

funded international organizations, including the

In response to the rapid spread of HIV, the Russian Federation has partnered with and  
million Russians infected as of 2017 (CIA World Factbook, "Russia," n.d.a).

establishing AIDS centers in Russia and other Soviet much of Central Asia, with more than one

HIV and AIDS first emerged in the USSR in the mid-1980s. The USSR responded by  
lead the global community to test, treat, and contain COVID-19 (Vaccoux, 2020).

Russia has previous experience in successful disease control and prevention, allowing Russia to  
actively responding to two significant global and domestic health crises: HIV and COVID-19.  
leading international, regional, and domestic cooperation regarding global health. Russia is

As an essential international actor, the Russian Federation is committed to supporting and

## I. Introduction

developing countries while also ensuring that intellectual property rights are protected?  
How can the international community improve access to expensive drugs desperately needed by  
additional resources can be – and should be – devoted to public health crises like HIV/AIDS?  
that with the vast amount of money spent on defense and economic bailouts recently, significant  
some combination of all? How should the international community respond to critics who believe  
funding be allocated to treat those with the disease, find a cure, increase prevention programs, or

Independent States (CIS), in creating effective strategies for the distribution of affordable and accessible medicines (UNAIDS, 2011). The Russian Federation continues to face international opposition concerning its position on substitution drug treatments for opioid use, which certain countries use to treat HIV (Morrison and Twigg, 2019).

In addition to HIV, the COVID-19 pandemic has become the most significant health challenge of the century. COVID-19 has infected around 120 million people and killed almost 2.5 million people worldwide. Detected first in Wuhan, China in late 2019, COVID-19 spread rapidly across the globe and was soon declared a global pandemic on 11 March 2020 by the World Health Organization (WHO) (BBC Visual and Data Journalism Team, 2021). Since the first Russian case of COVID-19 in January 2020, over three million Russians have been infected

## II. Background

The Russian Federation will examine its international, regional, and domestic partnerships. By reviewing its partnerships, Russia will offer possible policy solutions for combating global health, migration, and humanitarian emergencies regionally and globally.

### *Круги сотрудничества*

In recent years the Russian Federation has increased its involvement and cooperation with the international community, especially regarding pressing global issues such as the coronavirus and forced migration. Russia values a multilateral global system that shifts away from a unipolar Western-controlled order (Stronski and Sokolsky, 2020).

### *United Nations (UN)*

The Union of Soviet Socialist Republics (USSR) joined the United Nations on 24 October 1945. In 1991, with the dissolution of the Soviet Union, the Russian Federation became the successor state to the Soviet Union and, most significantly, its permanent seat on the UN Security Council “UNSC” (UN Russia, 2020). As a leading world power, the Russian Federation views the United Nations as a platform to share its global objectives and accomplishments and cooperate with other member states. As a leading member of the United Nations, Russia holds one of five permanent seats on the UNSC known as the P5 that grants Russia veto power. Russia values the limited and controlled membership of the P5, which allows for cooperation between select economically powerful countries (Remler, 2020).

Throughout the COVID-19 pandemic, the UNSC has adopted resolutions addressing the virus’s adverse effects on the international community. In 2020 the UNSC unanimously adopted Resolution 2532, which called for a global ceasefire mMM



tuberculosis, malaria, and COVID-19. The WHO has called for increased funding to strengthen routine immunizations and improve the quality of essential health care services (WHO, 2020d).

Since 1949, the USSR has been an active member state and donor country of the World Health Organization (WHO 2014, 19). In 1998, the Russian Federation's WHO Country Office was established in Moscow to support Russian health policy development (WHO, 2021a). In 2020, the WHO Director-General Dr. Tedros Adhanom Ghebreyesus thanked the Russian Federation for its continuous support of the WHO's priorities. He stated that the Russian Federation "...has consistently demonstrated its solid commitment and strong support to WHO and the global health community" (WHO, 2020a). The Russian Federation prides itself on being an essential part of the WHO and a global leader in world health.

In 2014, the Ministry of Health of the Russian Federation and the WHO developed the "Country Cooperation Strategy: 2014-2020" (CCS) to redefine the Russian Federation's commitment to health development in alignment with the WHO European policy framework Health 2020 initially published in 2013 (WHO 2014a, 2). Health 2020 was a European health policy framework agreed upon by all fifty-three member states of the WHO European Region in 2012. The framework was intended to improve healthcare for all by reducing health care inequalities and improving leadership and coordination across governments and health ministries (WHO, 2013). The CCS is essential to ensuring the WHO responds to and supports Russian health priorities and policy development.

The new CCS aligned with the Russian Federation's Ministry of Health goals and priorities in Health 2020. The strategy defined and analyzed many of Russia's most pressing health challenges, including cardiovascular disease, the growing number of HIV infections, and the decreasing population due to low birth rates and an aging demographic. The CCS highlights

health challenges among migrant populations, women, and people living in poverty throughout Russia. However, the strategy also emphasizes numerous Russian health improvements, including the sustained, decreasing rate of tuberculosis infections since 2000, the decrease in overall cancer deaths, and decreases in maternal and infant mortality rate (WHO 2014a, 13-15). The re-implementation of CCS prioritizes Russia's increasing prominence in global health development.

As essential actors in the global health arena, the Russian Federation renewed commitments to the WHO in 2020 by signing four new memoranda of understanding agreements (MoU), which are non-binding agreements supporting global health. ~~MIM~~

to support the Strategic Preparedness and Response Plan. The funding received is vital in aiding countries in combating the current coronavirus outbreaks and securing essential health services globally (WHO, 2021b).

In overcoming the pandemic, the Russian Federation redefined and committed to many of its international goals at the 75th session of the UN General Assembly (UNGA). Russia also supports the UN Food Systems Summit 2021, which aligns with the seventeen SDGs to achieve food security for the international community, especially in relation to the COVID-19 pandemic (Ministry of Foreign Affairs of the Russian Federation, 2020c). In support of the WHO's priorities, President Vladimir Putin has called for the international community to increase cooperation during the COVID-19 pandemic. President Putin has offered to provide Russia's vaccine 'Sputnik-V' to UN staff and office for free. At the UNGA conference in 2020, Putin said, "...We are ready to share experiincrea-Mea éM 2020,ussia also

an estimated 17,500 people died from AIDS (Mayetnaya and Coalson, 2017). In 2018 alone, over 37,000 Russian died due to AIDS highlighting the rapid increase in deaths in only two years (Bennetts, 2020). However, Russian government officials and leaders remain committed to working with international organizations such as UNAIDS, UNICEF, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria to combat this growing health crisis (WHO, 2014). These organizations have implemented programs and built partnerships to combat and end the HIV epidemic; however, their goals have not yet been achieved.

