

**Committee:** World Health Organization

**Issue:** Addressing Vaccine Inequity and Distribution in Developing Nations

**Student Officer:** Claire Myung-Jin Kim, President,  
Kenyu Hayase, Assistant President  
Yein Lee, Deputy Assistant President

## Committee Introduction

The World Health Organisation is a specialised United Nations agency to promotes international public health. WHO was established in 1948 and is succeeding in making the world healthier, safer, and more productive by setting standards of health, monitoring trends in health, and responding to international health issues. The organisation has a firm stance that human rights and health are an integral part of peace and security.

As the WHO is responsible for international health, one of its goals are also to promote vaccine usage amongst, especially, less economically developed countries (LEDCs). The issue of vaccination was highlighted recently during the coronavirus disease (SARS-CoV-2) pandemic, when there was a lack of vaccines worldwide. The WHO responded by aiding vaccination in numerous countries. Similarly, there are ongoing diseases that require vaccination, which many people are struggling to receive due to financial issues.

The WHO works with governments, NGOs, and global partnerships in order to improve vaccine distribution and equity. During the session at CIMUN VI, the committee will aim to create a resolution that effectively targets decreasing the vaccine gap, strengthening health systems, and ensuring equity for all, in developing nations. Delegates of the WHO are expected to propose practical solutions that will foster international cooperation, along with having information that answers [Questions A Resolution Must Answer](#).

## Agenda Introduction

Vaccine inequity remains one of the most pressing global health challenges even after the occurrence of Coronavirus (Covid19). This is particularly a problem seen in developing nations, where millions still lack access to life-saving immunizations. Despite remarkable advances in vaccine research and production, the gap between high-income and low-income countries in vaccine access has widened, exposing deep-rooted structural inequalities within the global health system.

During the Covid19 pandemic, While over 80% of populations in high-income countries received at least one dose of the COVID-19 vaccine by 2023, only around 30% of individuals in low-income nations had access to even a single dose. Sub-Saharan Africa remains one of the most affected regions, with some countries reporting vaccination rates as low as 20%, compared to the global average of nearly 70%. Similarly, for other essential vaccines like those against measles, polio, or HPV, coverage remains critically low in many parts of the Global South.

Multiple factors contribute to this inequity. First, economic constraints prevent low-income nations from securing sufficient vaccine supplies. According to the World Health Organization (WHO), over 75% of global vaccine exports are concentrated among just 10 countries, leaving others dependent on donations or delayed procurement. Intellectual property restrictions and technological barriers further limit local manufacturing capabilities in developing nations.

Logistical and infrastructure deficits also are significant contributors behind unequal vaccine distribution. Rural regions in developing nations often lack reliable cold chain systems, transportation, and healthcare personnel, making last-mile delivery a formidable challenge. The WHO estimates that up to 25% of vaccines are wasted globally, with the majority of these losses occurring in regions lacking robust health infrastructure.

The consequences of vaccine inequity extend beyond national borders. Unvaccinated populations remain vulnerable to outbreaks of preventable diseases, contributing to over 1.5 million child deaths annually from diseases like measles, pneumonia, and diarrheal illnesses. Furthermore, in the context of pandemics, vaccine inequity facilitates the emergence of new variants, prolonging global health crises.

While initiatives such as COVAX, co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI), and the WHO, have made efforts to promote fair vaccine access, significant gaps persist. COVAX aimed to deliver 2 billion doses by the end of 2021, yet by mid-2023, it had fallen short of its goals, hindered by supply shortages, export restrictions, and uneven global cooperation.

As this is an issue that not only tackles currently existing problems but also prepares for further crises, coordinated international action is required. Ensuring fair vaccine distribution is not only a moral imperative but essential for safeguarding global health security and building resilient health systems in developing nations.

## Definition of Key Terms

### **Vaccine Inequity**

The systemic disparity in vaccine access, availability, and distribution between high-income and low-income nations.

### **Structural Inequality**

Enduring economic, political, or social systems that reinforce unequal access to healthcare and essential resources.

## **Global Health Governance**

The international institutions and frameworks responsible for coordinating health policies and managing global health crises.

## **Multilateralism**

Cooperative engagement among multiple nations to collectively address transnational challenges such as pandemics.

## **Capacity Building**

Strengthening the infrastructure, workforce, and systems within developing nations to enhance long-term healthcare delivery.

## **Medical Supply Chain**

The global network involved in producing, transporting, storing, and distributing medical products, including vaccines.

