







HASMUN'24

HCC: MODERN BLACK DEATH

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HASMUN'24 Secretary-General Letter

Most distinguished participants and dearest guests,

I am delighted to welcome you to the HASMUN'24 Conference of Kadir Has University as the Secretary-General. Your participation and unique perspectives will contribute to the success of this event.

With 8 diverse committees, each crafted to address the urgent need for solutions across a broad spectrum of specializations, we're set for impactful discussions and innovative ideas. With our special 15th year of Kadir Has University Model

- United Nations Club celebration, our committees are:
- United Nations Office of Counter-Terrorism (UNOCT)
- International Atomic Energy Agency (IAEA)
- United Nations Population Fund (UNFPA)
- United Nations Industrial Development Organization (UNIDO)
- United Nations Office for Outer Space Affairs (UNOOSA)
- World Food Programme (WFP)
- International Monetary Fund (IMF)
- Historical Crisis Committee (HCC)

We, as the HASMUN'24 team, have made marvelous efforts to serve you,

participants, one of the greatest Model United Nations Conferences.

I want to conclude my words by thanking everyone involved in the Academic

and Organization teams for their greatest work.

Delegates, I look forward to your valuable contributions and meeting you in person.

#welcomehome

Best regards, Aylin Rassad Secretary-General HASMUN'24 Joint Letter from the President Chair and the Deputy Chair

Esteemed Delegates of the Historical Crisis Cabinet,

It is with an elevated sense of scholarly anticipation that we, as the Committee Board, extend a cordial welcome to the distinguished assembly participating in the Historical Crisis Cabinet (HCC) of the forthcoming HASMUN'24. In our roles as the appointed the President Chair, and the Deputy Chair, we find ourselves both honored and resolute in fostering an intellectually rigorous and dynamically engaging Model United Nations (MUN) experience.

The HCC, a crucible of diplomatic urgency and strategic exigency, represents an apex of intellectual rigor within the MUN paradigm. Distinct from conventional committees, its hallmark resides in the expeditious nature of crisis dynamics, where cogent decision-making and strategic acumen are of paramount significance.

As delegates within the HCC, your roles are innately pivotal, requiring the cultivation of a multifaceted skill set that encompasses rapid cognition, diplomatic finesse, and collaborative dexterity. The impending crises are meticulously designed to serve as litmus tests for your mettle, affording a unique platform for the synthesis of diplomatic adeptness and crisis management acuity.

In our roles as the members of the Committee Board, our commitment is steadfast in ensuring that this conference manifests as an academic zenith, redolent with scholarly rigor and diplomatic gravitas. For any elucidations or queries germane to your preparation, we extend an invitation for open discourse.

We ardently anticipate the incisive debates, strategic cogitation, and innovative problemsolving that shall burgeon within the precincts of the Historical Crisis Committee. Together, let us elevate this MUN conference to an apotheosis of academic distinction.

For any further questions of yours regarding the procedure of the conference, and the committee, do not hesitate to contact us.

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Introduction to the Committee

The world history is replete with pandemics1 that have reshaped societies and economies, leaving indelible marks on the course of human civilizations. One such pandemic was the Black Death, a bubonic2 plague that ravaged Europe in the 14th century. This devastating disease, carried by fleas on rodents, swept through cities and towns, claiming an estimated 75 to 200 million lives. The Black Death decimated populations, leading to profound social, economic, and cultural changes across the continent.

The world, however, currently is facing another threat after a long period of time grappling with the ongoing COVID-19 crisis: A new and potentially more daunting challenge looms on the horizon, Modern Black Death. The history repeats itself more horrifically. Recent reports of World Health Organization (WHO) have emerged of a new variant of COVID-19, one that combines with the infectiousness of the coronavirus with the deadliness of a bacterium similar to the one liable for the Black Death. The new virus threatens to unleash a wave of illness and death unlike anything the world has seen before, which will likely alter the fundamentals of the human race once again.

