



WHO - ESCOLAR

**GOVERNMENT
RESPONSIBILITIES
ON ANTI-VACCINE
GROUPS**



SINGLE DELEGATION

Dear Delegates,

Welcome to the United Nations World Health Organization (WHO) Committee for scholars at PUCPMUN 2019. My name is Alondra Berrocal, and I will be your Director during this conference. I will have the pleasure of working with co- chair Claudia Roque, and as Moderator, Sergio Capari, who have all got experience in MUN as well as in health issues. In my case, I've participated in national and international Models United Nations. I've been part of the committee on the Commission on the Status of Women(CSW) , as delegate, in PUCP MUN in 2018. As well as in other national debates, in committees such as Legal, Disec and WHO. My last debate was this year, on February, in the Harvard National Model United Nations(HNMUN) in Boston, for the World Health Organisation committee. It was a very learning experience and I adored all sessions. I enjoy participating in MUN for the fact of sharing different points of view in diverse relevant topics. So this time, I feel so excited to create new ideas and solutions on this conference with all of you.

As a student in Economics and International Business at UPC, I also feel interested on topics related with health because of the big importance on the welfare of population and for being an important aspect on the indicator of the Human Development Index (HDI), which is a statistical tool used to measure a country's overall achievement in its social and economic dimensions, based on the health of people, their level of education attainment and their standard of living. Thus , I believe that one important fact is to continue improving the standards of life of population through the time worldwide.

In this session of WHO, I intent to place an important topic in your sight for the field of global health, which is the government responsibility on anti vaccine groups. I am hoping to hear what researches proves about the use of vaccines, surveys, indicators, government's actions and all relevant aspects to reach a great outcome. I cannot wait to see you all at conference and seeing the energy, collaboration, and fun that this conference will bring for all.

If you have any doubts, thoughts or concerns, feel free to send me an email at alondrabm123@gmail.com and I'll be glad to respond you.

Best regards,

Alondra Berrocal

Director, United Nations World Health Organization

INTRODUCTION TO THE COMMITTEE

When diplomats met to form the United Nations in 1945, one of the things they discussed was setting up a global health organization. Thus, the World Health Organization (WHO), was created on 7th April 1948 in a date that we now celebrate, every year, as World Health Day. WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. More than 7000 people from more than 150 countries work for the Organization in 150 WHO offices in countries, territories and areas, six regional offices, at the Global Service Centre in Malaysia and at the headquarters in Geneva, Switzerland.

In addition to medical doctors, public health specialists, scientists and epidemiologists, WHO staff include people trained to manage administrative, financial, and information systems, as well as experts in the fields of health statistics, economics and emergency relief. Diverse global health stakeholders engage with WHO. WHO works closely with decision-makers such as Ministries of Health, government agencies, other government departments at the national level. We also work with influencers: health partnerships, foundations, intergovernmental and nongovernmental organizations, civil society, media, professional associations, and WHO collaborating centres. The engagement with the United Nations at the global, regional, and country level is also a major asset.

In the 21st century, health is a shared responsibility, involving equitable access to essential care and collective defense against transnational threats.

DEFINITION OF THE TOPIC

These movements against vaccines began to have great strength from 1998, when a study was published in The Lancet magazine in which the tripe virus vaccine was linked to autism. Vaccination in children under five is one of the most effective and cost-effective interventions to reduce infant mortality in the world. It is estimated that approximately 2.5 million deaths are avoided each year thanks to compliance with a basic vaccination scheme in boys and girls. A vaccination scheme has been working for 30 years to prevent, protect and eradicate diseases. Anti-vaccination movements are a group of people who for different reasons are health, religious or political believe that vaccines and in the act of vaccination pose a greater prejudice to their health than the possible benefit they can provide.

While some anti-vaccinationists openly deny the improvements vaccination has made to public health, or succumb to conspiracy theories, it is much more common to cite concerns about safety. As with any medical treatment, there is a potential for vaccines to cause serious complications, such as severe allergic reactions, but unlike most other medical interventions, vaccines are given to healthy people and so a higher standard of safety is expected. While serious complications from vaccinations are possible, they are extremely rare and much less common than similar risks from the diseases they prevent. As the success of immunization programs increases and the incidence of disease decreases, public

attention shifts away from the risks of disease to the risk of vaccination, and it becomes challenging for health authorities to preserve public support for vaccination programs.