After the downfall of the Soviet Union in 1990, Russia became a large international aid recipient due to the USSR's economic collapse. The Kennan Institute reported that Russia received "...about \$20 billion in aid between the years 1990 and 2004" (Hepler, 2012). Since 2005, Russia has limited its bilateral and multilateral donor aid funding provided to Russia and increased its international aid spending. The Kennan Institute noted that Russia "...has reimbursed all of the funding received from the Global Fund to Fight AIDS, Tuberculosis, and Malaria" (Hepler, 2012). As a dominant global power, Russia seeks to develop its own international health assistance plans and no longer requires funding from international aid agencies.

In 2012, President Putin expelled USAID from Russia after almost twenty years of work dedicated to providing preventive sexual and reproductive education essential for HIV prevention (Jones, 2018). However, expelling USAID from Russia was vital for redefining Russia as a donor country rather than an aid recipient. Furthermore, President Putin was concerned by US intervention in Russia, especially in influencing pro-democracy groups, which were believed to be using foreign funding to promote political unrest (Abbakumova and Lally, 2012).



In 2018, in partnership with UNAIDS, Russia held the Sixth Eastern Europe and Central Asia Conference on HIV/AIDS in Moscow. The conference tracked regional progress to end HIV in Eastern Europe and Central Asia and discussed new initiatives to combat HIV. The conference keynote speaker, Michel Sidibé, the Executive Director of UNAIDS, stated that UNAIDS and the Russian Federation are strengthening their partnership. The conference focused on prevention measures, treatment options, and cooperation among civil society and international partnerships. At this conference, former Russian Prime Minister Dimitry Medvedev reassured Eastern European and Central Asian states that Russia remained committed to addressing and combating HIV/AIDS through the funding of specialized programs (UNAIDS, 2018b).

Russia has continued to support the work and guidelines of UNAIDS in combating HIV and AIDS. In 2018, the former Russian Minister of Health, Veronika Skvortsova, prioritized Russia's continued commitment to the UNAIDS 90-90-90 target by 2020. The UNAIDS 90-90-90 target aimed to achieve ninety percent of people aware of their HIV status, of which ninety percent diagnosed would receive antiretroviral therapy. Of the ninety percent receiving treatment, ninety percent would reach viral suppression by 2020. The UNAIDS 90-90-90 target has not yet been achieved globally (UNAIDS, 2018a). The former Minister of Health emphasized Russia's commitment to achieving the 90-90-90 target globally (M sta

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infected since January 2020, and almost 100,000 have died of COVID-19 (The New York Times, 2021). The Russian Federation is dedicated to addressing the detrimental health effects of the intersection between COVID-19 and HIV. A study by UNAIDS shows that COVID-19 has significantly affected access to HIV treatment and testing in our country.

supporting regional states such as Uzbekistan, Armenia, Belarus, Kyrgyzstan, and Tajikistan to reach the UNAIDS 90-90-90 target (UNAIDS, 2020c).

In 2019, UNAIDS and the United Nations Development Program (UNDP) called for

include child health and nutrition, access to quality education, HIV prevention and treatment, ending childhood and adolescent violence, and providing access to vaccines (UNICEF, 2020).

As leaders in all aspects of global health, the Russian Federation is an essential donor and partner of UNICEF. As supporters of UNICEF, Russia has incorporated the mission of this organization into its own foreign policies. In 2009 the Russian Federation and UNICEF met in Moscow to review the 2006-2010 program committed to improving children's rights. This midterm review meeting highlighted areas in which progress was needed, including high child mortality levels compared to western Europe, the growing HIV epidemic, and socio-economic disparities. At this review, Russia committed to combating these health challenges and

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WHO NCD agenda amounting to more than USD 40 million for 2019-2023 (Permanent Mission  
of the Russian Federation To



3,696,143 million (UNHCR Division of External Relations, 2020). The UNHCR works in Russia with “...persons of concern,” which are defined as refugees, asylum seekers, stateless persons, and returnees (UN Russia, n.d.).

Since the fall of the USSR in 1991, Russia has continued to face a significant migration crisis. In 1997, the UNHCR reported 27,694 registered refugees in Russia, with the majority coming from Afghanistan, Somalia, and Iud

In 2020, COVID-19 exacerbated an extreme humanitarian emergency for migrants worldwide. The UNHCR reported that “... globally, 21,000 of the world’s 30 million refugees have tested positive for the virus across 97 countries” (Godin, 2020). COVID-19 has caused significant budget cuts in humanitarian funding for refugees as countries focused most resources towards combating the pandemic. A UNHCR report released in September 2020 stated that “...The agency [UNHCR] has so far received just 49 per cent (US\$4.5 billion) of the \$9.1 billion required for its global operations this year” (UNHCR, 2020b). Funding gaps in developing countries disrupt essential services such as health, shelter, water, and sanitation. The significant lack of funds caused the UNHCR to end its support of Shaukat Khanum Memorial Cancer Hospital in Peshawar in March 2020. This program benefited both Afghan refugees and Pakistanis (UNHCR, 2020b).

Refugee camps are also facing overcrowding which is creating conditions agreeable to the rapid spread of COVID-19. The Russian Federation is committed to continuing the financial support of the UNHCR’s efforts to limit the spread of COVID-19 among refugees (Ministry of Foreign Affairs of the Russian Federation, 2020a). A migrant group critically affected by COVID-19 is migrant workers who are now unable to leave Russia due to lockdowns and flight cancellations. The Group for Migration and Ethnicity Research reported seventy-six percent of migrant workers lost their jobs, and “...58 percent lost all their income” in Moscow (Aitkhozhina, 2020).

