AMIMUN'22

AMITY INTERNATIONAL MODEL UNITED NATIONS

AMITY UNIVERSITY

PERSEVERANTIA OMNIA VINCIT

WHO

BACKGROUND GUIDE

22ND - 23RD JANUARY 2022

ANALYSING ACCESSIBILITY TO VACCINE DISTRIBUTION AND VACCINE EQUITY

LETTER FROM THE SECRETARIAT

Dear Delegates,

It gives us great pleasure to invite you all to the second e-Edition of Amity International Model United Nations, a two-day conference scheduled for January 22nd and 23rd, 2022. AMIMUN has established a name for itself on the international stage, as indicated by its status as one of Asia's top MUNs. AMIMUN delegates obtain a better understanding of the UN's inner workings by engaging in diplomatic debates and broadening their awareness of global relations.

Model United Nations allows students to stand up for what they believe in and create a mark on the world. This platform assists delegates in developing into future pioneers who are certain, determined, and energetic. It is hardly an exaggeration to say that MUN has formed us into the people we are today. We are recognized by the United Nations as a conference, and our collaboration with various international and national bodies such as the United Nations Educational, Scientific, and Cultural Organization (UNESCO), the UN Global Compact Network India, Fridays for Future Delhi, Youth for Peace International, the United Nations Population Fund, and PETA India allows us to further enhance the learning experience of the individuals taking part in the Conference.

By adhering to the theme of AMIMUN'22, "***Perseverantia Omnia Vincit*: *Perseverance Conquers All***" the AMIMUN family hopes to inspire delegates from all over the world, to foster powerful discussions that result in solutions, solutions that are borne out of a steel-like determination and perseverance to lead each debate to its rightful conclusion, and to ensure that delegates can navigate the diplomatic complexities that come with representing the agendas and resolutions they have crafted. It is a platform for legislators to conceptualize their opinions in the midst of the COVID-19 pandemic. Whether you are new to Model United Nations or a seasoned veteran, we are confident that you will have a beneficial engagement in the environment of learning that permeates each part of AMIMUN'22.

Please do not hesitate to contact us if you have any inquiries.

Regards,

The Secretariat

AMIMUN 2022

LETTER FROM THE EXECUTIVE BOARD

Greetings delegates,

We welcome you all to AMIMUN 2022. The agenda for simulation World Health Organization stands as "Analyzing the accessibility to vaccine distribution and vaccine equity". This agenda has been chosen after intense deliberation, recent developments, and ongoing discussion of the same in the public and academic circle.

The objective of this guide is to bring forth the situation of vaccine distribution and to orient readers to the multidimensionality/complexity of the debate on the other. The guide is just an introduction to various possible debates. In no way, it is the limit. The guide is made taking into consideration the challenges of a first timer and concerns of individuals starting to do MUNs. The guide will be structured into introduction, history, concerns, role of United Nations and finally questions to consider and links for further reading. The guide in no way represents the views of the moderator or anyone part of the judgment panel. Everything included in the drive are for mere educational purpose and to acquaint readers with multiple narratives.

The WHO will be a single delegation committee. We shall be following UNA-USA rules of procedure. However, do remember, procedures in this council will only be means for facilitation of debate and not the debate themselves. You will be informed about all the changes before the start of debate on day 1. Background Guide won't be entertained as a proof in the council.

While researching try to explore what, why, when, and how of important statements, so as to ensure depth and soundness of your argument. Try to contextualize research (locate events in particular time and space and draw links between events) in order to locate debate in the larger picture. Try to zoom in and zoom out in every situation to look at micro and macro pictures alike. Try researching on the geography, history, economy, and every aspect of the country allotted and the situation under investigation in order to join dots between events effectively. Try researching from various points of views such as legal, social, humanitarian etc. to understand different stakes and different outlook towards the same. All of these steps will be helpful in understanding situations holistically and your expected roles respectively, for the course of two days.

Our aim as an executive board is to provide you an environment conducive and enabling for growth and discussion. We wish to interact with you all at multiple levels and know more than what we have under the agenda. We shall have small breaks within committee to discuss issues relevant to all of us and interact and know each other better. As much as we want to give you what we know to our best, we also wish to learn from each and every one of you in the areas where you excel and areas where you face difficulties. The conference for us is more than a competition, it's a platform to network, to empathize, to learn and to unlearn and most important to experience what it is to be oneself. We request you all to participate enthusiastically for the course of two days and give your best.

For any queries, feel free to contact us.

