

**ISRMUN** 2021



**WHO**

**World Health Organization**

**Committee:** World Health Organization (WHO)

**Topic:** The impact of the COVID-19 pandemic on childhood immunization campaigns and programs

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## I. Committee Background

The World Health Organization (WHO) was established in April 1948. It is a specialized agency of the United Nations (UN) which is responsible for international public health. The WHO is based in Geneva, Switzerland and has six regional offices and 150 field offices around the world. It is led by Director-General Tedros Adhanom of Ethiopia (Who We Are, WHO, 2021). The agency's mandate consists of promoting the institution of universal health care, monitoring public health risks, coordinating responses to health emergencies, and promoting health and well-being. Moreover, the WHO helps provide technical assistance, sets international health standards, and collects data on global health issues. The WHO has played an essential role in several health breakthroughs such as the development of an Ebola vaccine. Furthermore, it also has been a driving force in the eradication of smallpox and the near-eradication of polio (Dr Tedros, WHO, 2017).

## II. Topic Information

### A) History of the Topic

Coronavirus disease 2019, commonly known as COVID-19, is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The

first case was identified in Wuhan, China in December 2019 and quickly spread throughout the world. Some of its symptoms include fever, breathing difficulties and a loss of smell and taste (PAHO, 2021). As of September 2021, 4.7 million people have died from the disease and 229 million people have been infected (Statistica, 2021). In order to halt the spread of the virus, governments around the world instituted population-wide lockdowns, closed country borders, and stopped mass gatherings (OECD, 2020). In 2021, vaccines were made available to provide acquired immunity against COVID-19 (PAHO, 2021).

As part of its global health mandate, the WHO has promoted and supported the immunization of children around the world. While many children are born with immune systems that can combat common viruses, they may not be strong enough to defeat deadly diseases such as polio, tetanus, and diphtheria. Moreover, childhood vaccination helps protect those in the community who cannot be vaccinated such as the elderly and the immunocompromised. That is why the WHO suggests several essential vaccines for children from birth to the age of 6 years. Some of these vaccines include a combined vaccine for measles, mumps, and rubella (MMR), as well as one for polio and hepatitis B (Stanford Medicine, 2021). In order to promote childhood immunization, the WHO has instituted global immunization campaigns, which according to researcher Zohra S. Lassi have “proven to be a valuable and cost-effective public health intervention to date.” However, in 2020, the WHO “issued guidelines calling for a temporary suspension of the operations of mass immunization programs across the globe.” As a result, close to 90 percent of all immunization programs for childhood diseases were put on hold. The United Nations Children's Fund (UNICEF) estimates that the suspension has put 80 million children under the age of one at risk in

developing countries (Lassi, et al., International Journal of Environmental Research and Public Health, 2021).

Even more concerning is the fact that the stoppage in childhood immunizations has lowered vaccine coverage rates. This means that there is now a strong chance that there could be a resurgence in measles, diphtheria, pertussis, and other vaccine-preventable diseases (VPDs). According to the International Journal of Environmental Research and Public Health, developing countries are already experiencing the fallout of the halt in immunization campaigns. For instance, multiple cases of polio and diphtheria in children under the age of six have been reported across Afghanistan and Pakistan (Lassi, et al., International Journal of Environmental Research and Public Health, 2021). The mass application of COVID-19 vaccines has also had an impact on childhood immunizations. In 2020 and 2021, public health priorities in many countries shifted and the purchase and administration of childhood vaccines, especially those funded by the government, were no longer seen as pressing. This caused vaccine shortages or left many new parents unable to cover the costs on their own. Isolation and lockdowns also forced parents to delay having their children vaccinated. The WHO fears that shortages may last into 2022 and those children who had their vaccination delayed may fall between the gaps and never get vaccinated (Moreno-Montoya, Archives of Disease in Childhood, 2021).

## B) Current Issues

**Australia:** Strict lockdowns in Australia have halted many of the country's childhood immunization programs. However, unlike in other countries, the COVID-19 pandemic has primarily impacted immunizations for children between the ages of eight and

fifteen. Lockdowns enacted across the country in 2020 forced schools to close and move to online learning. Many of the vaccines received by children between the ages of eight and fifteen are received at school. In a year-long study, the Medical Journal of Australia found that 20 percent of children between the previously mentioned age group received necessary vaccinations such as the shots for the meningococcal disease and the human papillomavirus (HPV). The study stated that many parents did not schedule appointments for these vaccines because they did not have enough information about them or were unaware that their children needed them (Hull, et al, Medical Journal of Australia, 2021).

**Colombia:** In Colombia, the COVID-19 pandemic has severely affected childhood immunization programs. Most of the country's medical facilities and immunization centers are located in cities. Lockdowns and isolation orders issued by the government meant that transportation services were delayed or cancelled. As a result, it became difficult for many families living in rural areas to reach facilities that offered childhood immunizations. A study carried out by the Clinical Studies and Clinical Epidemiology Division of the Hospital Universitario de la Fundación Santa Fe de Bogotá found that since March 2020, there had been a 14 percent decrease in the number of immunizations for children under the age of five. The majority of those children who were not vaccinated lived in rural areas. The study surveyed the parents and found the main reasons were unreliable transportation services, an increase in the cost to travel to the closest city and fear of becoming infected with COVID-19 (Moreno-Montoya, et al., Archives of Disease in Childhood, 2021).

**Saudi Arabia:** The COVID-19 pandemic has adversely affected Saudi Arabia's efforts to vaccinate all children under the age of five. A study published in the academic journal

Vaccines found that approximately 23 percent of children under the age of five had either not been vaccinated or were having their vaccines delayed. The children's parents cited fear of being infected with COVID-19, a shutdown of clinics and a lack of access to their usual healthcare provider as reasons for not vaccinating their children or delaying their vaccinations until a further date. In the country, many healthcare providers and facilities have been redirected to treating patients with COVID-19. As a result, there are fewer physicians available to administer childhood vaccines. Some families that participated in the study conducted by Vaccines also stated that job loss and layoffs due to the economic downturn caused by the pandemic have left them without insurance to cover the costs of vaccines (Alsuhaibani and Alaqeel, Vaccines, 2020).

## C) UN Action

In 2019, the World Health Organization called vaccine hesitancy to be one of the top threats to public health. As part of this announcement, the WHO pledged to work with UNICEF to ensure that children in developing countries and warzones receive essential immunizations. UNICEF is currently focused on the following areas:

- “Negotiating corridors of peace and days of tranquillity with armed groups that allow vaccinators to access conflict-affected areas and deliver essential health interventions including immunization.
- Ensuring continuous supply of vaccines and other essential commodities to sustain immunization and other essential services.

- Supporting risk communication and community engagement including active engagement of community gatekeepers to address mistrust, suspicions and rumours that can negatively impact vaccine confidence in conflict settings.
- Supporting integrated outreach strategies to ensure that the multiple deprivations faced by children and women are addressed during windows of access with well-organized and monitored services that integrate multiple interventions, including immunization, reproductive health and nutrition” (UNICEF, 2021).

### III. Essential Questions

1. What is a vaccine?
2. How has the immunization of young children been affected by the COVID-19 pandemic?
3. What is the United Nations doing to address the topic? Has it been successful? Why or why not?
4. What other organizations are working on resolving the issues? Does your nation work with any of them? If so, which ones?
5. Does your country collaborate with the WHO to host immunization campaigns? If so, for which diseases does your country run the immunization campaigns for?

## IV. Resources

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