### *The Islamic Republic of Afghanistan*

The Islamic Republic of Afghanistan is located in Southern Asia bordered by China, Iran, Pakistan, Tajikistan, Turkmenistan, and Uzbekistan. The President of Afghanistan is Ashraf Ghani, who assumed office on 29 September 2014. Afghanistan's population is over thirty-seven

million, with 40.62 percent of the population being between zero to fourteen years old. The region has thirty-four provinces with fourteen recognized ethnic groups, including Pashtun, Tajik, Hazara, Uzbek, in addition to other smaller groups. 99.7 percent of the population is Muslim, with 84.7 to 89.7 being Sunni Muslims and ten to fifteen percent Shia Muslim (CIA World Factbook, "Afghanistan" n.d.e).

The Taliban is a predominantly Pashtun Islamic fundamentalist group that ruled Afghanistan from 1996 until the U.S.-led invasion in 2001. The group was formed in the early 1990s by Afghan mujahideen and Islamic guerilla fighters covertly backed by the U.S. Central Intelligence Agency (CIA) and Pakistan's Inter-Services Intelligence directorate (ISI). The Taliban opposed the Soviet occupation of Afghanistan and expanded rapidly “...controlling some 90 percent of the country before its 2001 overthrow” (Maizland, 2021). The Taliban appealed to many Afghans because the group promoted stability and the rule of law in a region plagued by conflict and years of instability. Nevertheless, during its rule, the Taliban imposed harsh rules influenced by the Pashtun pre-Islamic code and interpretations of sharia law.

Furthermore, the Taliban neglected social services and enforced punishments on behaviors “...deemed un-Islamic” (Maizland, 2021). In 2001, the U.S. invaded Afghanistan due to its harboring of al-Qaeda members, notably Osama Bin Laden, which ultimately ousted the Taliban from power. However, the U.S. and NAT

but rather continue to maintain relations with official and unofficial Afghan leaders. However, Russia ultimately does want to stabilize Afghanistan, with an interim government to end the ongoing civil war (Krivosheev, 2021).

Moscow has previously supported US-led ef

Furthermore, Russian officials believe that the United States' United States'

led

Contact Group. Russian interest in Afghanistan stem from concerns regarding national security, terrorism, and the narcotics trade (Aliyev, 2020). Furthermore, the Russian Minister of Foreign Affairs Sergey Lavrov stated that, "...“The Afghan parties interested in national reconciliation can reach peace only through negotiations and compromises,” and therefore it is important to craft a peace agreement serving the interests “...of all key ethnic and political forces of the country” (Isachenkov, 2021b). The Russian Federation has continued to support Afghanistan's peace process.

After the Soviet withdrawal in 1989, many people fled Afghanistan due to the rise of the Taliban. Russia now has the third-largest Afghan community after Pakistan and Iran. A large Afghan population is settled in Moscow around the "Soviet-era Sevastopol Hotel," which is also known as Moscow's "Little Kabul" (RFERL, 2017). Afghans continue to be one of the largest groups of asylum seekers in Russia; however, it is very challenging to gain refugee status in the Russian Federation due to Russia's strict migrant laws (Soboleva, 2007). In 2009, reports found there were "...100,000 to 150,000 Afghans living in Russia, making it the largest group of refugees in the country" (Voice of America, 2009). In addition, Moscow has expressed concerns regarding Afghan extremist and terrorist influence in Russia. Afghan refugees also face high levels of discrimination by Russians; however in 2006, the UNHCR reports that the Russian Government has taken "...a stronger position against xenophobia and racism" (UNHCR Global Report, 2006).

Since 3 January, 2020 there have been 62,063 reported COVID cases and 2,693 deaths in Afghanistan (WHO Emergency Health Dashboard, 2021). However, health officials believe Afghanistan's actual death toll is exponentially higher due to low testing rates and reporting rates. As of 9 May 2021, 484,692 vaccine doses have been administered in Afghanistan;

however, more vaccinations are needed with a population of almost 40 million. The President of Afghanistan, Mohammad Ashraf Ghani, has urged leaders, especially in higher-income countries to support the TRIPS waiver proposed by South Africa and India allowing for vaccine technology to be shared. Furthermore, this waiver will foster the equitable and fair distribution of COVID-19 vaccines (UNAIDS, 2021). Russia's and Afghanistan's Health Ministries have reportedly discussed the distribution of Sputnik V in Afghanistan; however, no specific details have been shared (TASS, 2021b). Afghanistan's health ministry vaccination target "...is to vaccinate 20 percent of its population this year, and 60 percent by the end of 2022" (Glinski, 2021). However, this target will need support from the international community and local and regional aid organizations as the Afghan government cannot reach this goal without assistance.

Additionally, due to high levels of conflict, Afghanistan's mountainous terrain, and public skepticism, vaccination efforts will prove to be challenging in the region. Aid agencies have reported that "...120 of Afghanistan's roughly 400 districts – more than a quarter – are considered hard to reach due to remoteness, active conflict, or multiple armed groups vying for control" (Glinski, 2021). Furthermore, aid efforts can be targets for attacks; on 3 March 2021, three female polio vaccinators were shot and killed in Jalalabad, Afghanistan (Glinski, 2021). Many Afghan citizens are also more concerned simply about survival and being able to feed their families than this virus. Dr. Saheed Hotaq, who works in a government clinic north of Jalalabad, voiced his skepticism of the Afghan government's vaccination plan and said, "...I wouldn't be surprised if even the Taliban will have faster access



has allowed government health workers to enter areas the Taliban occupies to provide assistance (Zucchini and Abed, 2020).