1) Historical Background

A) Introduction to the Black Death

In the history of humanity, very few events have left an unforgettable mark as the Black Death. The Black Death was the global pandemic that emerged in the fourteenth century. The virus, or Yersinia pestis3 which was spread by fleas, still marks its place as one of the most fatal pandemics in European history, with an estimated dramatic number of fifty million people. The Black Death was the beginning of the second plague pandemic. It has created religious, socio-cultural, and economic upheavals, which turn out to be a very significant component of today's European history and culture. The pandemic was the second great natural disaster to strike Europe during the Late Middle Ages and killed an estimated number 30% to 60% of the European population and 33% of the population of the Middle East.

Apart from the COVID-19 Pandemic, during the Black Death in the 14th century, communications were limited; Europe was in its feudal days where the social hierarchies were ruling, and mobilization was extremely difficult.

In men and women alike, it first betrayed itself by the emergence of certain tumors in the groin or armpits, some of which grew as large as a common apple, others as an egg ... From the two said parts of the body this deadly gavocciolo soon began to propagate and spread itself in all directions indifferently; after which the form of the malady began to change, black spots or livid making their appearance in many cases on the arm or the thigh or elsewhere, now few and large, now minute and numerous. As the gavocciolo had been and still was an infallible token of approaching death, such also were these spots on whomsoever they showed

themselves (Boccaccio, Decameron).

The Black Death killed, by various estimations, from 25 to 60% of the European population. Robert S. Gottfried writes that as early as 1351, "agents of Pope Clement IV have calculated the number of Dead in Christian Europe at 23,800,000. The overwhelming number of deceased bodies produced by the Black Death caused the necessity of mass burial sites in Europe, sometimes including up to several hundred or several thousand skeletons. In 1348, the disease spread so rapidly that nearly a third of the European population before any physicians or government authorities had time to reflect upon its origins. In crowded cities, it was not uncommon for as much as 50% of the population to die. Half of Paris' population of 100,000 people died. In Italy, the population of Florence was reduced from between 110,000 and 120,000 inhabitants in 1338 to 50,000 in 1351. At least 60% of the population of Hamburg and Bremen perished, and a similar percentage of Londoners may have died from the disease as well, leaving a death toll of approximately 62,000 between 1346 and 1353.

Modern treatment methods include insecticides, the use of antibiotics, and a plague vaccine. It is feared that the plague bacterium could develop drug resistance and again become a major health threat. One case of a drugresistant form of bacterium was found in Madagascar in 1995. In October 2017, the deadliest outbreak of the plague in modern times hit Madagascar, killing 170 people and

infecting thousands.

B) Introduction to the COVID-19

a) Discovery and Early Cases

COVID-19 or the Coronavirus disease 2019 is contagious and caused by the virus SARS-CoV-2. The first known case was identified in Wuhan, China, in late 2019. The disease rapidly spread worldwide, resulting in the COVID-19 pandemic.

The symptoms of COVID-19 are variable but often include fever, cough, headache, fatigue, breathing difficulties, loss of smell, and loss of taste. Symptoms may begin one to fourteen days after exposure to the virus, and at least a third of people who are infected do not develop noticeable symptoms.

b) Spread of the COVID-19

The virus was first identified in the Chinese city of Wuhan in December 2019, and spread to other areas of Asia and then worldwide in early 2020. The World Health Organization (WHO) declared the outbreak a public health emergency of international concern (PHEIC) on January 30th, 2020, and assessed the outbreak had become a pandemic on March 11th, 2020. The WHO ended the PHEIC on May 5th, 2023. As of March 11th, 2024, the pandemic has caused 7,033,430 confirmed deaths, ranking it fifth on the list of the deadliest epidemics4 and pandemics in history.

c) COVID-19 Vaccination

COVID-19 vaccines were widely deployed in various countries beginning in December 2020. Treatments include novel antiviral drugs and symptom control.

Common mitigation measures during the public health emergency included travel restrictions, lockdowns, business restrictions and closures, workplace hazard controls, mask mandates, quarantines, testing systems, and contact tracing of the infected.

