



Background Guide

World Health Organization

1 | Responding to the monopolization of Covid-19 vaccines

JEJUMUN IX

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Date of Conference

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Committee Introduction

WHO is an organization within the United Nations system aiming to ensure the global maintenance of health. It has been responding to various health-related outbreaks throughout recent history, including Zika, HIV, malaria, and tuberculosis. WHO puts effort to unite the 194 member states in terms of supporting vulnerable groups of people to receive fundamental resources of healthcare, and it works in over 150 countries' borderlines to respond to some of the world's most serious issues regarding health, including the Covid-19 pandemic. The organization was formed on April 7, 1948. In 1945, when diplomats around the world gathered to create the United Nations after the end of the First World War, one of the most significant aspects they considered necessary was to set up an organization for global healthcare, and thus WHO was organized after three years.

WHO attempts to finance developing nations in order to ensure their access to proper healthcare, including necessary medicines and technology. It sets up standards for research agendas and worldwide health-related issues, supervises health trends, and determines choices regarding medical choices based on collected data. In cases of emergencies, WHO takes charge of figuring out what the initial problem is and calculating the possible effects and risks of solutions it comes up with. It also sends necessary health equipment or services to marginalized areas.

Agenda Introduction

The monopolization of Covid-19 vaccines causes the vaccines' cost to jump at least five times more expensive than what the original cost would have been. Vaccine companies such as Pfizer and BioNTech demand approximately \$41 billion more than the monetary resources originally consumed to create the vaccines. Colombia, for example, has overpaid about \$375 million in exchange for Pfizer BioNTech, and Moderna, whereas in fact a dose of vaccine can be produced for as little as \$1.20.

The lack of developed nations to support policies regarding the ban of vaccine monopolizations also contribute to the result of developing nations not getting sufficient access to vaccines. A number of more economically developed countries (MEDCs) are negotiating with the World Trade Organization (WTO) to decrease the prices of Covid-19 vaccines. These countries include the United States and France. However, other MEDCs like Germany, the United Kingdom, and the European Union still keep their vaccine prices high. Likewise, in 2021, only 0.7% of the entire production of vaccines was sent to developing countries. On the other hand, developed countries received about 47 times more vaccines than developing countries did. These factors all lead to the continuous scarcity of vaccines in the developing world.

This issue does not only affect third world nations but affects the entire globe as a whole. The reason is that in order for a pandemic to end, it requires an entire population of the respective species to become immune to the virus. Thus, if only the rich portion of humanity is safe from Covid-19, even such bourgeoisie are not entirely safe from the virus, let alone the marginalized populations. Therefore, this committee's goal in the status quo is to create a worldwide solution for all groups to comply that would properly respond to the monopolization of Covid-19 vaccines.

Letter from the Chairs

Dear Esteemed Delegates Welcome to the JEJUUMUN9 WHO Committee,

My name is Paul Kim, and I am greatly honored to be serving as your head chair for this WHO committee. To briefly introduce myself, I am a 9th-grade student at St. Johnsbury Academy Jeju (SJAJ). JejuMUN 9 would be my 6th conference and the first conference in the second year of my MUN journey. However, it will be the first time for me to chair a committee and I am very much looking forward to it. Anyways, welcome to JejuMUN 9 and our committee! I am pleased to observe exciting debates and delegates' unique stances. Delegates, now are the time for the preparation to demonstrate your country's stances within your logic and diplomatic qualities!

Greetings, delegates! This is Alice Nah, and I am very grateful for this excellent opportunity to serve as your deputy chair in this WHO committee. For a quick introduction of myself, I am currently a middle schooler, enrolled as an 8th grader in St. Johnsbury Academy Jeju this year. Therefore, I believe there will be more things to learn from the older chairs and delegates, which I am very excited about. JejuMUN 9 is my 6th conference if I count all of my experiences regarding MUN, but this is my first experience as a chair, which is another reason why I am looking forward to this committee so much! I would like to say that all of us chairs genuinely welcome every single delegate in this committee, regardless of their age, experience, or school. MUN is not a thing to be scared of. Everyone was a beginner at first, and gradually you will learn that MUN is a place to become a diplomat, a speaker, a leader. So delegates, put down your burdens and enjoy the conference!