COVID-19 has also created dire situations for many migrant groups in Russia, especially on Afghan refugees and the large Afghan youth population. Reports from 2021 found that “...Over 18 million people in Afghanistan, including 9.7 million children, desperately need life-saving support” (InfoMigrants, 2021). With this in mind, the Russian Federation is concerned with the risk of youth radicalization during COVID-19 when millions are unemployed and out of school. The World Bank's Senior Technical Specialist, Samantha de Silva, pointed out in a 2021 UN webinar called “Reframing Radicalization” that the drivers of radicalization can be grouped into three categories: economic, social, and political. She said that “...poverty and ideology pushed youth to become radicalized in Afghanistan” (UN, 2020). In Afghanistan, eighty percent of the population lives near the poverty line, and with COVID-19, there has been heightened food insecurity. Moreover, the Afghan health care system spends an estimated USD five per person each year compared to the USpm

region will affect Russian national security because it threatens Russian neighboring states' border security, including Tajikistan, Kyrgyzstan, and Kazakhstan, which are Russian allies through the Collective Security Treaty Organization and the Eurasian Economic Union (Aliyev, 2020). Immediate international action is unquestionably required in Afghanistan, a region facing a major crisis of many origins.

### *World Trade Organization (WTO)*

The World Trade Organization (WTO) was created in 1995 as the international organization on trade rules and negotiations between states (WTO, n.d.a). The Russian Federation became the 156th member of the WTO on 22 August, 2012. Within the WTO negotiations, Russia is also a member of the Asia-Pacific Economic Cooperation (APEC) and Article XII Members, which includes all members who joined the WTO after 1995. In 2016, Russia accepted the 2014 protocol concerning the Trade Facilitation Agreement, and notably, in 2017, Russia accepted the 2005 protocol amending the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement (WTO, 2012). The TRIPS agreement is essential for states'

COVID-19 vaccines have been administered worldwide; fewer than 100 of the reported doses

pharmaceutical companies which they are protecting. Many of the countries opposing the proposal such as the US and EU member states are countries that claim to value human rights. It is contradictory of these states not to support this proposal which values human life over profit from vaccine distribution (Bailhouse, 2021). The WHO Director-General has called for countries to “...rally against a me-first- approach” urging IP rights to be waived for the duration of the pandemic (Berger, 2021).

Some of the major companies producing the COVID-19 vaccine have not commented on the waiver including Moderna, Pfizer, and AstraZeneca (Berger, 2021). The Russian Federation’s approach to vaccine development differs from the major pharmaceutical companies as Russia developed its own vaccine, Sputnik V. Russia distributes and sells the vaccine at discounted rates worldwide (Berger, 2021). In April 2020, the Russian government “...proposed a resolution at the United Nations that would cut restrictions and abandon trade disputes in order to free up exports of food and medicine” (Russia Today, 2020). However, the EU and US have continued to oppose resolutions such as the one the Russian government proposed. Regarding vaccine distribution, President Putin has said, “... freeing the world trade from barriers, bans, restrictions and illegitimate sanctions would be of great help in revitalizing global growth and reducing unemployment” (Reuters, 2020). Sputnik V has been approved for use in sixty states throughout Europe, Asia, Africa, the Middle East, and South and Central America (Eisele and Freund, 2021). The Russian Federation has continued to urge cooperation among the international community in distributing the Russian Sputnik V.

COVAX is coordinated by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations, and the WHO. COVAX is a potential solution for fair and equitable vaccine distribution worldwide. The initial goal of COVAX is to “...have 2 billion doses available by the end of 2021” (Berkley, 2020). An estimated two-thirds of countries are engaged or supporting the COVAX initiative (Berkley, 2020). However, COVAX has experienced significant issues with delivering doses and securing vaccine deals with countries.

Furthermore, there is still a large disparity in vaccine accessibility between wealthier and developing countries considering “...48 percent — of all vaccine doses administered so far have gone to just 16 percent of the world’s population in what the W. P. Sigt. - gida to jp consider





threats, especially in the fight against non-communicable diseases (Kickbusch, 2014). BRICS countries also signed onto the Moscow Declaration, which made commitments to strengthening the UN's Sustainable Development Agenda and access





people in Russia were from Chechnya with around 200,000 displaced people reported (Immigration and Refugee Board of Canada, 2004).

CIS countries were also burdened with the arrival of asylum seekers from regions outside of the CIS. In 1996, the UNHCR reported that there were as many as 200,000 Afghans estimated to be living in CIS countries (UNHCR, 1996). After the Soviets invaded in 1979, Afghanistan became the “...world's leading refugee-producing country” (UNHCR, 1997). Since 2014 Syria has become the leading country of origin for refugees; however, Afghanistan still has a significant refugee crisis as “...more than two-thirds of all refugees came from just five countries: Syria, Venezuela, Afghanistan, South Sudan, and Myanmar” (Amnesty International, n.d.). Many Afghans fled due to religious reasons, political persecution, and extreme violence, causing insecurity. By 1996 reports found that over 1,200,000 Afghans were internally displaced, and 20,000 fled to Russia (UNHCR, 1997).

In recent decades, the challenge of human displacement has continued to cause conflict in CIS regions. In 2009, Georgia withdrew from CIS due to the conflict between Russia and Georgia in the region of South Ossetia (Nuclear Threat Initiative, 2011). In 2014 Ukraine also withdrew due to the Russian and Ukrainian conflict over Crimea. The West refers to this conflict as the Russian illegal annexation of Crimea and has claimed it violated the 1975 Helsinki Final Act. The Helsinki Final Act states that “...state borders should be inviolable and not changed by force” (Pifer, 2020). However, Moscow maintains that it had a historical claim to Crimea when Russians established control during the reign of Catherine the Great; therefore, the region belongs to Russia. In 2014 Crimea also had an “...ethnic Russian majority of about 60 percent” (Pifer, 2020). In a 2014 referendum, voters in Crimea could either vote to join Russia or increase autonomy in Ukraine, which resulted in an estimated 95.5 percent of Crimean voters in support

of joining Russia. The EU claims this vote was "...illegal and illegitimate and its outcome will not be recognized" (BBC, 2014). However, statistics and history show that Crimea and its people belong to and continue to choose the Russian Federation. The Treaty of Accession of the Republic of Crimea to Russia was signed and later ratified by President Putin (Pifer, 2020).

