



GECMUN X

BACKGROUND GUIDE

World Health Organization

Reducing Disparities in Vaccine Distribution

SDG: 3 Good Health and Well-being

SDG: 10 Reduced Inequality

SDG: 17 Partnerships to achieve the Goal

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Committee Introduction

The World Health Organization is a United Nations agency in charge of ensuring public health worldwide. WHO aims to bring together its 194 member states to support vulnerable populations in receiving basic healthcare services, operating on the borders of more than 150 countries to address global health concerns. WHO has responded to various health-related outbreaks and issues, and the most popular issue that they recently dealt with is COVID-19.

After three years the United Nations formed, they set up the WHO in the primary role of directing and coordinating authority for health within the United Nations system. But their activities also include the following but not limited to: providing leadership on health-related issues, articulating moral and evidence-based policy options, offering technical assistance, and monitoring health. These core functions of WHO lead to their eventual purpose of ensuring the public health of the world.

The WHO operates in the blurred line between public health and other fields that have an impact on health opportunities and outcomes. In order to address these issues, WHO handles the following six agendas. 1. Promoting development; 2. Fostering health security; 3. Strengthening health systems; 4. Harnessing research, information and evidence; 5. Enhancing partnerships; 6. Improving performance. For the actual example of the WHO addressing these agendas and actually taking actions, in 2005, international health regulations were revised by WHO. The revised version has provided countries with more direct and secure principles for disease response and outbreaks systems.

Agenda Introduction

The emergence of Covid-19 has stroked the global society with an immeasurable impact, given to almost every sector of the world, such as health, economics, politics, and technology. According to the World Health Organization's (WHO) past report, the emergence of Covid-19 leads to half of the world's 3.3 billion global workforces being at risk of livelihoods, disrupting the international food market, and producing a significant number of people psychologically and physically ill. This pandemic has been an extreme distractor to global society as, first: it is affecting the whole globe, and second: its problem is so wide that the pandemic is associated with issues over medical concerns.

There have been many multinationals to address this issue; one of the most essential solutions was manufacturing the vaccine. This vaccine takes tremendous progress to enable individuals to return to everyday life as its vaccine prevents individuals from getting Covid-19 and mitigates the impact of its disease if a person catches the disease. However, it is statistically proven that the world is experiencing inequity in vaccine distribution: In the first year of issuance of vaccines for COVID-19, while the high-income countries have achieved vaccination rates of 75 to 80 percentage points, low-income countries have only achieved rate less than 10 percent. It is worth noting that while some developing countries are suffering to secure vaccination, some countries, such as the United Kingdom, reported a 4 percent vaccine wastage rate (Calculated by $100 - \text{vaccine usage rate}$), wasting 5,04 million doses of vaccine.

Given the agenda of reducing disparities in vaccine distribution, this committee will discuss how to reach equity in vaccine distribution. A committee can approach this in two ways. First is to increase net vaccine production, and second is to find a proper way to distribute available vaccines. Considering the complexity of the issue, it would be imperative to cooperate with other United Nations and other Non-governmental agencies as well as make efforts within different countries.

This agenda can be interpreted in two ways. While it is essential for delegates to resolve the current crisis of Covid-19, it is also WHO's role to create vaccination infrastructure to address future pandemics.

Letters from the Chairs

Dear Esteemed Delegates,

Welcome to GECMUN X, delegates!

Greetings! This is Dong Yoon (Daniel) Lee, who will serve as your head chair. I'm currently a junior at Saint Johnsbury Academy Jeju. I started my MUN journey in 6th grade and explored different roles of the conference as a delegate, chair, and secretariat. Throughout my past experiences, I found out that MUN is not only an excellent place for learning but also a space where individuals can build memories and make new friends. And this is my goal: to create an academic but comfortable environment. I will try my best to ensure you will take something valuable from this conference. If you have any questions, do not hesitate to contact us via email. See you at the conference!