Regards,

Nikhil Goyal (Co-Chairperson)
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VALID SOURCE OF PROOF IN THE COMMITTEE

Evidence or proof is from the following sources will be accepted as credible:

1. **State-operated News Agencies** – These reports can be used in the support of or against the State that owns the News Agency. These reports, if credible or substantial enough, can be used in support of or against any country as such but in that situation, they can be denied by any other country in the council. Some examples are,

i.) RIA Novosti (Russia) [http://en.rian.ru/]

ii.) IRNA (Iran) [http://http://www.irna.ir/en/]

iii.) BBC (United Kingdom) [http://bbc.co.uk/]

2. Government Reports:

These reports can be used in a similar way as the State Operated News Agencies reports and can, in all circumstances, be denied by another country. However, a nuance is that a report that is being denied by a certain country can still be accepted by the Executive Board as credible information. Some examples are,

i.) **Government Websites** like the State Department of the United States of America [http://www.state.gov/index.htm] or the Ministry of Defence of the Russian Federation [http://www.eng.mil.ru/en/index.htm]

ii.) **Ministry of Foreign Affairs** of various nations like India [http://www.mea.gov.in/] or People's Republic of China [http://www.fmprc.gov.cn/eng/].

iii.) **Permanent Representatives to the United Nations** Reports http://www.un.org/en/members/ (Click on any country to get the website of theOffice of its Permanent Representative.)

iv.) **Multilateral Organizations** like the NATO [http://www.nato.int/cps/en/natolive/index.htm], ASEAN [http://www.aseansec.org/], OPEC [http://www.opec.org/opec_web/en/], etc.

3. United Nations Reports:

All UN Reports are considered credible information or evidence for the Executive Board of the IAEA.

i.) **UN Bodies** like the UNSC [http://www.un.org/Docs/sc/] or UNGA [http://www.un.org/en/ga/].

ii.) **UN Affiliated Bodies** like the International Atomic Energy Agency [http://www.iaea.org/], World Bank [http://www.worldbank.org/], International Monetary Fund [http://www.imf.org/external/index.htm], International Committee of the Red Cross [http://www.icrc.org/eng/index.jsp], etc.

iii.) **Treaty Based Bodies** like the Antarctic Treaty System [http:// www.ats.aq/e/ats.htm], the International Criminal Court [http://www.icc-cpi.int/Menus/ICC]

NOTE — Sources like Wikipedia, Amnesty International, Human Rights Watchor newspapers like the Guardian, Times of India, etc. are typically not accepted as PROOF/EVIDENCE. However, they can be used for better understanding of any issue or on rare occasions, be brought up in debate if the information given in such sources is in line with the beliefs of a Government. **Further, the information submitted as evidence citing reportage from sources such as specified in this note may be at best, treated as having significance in terms of persuasive value - e.g. to cement one's assertions, but never as binding, indisputable fact**.

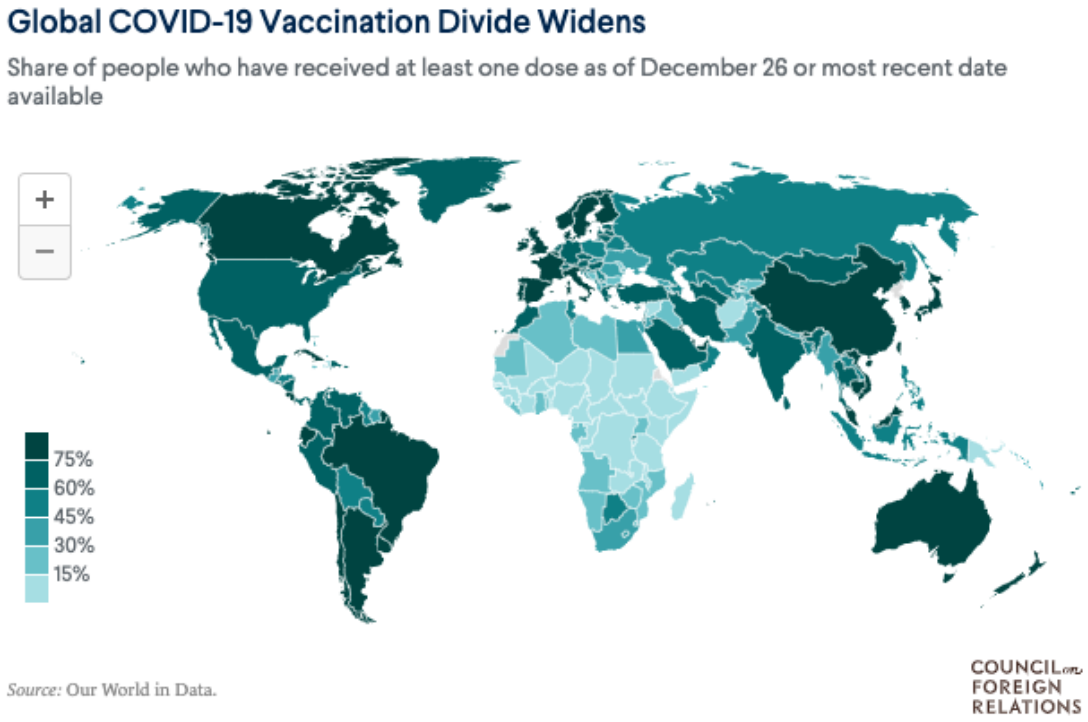
INTRODUCTION

A year into the pandemic of the COVID-19 coronavirus disease, the global effort to develop and distribute an effective vaccine produced several safe and effective options. The accelerated development of multiple vaccines is unprecedented; the process typically takes eight to fifteen years.