The pandemic caused severe social and economic disruption around the world, including the largest global recession since the Great Depression. Widespread supply shortages, including food shortages, were caused by supply chain disruptions and panic buying. Reduced human activity led to an unprecedented temporary decrease in pollution. Educational institutions and public areas were partially or fully closed in many jurisdictions, and many events were canceled or postponed during 2020 and 2021. Telework became much more common for white-collar workers as the pandemic evolved. Misinformation circulated through social media and mass media, and political tensions intensified. The pandemic raised issues of racial and geographic discrimination, health equity, and the balance between public health imperatives and individual rights. 2) Emergence of The Modern Black Death

A) Introduction to the Modern Black Death

In the wake of the COVID-19 pandemic, the World Health Organization (WHO) has issued a concerning report regarding a potential new variant emerging on the horizon. The Bangladesh Health Professions Institute has identified a series of cases in the vicinity of the Padma River, adjacent to the city of Rajshahi, Bangladesh. These cases are characterized by symptoms of shortness of breath, resembling the COVID-19 patients, which has sparked fears of a new health crisis. Initially, the increase in cases of patients having shortness of breath was not viewed as alarming, as it was considered a common effect of COVID-19. However, the situation took a drastic turn when the Urban Indian Health Institute reported that patients in the vicinity of Dihi Dumuria, India, having shortness of breath also exhibited tumor- like growths in specific areas of their bodies, such as under the armpits, legs, and around the genitals. The long-term effects of the bacteria is not known, however, the WHO is highly concerned since the bacteria is pretty similar to the one indicated in

the Black Death cases.

The emergence of a new variant of disease near the Padma River, reminiscent of the infamous Black Death, has sparked widespread concern. Reports of bacteria resembling those found in the historic plague, coupled with a surge in bugs and rodents around the river, have led to the nickname "Modern Black Death" circulating on social media. Some individuals are voicing skepticism about vaccinations, attributing the new variant to them and questioning the role of the World Health Organization (WHO). Additionally, a chemical firm operating in the vicinity of the Padma River has come under scrutiny, with some people alleging a connection between the firm's activities and the emergence of the new variant. B) Characteristics of the New

Virus a) Biological Background

Scientists have indicated that potential patients could contract the virus through various means, including air, water, blood, and saliva. The new virus is based on a pathogenic5 bacterium, making it extremely dangerous. It primarily affects the lungs, leading to shortness of breath, the primary known

symptom thus far. Once in the lungs, it can travel through the body with the assistance of the heart.

A surprising characteristic of this bacterium-based virus is its ability to evade white blood cells' inhibition and, in fact, to kill them. This action weakens the patient's immune response and system. Additionally, it has been observed that the virus enters cells like a typical virus, but then alters the genetic material DNA completely. It attempts to take over the entire body, establishing its own living area. This process leads to a slow deterioration of the body. The virus also modifies the microbiota6 in the gut, creating new DNA sequences that are highly pathogenic, though not harmful to the virus itself. It acts as a parasite but is not classified as one. Due to the novelty of this virus, the full mechanism of its action is not yet fully understood.

Since the discovery of the recent virus, its properties and classification have remained largely elusive. This virus bears striking similarities to the bacterium Yersinia pestis, which caused the devastating Black Death, infecting the lymph nodes and leading to the formation of large swellings known as buboes7. However, due to its recent emergence, definitive information regarding its nature remains uncertain. One significant concern is the lack of known antibiotics effective against this pathogen, as both its resistance profile and susceptibility to existing treatments remain undetermined. Additionally, there are indications that this virus may form endospores8 at extreme levels, further complicating efforts to combat its spread. Further research and investigation are crucial to better understand and mitigate the impact of this

b) TPOYPSINIISSION Dynamics

The transmission and origins of the virus have been subjects of intense scrutiny among scientists seeking to understand its spread. Observations and predictions regarding the Padma River, where a surge in cases was noted, have led to the hypothesis of a waterborne transmission route. This supposition aligns with historical parallels to diseases like the Black Death, which were spread through contact with infected rodents. Additionally, the presence of mosquitoes and fleas in the region raises concerns, as they serve as potential vectors for the virus, particularly given their role in transmitting blood-borne illnesses. Despite these findings, the area has not yet been quarantined, and remains accessible to the general populace.

c) Clinical Manifestations

The emergence of the Modern Black Death virus, a novel and formidable pathogen, has engendered a myriad of clinical manifestations that present a significant challenge to medical practitioners worldwide. This virus, named for its historical predecessor, manifests in a range of symptoms that can vary in severity and presentation. Chief among these are severe cough, fever, bronchitis, and pneumonia9, often culminating in acute respiratory distress syndrome, a potentially life-threatening condition. One of the most striking features of the Modern Black Death virus is its propensity to induce immunodeficiency disorders in infected individuals. This immune compromise leaves patients vulnerable to opportunistic infections and a rapid progression of diseases, with symptoms often resembling those of influenza, albeit with a more aggressive course.