Concerns about immunization safety often follow a pattern. First, some investigators suggest that a medical condition of increasing prevalence or unknown cause is an adverse effect of vaccination. The initial study and subsequent studies by the same group have inadequate methodology—typically a poorly controlled or uncontrolled case series. A premature announcement is made about the alleged adverse effect, resonating with individuals suffering from the condition, and underestimating the potential harm of forgoing vaccination to those whom the vaccine could protect. Other groups attempt to replicate the initial study but fail to get the same results. Finally, it takes several years to regain public confidence in the vaccine. Adverse effects ascribed to vaccines typically have an unknown origin, an increasing incidence, some biological plausibility, occurrences close to the time of vaccination, and dreaded outcomes. In almost all cases, the public health effect is limited by cultural boundaries: English speakers worry about one vaccine causing autism, while French speakers worry about another vaccine causing multiple sclerosis, and Nigerians worry that a third vaccine causes infertility.

History

Although it seems like another 21st century conspiracy theory, vaccine controversies has existed since the invention of the last one. From religious reasons to economic reasons, vaccination has always been a matter of controversy to many people, fueled by different reports and beliefs that “has proved” the wickedness behind them.

Origins

When the process of vaccination was “discovered” in the late 18th century, their production and application methods were far from secure, considering the lack of sanitation and controlled experimentation through laboratory, who will later in the 19th century. It’s important to highlight that at this time, “inoculation” and “vaccination” didn’t have the same meaning nor were synonyms: the first one refers to a technique that was called “variolation”, that consisted in immunize an individual with material taken from an infected person, so the recipient would develop a mild infection that later would guarantee protection against that sickness. It was more like a controlled spread of a weak variant of the disease, a method that had been practiced for a long time before arriving in Europe in the beginning of the 18th century. On the other hand, “vaccination” was more secure, as it doesn’t need contact with a sick person, just the transmission of the pathogens. So, the fact that been in contact with person affected by a sickness considered incurable was a serious matter, so even more uproar will cause being “infected” through vaccines. Even so, common practice made vaccination more accepted through time. It’s important to highlight that it’s, in a way, false that religious motives were the most antagonistic against vaccines in that time: religious communities were concerned about the practice’s risk, but they accept it and, in many cases, were responsible to the propagation of the practice through their

parishes, as they consider it an obligation for its potential to save lives; relegating vaccination opposition to more radical and sectarian communities.

19th-20th century

It will not be until the middle of the 19th century, when vaccination was made mandatory and compulsory by the governments (UK Vaccination Acts of 1853, 1867 and 1871) than vaccination opposition reappeared, considering the government's policy as a threat against people's free will and liberties. It's at this time than the first anti-vaccine leagues and societies started to appear in the UK and the USA, in the last one with great support after *Jacobson v. Massachusetts* in 1905, where the states won the authority to enforce compulsory vaccination laws, considering the Supreme Court that the freedom of the individual must sometimes be subordinated to the common welfare and is subject to the police power of the state, as mandatory immunization in the face of an epidemic was not arbitrary or oppressive, but a measure for "getting to their goal of eradicating it". This event will trigger the creation of the Anti-Vaccination League of America by Jhon Pitcairn and Charles M. Higgins, which lasted until 1929.

Opposition to vaccines remain through the 20th century. Although the effectiveness of vaccines was proved, major incidents related to hypersensitivity reaction or production failures as the Cutter Incident of 1955, when doses of polio vaccines contained, by error, live polio virus along with the inactive virus that are present in vaccines, causing 40,000 cases of polio; helped to maintain the suspicion on vaccines, but more related to cross-infection and bad manipulation in medical hygiene.

The MMR vaccine controversy

In 1998, a research paper in *The Lancet* (the most prestigious and known medical journal) titled "*Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children*" authored by Andrew Wakefield and other 11 co-authors, claimed to link the MMR vaccine to colitis and autism spectrum disorders.

What it's considered until now "the most damaging medical hoax of the 20th century", stated that there was a connection between autism and the gastrointestinal pathologies, but it could not be proved to be a connection with autism, although the study focus in the appearance of developmental disorder in children after they received the MMR (Measles, Mump and Rubella) vaccine.

Wakefield, through a press conference in the Royal Free Hospital of London (were 12 children were referred with the previous case), recommended the application of singles and separated vaccines instead of the MMR, and the suspension of the last one "until the issue has been resolved".