Hello, delegates! My name is Nayoung, and I am very honored to serve you as an assistant chair for this WHO committee. For a brief introduction, I am a student from St. Johnsbury Academy Jeju. Jeju Mun is the 5th conference in the first year of my MUN experience. I have been chairing as a head chair, and deputy for some committees and I am also looking forward to having a wonderful experience for JejuMUN 9! I am looking forward to passionate debating and speeches regardless of how experienced or a new MUNer they are. There is nothing to be feared or nervous about being inexperienced in the committee. Everyone was a beginner at first and so was I. Even now chairs make mistakes and experienced delegates make mistakes too. Just remember to not get stressed and try to enjoy the time! I will be looking forward to meeting you all!

Key Terms

Patents: an intellectual property that gives a creator the legal right to monopolize and be the sole user, maker, or seller of the invention for a limited amount of time. For example, if a person invents a cure for all cancers and patents it, only this inventor may have the legal rights to use, sell, and produce this priceless cure.

Vaccine efficacy: a measure of the efficacy of vaccines in a controlled environment during clinical trials, meaning that the efficacy percentage does not equate to the actual vaccine protection in real-life scenarios.

mRNA vaccine: a vaccine that uses the messenger ribonucleic acid (mRNA), a molecule that is found in the cells that carry genetic information to make proteins in the human body. The mRNA vaccine creates proteins similar to a foreign virus. In the case of COVID-19 mRNA vaccines, the protein that is created is like the COVID-19 virus, giving the vaccinated individual immunity when infected by the actual virus. Pfizer and Moderna's vaccines use the mRNA format.

Viral-based vector vaccine: a vaccine utilizing viral vectors, which are modified versions of a virus. Once the body is immune to this modified virus, people gain an immune system to the original virus as well. Johnson & Johnson's Janssen Ad26.CoV2.S vaccine is a type of viral-based vector vaccine.

The COVID-19 Vaccines Global Access Facility (COVAX): Covax facilities are co-led by three major organizations, the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi the Vaccine Alliance, and WHO. COVAX is the pillar of the Access to COVID-19 Tools (ACT) Accelerator, which targets to speed up global communications on the development, production, and equitable access to COVID-19 test kits, treatments, and vaccines. WHO provides guidance on vaccine policy and also coordinates its member to support vaccine monitoring. They are aware that some nations are not able to order the proper amount of vaccine doses, therefore, COVAX is dedicated to maximizing the chances of underprivileged people to get COVID-19 vaccines as quickly, safely, and fairly.

Vaccine Subsidy Scheme (VSS): VSS, under the guidance of WHO, subsidizes governments to make vaccines cheaper and, therefore, more accessible to the public. Subsidies are where the government pays for a certain percentage of the product.

Clinical trial: a research study that tests how new medical approaches, such as vaccines, work on people in a controlled environment.

Convalescent patient: patients in the recovering stages or in the latter stages of a serious illness or an infectious disease.

Long-Acting AntiBodies (LAABs): antibody therapies that mimic natural antibodies that can treat patients infected with a targeted disease or prevent the disease for non-infected patients. AZD7442, a combination of two LAABs - tixagevimab (AZD8895) and cilgavimab, has significantly reduced extreme COVID-19 symptoms, hospitalization, and death rates.

Herd Immunity: Herd immunity occurs when the majority of a community becomes immune to a disease. It refers to the resistance of a group to a specific infection. Therefore, herd immunity provides secondary protection for non-infected individuals from the spread of additional infectious diseases is possible. Herd immunity is considered the ultimate solution to resolve the COVID-19 infection and this pandemic.

Historical Background

2019 December 31st: First Report of the COVID-19 Case

COVID-19, also known as the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) was first reported from Wuhan, China, on 31 December 2019. The virus was first separated from three patients connected to a cluster of acute respiratory illness cases in Wuhan. Since many of the early infectees were from Huanan Seafood Market, some experts claim that the virus originated from the market. However, the exact source of viral transmission to humans and how the virus became pathogenic are still not confirmed.

2020 March 11st: WHO Declares COVID-19 a Pandemic

WHO declared the COVID-19 outbreak a global pandemic. Dr. Tedros Adhanom Ghebreyesus, the WHO Director-General, said that the WHO is deeply concerned about the exponential spread of the virus and governments' inactions. With WHO urging global corporations to act upon this transnational pandemic, many countries became more alerted to COVID-19 and announced various COVID-19 policies.