In addition to respiratory and immune-related symptoms, patients infected with the Modern Black Death virus may experience development of pyemia10, as well as edema and swellings of lymph nodes in various regions of the body, such as the armpits, legs, around the genitals, and under the breasts. These swellings, often of an unknown origin, present clinicians with a diagnostic challenge,

d) European distance of the management of affected individuals.

As the world grapples with the looming specter of a new virus dubbed the Modern Black Death, anxiety and fear are palpable among the global populace, still reeling from the devastating effects of the COVID-19 pandemic. The emergence of this new disease has been compounded by a growing distrust in vaccinations, fueled by reported side effects and the rise of anti-vaccination movements. This skepticism has eroded faith in institutions like the COVAX facility, tasked with ensuring equitable access to vaccines. In Bangladesh, along the banks of the Padma River, the government has initiated measures to stem the potential spread of the virus. Meanwhile, the World Health Organization (WHO) is closely monitoring the situation, recognizing the threat it poses to global health. An emergency meeting, denoted by the code yellow, has been convened, summoning the organization's executive team, regional directors, and envoys, in a bid to contain the virus before it escalates into a full-blown pandemic.

3) Character Guide



Tedros Adhanom Ghebreyesus Director-General of the World Health Organization Tedros Adhanom Ghebreyesus has served as the 8th Director-General of the World Health Organization (WHO) since 2017. He is an Ethiopian microbiologist and internationally recognized malaria researcher. Doctor Tedros is the first individual to be endorsed by the African Union as a doctor and the first African to hold this esteemed position. He has previously held two distinguished roles in

the Ethiopian government: Minister of Health from 2005 to 2012 and Minister of Foreign Affairs from 2012 to 2016.

Dr. Micheal Ryan Executive Director of the World Health Organization's Emergencies Programme Micheal Joseph Ryan is an Irish epidemiologist11 and former trauma surgeon with specialization in infectious disease and public health. He currently holds the position of Executive Director of the World Health Organization's Health Emergencies Programme, where he leads the team



liable for the international containment and treatment of COVID-19. Dr. Ryan oversees WHO's response to disease outbreaks, humanitarian crises, and other public health emergencies, showcasing his expertise and leadership in global health crises.



Dr. Jeremy James Farrar Chief Scientist

Jeremy James Farrar is a British medical researcher who has served as Chief Scientist at the World Health Organization since 2023. As Chief Scientist, Dr. Farrar will oversee the work of the Science Division12, bringing together experts and networks working in science and innovation from around the world to guide, develop and deliver high quality health policies and services to the people who need them most.

Dr. Samira Asma

Assistant Director-General of Data, Analytics and Delivery Samira Asma is an American medical researcher, who holds the position of Assistant Director-General of Data, Analytics and Delivery for Impact at the World Health Organization (WHO), where she plays a pivotal role in guaranteeing the reliability and accessibility of health data, ensuring its effective utilization to enhance health outcomes worldwide. Dr. Asma also oversees initiatives that support countries to deliver a measurable impact, including improving data quality, timeliness, and accessibility.



Dr. Bruce Aylward



Assistant Director-General of Universal Health Coverage, Life Course Bruce Aylward is a Canadian physician and epidemiologist, who has held the position of Senior Advisor to the Director-General of the World Health Organization, In his esteemed position, Dr. Aylward drives the Organization's agenda to make primary health care available to all without financial hardship, and oversees WHO's work on health systems, immunization and reproductive, maternal and child health. Dr. Aylward is actively involved in the implementation of the WHO's COVAX Facility, a critical initiative aimed at ensuring equitable access to COVID-19 vaccines worldwide.