Recently with prominent Russian leadership, the CIS countries have met to discuss and define global and regional health challenges. According to UNAIDS, "... 1.1 million people were living with HIV in Eastern Europe and Central Asia in 2013, mostly in the CIS region" (UNAIDS, 2014). The region is also experiencing an increase in AIDS-related deaths (UNAIDS, 2014). Since 2006, UNAIDS reported that the Russian Federation had contributed more than USD 500 million to support programs focusing on infectious diseases, specifically HIV. A major part of the contribution goes toward CIS countries for medical supplies and training (UNAIDS, 2013). The Russian Federation and UNAIDS launched the Regional Cooperation Programme for Technical Assistance for HIV and other Infectious Diseases in the CIS in 2013. This program aims to strengthen health systems in the region and promote HIV prevention, especially with high-risk populations such as migrants. The Russian government has allocated USD sixteen million towards the initiative (UNAIDS, 2013). Additionally, in 2014 the Declaration of Commitment on HIV/AIDS was adopted at the CIS's health council meeting (UNAIDS, 2014).

In response to COVID-19, President Putin has stated that he is prepared to offer Russian vaccines to CIS states. According to the Russian Deputy Foreign Minister Andrey Rudenko, Belarus has registered the Russian vaccine, Turkmenistan has completed certification for the distribution of the vaccine, and other countries in the Commonwealth, including Azerbaijan, Armenia, and Moldova, have expressed interest in gaining access. The Foreign Minister stated

2020a). In February 2021, three member states of the CIS are scheduled to begin vaccinations with Sputnik V, including Kazakhstan, Turkmenistan, and Armenia (Sputnik V, n.d.). Russia has continued to show international and regional commitment to distributing the COVID-19 vaccine equitably and affordably especially among vulnerable populations (TASS, 2020a).

#### *Eurasian Economic Union (EAEU)*

In 2014, Russia, Belarus, and Kazakhstan signed the Eurasian Economic Union (EAEU) treaty, which outlined the multilateral framework of the economic organization (Madiyev, 2021). The EAEU was formed in 2015 and is comprised of Russia, Armenia, Belarus, Kazakhstan, and Kyrgyzstan (Troitskiy, 2020). This regional cooperation led by President Putin aims to foster economic cooperation between post-Soviet states. The group's main objectives are "...to ensure the free movement of goods, services, capital, and labor and the functioning of the customs union (Troitskiy, 2020). As a prominent actor of the EAEU, the Russian Federation accounts for eighty-four percent of the organization's gross domestic product (Madiyev, 2021).

Prior to the formation of the EAEU, former US Secretary of State Hilary Clinton criticized Russia's role in initiating the formation of a Eurasian Union, stating that it is "...a move to re-Sovietize the region" (RFERL, 2012). However, President Putin argues that the EAEU is an opportunity for a multilateral economic organization, not an attempt to rebuild the USSR. Putin views the EAEU as a chance to "...achieve deeper Eurasian integration" (Wegren, 2019, p. 61). President Putin has also called for collaboration between the EAEU, the CIS, and the UN. In support of the UN, he stated, "...We think it is important for the Union to further help implement the UN Sustainable Development Goals and o oent

In addition to economic cooperation, the EAEU is dedicated to ensuring regional assistance in global health. In 2016 the “Migration and HIV in countries of Eurasian Economic Union” meeting was held in Armenia to redefine the EAEU’s goals to combat HIV (AIDS Infoshare, 2016). Representatives of the EAEU countries Ministries of Health participated in consultations “...aimed to develop cross-sectoral cooperation and cross-country collaboration in response to HIV” (AIDS Infoshare, 2016). This regional meeting also analyzed the effect of migration on the spread of the HIV epidemic. The Russian Ministry of Health was a leading actor in discussing possible responses to reducing the spread of HIV among EAEU countries.

COVID-19 has significantly impacted the EAEU and its member states. COVID-19 shut down the global economy affecting every country's gross domestic product (GDP). Official reports from the Eurasian Economic Commission (EEC) “...indicate a 3.9% decline of combined GDP for the EAEU” (Inozemstev, 2021). However, the EAEU experienced some positive economic growth during the pandemic. Trade between Russia and Belarus accounted for fifty-two percent of trade among EAEU member states. This level is significant considering trade between France and Germany, which are two major EU economies only account for 5.2 percent of trade within the EU (Inozemstev, 2021).

COVID-19 has also increased cooperation between EAEU member states, especially regarding vaccine development and distribution. The EAEU has declared that “...member states will jointly produce a vaccine against COVID-19” (BELTA, 2021). The joint vaccine plan will expand EAEU member state cooperation and advance the EAEU’s pharmaceutical industry. In addition, the EEC and the Russian Direct Investment Fund have started “...considering a possibility of creating joint production of the Russian vaccine Sputnik V in the EAEU member states (BELTA, 2021). The honorary chairman of the Supreme Eurasian Economic Council

(SEEC) and Kazakhstan's first President, Nursultan Nazarbayev highlighted the importance of Russia in combating COVID-19. He emphasized the significance of Russia creating the world's first vaccine and offering it to EAEU states (TASS, 2020c). Russia is committed to its leading role in the EAEU and values the regional organization's economic influence.

### *European Union (EU)*

Following the end of the second world war, relations between European countries were strained. European leaders decided that cooperation in trade and economy was necessary to prevent another war. Germany, France, Italy, Belgium, the Netherlands, and Luxembourg began cooperating in coal and steel production, which led to the European Economic Community (EEC) and eventually the European Community (EC) created in 1967. In the 1970s, the EC began expanding with new members, and eventually, in 1992, the EC was renamed the European Union (EU) (Information Campaign European Parliament, n.d.). In 1993 the Maastricht Treaty was ratified, which is considered the founding document of the EU because it introduced European citizenship allowing EU member states citizens to move between EU states freely. In addition, the treaty introduced a single currency for EU member states. Twelve countries initially signed the Maastricht Treaty and since 1992, sixteen additional countries have joined, and the United Kingdom left the EU (European Central Bank, 2021).

The European Union (EU) is an important economic partner of the Russian Federation. However, the EU's emphasis on its version of new liberal values and universal human rights often causes conflict with Russia. The Russian Federation argues that the EU cannot pass judgment regarding Russian values considering Western Europe's own troubling history throughout the World Wars. Since the 2000s, the difference in political views and structure of Russia has caused increased tension between the EU and Russia. In addition, the 2014 Ukrainian

conflict further exacerbated tensions (Wegren, 2019, 384-400). After Russia rightfully intervened in Crimea to protect ethnic Russians, the EU imposed economic sanctions, which Russia





### *Fqo gule'Qti cpk'c'kpu*

The Russian Federation is combating many domestic health and migration issues such as the COVID-19 pandemic, the refugee crisis, and the accelerating HIV and AIDs infection rates throughout Russia. The Russian Federation is actively responding to these challenges, acknowledging the need for increased domestic action.