However, the immunization of a critical mass of the world's population—which is crucial for getting the pandemic under control—continues to confront challenges, including dangerous new strains of the virus, such as omicron; global competition over a limited supply of doses; and public hesitation about the vaccines.

What is the status of COVID-19 vaccinations globally?

More than twenty vaccines have been approved for general or emergency use in countries including China, Russia, the United Kingdom, and the United States. As of late 2021, close to nine billion doses had been administered worldwide. Several countries—including Portugal, Singapore, and the United Arab Emirates—have made significant progress in immunizing their citizens, while many others have vaccinated only small fractions of their populations.



The uneven rollout of vaccines was felt sharply in places such as India, where the spread of the delta variant and relaxed restrictions led to a devastating surge in mid-2021 that impeded vaccine shipments elsewhere. The country eventually ramped up its vaccination campaign, immunizing more than five hundred million people by the end of the year. Meanwhile, the World Health Organization (WHO) has warned that the lack of access to vaccines in Africa, where less than 10 percent of the population has been fully vaccinated, will prolong the pandemic.

To keep up progress, many countries have implemented or are considering vaccination mandates. For example, Italy and Saudi Arabia mandated COVID-19 vaccinations for both government and private-sector workers. The United States did the same for its public sector and large private employers, though the decision has faced legal challenges. Others have implemented mandates for health-care workers only. At the

same time, childrens' access to COVID-19 vaccines is gradually expanding: in China, children as young as three years old are eligible, and in the United States, they are available to children at least five years old.

Who is involved in vaccine development?

Vaccines are frequently collaborative efforts across sectors of society, with private pharmaceutical firms teaming up with public health agencies or university labs. Here are snapshots of some of the major players in the COVID-19 vaccine field.

Governments. Public health agencies have played critical roles in supplying funds to develop COVID-19 vaccines. In the United States, President Donald Trump's administration launched Operation Warp Speed, a project aimed at developing an effective vaccine and manufacturing enough doses for all three hundred million Americans. The effort, which pledged billions of dollars to companies with promising candidates, brought together several agencies within the Department of Health and Human Services—including the Centers for Disease Control and Prevention, the National Institutes of Health (NIH), and the Food and Drug Administration (FDA)—and the Department of Defense. The European Commission dedicated several hundred million euros to COVID-19 vaccine development. In China, the government has closely overseen efforts on its territory, with state-owned firms such as Sinopharm making up about two-fifths of the country's vaccine industry.

International institutions. The WHO and other multilateral institutions such as the World Bank are focused on financing and manufacturing COVID-19 vaccines for global use, in particular to ensure fair allocation among all countries. Also at the forefront of multilateral efforts is the Coalition for Epidemic Preparedness Innovations (CEPI), a global alliance that was founded by Norway, India, the Bill & Melinda Gates Foundation, the UK-based Wellcome Trust, and the World Economic Forum. Gavi, the Vaccine Alliance—also founded by the Gates Foundation—is a public-private partnership focused on improving vaccine access for lower-income countries. In June 2020, the WHO, CEPI, and Gavi launched COVAX, a global initiative that initially aimed to have two billion vaccine doses available by the end of 2021. (As of December 2021, it had shipped just over eight hundred million doses.)

Private sector. The pharmaceutical industry has driven much of the push. Companies ranging from biotech start-ups to giants such as U.S.-based Johnson & Johnson shifted their research and development efforts to focus on COVID-19. Early research into a vaccine candidate typically receives government funding, such as NIH grants in the case of the United States, but the bulk of financing for clinical development generally comes from private sources. In the current pandemic, however, massive government funding for promising vaccines removed much of the risk for pharmaceutical companies.