Hello! This is JunYoung Kim, and I am greatly honored to be serving as your deputy chair for this WHO committee. I started my MUN journey in 8th grade and I am still enjoying it. This committee will be my 4th time chairing but I still sometimes get nervous and make mistakes. So, delegates, don't worry too much about making mistakes. The key for having a long-term career is making improvements, not being perfectious. I hope all delegates could gain a unique and memorable experience at this conference.

Hello, this is Jaehoon(Roy) Song who will be serving as your deputy chair. I started my MUN journey in 6th Grade and am currently enjoying my 5th year of MUN, during which I have attended various conferences as both a delegate and chair. I am fully aware of how much a chair can make/break an MUN experience and I hope to create an optimal environment for both discourse and networking. I look forward to working with you and please do not hesitate to contact me if you have any questions. See you 'soon'!

Best regards,

WHO Chairs

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Key Terms

Vaccine distribution: The process of delivering vaccines to different locations, such as hospitals, clinics, and vaccination centers, for administration to the public.

Vaccine availability: Refers to the presence of an adequate supply of vaccines to meet the demand within a particular region or country.

Vaccine production: The manufacturing and production of vaccines by pharmaceutical companies and other manufacturers.

Vaccine allocation: The process of determining how vaccines are distributed among different populations, regions, or countries based on factors such as population size, vulnerability, and healthcare infrastructure.

Vaccine equity: Ensuring fair and just access to vaccines for all individuals, regardless of their socio-economic status, geographical location, or other demographic factors.

Vaccine eligibility: The criteria that determine who is eligible to receive a particular vaccine, such as age restrictions, underlying health conditions, occupation, or priority groups.

Vaccine passports: Documentation or digital records that provide proof of vaccination, allowing individuals to access certain venues, travel internationally, or participate in specific activities.

Vaccine hesitancy: The reluctance or refusal to receive vaccines, often due to concerns about their safety, efficacy, or mistrust in the healthcare system.

Vaccine outreach: Efforts to actively engage and educate communities, particularly those with limited access to healthcare services, about the importance of vaccines and how to access them.

Vaccine infrastructure: The physical and logistical resources required for effective vaccine delivery, including cold chain storage, transportation, vaccination sites, and trained healthcare personnel.

Vaccine wastage: The unused or spoiled vaccines that are discarded due to factors such as improper storage, expiration, or logistical challenges, which can impact vaccine accessibility.

Vaccine diplomacy: The practice of using vaccines as a diplomatic tool to foster international relations, cooperation, and goodwill by providing vaccines to other countries or supporting global vaccine initiatives.

Vaccine nationalism: The prioritization of domestic vaccine distribution and protection of a country's own population, potentially at the expense of equitable global vaccine access.

Vaccine cold chain: The temperature-controlled supply chain required for storing and transporting vaccines, particularly those that require specific temperature conditions to maintain their efficacy.

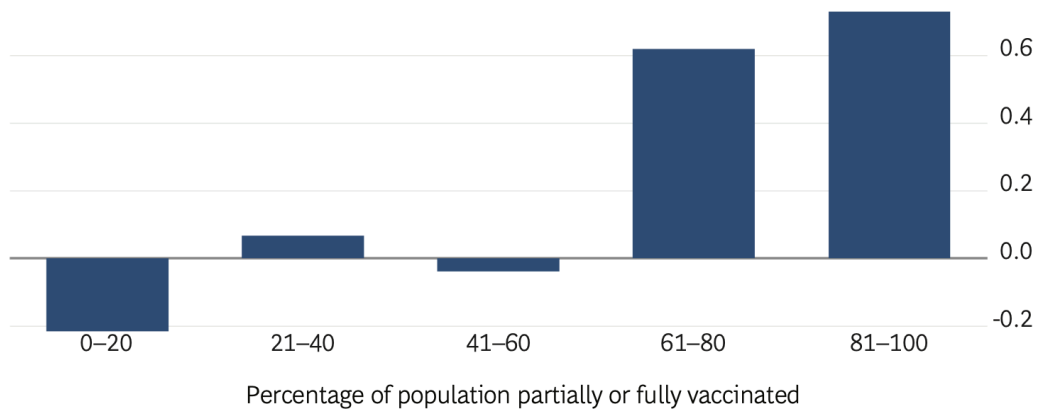
Vaccine distribution networks: The networks of organizations, government agencies, healthcare providers, and community groups involved in the delivery and administration of vaccines to the public.