Even though the case didn't receive too much media coverage, the controversy escalated after Wakefield published several papers between 2001 and 2002 (about papers of laboratory work that, he said, showed that measles virus had been found in tissue samples taken from children who had autism and bowel problems) suggesting that the immunisation programme was not safe, causing a scandal in UK.

Lack of scientific evidence about Wakefield's statements, a conflict-of-interest investigation (as Wakefield had received £55,000 from Legal Aid Board solicitors seeking evidence to use against vaccine manufacturers prior the publication of the article, and another one where Wakefield had applied for patents on a vaccine that was a rival of the MMR vaccine) and a later data-manipulation and unethical behavior investigation by the General Medical Council against Wakefield (that on 24 May 2010 found him guilty of professional misconduct and struck off the medical register), even though restored, in some way, the confidence in the UK's vaccination system, the damaged was already done.

CURRENT PROBLEMATIC

The world is facing multiple health challenges but lately, these range from outbreaks of vaccine-preventable diseases like measles and diphtheria have increased. Measles, for example, has seen a 30% increase in cases globally. The reasons for this rise are complex, and not all of these cases are due to vaccine hesitancy. However, some countries that were close to eliminating the disease have seen a resurgence. Vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – threatens to reverse progress made in tackling vaccine-preventable diseases. Vaccination is one of the most cost-effective ways of avoiding disease – it currently prevents 2-3 million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved. However, there has been a recent rise in anti-vaccination sentiments surrounding beliefs that vaccines cause more harm than benefits to the health of the children who receive them. The premise of the anti-vaccination movement can also be contributed to the demonization of vaccinations by news and entertainment outlets. The dissemination of false and misleading information found on the internet can also lead to negative consequences, such as parents not giving consent to having their children vaccinated. When it comes to vaccines, the false information is plentiful and easy to find. An analysis of YouTube videos about immunization found that 32% opposed vaccination and that these had higher ratings and more views than pro-vaccine videos, some blogs referenced vaccine-critical organizations and cited inaccurate data.

A drop in immunizations poses a threat to the herd immunity the medical world has worked hard to achieve. Global communities are now more connected than ever, which translates to a higher probability of the transmission of pathogens. The only thing that can protect populations against a rapidly spreading disease is the disease resistance created by herd immunity when the majority are immune after vaccinations.

ACTIONS TAKEN

The Council of Foreign Relations of the United States developed a map showing how widespread outbreaks of diseases that had been eradicated through vaccines such as mumps, poliomyelitis and pertussis have spread. According to the map, only in 2017 the diseases that could be controlled with vaccines affected 37,985 people in Africa, 21,233 in Europe, then North America with 6,503 cases and 4,012 people affected in South America.

Currently Europe is suffering from a terrible epidemic of measles

- more than 41,000 cases in the first six months of 2018 - that authorities and medical societies attribute to the rise of anti-vaccine groups. The thesis is that, in recent years, the immunization rate has dropped by 95%, the figure that European and world authorities consider non-negotiable to maintain herd immunity that prevents the spread of infectious diseases such as measles, responsible for 37 deaths in the old continent, which prompted a warning from the World Health Organization. Experts point out that the support of anti-vaccine movements is based, to a large extent, on myths that have begun to circulate around vaccination. Before that, the WHO clarifies: The 1998 study that raised the possible relationship between the MMR vaccine (measles, mumps and rubella) and autism proved to be fraudulent and have serious biases. The journal that published that investigation then downloaded it, and the title was removed from the responsible doctor. Thimerosal is not risky for health and is the most used preservative in vaccines that are supplied in multi-dose vials. The vaccines are safe thanks to a rigorous clinical trial procedure. "It is much easier to suffer serious injuries from a disease preventable by vaccination than by a vaccine," they conclude.

BLOCKS POSITIONS

Multiple breakouts of measles have occurred throughout different parts of the Western world, infecting dozens of patients and even causing deaths. In the UK in 1998, 56 people contracted measles; in 2006, this number increased to 449 in the first five months of the year, with the first death since 1992. In 2008, measles was declared endemic in the UK for the first time in 14 years. In Ireland, an outbreak occurred in 2000 and 1,500 cases and three deaths were reported. The outbreak was reported to have occurred as a direct result of a drop in vaccination rates following the MMR controversy. In France, more than 22,000 cases of measles were reported from 2008 - 2011 . The United States has not been an exception, with outbreaks occurring most recently in 2008, 2011, and 2013.