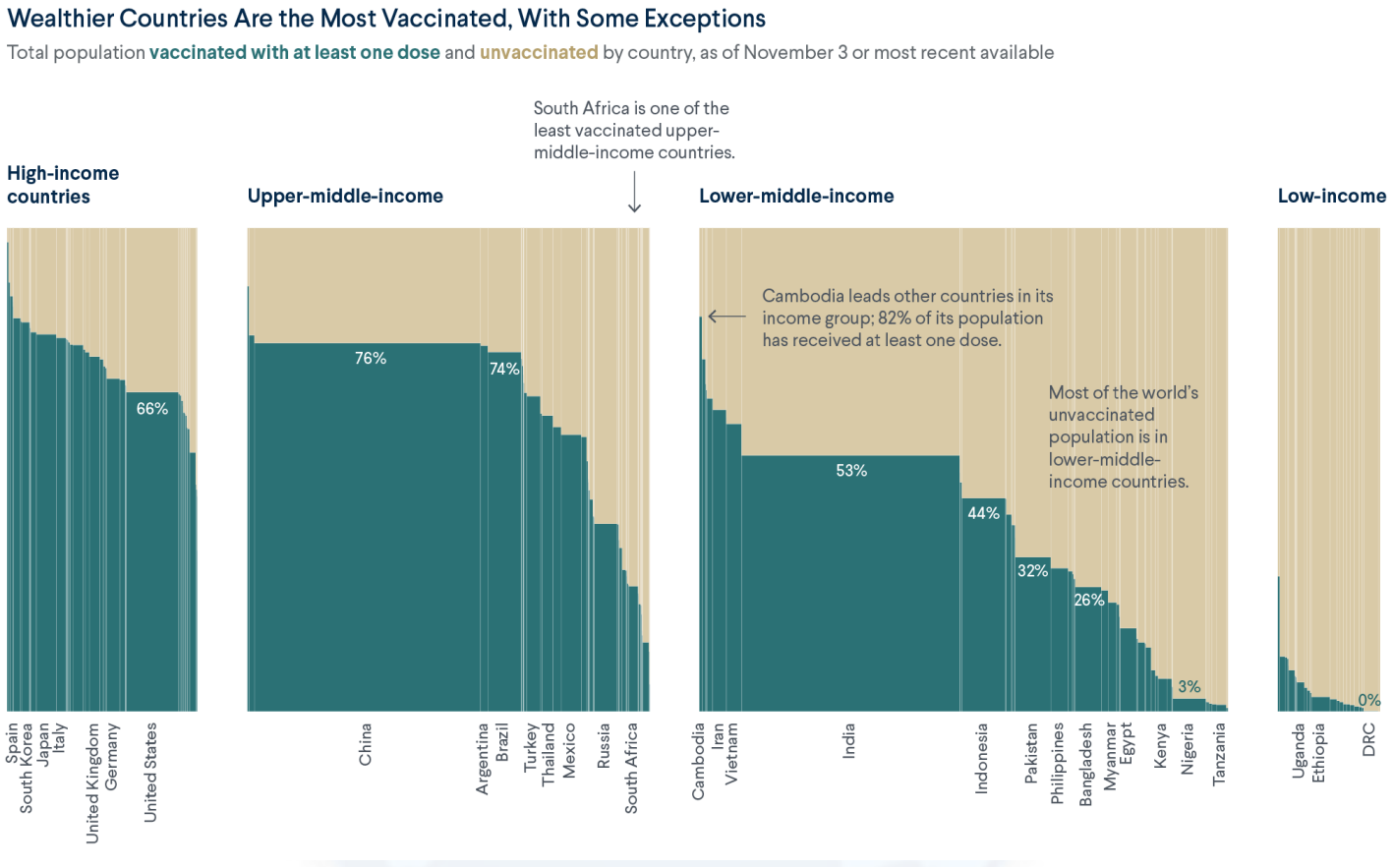
Research institutions and nonprofits. Many of the COVID-19 vaccine candidates have involved a university or college assisting in preclinical research or clinical trials. In the case of the University of Oxford's vaccine, the research team was already working on vaccines for an unknown disease that could cause a pandemic; then, in January 2020, the group zeroed in on COVID-19. The Gates Foundation has been the leading nonprofit funding COVID-19 vaccine efforts.

The Situation

The unequal distribution of Covid vaccines worldwide could have a dampening effect on the economic recovery, the World Trade Organization chief warned on Thursday, saying she is "very concerned" about the matter. Richer nations have hoarded the highest number of limited Covid shots, while many low-income nations have struggled to get their hands on the much-needed vaccines.

Data collected by the WTO, the World Health Organization and the International Monetary Fund show that whereas the U.S. has secured 248% of produced vaccines as a percentage of its population, this rate is only 30% for Mali and 56% for Kenya.

To be sure, just 7% of Africa's population have been fully vaccinated against the coronavirus, according to data compiled by Our World in Data. The European Union and the U.S., meanwhile, have fully vaccinated around 67% and 58% of their populations respectively.



Vaccine Distribution and the crisis

In the United States, where Emergency Use Authorization approval of the first mRNA vaccines occurred just days later (December 11 for Pfizer-BioNTech and December 18 for Moderna), vaccinations began in earnest in mid-December. Initial US vaccine distribution struggled. Overwhelmed online registration portals, long lines, and public frustration were common in the first few months of 2021. The ramping up of vaccine manufacturing and distribution through much of the Spring and the February approval of the Johnson & Johnson vaccine greatly boosted vaccinations, peaking in mid-April with an average of >3.3 million daily doses being given. By May 15, about 60% of US adults had received a first dose, and less than half were fully vaccinated. However, as the winter third wave began to subside, vaccine interest and daily administered doses took a deep dive, declining by late summer to about one-quarter of their springtime peak. At the same time, the perceived goal of reaching "herd immunity" seemed like a mirage, becoming increasingly unattainable given the slowing pace of US vaccination and the emergence of new and even more contagious COVID-19 variants.

The struggles in the United States and other developed countries to quickly immunize their populations against COVID-19 demonstrates that vaccination programs require not only the availability of effective

vaccines, but also an organized system for distributing and administering them to a receptive public. Though Sub-Saharan Africa, India, and many Southeast Asian countries have historically launched successful mass vaccination and mass drug distribution programs, instituting such programs for COVID-19 vaccines may not be the biggest hurdle. Many of the world's most impoverished nations stand a real risk of being left behind in the race to end the pandemic simply because of lack of access to vaccine stocks already reserved by higher-income nations.