Dr. Catharina Boehme Assistant Director-General of External Relations and Governance

Catharina Boehme is the Assistant Director-General of External Relations and Governance, who leads WHO's strategic engagement in the areas of governance, resource mobilization and partner relations. Her portfolio includes providing secretariat support for the World Health Assembly and the WHO Executive Board, along with intergovernmental

processes mandated by WHO governing bodies. She oversees WHO's coordinated resource mobilization and donor relations and Organization-wide efforts to improve the predictability, flexibility and sustainability of WHO financing. Dr Boehme is also responsible for engaging WHO in multilateral and multisectoral partnerships for advancing global health, including with civil society, the private sector and other non-state actors.

Dr. Chikwe Ihekweazu

Assistant Director-General for the Division of Health Emergency Intelligence and Surveillance Systems Chikwe Ihekweazu is a Nigerian epidemiologist, public health physician and the Assistant Director-General for Health Emergency Intelligence and Surveillance Systems. Dr. Ihekweazu leads the WHO Hub for Pandemic and Epidemic Intelligence. In his esteemed position, he brings together a global collaboration

of partners from multiple sectors that supports countries and stakeholders to address future pandemic and epidemic risks with better access to data, better analytical capacities, and better tools and insights for decision-making.



Dr. Ailan Li Assistant Director-General of Universal Health Coverage, Healthier Populations

Dr. Ailan Li is the Assistant Director-General of the Universal Health Coverage, Healthier Populations, who oversees WHO's efforts to promote better health and well-being through interventions relating to the environmental, social, and economic determinants of health, including climate change, tobacco control, chemical safety, food systems and nutrition, physical activity, air pollution and radiation. Her works will be

carried out through a One Health approach13.

Dr. Yukiko Nakatani Assistant Director-General of Access Medicines and Health Products

Dr. Yukiko Nakatani is the Assistant Director-General of Access Medicines and Health Products, who oversees the development and implementation of WHO's norms and policies to ensure equitable access to quality medicines, vaccines and diagnostics for all populations everywhere, including for preventing and responding to epidemics.





Dr. Razia Pendse Chef de

Dr. Razia Pendse is the CAB of the Cabinet, who heads the Director-General's Office, helping to drive the Organization's priorities and initiatives, and ensuring alignment within the WHO leadership team and across the three levels of WHO. Prior to taking up the position, Dr. Pendse was the Director of Healthier Populations and Noncommunicable Diseases in the WHO Regional Office for South-East Assia.



Dr. Jérôme Salomon Assistant Director-General of Universal Health Coverage, Communicable and Noncommunicable Diseases

Jérôme Salomon is a French infectious diseases physician and highranking civil servant, who is liable for Communicable and Noncommunicable Diseases. Dr. Salomon oversees a broad portfolio of technical programmes covering HIV, viral hepatitis, sexuallytransmitted infections, tuberculosis, malaria, neglected tropical

diseases, mental health, substance use disorders, and noncommunicable diseases such as cardiovascular disease, diabetes, chronic respiratory diseases and cancer. He previously served as the Director-General for Health at the Ministry of Health and Prevention of France.

Mr. Raul Thomas

Assistant Director-General of Business Operations

Raul Thomas is the Assistant Director-General for Business Operations, possessing an essential responsibility for World Health Organization (WHO) budget and planning, finance, human resources, procurement, security, administration and compliance. During his more than 25 years of employment with WHO, Mr. Thomas has served in the regions of Africa, the Americas, the Eastern Mediterranean and the Western Pacific.





Dr. Hans Kluge WHO Regional Director for Europe

Hans Henri Marcel Paul Kluge is a Belgian medical doctor and public health expert with more than 25 years of experience spanning three continents. He holds the position of the WHO Regional Director for Europe since 2020.



Dr. Jarbas Barbosa WHO Regional Director for the Americas Jarbas Barbosa da Silva Jr. is a Brazilian public health expert, who is currently serving as the Regional Director for the Americas of the World Health Organization (WHO). His five-year term in this position started in 2023.