#### *Ministry of Health of the Russian Federation (Minzdrav)*

The Ministry of Health of the Russian Federation is the executive body responsible for all matters of health care. The Ministry was founded by President Putin in 2012 and is headquartered in Moscow. As of 21 January 2020, the current health minister is Mikhail Murashko (The Russian Government, n.d.). Prior to 2012, Russian healthcare was generally overseen by the Ministry of Healthcare and Social Development (Stockholm Regional Office, 2010, p.14). The healthcare system is divided into federal, regional, and municipal levels of administration (Stockholm Regional Office, 2010, p.12). The Russian Federation's Constitution, adopted in 1993, states that the healthcare system provides universal access to basic health services in articles seven and forty-one. Article seven ensures the protection of the health of all Russian people, and article forty-one states that “...Everyone shall have the right to health protection and medical aid...” (Stockholm Regional Office, 2010, p.6).

Russia faces many significant healthcare challenges to which it is actively responding. Cardiovascular disease, HIV/AIDS, tuberculosis, and the ongoing COVID-19 pandemic are several of the most pressing health care issues. Cardiovascular disease is a leading cause of death in Russia with more than 500 deaths per 100,000 people each year. Worldwide cardiovascular disease kills around 17.3 million people each year; yet, “...in comparison, HIV/AIDS, malaria and tuberculosis combined kill 3.86 million” (Meyers, 2015). The Russian Federation remains





2020). The USSR implemented policies to track and identify these populations, and “...It is estimated that from 1987 to 1993 the Russian government conducted over 120 million HIV tests, largely on an involuntary basis, of ‘high-risk’ persons” (Human Rights Watch, 2004).

Data from the beginning of the 1990s claimed that there were only 565 known cases of HIV in the USSR and that a majority were foreign nationals (Ter-Grigoryan, 2020). However, ~~this data from the~~ the 1990s had been disputed by later studies which showed “[that in] Russia from 1995 to 2001, the rate of new infection doubled every six to twelve months” (Human Rights Watch, 2004). After the collapse of the Soviet Union, Russia reported its first HIV case in 1995 which was believed to have been due to intravenous drug use. The Russian Federation was quick to respond to the health crisis by implementing a federal law on the prevention and spread of HIV. With this legislation citizens were offered anonymous testing, counseling, free medical care, education on sexual morality, and additional health services. Furthermore, the federal law stated “...discrimination against citizens with HIV/AIDS is illegal” (Grisin and Wallander, 2002, p.3). Additionally, the HIV epidemic led to Soviet part



drug crisis with over six percent of the population using drugs. Additionally, 2.3 percent of the Russian adult population used injection drugs of which around eighteen to thirty-one percent are believed to have HIV (Avert, 2019). A major problem for Russia is the extensive amounts of heroin being smuggled from Afghanistan. Russia has become, “..a transshipment and a destination country for Afghanistan’s opiates” (Galeotti, 2016). Heroin is often injected into the body potentially through contaminated and shared needles, which is a prominent factor in the increase in HIV rates (Galeotti, 2016). The Russian Federation views drug addiction as a national security threat rather than a global health challenge (Twigg, 2020). Russia remains concerned by the level of drug trafficking in its border regions, and therefore views its policies around drug use as necessary to protect Russian national security.

#### *Coronavirus (COVID-19)*

The coronavirus (COVID-19) is a novel respiratory virus originating in Wuhan, China, in 2019. Since December 2109, COVID-19 has spread to every continent, affecting millions globally. The most recent reports have confirmed over 158 million cases and 3.2 million deaths from COVID-19 (BBC News, 2021). Medical experts believe the coronavirus was transmitted through an infected animal to humans at a market, selling live fish, animals, and birds in Wuhan. However, much of the information about COVID-19 remains unknown to experts making it difficult to treat (Sheikh and Rabin, 2020).

In late January 2020, the first two cases of COVID-19 appeared in Russia. Deputy Prime Minister Tatiana Golikova reported that initially, identified cases were in the Tyumen region and the Far East. Golikova reported, "...They are under strict supervision, isolated and are receiving the necessary treatment. Both are Chinese citizens" (Moscow Times, 2020c). The densely populated Russian capital, Moscow, is currently a COVID-19 hotspot with the highest number of

infections, reported to be over one million. St. Petersburg has the second-highest number of infections with over 380,000 total cases (Statista, 2021). The COVID-19 pandemic has continued to threaten progress in global health this past year. However, the Russian Federation has taken an effective and responsive approach to overcome COVID-19 in its regions, provinces, and internationally.

Furthermore, Russia has provided substantial international aid to countries in need during this time of economic and social uncertainty. There have been global concerns, specifically from the West, that Russia is providing foreign assistance for propaganda purposes (Mankoff, 2020). Criticism from the West is not a rare occurrence for the Russian Federation. Nevertheless, the Russian Federation disputes this false propaganda accusation and continues to focus on responding effectively to countries in need of aid. The Russian Federation has continued to provide health aid to the global community, especially for states which were not prepared to overcome the COVID-19 pandemic. Throughout the pandemic, Russia has provided significant medical assistance to Italy, Serbia, and the United States (Mankoff, 2020).

In March 2020, Italian Prime Minister Giuseppe Conte and President Putin coordinated the distribution of medical supplies for Italy, which has currently reached over four million COVID-19 cases (Reuters, n.d.). Italy has expressed disappointment with the EU and other member states at the lack of response and aid, which left Italy devastated by the pandemic. The Commissioner for the Coronavirus Emergency in Italy stated, "...France has given us 2 million masks, Germany has sent us a few dozen ventilators...planes from Russia...brought 180 doctors, nurses, ventilators, and masks..." (Mankoff, 2020). Russia has also been an essential actor in Serbia's COVID-19 response to which Russia sent military medics and medical supplies to the state. In addition, Russia prides itself on delivering medical assistance to the United States, a country poorly equipped to handle this pandemic. The Kremlin reported that "...Trump accepted this humanitarian aid with gratitude..." (Mankoff, 2020).