In the early months of the COVID-19 pandemic, as pharmaceutical companies began research and development of vaccine candidates, the United States government invested billions of dollars to fund the production of the most promising vaccines, accelerating them at a pace that would have been otherwise impossible. In exchange for the support offered by programs like "Operation Warp Speed" (OWS) as well as advance purchase agreements to those companies that did not accept OWS funds, there came a condition: that Americans would get priority access to US manufactured doses.

With no clear early leader, the United States and other high-income countries hedged their bets, placing large preorders from most of the major vaccine developers and establishing options to acquire even more. For the United States, this included commitments to acquire up to 600 million doses of the Pfizer vaccine and up to 500 million doses of the Moderna vaccine. In addition, the Trump administration preordered 810 million doses from AstraZeneca, Johnson & Johnson, NovaVax, and Sanofi combined, with up to 1.5 billion doses available in expansion deals. With similar agreements put forth by other nations, some of the world's wealthiest countries soon acquired the capability to inoculate their citizens multiple times over: 2x over in the European Union, 4x over in Britain and the United States, and 6x over in Canada. Thus, effectively, the high-income countries essentially "emptied the medicine cabinet" ahead of the rest of the world, leaving many of the globe's most impoverished nations to fend for themselves.

According to the People's Vaccine Alliance, a group including Amnesty International, Frontline AIDS, Global Justice Now, and Oxfam, in 67 poorer nations, only 1 in 10 will be vaccinated against COVID-19 in 2021. In 5 of the 67 countries, Kenya, Myanmar, Nigeria, Pakistan, and the Ukraine, as of August 1, >4 million cases have occurred, ranking this group as 12th in the world in total cases if they together represented a single country .

The inequality of vaccine distribution parallels another global economic reality. As wealthy nations vaccinate more quickly than poorer states, they will emerge economically and strategically sooner from the pandemic. In this way, the disparity between developed and developing countries will further worsen, as disadvantaged countries continue to face devastating impacts while being forced to expend limited economic resources on medical care and vaccines. This consequences could shape their economic futures for years to come.

Recognizing this disparity, a group of international aid organizations, private sector philanthropists, and leading nations have pledged an initiative to make sure that all nations have global equitable access to COVID-19 vaccines and other therapeutics. The leading initiative in this effort is COVAX, the vaccine pillar of the Access to COVID Tools (ACT) Accelerator Partnership. The effort is a collaboration between CEPI, GAVI, the World Health Organization (WHO), and the Gates Foundation to secure at least 2 billion vaccine doses by the end of 2021 as well as additional production capacity. As of June 2021, however, the initiative had secured <$10 billions of funding of a targeted $38 billion. Although the Trump administration had withdrawn support of the WHO and the ACT Accelerator in 2020, recommitment of support to the WHO and vaccine initiatives was asserted by the incoming Biden administration in February 2021, and up to $4 billion was pledged to the COVAX initiative. Recently, in the face of international pressure from escalating

COVID-19 outbreaks in India and South America, the Biden administration initially agreed to share 80 million vaccine doses with about 50 countries, up to 75% through COVAX.

For wealthy countries and pharmaceutical companies, much more can be done to fight global vaccine inequality. The US Biden administration's pledge to rejoin the WHO, share vaccine doses, and provide financial support to COVAX in 2021 is a good start, though participation in this vaccine initiative has not curtailed many wealthier nations from making 1-to-1 deals with pharmaceutical manufacturers, further constraining the supply. A groundswell of international nations and global health organizations has campaigned to temporarily waive intellectual property (IP) rights for coronavirus vaccines, arguing that all countries should be permitted to manufacture their own vaccines during a pandemic. The Gates Foundation has faced criticism, for example, for encouraging Oxford to sell exclusive rights to its vaccine to AstraZeneca rather than allowing it to be open-sourced. Pharmaceutical firms should commit to not exploiting COVID-19 vaccines for profit above their development and production costs. Pharma should also consider vaccine licensing agreements with manufacturers in less developed nations, an issue that resonates back to the struggle to bring generic HIV drugs to South Africa 2 decades ago. Excess stocks of COVID-19 vaccines should be freely shared with international distribution partners such as the WHO. Wealthier nations also have a moral obligation to fund investments in vaccine storage, delivery, and administration infrastructure in poorer nations—and to be held accountable not just for their pledges of vaccines and financial support, but on their deliverables. Lastly, underdeveloped nations bear some responsibility in developing their own vaccine production capabilities. Once resource-challenged, China and India have become global exporters of vaccines. Organizations such as the Developing Countries Vaccine Manufacturers Network should be supported and broadened to help develop vaccine production capability in underserved nations.