Covax: A global initiative aimed at ensuring equitable access to COVID-19 vaccines worldwide

Historical Background

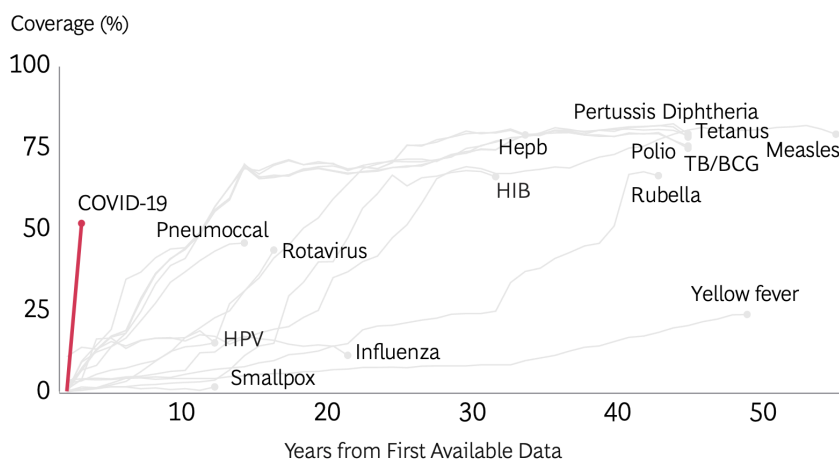
The concept of the vaccine was developed in 1796 by English physician Edward Jenner to counteract Smallpox. With its capacity to prevent specific diseases or mitigate the impact of the infection, vaccination, also known as inoculation, has taken a significant role in encountering Pneumococcal, Human Papillomavirus, Rotavirus, Smallpox, Influenza, Yellow fever, measles, Pertussis Diphtheria, and other fatal diseases.

Just as with other diseases, after Covid-19 emerged in December 2019, global society has put tremendous effort into developing Covid-19 vaccination. Its vaccination is proven to prevent public health crises and mitigate the widespread impact of the Covid-19 pandemic: For example, the diagram (figure 1) below shows how the inoculation rate is correlated with the national economy.



1. Difference between October 2020 forecast and latest estimate (% points)
 Note: "Revision to 2021 output" refers to the difference between real GDP growth rates for 2021 estimated in the October 2020 World Economic Outlook and latest IMF estimates. Sources: IMF, Our World in Data

Figure 1: Average revisions to 2021 GDP growth by levels of vaccination (% points)



Source: COVID-19 Vaccine Development and Rollout in Historical Perspective, Center for Global Development (February 2022) - Amanda Glassman, Charles Kenny, and George Yang

Figure 2: Historical speed of vaccine rollout against transmissible diseases

While Covid-19 vaccination seems to be progressing at an unprecedentedly rapid rate compared to past diseases (figure 2), the rate of Covid-19 vaccine delivery was unequal and did not meet expectations made by G20 leaders in 2021.

To improve vaccine distribution, different global organizations have made an effort.

Until October 2020, the World Bank has approved financial operations to "support vaccine rollout in 78 countries amounting to US\$10.1 billion." This money is allocated to 1) International Bank for Reconstruction and Development: \$4.94 billion, 2) The International Development Association \$4.91 billion, 3) Other funds* \$.24 billion. Furthermore, this program has expanded to "\$20 billion" on "On June 30, 2021." Their work and support are utilized to assess readiness, evaluate priority, purchase more vaccines, and manage their distribution.