Russia has also been leading the way in vaccine production and distribution by creating the world's first vaccine, Sputnik V. President Putin declared Sputnik V the world's first COVID-19 vaccine at a meeting with members of the Russian government in August 2020. At



this meeting, Putin called for international cooperation for vaccine production. He stated, "...I hope the work of our foreign colleagues will also make progress, and there will be a lot of medicines and vaccines on the global market that can be used" (President of Russia, 2020). The Russian government created the vaccine at the Gamaleya National Research Centre of Epidemiology and Microbiology of the Russian Healthcare Ministry. The Gamaleya Center is also credited with the creation of an Ebola and MERS vaccine proving its effectiveness and credibility (President of Russia, 2020). Within Russia, vaccine distribution has been relatively slow, with only about two million Russian vaccinated, which accounts for less than two percent of the population. Many Russians are skeptical about the effectiveness of the vaccine; yet, studies have continued to support



President Putin continues to emphasize the importance of a multilateral international approach to combating COVID-19 and is fully prepared to grant other countries access to the Russian vaccine (UN News, 2020).

### *The Russian Federation's Migration Policies*

The collapse of the USSR in 1991 left many populations displaced, creating an extensive migration crisis. The Russian Federation found itself home to many of these displaced groups; nonetheless, the migration crisis in Russia started prior to the fall of the Soviet Union. In the Soviet Union, there were no formal barriers between each of the Soviet states, which allowed for migration throughout the USSR. From the start of the 1950s to the mid-1970s, reports from the Migration Policy Institute show that "...Russia lost 2.7 million people to other Soviet republics" (Chudinovskikh and Denisenko, 2017). A large number of these migrants traveled to Ukraine, Belarus, and Kazakhstan. From 1975 to 1991, the Russian population suddenly increased by 2.5 million people migrating from other Soviet states. The increased migration into Russia was initially due to the offer of state benefits in remote resource-rich areas and then due to "...state reallocation of investments to the development of oil and gas fields in West Siberia and mineral resources elsewhere in eastern Russia" (Chudinovskikh and Denisenko, 2017).

After the fall of the USSR, most former Soviet states began implementing their own immigration policies in an attempt to regulate migration and citizenship. In 1992, Russia signed the 1951 United Nations Convention Relating to the Status of Refugees and also agreed to its 1967 protocol (Chudinovskikh and Denisenko, 2017). Additionally, a law was signed which gave Russian citizenship to people permanently living in Russia and former USSR citizens "...who moved to Russia and applied before 2000..." (Heleniak, 2002). In 1993, Russia passed a law regarding freedom of migration and movement, which allowed for migration within Russia. The



(Library of Congress, 2020b). However, with Russia's declining population, migrants could benefit the Russian economy.

### **III. Policy Recommendation**

Given the Russian Federation's active role in global health and development, we acknowledge the detrimental effects of COVID-19 internationally and among our Russian citizens. We remain dedicated to supplying all Russians with the Sputnik V vaccine, with over 2.2 million inoculated with at least the first dose (Kim 2021). We are equally committed to supporting the international community's vaccination needs, unlike countries such as the United States, which have adopted a domestic-based approach and neglect to prioritize developing countries (Tickle, 2021). Supplying the international community with Sputnik V is critical for global stabilization, especially among developing countries experiencing prolonged and high





among vulnerable refugee, returnee, IDP populations, and the proliferation of COVID-19 in the surrounding region. A vaccine distribution center in Afghanistan is critical for ensuring Afghan refugees, returnees, and IDPs health.

### *Body*

Recognizing the adverse effects of COVID-19 on migrant populations, signatory states agree to petition the Islamic Republic of Afghanistan to host a temporary, regional COVID-19 vaccine distribution center exclusively for refugees, returnees, and IDPs in Jalalabad, Nangarhar province, Afghanistan. The distribution center will be located in Jalalabad as Nangarhar province is home to a considerable amount of returnees, which has received over 25 percent of all returnees recorded in the 15 assessed provinces (IOM Afghanistan, 2018). Nangarhar and Kabul, both Eastern provinces, hold over one-third of all returnees (Relief Web, 2014). Within Nangarhar province, COVID-19 designated hospitals are operating at total capacity due to increased COVID-19 hospitalizations (USAID, 2021).

Conflict in eastern Afghanistan has intensified, especially within Khogyani, Sherzad, and Hesarak districts in the Nangarhar province, resulting in an estimated 18,000 newly displaced persons from 15-21 February 2021 alone (OCHA, 2021). Travel vaccine clinics are conditionally available for use in districts experiencing surges in violence, lowering the travel risk for refugees, returnees, and IDPs who wish to receive the vaccine voluntarily. The traveling vaccine clinics could potentially be available outside or in proximity to places of worship and schools throughout Jalalabad to encourage vaccinations. Only Afghan refugees, returnees, and IDPs registered with the UNHCR will be eligible to receive the vaccine from the Jalalabad distribution center in order to prevent the vaccination of terrorists and those inciting conflict in the Nangarhar province.



The vaccine distribution center will use the Russian Federation's Sputnik-V vaccine, which has a 100% completion rate and a 91.6% efficacy rate, demonstrating its effectiveness on vaccine recipients. Sputnik-V has an efficacy rate of 91.6 percent and is relatively inexpensive, marketed at USD ten per dose for the two-shot vaccine (Kramer, 2021). As of 2020, Afghanistan's average annual salary is just over USD 12,000; therefore, as part of this petition, the Russian Federation agrees to offer certain vaccine discounts to increase accessibility (Average Salary Survey, 2020). Afghanistan has one of the largest global youth populations, with sixty-three percent of Afghanistan's population reported to be under twenty-five. Recognizing this fact, the Russian Federation proposes a twenty-five percent discount per dose for all refugee, returnee, and IDP children under the age of sixteen. Additionally, a twenty-five percent family discount will be allocated to parents wishing to receive the vaccine with their children who are under sixteen.