Dr. Matshidiso Rebecca Moeti WHO Regional Director for Africa Matshidiso Rebecca Natelie Moeti is a Botswanian physician, public health specialist and medical administrator, who has been serving as Regional Director of the World Health Organization (WHO) for Africa since 2015.





Dr. Hanan Balkhy

WHO Regional Director for the Eastern Mediterranean Hanan H. Balkhy is a Saudi Arabian physician, who has been serving as Regional Director of the World Health Organization (WHO) for the Eastern Mediterranean since 2024.



Ms. Saima Wazed WHO Regional Director for South-East Asia Saima Wazed is a Bangladeshi, who has been serving as Regional Director of the World Health Organization (WHO) for South-East Asia since 2024. She is indeed the daughter of Bangladesh's Prime Minister.

Dr. Saia Ma'u Piukala WHO Regional Director for the Western Pacific Saia Ma'u Piukala is a Tongan politician, surgeon, and former Cabinet Minister, who has been serving as Regional Director of the World Health Organization (WHO) for the Western Pacific.





WHO Director-General Special Envoy for Patient Safety

Sir Liam Donaldson

Liam Donaldson is recognized as a British international champion of public health and patient safety. Sir Liam Donaldson is recognized as an international champion of public health and patient safety. He was the founding Chair of the World Health Organization's World Alliance for Patient Safety, launched in 2004 and has served as Vice-Chair of the World Health Organization's Executive Board. More recently, Sir Liam has led the development of the Global Patient Safety Action Plan 2021-2030 and the WHO Global Patient Safety Challenge: Medication Without Harm.

WHO Director-General Special Envoy for Climate Change and Health Vanessa Bradford Kerry is an American physician, public health expert and advocate, who is the co-founder and CEO of Seed Global Health transformation through long-term investments and training of the health workforce. Under her leadership, Seed has helped educate more than 34 000 doctors, nurses, and midwives in seven countries, helping to improve health care for more than 73 million people. Dr Kerry has spoken and written about the effects of climate change on human health and health systems and the need

to integrate a health-centered response into climate change mitigation and adaptation measures.

4) Major Parties Included

A) World Health Organization

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. It is headquartered in Geneva, Switzerland, and has six regional offices and 150 field offices worldwide. It was established on April 7, 1948, and convened its first meeting on July 24 of the same year.

The World Health Organization's official mandate is to promote health and safety while helping the vulnerable worldwide. It provides technical assistance to countries, sets international health standards, collects data on global health issues, and serves as a forum for scientific or policy discussions related to health. Its official publication, the World Health Report, provides assessments of worldwide health topics.

The organization has played a key part in major public health triumphs, including the eradication of smallpox, the near-eradication of polio, and the discovery of an Ebola vaccine. Its current goals include communicable

Dr. Vanessa Kerry

illnesses such as HIV/AIDS, Ebola, malaria and noncommunicable diseases such as heart disease and cancer. The agency promotes universal health care coverage, participation in public health risk monitoring, coordination of health emergency responses, and overall health and wellbeing promotion.



a) WHO's Code of Ethics

i. Integrity

The World Health Organization (WHO) upholds the highest standards of integrity and pledge to act in good faith in all matters. Our conduct is guided by the principles of honesty, truthfulness, impartiality, and incorruptibility. We represent WHO with loyalty to the Organization's vision and mission, act with respect, and protect the trust placed in the Organization.

ii. Accountability

We adhere to the regulatory and policy frameworks established by the World Health Organization (WHO). We are accountable for our actions and decisions, answerable to the Organization for their outcomes. We uphold confidentiality, ensuring the proper, effective, and efficient utilization of WHO resources. Our interactions with all individuals, whether within or outside the Organization, reflect the expected standards of conduct. We operate within the limits of our authority, exercising appropriate control and oversight as outlined in the WHO Accountability Framework and any delegated authorities.

iii. Independence and Impartiality

We conduct ourselves solely in the interests of the World Health Organization (WHO) and under the exclusive authority of the Director-General. We exercise the highest level of discretion, avoiding involvement in any activity that could be deemed as conflicting with WHO's interests or detrimental to its reputation.

iv. Respect for Dignity, Worth, Equality, Diversity, and Privacy for All.