Between October 2020 to June 2021, Covax program, mainly led by WHO along with the Coalition for Epidemic Preparedness Innovations (CEPI), Global Alliance for Vaccines and Immunization (GAVI), and UNICEF, functioned for multiple purposes in responding to Covid-19. According to WHO, "It provides normative guidance on vaccine policy, regulation, safety, R&D, allocation, and country readiness and delivery." This program progressed to develop The COVID-19 Vaccine Delivery Partnership: a program designed to support countries with low inoculation rates.

Between February to April, 2022, G20 Finance Ministers and Central Bank Governors had a meeting in February 2022 where they urged the World Health Organization (WHO) and World Bank (WB) to cooperate to a deeper extent for the purpose of acquiring, managing, and distributing vaccination supplies in a more rapid manner. After this urge, WHO, along with cooperation with members of the COVID-19 Vaccine Delivery Partnership, United Nations International Children's Emergency Fund (UNICEF), World Trade Organization (WTO), and International Monetary Fund (IMF), submitted a response report on April 20, 2022: this report pointed out an executive summary of current challenges, recommendations for future resolutions, and invitation of reliable organizations to cooperate.

Current State of Affairs

Over the course of the COVID-19 pandemic, the worldwide administration of the third dose of the diphtheria-tetanus-pertussis (DTP3) vaccine – often used to assess how well countries are doing in providing routine immunization services to children – experienced a decline in global coverage. In 2019, the coverage stood at 86 percent, but by 2021, it had dropped to 81 per cent, marking its lowest level since 2008. However, there is some positive news as per the 2022 WHO/UNICEF Estimates of National Immunization Coverage (WUENIC). In 2022, there was a slight recovery, with DTP3 coverage increasing to 84 per cent.

The global immunization recovery in its early stages has been uneven, with notable improvements observed only in a few countries. While countries like India and Indonesia, with large populations of infants, have shown progress, it masks the slower recovery, stagnation or ongoing declines witnessed in the majority of low- and middle-income countries.

Despite ongoing efforts towards recovery, a staggering 20.5 million children remained either unvaccinated or under-vaccinated in 2022. Furthermore, the number of children who did not receive any vaccines, often referred to as zero-dose children, reached 14.3 million – a significant increase of 1.4 million compared to 2019.

As the world strove to recover from the COVID-19 pandemic, it faced additional challenges in 2022. These challenges include a growing population of children residing in fragile and conflict-affected settings, an alarming rise in misinformation, as well as persistent supply issues.

Stances of Parties

Australia

With more than 90% of citizens of 16 having received at least two doses of a COVID-19 vaccine and able to support additional booster shots for adults, Australia has one of the highest vaccination rates in the world. Even with this high rate, disparities in vaccine distribution exist internally in Australia, leaving indigenous people behind. Despite the help requests, the vaccination gap between the general Australian population and native populations such as Aboriginal and Torres Strait Islanders remains, having about 30% of vaccination gaps. The health department of the government of Western Australia, spokesman said increasing vaccination among Aboriginal communities is now considered important and a key focus for the state's vaccine program.

Afghanistan

Due to the long internal instability, Afghanistan has been placed in the blind spot of vaccination. Regardless of the current situation, the Taliban government, newly in regime, proposed a plan. According to the national plan for COVID-19 vaccination in Afghanistan by the Ministry of Public Health, their deployments are summarized in three categories:

1. Protect vulnerable groups from morbidity and mortality due to COVID-19 disease
2. Interrupt transmission and outbreaks of COVID-19
3. Protect critical social and routine health services

Belgium

Several studies have identified social inequalities in SARS - CoV - 2 infection and related COVID-19 outcomes in the Belgium population. According to those results, non-Europeans were almost three times more likely to be unvaccinated compared to Belgian nationals. Thus, single parents and people living alone were more likely to be unvaccinated compared to unmarried/married couples with children. The Belgian government is in a position to reduce those who are alienated from the quarantine policy first.

Brazil

Being one of the world's leading immunization programs, Brazil tries to reduce disparities among socially vulnerable people, including indigenous people and traditional African communities. Especially, the health care system takes special care of indigenous people since the group can be chronic to plagues due to their "collective way of living".