For wealthy nations interested in getting their people and their economies back to a pre pandemic sense of normalcy, a simple realization remains: As long as the pandemic rages on in any corner of the globe, no matter how remote, the world will not be rid of COVID-19. And all nations, rich or poor, will suffer the consequences. Researchers at RAND Europe recently asserted that COVID-19 vaccine inequality stands to cleave $1.2 trillion annually in global gross domestic product (GDP). For the poorest nations, it could take as much as a decade for their economies to rebound. WHO Director General Tedros Adhanom Ghebreysus has warned that the "me-first approach" of wealthier nations amounts to a "catastrophic moral failure…paid with lives and livelihoods in the world's poorest countries." The Director General recently called for a global moratorium on COVID-19 vaccine booster doses in wealthier countries through September 2021, noting that only about 1% of people in impoverished nations had even received a single shot. Perhaps the very definition of the word "pandemic," from the Greek word *pandemos*, meaning "all of the people," needs greater emphasis. Only by working together can wealthier and more impoverished nations end the COVID-19 crisis. As Martin Luther King Jr. wrote, "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

CHALLENGES

1) 'We're not there yet'

Vaccine hoarding by wealthy countries, stalls in development and approval of some promising vaccines and other production hiccups, notably a months-long halt on exports from India's Serum Insititute, a key COVAX provider, led the initiative to more than halve its target of delivering two billion doses in 2021, 1.3 billion of which were to go to the 92 countries considered to have the highest need.

As of December 17, COVAX has shipped 610 million vaccines of a targeted 800 million. While the WHO has encouraged donations to go through COVAX, several countries have donated both through the scheme and directly to countries, raising questions over whether geopolitics has taken precedent over need.

China, which has been opaque in its vaccine deliveries, has generally favoured donations and sales to countries in Latin America and Asia, according to Bridge Beijing, which tracks Chinese donations. Countries on the African continent have received 113 million of the more than 1.2 billion vaccines China has distributed internationally, with 50 million of those going to Morocco.

Benjamin Schreiber, who leads country vaccine readiness and delivery for UNICEF, which organises the international transport for COVAX, said he expects vaccine supply for low-income countries to remain limited at least into the first few months of 2022, adding that vaccine donations from wealthy countries will remain essential.

“People say supply is solved. And now it’s all about demand. But it’s not. We’re not there yet,” he told Al Jazeera.

“We still have countries that only have a small fraction of their health facilities providing vaccines … We are far from yet having offered each person who needs the vaccine a vaccine.”

Beyond supply shortages, Schreiber said distribution in low-income countries – hindered by weak healthcare systems, equipment shortages, political constraints and social inequity – remains a challenge.

Amid an end-of-year surge in COVAX deliveries, Schreiber said many low-income countries are struggling to find cold storage to keep the vaccines, underscoring the need for increased support going into 2022.

As of November 10, COVID GAP data showed that the 92 highest need countries in the world were administering about 75 percent of their total supplies, a phenomenon blamed on a mix of factors including little pre-notice before deliveries, receiving donated vaccines that are close to their expiration date, difficulty in delivering the vaccines to high-need areas, and hesitancy among some populations.

Global health officials have also warned of an impending syringe shortage.

Schreiber said UNICEF has identified about 20 countries requiring an “all hands on deck” approach in the coming year, adding that leading funding needs include money to buy “cold chain” equipment essential to storing and transporting many vaccines, as well as funds to train and recruit staff, develop infrastructure, and aid public information campaigns.

In October, the World Health Organization said it would need $23.4bn through next September in its broad campaign to address vaccine inequity, support testing and treatment, and to achieve a 43 percent vaccination rate in the countries with the greatest need.

That money must also go towards addressing vaccine hesitancy in low-income countries, similar to that seen in the US and Europe, said Dr William Moss, the executive director of the internal vaccine access centre at Johns Hopkins Bloomberg school.

“There’s certainly misinformation, disinformation that has fuelled vaccine hesitancy to levels, I would say, in sub-Saharan Africa that we never saw before with childhood vaccines,” he told Al Jazeera.

However, he noted, raising funds for things like supporting healthcare infrastructure and public information campaigns has historically posed unique challenges.

"That is a longstanding common problem in these settings, where commodities are very easy to donate, whether it's bed nets or vaccine doses. You can count them. You can say we donated all these," he told Al Jazeera.

"It's a lot harder to get funds donated to invest in the primary healthcare system, the vaccine delivery chain, or the transportation. All those are less appealing to outside donors and funders, but they're critically important."

2) 'Inequity 2.0'

Looming over the intertwined issues of vaccine supply and delivery is the Omicron variant, a better understanding of which could prove an "inflection point" in the push for global vaccine equity, said Duke's Dr Udayakumar.

If vaccines need to be redeveloped, "then we're going to be back into a seriously supply-constrained scenario", he said. Meanwhile, the increased need for boosters poses its own complications.

"We're seeing more booster doses per day in high-income countries than we are first doses in low-income countries," he said.

In a recent interview with the Associated Press news agency, CEO of the Gavi vaccine alliance Seth Berkley said that an increase in people receiving boosters in wealthy countries, and a shortening of timelines of when boosters are recommended, "means that we could see in the future a situation where those vaccines are not available for developing countries".

"We also are beginning to see donors not wanting to donate their doses as fast as they might have because of the uncertainty now of where we are," he said.

The concerns have led to renewed calls by rights groups for vaccine manufacturers to share technology more broadly.