2021 January 29th: European Commission introduces an authorization mechanism for exports of COVID-19 vaccines

In order to ensure access to the COVID-19 vaccine for all nations and citizens of Europe, the European Commission decides to limit the vaccination exports that leak out of Europe. The president of the European Commission Ursula von der Leyen said, "The pandemic has devastating effects in Europe and all around the world. Protecting the health of our citizens remains our utmost priority, and we must put in place the necessary measures to ensure we achieve this."

2021 February: China Donates Sinovac Covid Vaccines

The People's Republic of China have donated 600,000 doses of Sinovac COVID-19 vaccines to the Philippines on February 28th, 2021. The former President of Philippines, Rodrigo Duterte has said, "I convey my sincere gratitude to the Chinese people and the government of China for this gesture of friendship and solidarity... receiving the CoronaVac vaccines from China makes another step forward in the Philippines' ongoing fight against COVID-19". President Duterte has sincerely thanked China and encouraged the citizens to be vaccinated. China has triggered vaccine diplomacy, donating Chinese COVID-19 vaccines in order to improve diplomatic relationships between nations. The walk of the Chinese government apparently distinguished from the western world's national priority policy on COVID-19 vaccines. China donating their Sinovac Covid Vaccines and pressing their vaccine diplomacy may result in a new cold war atmosphere of competition over diplomacy relationships.

2021 August 23rd: U.S. FDA Approves the First COVID-19 vaccine from Pfizer-BioNTech

The U.S. Food and Drug Administration (FDA) approved the COVID-19 vaccine developed by Pfizer-BioNTech. The vaccines would be used to prevent Covid-19 diseases in individuals 16 years of age and older. But the vaccines can be also used for immunocompromised individuals through the age of 12 to 15 under the emergency use authorization (EUA). FDA's approval is proof that the vaccine had met an exceedingly high standard of safety, effectiveness, and manufacturing quality for public usage. The approval of this credible institution became the milestone of a movement to stop the widespread of the virus by generating additional confidence in the public to be vaccinated.

2020~Present: COVAX distributing their donated COVID-19 vaccine doses

Shared or donated doses were an important source of COVAX vaccine supply in 2021, accounting for 60% of the total dose. But the donation also showed a cross-section of COVAX. As a result, COVAX delivered less than half of the 2 billion doses originally targeted for 2021. COVAX delivered 70% of the 776 million doses donated in 2021. The United States is the single largest donor of the COVID-19 vaccine (41%), followed by China (12%) and Germany (11%). COVAX is most contributing to the block monopolization of particular nations and equitable distributions to all nations worldwide.

Current State of Affairs

The current situation of COVID-19 is still threatening but generally considered stabilized compared to during the vertex of the pandemic. Currently, by August 18th, 2022, there are about 900,000 new cases around the world which are generally decreased the number of cases compared to the peak of the pandemic. By August 18th, 2022, 12.5 billion COVID-19 vaccine doses were used and around 62.95% of the world population, 4.91 billion people got fully vaccinated.

This change-making movement was able through the largest vaccination campaign in human history that occurred in 2022. More than 12.4 billion doses have been handled in 184 countries around the world according to data from Bloomberg. On the other hand, the vaccination gap between nations has escalated. For example, in the United States, 604 million doses were given and 180.2 doses were given for every 100 citizens. At the same time, in the Democratic Republic of the Congo, 4.12 million doses were given, and it was only 4.6 doses for every 100 citizens. Represented as this data, vaccine doses are abundantly produced and delivered, but it was not equitably distributed to every nation and people.

Not only limited to the COVID-19 policies of the United States and its allies but other countries are also interested in vaccine distributions. Vaccine diplomacy has risen as part of the diplomacy competition among great powers. In the early times of the pandemic, China and Russia dominated the global vaccine diplomacy race while western nations suffered from hoarding and acquiring their vaccines. However, as the majority of adults in western nations became fully vaccinated, restrictions for COVID-19 vaccines were eased. China, which became a starting point of a vaccine diplomacy competition, has donated 27 million COVID-19 vaccines and selling more than 400 million Chinese-produced vaccines. Similarly, Russia has also provided an offer to the African Union to buy 300 million doses of the Sputnik V vaccines. Similarly, the United States has contributed 500 million Pfizer vaccines and the United Kingdom has donated at least 100 million vaccines to COVAX. The full-fledged vaccine diplomacy competition today has brought a win-win effect to both sides and to the entire world.

