antibiotic resistance can **affect anyone**, of any age, in any country.

Antibiotic resistance occurs naturally, but **misuse of antibiotics** in humans and animals is **accelerating** the process.

A growing number of infections - such as *pneumonia*, *tuberculosis*, *gonorrhoea*, and *salmonellosis* - are becoming **harder to treat** as the antibiotics used to treat them become less effective.

Antibiotic resistance leads to **longer hospital stays, higher medical costs and increased mortality**.

## Previous & Existing Responses

While there are some new antibiotics in development, none of them are expected to be effective against the most dangerous forms of antibiotic-resistant bacteria. Given the ease and frequency with which people now travel, antibiotic resistance is a global problem, requiring efforts from all nations and many sectors.

A global action plan on antimicrobial resistance, including antibiotic resistance, was endorsed at the World Health Assembly in May 2015.

A political declaration endorsed by Heads of State at the United Nations General Assembly in New York in September 2016 signalled the world's commitment to taking a broad, coordinated approach to address the root causes of antimicrobial resistance across multiple sectors, especially human health, animal health and agriculture. WHO is supporting Member States to develop national action plans on antimicrobial resistance, based on the global action plan.

WHO has been leading multiple initiatives to address antimicrobial resistance, including World Antimicrobial Awareness Week (WAAW) from the 18th to the 24th of November each year which has the slogan: "Antibiotics: Handle with Care"

The Global Antimicrobial Resistance Surveillance System (GLASS) is a WHO supported system which supports a standardised approach to the collection, analysis and sharing of data related to antimicrobial resistance at a global level to inform decision-making, drive local, national, and regional action.

The Global Antibiotic Research and Development Partnership (GARDP) is a joint initiative of WHO and Drugs for Neglected Diseases initiative (DNDi), which encourages research and development through public-private partnerships. By 2023, the partnership aims to develop and deliver up to four new treatments, through improvement of existing antibiotics and acceleration of the entry of new antibiotic drugs.

The Interagency Coordination Group on Antimicrobial Resistance (IACG) was established by The United Nations Secretary-General to improve coordination between international organizations and to ensure effective global action against this threat to health security. The IACG is co-chaired by the UN Deputy Secretary-General and the Director General of WHO and comprises high level representatives of relevant UN agencies, other international organizations, and individual experts across different sectors.

### Questions to Consider & Possible Debate Points

1. Is it the responsibility of one member state to combat antibiotic resistance if there is little access to antibiotics inside said state?
2. Should states work together to develop new antibiotics? How would this work with states which implement private healthcare systems? Is it fair to use the taxpayer money of one state to aid other states, which might not have a taxpayer funded health system?
3. Is it right to involve private medical companies in developing new antibiotics? What possible problems could this cause?

## Useful Links

[YouTube - What causes antibiotic resistance? \(4 minute video\)](#)

[YouTube - How can we solve the antibiotic resistance crisis? \(6 minute video\)](#)

[WHO Global action plan on antimicrobial resistance](#)

[WAAW website](#)

[GLASS website](#)

[GARDP website](#)



*Written/Sourced by Madeleine Smith, Head Chair of the Health Committee, for use at the thirteenth annual Haberdashers' Boys' School Model United Nations Conference, 11<sup>th</sup>-13<sup>th</sup> March 2022*