Human Rights Watch recently highlighted a list identifying more than 100 companies in Africa, Asia and Latin America that health experts say have the capacity to make mRNA vaccines like those produced by Pfizer and Moderna, which have shown promising results – when boosters are administered – in protecting against Omicron infection. Those vaccines are currently only manufactured in Europe and North America.

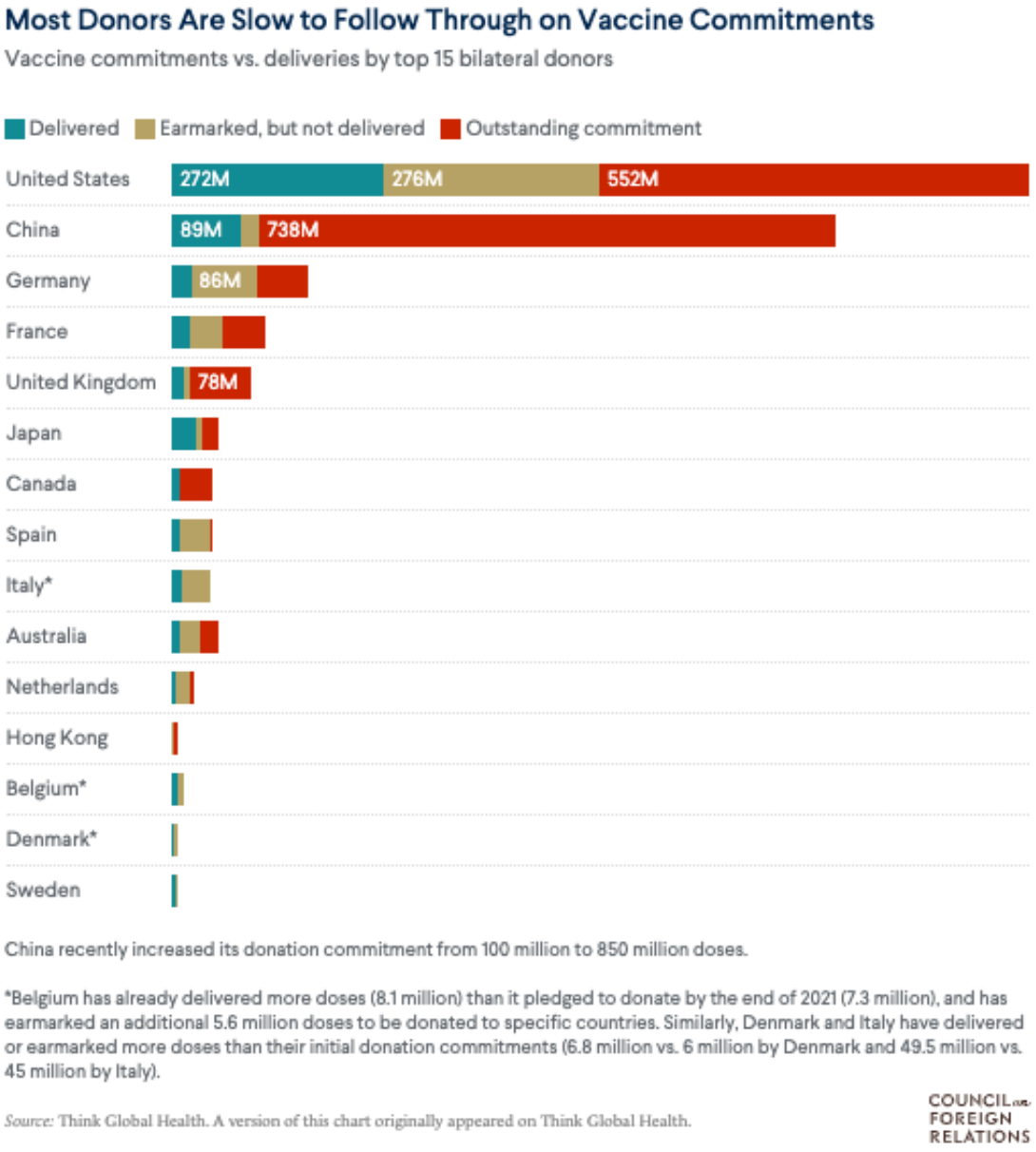
Georgetown's Gostin said boosting global manufacturing outside of current hubs should be prioritised in the coming year.

"Low-income countries always know that donations come too little too late," he said. "And they're fed up with begging hand in hand for charitable donations. They want the power to make the vaccines themselves."