Stances of Parties

Brazil: With national healthcare, 75% of the Brazilian population has received healthcare measures through the public system. 73% of the whole population in Brazil got fully vaccinated and 83% of the people got 1st vaccination. There aren't any policies requiring people to be vaccinated. 54.55% of people in Brazil have received the booster shot.

Canada: Canada has some sort of vaccination policy. It does not require all people to be vaccinated, but for traveling to other countries they should be fully vaccinated. Thus, people who are working are mandatory to be fully vaccinated. These national policies resulted in 82.7% of the fully vaccinated population within its nation. 49.55% of people in Canada have received the booster vaccination.

China: The Chinese drug regulator has recently approved the Chinese pharmaceutical Fosun Pharma-made mRNA vaccine, a replica of the one made by Pfizer and BioNTech. There are certain concerns over the efficacy rate of the vaccine, however. As it is made with older technology, its protection rate against new variants is rather questionable. With national support and strong policies mandating vaccines for many residents, China has 89.3% of its population fully vaccinated. 56% of Chinese people have received the booster vaccine.

Congo: Congo only has 2.5% of the whole population fully vaccinated and 3.3% of its population has received the first dose. Though Congo is recommending people to have a vaccination even for infants from 6 to 11 months or older, it lacks critical access to vaccines, in general, to supply to its citizens. For its booster vaccination process, Congo has had less than 1% of the population who got vaccinated.

Ethiopia: The number of people who got fully vaccinated is 25,902,313 which is about 34.2 % of the whole population and people who got 1st vaccination is about 39.9% of the population. Ethiopia also recommends people to have a vaccination even for infants from 6 to 11 months or older. 15% of the population have received booster shots.

France: With 78.5% of the whole population fully vaccinated and aiming for nationwide herd immunity, the French government is considering the return of health passes to urge the remaining reluctant citizens to receive further vaccinations. France is recommending people who are over 18 to receive a booster dose of an mRNA vaccine for no longer than 9 months. France has 59.8% of the population who received booster doses.

Greece: Greece has imposed a vaccination mandate for the 60 and older age group to minimize fatality rates of Covid infections. The number of people who got fully vaccinated is 7,629,060

which is about 71.2% of the whole population and people who got 1st vaccination are about 73.9% of the population. 58.2% of the whole population have received the booster dose.

India: AstraZeneca has also established an alternative production site with the Serum Institute of India (SII) that produces Covishield. According to Adar Poonawalla, chief executive officer, Serum Institute of India, Covishield “is [a] highly effective vaccine against novel coronavirus”. India was able to receive alternative production due to the ever-so growing need with a large population. India’s current booster rate of 3.2 percent.

Israel: As the nation is small and able to establish a nationwide vaccination program in a short period of time, Israel is the typical pilot (testing) country for pharmaceutical companies. Hence, Israel was able to administer vaccinations to more than half of its population during the early stages of the pandemic due to its rapid rollout. So almost half of the population have got the booster shot.

Japan: Japan also does not have any national pharmaceutical companies that have produced COVID-19 vaccines. However, with vigorous diplomatic movement and efforts to provide sufficient vaccine access, Japan hit over the 70% fully vaccinated mark already in 2021.

South Korea: Despite the fact that South Korea does not have any national pharmaceutical companies that produce COVID-19 vaccines, South Korea has 44,620,756 people who are fully vaccinated which is 88.2% of the national population. Korea has been able to get access to vaccines through ‘swap policies’ and international agreements with nations that have a surplus number of vaccines but lack the healthcare facilities to distribute or store vaccines within the expiration date. About 85% of the people have received booster shots.

Sweden: Holds multiple international pharmaceutical companies with patented medication. One of which is the British Swedish pharmaceutical company, AstraZeneca. With domestic vaccine supplies and Health and Medical Services Act as Sweden’s health system, 73.9% of the Swedish population is vaccinated. For Sweden, about 65% of people got booster vaccination.