We are dedicated to fostering an inclusive culture characterized by dignity, mutual respect, and acknowledgment of individual contributions and privacy. Our conduct is guided by ethical principles, and we unequivocally reject all forms of discrimination based on gender, gender expression or identity, race, religion, political beliefs, nationality, citizenship, ethnicity, social origin, age, marital status, sexual orientation, disability, language, or any other personal status.

v. Professional conduct

We abstain from engaging in exploitative, abusive, harassing, or otherwise misconducted behavior. Our actions are driven by a commitment to avoid causing harm to the populations served by the World Health Organization (WHO) and to our colleagues. We endeavor to maintain a safe, respectful, healthy, and empowering workplace environment. Our professional behavior is guided by ethical principles and our personal dedication to WHO's mandate and objectives.

B) COVAX Facility

The COVAX (COVID-19 Vaccines Global Access) Facility, a global initiative led by Gavi, the Vaccine Alliance, the World Health Organization (WHO), and the Coalition for Epidemic Preparedness Innovations (CEPI), aims to ensure equitable access to COVID-19 vaccines worldwide. Established in response to the urgent need for a coordinated, fair distribution of vaccines, COVAX's mission is to deliver two billion doses of vaccines to low- and middle-income countries by the end of 2021.

Funded by contributions from governments, philanthropic organizations, and private sector partners, COVAX operates on the principle that no one is safe until everyone is safe, emphasizing global solidarity in combating the pandemic. Through strategic partnerships with vaccine manufacturers, COVAX negotiates vaccine prices and distributes doses to participating countries based on their population size, ensuring fair and transparent allocation.

COVAX has played a critical role in accelerating global vaccination efforts, particularly in regions with limited access to vaccines. Despite challenges such as supply constraints and distribution logistics, COVAX remains committed to its goal of providing equitable vaccine access to all, contributing significantly to the collective effort to end the COVID-19 pandemic.

Despite COVAX's effective efforts in vaccine distribution, the emergence of a new virus strain and reports of side effects from COVID-19 vaccines have led to a decline in public confidence in the facility. This shift in sentiment poses a significant challenge to COVAX's mission. For the records, past vaccination implemented for original SARS-COV-19 is no longer efficacious for the recent variant.

5) Glossary

Pandemic1: A pandemic is a global outbreak of a disease that affects a large number of people across multiple countries or continents.

Bubon cZausing or characterized by swollen inflamed lymph nodes in the armpit or groin.

Yersinia pestis3: Yersinia pestis is a bacterium responsible for causing the bubonic plague in humans, typically transmitted through the bites of infected fleas or through contact with infected animals.

Epidemics4: An epidemic is the rapid spread of a disease to a large number of people in a given population within a short period of time, typically localized to a specific region or community.

Pathogen A stathogenic refers to the ability of a microorganism or agent to cause disease in its host.

Microbiota6: Microbiota refers to the community of microorganisms that live on or within a particular habitat, such as the human body or a specific environment.

Buboes7: Buboes are swollen, inflamed, and tender lymph nodes, typically occurring in the groin, armpit, or neck, often as a result of an infection such as bubonic plague.

Endospores8: Endospores are a dormant, tough, and non-reproductive structure produced by certain bacteria in response to adverse environmental conditions, enabling the bacteria to survive in harsh conditions for extended periods.

Pneumonia9: Pneumonia is an inflammatory condition of the lungs primarily affecting the air sacs, or alveoli, typically caused by infection with bacteria, viruses, or other pathogens, leading to symptoms such as cough, fever, and difficulty breathing. Pyem alot form of blood poisoning.

Epidemiologist11: An epidemiologist is a scientist who studies the patterns, causes, and effects of diseases in populations, with the aim of preventing and controlling the spread of diseases.

The Science Division12: The Science Division typically refers to a department or group within an organization, institution, or government that focuses on scientific research, development, and innovation in various fields of study.

One Health Approach13: One Health is a collaborative, multisectoral, and transdisciplinary approach, working at the local, regional, national, and global levels, with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.