Perhaps the most infamous example of a measles outbreak in the United States occurred in 2014-2015. The outbreak was believed to originate from the Disneyland Resort in Anaheim, California and resulted in an estimated 125 people contracting the disease. It was estimated that MMR vaccination rates among the exposed population in which secondary cases have occurred might be as low as 50% and likely no higher than 86% . Physicians in the region were criticized for deviating from the CDC's (Center for Disease Control and Prevention) recommended vaccination schedule and/or discouraging vaccination. As a result, California passed Senate Bill 277, a mandatory vaccination law in June 2015, banning personal and religious exemptions to abstain from vaccinations.

In Italy, vaccination coverage rates are below 80%, far from the 95% that mark the recommendations to adopt good protection. And it lies largely in the expansion that in recent years, the anti-vaccines movement has had. To try to stop this rejection of vaccination, in 2017 the Italian government established mandatory vaccination for children up to 16 years. The regulation, which has come into effect this week, establishes, among

other measures, that children under six who are not vaccinated will not be able to attend school. In the case of primary school, children who do not have a vaccination card per day will be able to go to class, but their parents will have to pay a fine.

QUESTIONS A RESOLUTION MUST ANSWER (QARMAS)

- Do vaccines go in favour/against children's rights? Do children need to be informed about the benefits of vaccination and have a part of the debate, even if it's against their parent's will?
- Are vaccination policies a matter of national security, even to the length of excluding unvaccinated children from public spaces or refusing their parents to be part of social security programs as a way of pressure?
- Are there enough laws, regulations, and policies that support immunization programmes and a secure, high-quality supply base?
- Should the anti-vaccine groups reformulate their arguments concerned about the mentioned topic?
- Should the governments endorse, next to the media, the spread of information about the use of vaccines?

FINAL RECOMMENDATIONS

Although there are reasons to be optimistic in some areas, the difficulty of vaccinating all children in areas of conflict or with problems of resources and infrastructures, and to a much lesser extent, the opposition to vaccines, does not eradicate diseases for which, for decades, we have a more than effective shield. According to WHO itself, 21.8 million infants do not receive basic vaccines.

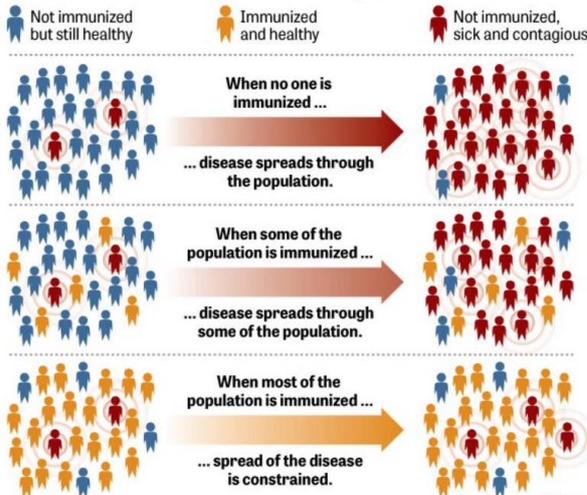
The latest report from the WHO expert group is clear warning that they remain "very concerned" because "progress towards the goals of eradicating polio, eliminating measles and rubella and eliminating maternal and neonatal tetanus is too slow". And is that the global average of coverage has only increased by 1% since 2010.

Finally, we believe that in a democratic and socio-economic context advanced, it is desirable that the civic conscience is also manifested through the actions and elections of citizens informed, critical and realistic before scientific-technological advances such as vaccines and the supply of products and services available in the market. However, we see that this is not always easy or comfortable for authorities and for companies but the aim objective of this topic is to ensure the welfare of population regarding to the use of vaccines.



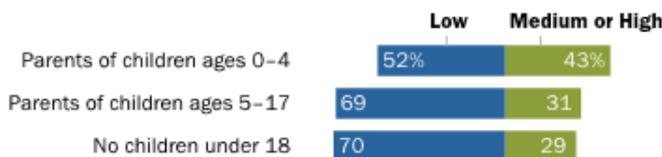
WHY DOES MY CHOICE MATTER TO OTHERS?

It matters because of the concept of "herd immunity." Here's how it works:



Parents of young children are more concerned about risk of side effects from the MMR vaccine

% of U.S. adults in each group who say the risk of side effects from the MMR vaccine is ...



Note: Responses of low/very low and medium/high/very high are combined. Respondents who did not give an answer are not shown.
Source: Survey conducted May 10-June 6, 2016.

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