Russian Federation: Sputnik V is an adenovirus-based vaccine developed under the Gamaleya Research Institute of Epidemiology and Microbiology under the Russian Ministry of Health. Regardless of national development and distribution, Russia’s population vaccination rate is currently at 56.4% for at least one dose and 51.5% for fully vaccinated. Due to the illegitimate invasion of Ukraine, Russia is currently facing multiple sanctions from nations and is unable to make unhindered international trade or agreements. There are 36% of people who received the booster shot.

United States of America: Holds one of the largest amounts of patents in the world which is the home of Moderna inc., Janssen, and Pfizer. With a privatized health care system hindering access to vaccines domestically, only 67.4% of the American population is fully vaccinated despite the

multiple pharmaceutical companies. And for booster shot, only 30% of people have got the booster shot.

United Kingdom: Has one of the highest pharmaceutical research and developments in the world with the most known, Oxford AstraZeneca Vaccine, AZD1222 being created in the United Kingdom. With variant outbreaks such as the Alpha in December 2020, the British Government focused national efforts on vaccine distribution with 74.5% of the current population fully vaccinated. 56% of people have gotten booster shots.

Possible Solutions

The fundamental behind any issue regarding medical or pharmaceutical access is “cost.” Pharmaceutical companies that have successfully produced a vaccine have the right to patent their product, which is the main reason behind the priciness of COVID-19 vaccines and monopolization. The CEO of Pfizer said that vaccine monopolies can make the cost of vaccinating the world 5 times more expensive than it actually costs. As Oxfam International stated, “Despite a rapid rise in COVID-19 cases and deaths across the developing world, Pfizer/BioNTech and Moderna have sold over 90 percent of their vaccines so far to rich countries, charging up to 24 times the potential cost of production.” These major companies are profiteering to a degree by creating nine new billionaires through intellectual monopoly. For more profit maximization, vaccines are mainly sold to MEDCs, resulting in LEDCs receiving only 0.2% of the global vaccine supply. Hence, limiting the pricing of vaccines and other pharmaceutical products to a reasonable amount above the potential cost of production on a national level must be considered in order to address the agenda holistically.

Due to the lack of global access to the mainstream vaccines such as Pfizer, Moderna, and AstraZeneca, multiple nations have developed their own strands of COVID vaccines, such as the Russian Sputnik V or the Chinese Fosun Pharma mRNA vaccine, which takes considerable time. Increasing national spending and investments in vaccine development, as well as tax benefits and subsidies for such fields, may facilitate pharmaceutical companies to develop new vaccines and thereby speed up the process. Furthermore, since some of the vaccines are not currently 100% able to prevent people from getting COVID vaccines, nations will need to constantly create new vaccines that can increase the prevention percentile.

Lastly, increasing distribution platforms and supply to COVAX is one way to guarantee further access to developing nations. Making places that can give vaccines to people through distribution centers is paramount in medically set-back nations, as these nations mostly lack the facility to even distribute or store the vaccines

Another area is to simply increase the supply of vaccines by providing more vaccination to other countries. Some countries were unable to access vaccines that are used globally such as Pfizer, Moderna, etc, some countries have a large population which can lead to a low vaccination rate due to lack of vaccines. Though platforms such as COVAX are available and other subsidy programs do exist, developing nations lack the absolute financial capability to even purchase subsidized vaccinations. In such cases, partnerships between other countries such as giving production capabilities to local regions such as the alternative production sites in India can benefit both national distribution and the originating pharmaceutical company. AstraZeneca’s Covishield produced by Serum Institute of India (SII) is a perfect example of this approach.

Questions to Consider.

- Why are COVID-19 vaccines not equitably distributed to every nation?
- Which vaccine (Pfizer, Moderna, AstraZeneca, Sinopharm, Sputnik V, etc) does your country prefer?
- Does the COVID-19 vaccination only relate to the medical field? Does it also relate to economics or diplomacy?
- How does the vaccine diplomacy race change the plate of the COVID-19 vaccine distribution progress?
- How can member states of WHO assist in distributing vaccines?
- What are the reasons that some COVID-19 vaccine-producing countries regulate exports of their vaccines?
- Should all people be able to be vaccinated at the same time or should some people get prioritized?
- Is the booster vaccine effective? Should international communities also distribute booster vaccines to LEDCs or nations that are not capable of independently acquiring enough vaccines?
- What was the WHO's role in distributing vaccines and did it accomplish it successfully? What should be improved? Do any fixed policies fit into the current state of affairs?

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