Canada

According to the official government website of Canada, Canada prioritized equitable access to vaccines and played a leading role in the COVAX, contributing significant financial support and donating vaccinations. They have handled the pandemic by emphasizing support for vulnerable populations, particularly women and children experiencing poverty and exclusion. Canada has been one of the largest contributors to ACT-Accelerator partners, contributing \$1.272 billion to the vaccination pillar.

China

China has achieved significant milestones in vaccination, with an average rate of over 19 million doses administered per day, surpassing most other nations. China's vaccination strategy involved the development of multiple vaccine types that have completed full clinical trials. The Chinese government has emphasized voluntary vaccination, but some local governments faced pressure to meet vaccination targets, particularly in rural areas. China has also actively participated in international efforts to address vaccine inequality, providing significant vaccine assistance to developing countries and joining the COVAX initiative to ensure broader access to vaccines globally.

Democratic Republic of Congo

DRC remains among the most vulnerable countries in the world to the spread of vaccine-preventable diseases, as evidenced by the most recent outbreaks of measles, polio, and yellow fever. They have poor infrastructure difficult access and weak health systems, leading to a high proportion of zero-dose and under-immunized children. In 2021, the WHO and UNICEF estimated that more than 700,000 children in the DRC were zero-dose. According to The World Bank's "DRC COVID-19 Strategic Preparedness and Response Project", DRC aims to enhance the country's healthcare systems, strengthen its capacity to detect and manage COVID-19 cases and improve the coordination and communication of response efforts.

Denmark

Followed by the research published in BMC Public Health, COVID-19 and other vaccinations uptake in Denmark was generally high across all socio-demographic groups. However, there were notable differences in vaccination rates among certain groups. Older age groups, females, individuals with higher income, and those with a higher level of education had higher vaccine uptake compared to younger age groups, males, and individuals with lower educational attainment.

Egypt

Egypt's approach to COVID-19 vaccine distribution shows unfairness and inequality, reflecting global trends. Some young individuals and privileged groups seem to be getting priority access. This unequal distribution poses challenges, with slow progress. Many Egyptians call for fair access to vaccines as a human right and

suggest waiving intellectual property rights to speed up production and ensure equitable distribution.

France

France is one of the most active, major participants in the COVAX Facility. The country has committed to donating 120 million COVID-19 vaccine doses to support vaccination efforts in developing nations. In just a year, France has already provided 124 million doses, with around 80 million doses reaching partner countries. Their focus is on vulnerable regions with fragile healthcare systems, particularly in Africa and South-East Asia, to ensure equitable access to vaccines and combat the pandemic's impact. As follows, the ministry of foreign affairs of France claims that France's approach demonstrates the power of international cooperation in addressing global challenges like COVID-19.

India

Congress leader Rahul Gandhi claimed that the government's vaccine distribution policy is far from being fair and has substantial inequalities. "In the absence of a fair policy for vaccine distribution ..." he said, citing a media report emphasizing the disparities in vaccine distribution. The cited report claims that there are allegations of disparities in vaccine distribution, with nine private hospitals receiving 50% and six cities receiving 80% of the Covishield and Covaxin stocks, two COVID-19 vaccines developed and manufactured in India.

Israel

The Israeli Health Ministry tends to only focus on vaccinating their own citizens, including Israeli settlers living inside the West Bank, and Palestinian residents of Jerusalem. The Israeli government is mostly indifferent to vaccinating the 5 million Palestinians living in the Gaza Strip and the West Bank. Despite several human rights groups such as Amnesty condemning this as an unequal, discriminating act and Israel's continuation of ongoing attempts to prevent the creation of a Palestinian state, Israeli officials strategically present Palestine as an autonomous nation when regarding vaccinations and public health.