## **Vaccine Diplomacy**

The strategic use of vaccine distribution to influence international relations, promote cooperation, or advance geopolitical interests.

## **COVAX**

A global initiative led by Gavi, CEPI, and the WHO, aimed at ensuring fair, equitable access to COVID-19 vaccines worldwide, especially for low- and middle-income countries.

## **Global Public Goods**

Resources or services, such as vaccines during pandemics, that provide collective benefits across borders and are essential for global wellbeing.

## **Timeline of Key Events**

1974: In May, 1974, WHO launched the Expanded Programme on Immunization (EPI), a foundational program to ensure that children across the globe acquired access to vaccines against common infections such as measles, polio, and tetanus. Later on, the initiative evolved into the Essential Programme on Immunization, which targets populations of all ages rather than just children.

1988: Launched through a partnership with leading organizations world-wide, Global Polio Eradication Initiative (GPEI) was led by the WHO, UNICEF, Rotary International, CDC, and the Gates foundation. It aspired to create a polio-free society and established a global immunization program, which successfully eradicated 99% of polio in the world by 1991.

2000: In June, 2000, Gavi, a vaccine alliance, was established through a public-private global health partnership. It was created with the aim of granting the world's poorest countries easier access to vaccines.

2009: The H1N1 Influenza pandemic highlighted the vaccine access gap between developed and developing countries

2020: The emergence of the COVID-19 marked a major turning point in the public's awareness of infectious diseases and the corresponding vaccination. It spotlighted the international community's insufficient vaccine development and distribution capacity, sparking urgent global efforts to strengthen the vaccine supply chain.

2021: The global COVID-19 vaccine distribution inequity crisis hit its apex as 87% of the vaccine supply was allocated to the high-income countries. WHO's Director-General Dr. Tedros Adhanom Ghebreyesus described the situation as "a catastrophic moral failure".

## Positions of Key Member Nations and Bodies

### **United States of America**

The United States of America is both a significant producer and donor of vaccines. She aided both through financial support and products for the aim of addressing vaccine inequalities to several LEDCs. Nevertheless, recent local administration intends to terminate the country's financial support for organisations that helped purchase vaccines for children in LEDCs.

### **India**

India both produces vaccines and is in need of vaccines. India, which produces over 60 per cent of the world's and 20 per cent of the world's generic drugs, is a leading producer of vaccines, produced to use in and out of the nation. Nevertheless, the rural and often less economically developed areas within the nation still lack access to proper vaccination.

### **Nigeria**

Nigeria, having the largest population in Africa, also suffers from a lack of vaccine distribution. Currently, all vaccines used in Nigeria are imported, leading to economic difficulty in importing vaccines for her people. Her reliance on the external supply of vaccines highlights the difficulty of this situation.

### **Bangladesh**

Bangladesh represents the struggle seen in many other LEDCs, having qualities such as a high population and population density, without proper infrastructure nor the financial ability to provide its people with proper healthcare, including vaccination. Although Bangladesh

attempts to reach out internationally for support, the reality remains that rural areas are not subject to vaccination.

### **Germany**

Germany is one of the world's main vaccine producers, having donated around 119 million vaccine doses in the SARS-CoV-2 pandemic alone. Government officials allocated 750 million euros being available for vaccine development work in 2020 and 2021, and she will continue to massively expand vaccine production.

### **People's Republic of China**

PRC is also one of the greatest vaccine producers and exporters, having exported mainly to Asia, Africa, and South America, particularly less developed nations. Her "vaccine diplomacy" allows vaccine export to countless nations around the world, especially with nations that are less available to, including but not limited to the aforementioned Western nations.

## **Questions A Resolution Must Answer**

1. How do different nations perceive the concept of equitable vaccine distribution, given the disparity between the contribution of developed and developing nations in its research and production? How can the discrepancy of understanding be mitigated?
2. How can and to what level should governments and international organizations balance the commercialization of vaccines against its widespread distribution in developing countries?
3. How can vaccine hesitancy and misinformation be addressed in low-income and rural communities?
4. What long-term measures are needed to strengthen the vaccine infrastructure of developing countries, including cold chain logistics and local manufacturing capacity? How can these measures be implemented?
5. What financial or technical assistance is needed to implement the measures in Q4? Who will be responsible for providing such resources?
6. How can a fair and ethical bilateral or multilateral relationship between developed and developing countries be established for the vaccine supply chain to be maintained in the long-term?
7. In order to promote global solidarity, how can vaccine nationalism be mitigated?

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