3) Rich Nations Slow to Follow Through on Donations

Only after wealthy nations made considerable progress immunizing their populations in the first half of the year did promises of donations to poorer countries start to ramp up. As of November 2021, countries had committed to donating a combined 2.74 billion doses, around 70 percent of which was promised by the United States and China. (Some countries, particularly in Europe, have opted to donate funding to the global COVAX initiative rather than doses.) But countries have been sluggish to follow through on their promises, Think Global Health finds: less than half of pledged doses had been delivered by the end of November. The

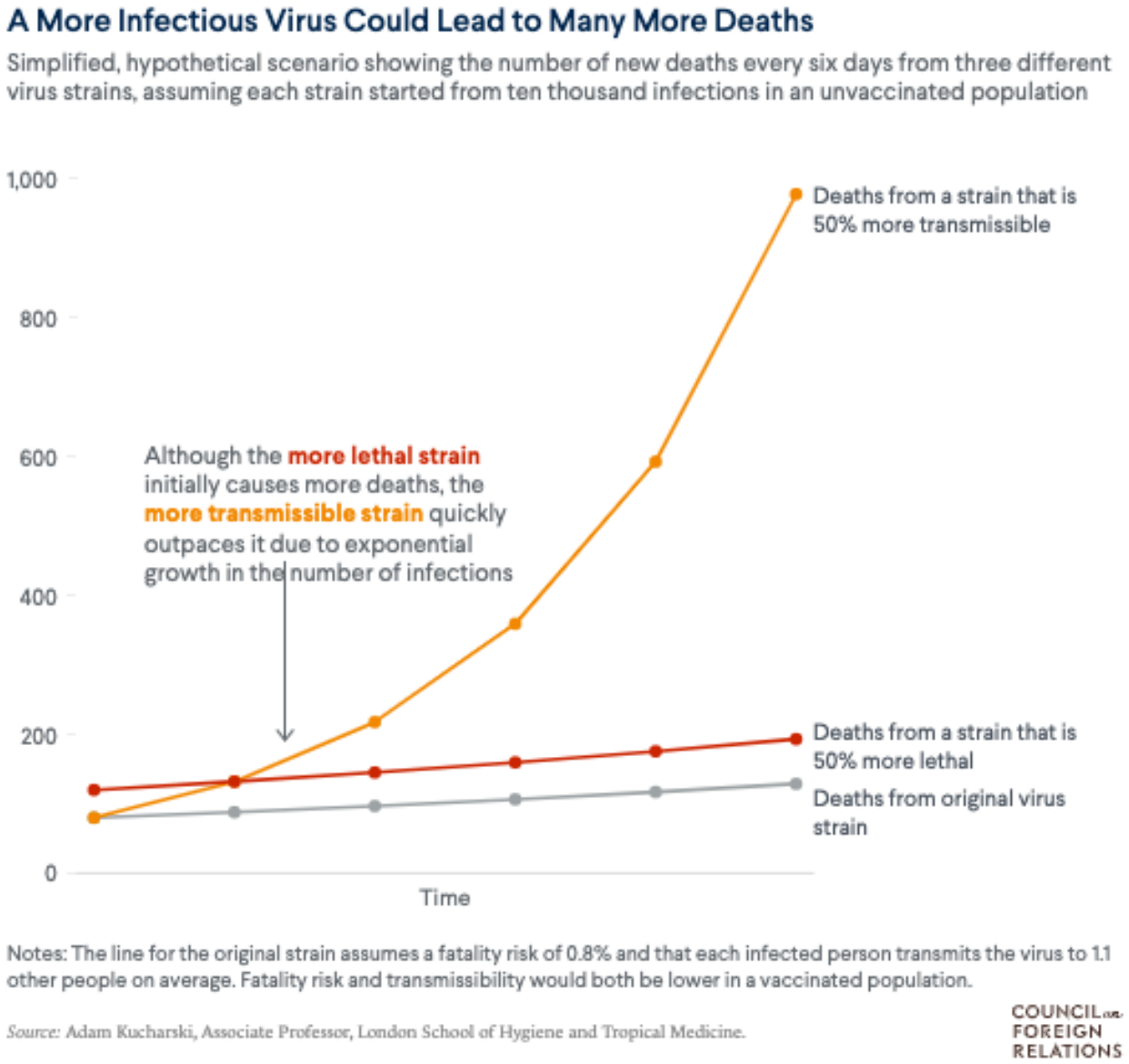
United States has focused its efforts on parts of Asia and Latin America, while China has donated primarily to countries participating in its Belt and Road Initiative.



4) Fears About New Variants Persist

As the year neared to a close, fresh fears arose about the potential for new strains to take hold, including the omicron variant, which was first reported by South Africa in November. Scientists flagged omicron due to its high number of mutations, which could affect factors such as how easily it spreads and the severity of illness it causes, though researchers are in the early stages of studying its behavior. Its emergence led dozens of countries to reinstate restrictions on foreign travel, largely from southern Africa, and prompted calls to ramp up global vaccinations. A highly infectious variant carries significant risk for unvaccinated or partially

vaccinated communities, as it can increase hospitalizations and overall strain on health-care facilities. In this way, a more infectious strain could lead to a higher death toll than a more lethal one would.



LINKS FOR FURTHER READING

https://www.sciencedirect.com/science/article/pii/S0168851021000853

https://www.orfonline.org/research/understanding-the-challenges-to-mass-covid-19-vaccination-the-case-of-uk/

https://onlinelibrary.wiley.com/doi/10.1002/jmv.27487

https://www.unodc.org/documents/corruption/COVID-19/Policy_paper_on_COVID-19_vaccines_and_corruption_risks.pdf

https://www.forbes.com/sites/saibala/2021/02/24/vaccine-diplomacy-a-new-frontier-in-international-relations/?sh=65651a5d22bc