Italy

Italy seems to be in good shape in terms of vaccine inoculation. As of October 6, 2023, approximately 145.1 million COVID-19 vaccine doses were injected in Italy. These statistics can be also written as roughly 85 percent of the total population or around 50 million population in Italy received two doses. Expanding on, Italy has also put in effort to address the situation in other countries as well, by providing "2 million euros to the World Health Organization to support efforts to vaccinate 40% of the targeted population in Syria by the end of 2022" whereas this support targets to help "internally displaced people, refugees and high-risk groups in formal and informal settlements" (WHO).

Japan

Japan's contribution to COVAX strengthens the global vaccine distribution system during the pandemic. At the Gavi COVAX AMC Summit, Prime Minister Kishida Fumio emphasized Japan's support for vaccine equity and pledged \$500 million on top of the previous \$1 billion contribution. Japan became one of the first developed countries to join COVAX, and through direct and indirect vaccine donations, it provided 24.65 million doses to strategically important countries in the Indo-Pacific region, while contributing 19.38 million doses through COVAX. As part of its Free and Open Indo-Pacific vision, Japan's vaccine diplomacy counters China's influence, reinforcing strategic partnerships with Quad countries.

Norway

Norway aims to strengthen global health readiness and ensure fair access to vaccines, especially in countries with weaker health systems. They support a new initiative called the Financial Intermediary Fund (FIF) to improve pandemic preparedness in collaboration with the World Bank and WHO. Norway believes that the interconnectedness of health security among nations requires common solutions. Norway has actively promoted equitable access to COVID-19 vaccines for developing countries.

Pakistan

Pakistan is working hard to distribute COVID-19 vaccines all over the country. They have already given out 30 million vaccine doses as part of their vaccination campaign. Furthermore, Pakistan is getting support from organizations like UNICEF and COVAX to get vaccines and supplies. They are also making efforts to reach underserved communities and address vaccine hesitancy by providing information and dispelling myths that have been exacerbating the vaccinations in Pakistan.

Philippines

The Philippines has a positive perspective on vaccine distribution, as many people are grateful for the vaccines, which improved their lives by allowing them to be relatively free from infectious diseases. For example for COVID-19, the government has been actively giving vaccines, with over 153 million doses administered. They are also dedicated to reducing vaccination disparities in remote and disadvantaged areas like Tarlac province with the help of various agencies and health workers' dedication. Going forward, the Filipino government plans to provide booster doses to vulnerable groups and expand vaccination in regions like the Bangsamoro Autonomous Region with the support of the World Bank.

Poland

Due to the ongoing armed conflict in Ukraine since February 2022, Ukrainian refugees caused the largest migration movement in Europe. According to the study

by Wroclaw Medical University in Poland, this has caused the failure of the COVID-19 vaccination program, with a full vaccination rate of less than 40%. Furthermore, as hundreds of thousands of people wait at the border, where maintaining a social distance is nearly impossible, many refugees are under threat of infectious diseases such as SARS-CoV-2. On the other hand, two months after the Ukraine war began, Poland Health Minister Adam Niedzielski said Poland has decided to cancel agreements to purchase the BioNTech/Pfizer coronavirus vaccines, which raised health-related concerns in Poland.

Russia

Russia's perspective on reducing disparities in vaccine distribution has been to promote equitable access to COVID-19 vaccines and ensure that the vaccine reaches all segments of the population. One notable action was the development of its own COVID-19 vaccine, Sputnik V, which was positioned as an affordable and accessible option for many countries worldwide. In addition, in January 2021, it reached an agreement with India to produce Sputnik V locally to improve accessibility to the vaccine in India and other countries.

Somalia

Somalia's perspective as a country facing various challenges, including a weak healthcare infrastructure and ongoing conflict, they are dedicated to being engaged with international initiatives to improve vaccine access. Somalia has been relying on others' donations to access the vaccines. For instance, Somalia has received 163,000 COVID-19 vaccine doses from Germany through the COVAX facility. Sascha Kienzle, Deputy Ambassador to Somalia said, "We stand firmly with Somalia to protect its people against COVID-19."

Thailand

Thailand is home to more than 3 million migrant workers from nearby countries. The Government of Thailand has initiated an inclusive policy to provide COVID-19 vaccines to all migrant workers and expats in Thailand. Dr. Jos Vandelaer, WHO Representative to Thailand, said: "Covid-19 does not discriminate. Everyone is at risk. Thailand has taken an inclusive approach to COVID-19, ensuring migrants and other communities can get vaccinated and ensuring no one is left behind. This requires a truly collaborative approach involving many stakeholders who work with the Government to ensure that migrant workers benefit from all the measures Thailand has put in place to combat and contain this pandemic." Thailand's vaccine equality policy reduces disparities in vaccine distribution.

United Kingdom

The UK government's position is to make sure every UK citizen has a chance to get the proper vaccinations, especially those who might face challenges. As of July 2023, COVID-19 spring boosters were administered to residents of older adult care homes

in England, helping to reach vulnerable communities. As of 4 July 2023, it is estimated that 77.6% of all older adult care home residents, and 83.9% of all eligible older adult care home residents, have been vaccinated with a spring booster. The government's focus on accessibility and equity is reflected in these efforts to ensure that the vaccine reaches everyone, regardless of their background or location.

United States

The United States president Joe Biden said, “ as long as the virus is spreading anywhere, it’s a threat to people everywhere, including Americans here at home”. This quote reveals the perspective of the United States on unequal vaccine distribution. They believe that the spread of diseases can be stopped if and only if every person on Earth gets proper vaccinations. According to the U.S. On The Department of State website, they shipped 688,034,090 vaccine doses globally.

Venezuela

In Venezuela, the government led by Maduro has been slow and secretive about giving out COVID-19 vaccines. The government said they would get vaccines but ended up waiting a long time for them to arrive, without telling people much about their plan. They got a number of vaccines from Russia and China, around 3.5 million doses, which doesn’t satisfy the need. To compensate for the vaccination failure, Maduro has begun importing two experimental Cuban vaccines. But neither of the two vaccines got approval from WHO, nor proved by peer-reviewed studies.

Possible Solutions

Increasing the net production of Covid-19 vaccination

This is the simplest yet most certain way to deal with the agenda. This solution cannot be adapted with an effort of just a single country: Rather, it requires multilateral cooperation where different nations contribute separate aspects such as finance, technology, transportation, and place.

Developing secured vaccine delivery infrastructure

The committee should discuss how to manage effective vaccine distribution: This branches into two-parts, one being how to distribute vaccination (Such as how many doses go to a specific country), and the other is to ensure the vaccine is delivered safely and in good condition.

Forming a way to evaluate the status of vaccine distribution and disparities

As an international organization, WHO takes action after having a close examination and analysis. These processes of data searing were done in several key health organizations such as the Centers for Disease Control and Prevention and WHO. Those kinds of reports include key information such as the rate of people with different inoculation rates, fatality, people's perception of disease, and sharing of the symptoms. These Reports are essential as it bases the optimal approach. In order to construct a more comprehensive and accurate database, international organizations such as WHO and different governments must cooperate to curtail procedural delays and boost studies.

Preparing for the Future Pandemic:

Although not certain, many experts now foresee the end of the Covid-19 pandemic: real endemic. WHO should consider successes and failures during the past pandemic and its vaccination distribution in order to establish clear guidelines and action plans for the future to prepare for disease, whether it is known or not, so the committee can counteract pandemic with minimal confusion.

Questions to Consider

1. Does your country manufacture a Covid-19 vaccine? How does this affect the country's stances?
2. Considering that there are many options that global society can take to address Covid-19, evaluate the effectiveness of the vaccination. To what extent should global society pay attention to vaccination? What are the strengths and weaknesses (limitations) of vaccinations over direct treatment?
3. Which United Nations or international organization can cooperate together to adhere to the agenda? For example, World Trade Organization (To make transportation of vaccines in an agile manner)?
4. Assuming Covid-19 will end one day, what infrastructure or system can global society build to prepare for new disease and its effective vaccine research and distribution?

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