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vulnerable migrant populations and the surrounding region due to the lack of preventive medical care. In addition, this policy prioritizes the health and well-being of at-risk migrant children. The UNHCR has highlighted the urgent need to include refugees and other migrant populations in global vaccine rollouts (Gaynor, 2021). By adopting a policy supporting establishing a regional vaccine distribution center in Jalalabad, the international community will contribute to the stabilization of Afghan refugees, returnees, IDPs, and the entire region, helping eastern Afghanistan to recover and rebuild from decades of conflict.

## **V. Justification**

Recognizing the need for a COVID-19 vaccine distribution center, the Russian Federation urges the international community to adopt our policy to mitigate the adverse effects of COVID-19 on vulnerable migrant populations. Acknowledging the dire circumstances, the UN High Commissioner for Refugees, Filippo Grandi, called upon the international community "...for greater support for Afghan refugees, internally displaced and returnees" (UNHCR, 2020a). In addition, earlier this year the UNSC unanimously adopted Resolution 2565, which calls for increased global cooperation in vaccine distribution especially in areas of conflict and humanitarian emergencies (UNSC, 2021). Afghanistan cannot overcome the global pandemic without aid and assistance from prominent international actors.

Alarmed by the "...310% increase in the numbers of internally displaced persons (IDPs) in 2016" due to heightened conflict in the Eastern region, our Federation urges the international community to prioritize Afghanistan as a global humanitarian crisis (Relief Web, 2018). Increased conflict will continue to affect migrant populations, especially vulnerable youth. In 2016 all schools in Jalalabad were forcefully closed due to conflict, leaving students increasingly susceptible to violence (Relief Web, 2018).

Reports have “...warned that almost 10 million children need life-saving assistance in Afghanistan” and with the emergence of COVID-19 these numbers are likely to increase (InfoMigrants, 2021). Afghanistan's immense youth population has been an easy target for violent extremist group recruitment (Fix, 2019). With over one billion children globally no longer in full-time and in-person education, children have less structured schedules and spend more time online without supervision (UNSC Counter-Terrorism Committee Executive Directorate, 2020). According to the UNSC Counter-Terrorism Committee Executive Directorate (CTED), many children spend additional time on online gaming platforms where terrorist groups often promote their ideologies. Feelings of frustration

store the Sputnik V vaccine in standard refrigerators is a necessity for the potential of travel distribution clinics.

The Russian Federation acknowledges that the AstraZeneca-Oxford vaccine is being distributed in Afghanistan through the COVAX initiative, which supplies developing countries with vaccines for a free or reduced cost. However, COVAX has only committed close to half a million doses which will not make a significant impact due to Afghanistan's population being almost thirty-eight million (Zucchini and Abed, 2020). Kirill Dmitriev, CEO of the Russian Direct Investment Fund, announced that our Federation is communicating with COVAX for potential collaboration; however, Russia prefers to work directly with countries in distributing Sputnik V (Ravelo, 2021). In addition, France, Spain, Germany, Italy, and over a dozen other countries have temporarily stopped the rollout of the AstraZeneca vaccine. There is a significant medical concern that the AstraZeneca vaccine may be linked to fatal blood clots making the vaccine unreliable (Picheta, 2021). The Sputnik V vaccine has had no notable medical concerns; rather, overall anti-Russian sentiments have been the biggest challenger for the vaccine.

The COVAX initiative also only targets health workers, security personnel, and journalists in Afghanistan with no stated intention of making the vaccine readily accessible to migrant populations (Zucchini and Fahim, 2020). Regarding vaccine distribution, the Russian Federation believes strongly in the UN's SDG universal value of "leave no one behind (LNOB)" (UNSDG, 2020). Essential to this value are the principles of inclusion and equality which our federation promotes by including vulnerable Afghani migrant populations in the proposed policy. The Russian Federation urges the international community to prioritize the value of LNOB through supporting this policy. Providing the Sputnik V vaccine will undoubtedly have a positive impact on Afghani refugee, returnee, and IDP populations.

## **VI. Negotiation Strategies**

Acknowledging the need for international agreement to pass the proposed policy, the Russian Federation adopts the zero-sum negotiation strategy. The zero-sum approach is “...a situation where one player can gain only at the expense of the other player” (Starkey, Boyer, and Wilkenfeld, 2015, p. 49). Implementing the zero-sum strategy will foster signatory state support of the Russian Federation’s proposed policy of a Sputnik V vaccine distribution center for Afghani refugees, IDPs, and returnees located in Jalalabad, Nangarhar Province, Afghanistan.

### *The Federal Republic of Germany*

Germany is a federal parliamentary republic governed by the chief of state President Frank-Walter Steinmeier since 2017 and the head of government Chancellor Angela Merkel since 2005 (CIA WorldFactbook, “Germany”, n.d.d.). Germany is an important part of the EU, NATO, and the UN; however, it does not hold a UNSC seat, unlike the Russian Federation. After the fall of the Berlin Wall in 1989, which led to German reunification and the collapse of the Soviet Union in 1991, Russia and Germany began to develop bilateral relations. During the 1990s, humanitarian and cultural ties between the two countries grew as “...2.5 and 3 million ethnically German people from Russia and other former Soviet republics” moved to Germany, creating a significant Russian-speaking population in the country (Trenin, 2018). Germans and Russians began to view each other as diplomatic partners rather than security threats; however,



Germany is currently facing the COVID-19 crisis which has infected over 2.5 million Germans, with over 70,000 people dead (NYTimes, 2021b). Germany's first reported case was on 27 January, 2020, and by 8 March, 2020, the first death from COVID-19 in Germany was reported. Within only a few days, all sixteen of Germany's federal states had reported COVID-19 cases (Thurau, 2021). At the onset of the pandemic, Germany was praised for its effective and quick response in enforcing lockdowns and initiating high levels of testing and contact tracing. However, with the second wave of COVID-19, including variant strains, Germany has fallen behind other international powers (Eddy, 2021).

Germany significantly lacks vaccines for its citizens, potentially because German leaders are allowing the EU to negotiate vaccine distribution. *The New York Times* reported that “...only 3.5 percent of Germans have received their first shots, and roughly just 2 percent have been fully immunized” (Eddy, 2021). Germany's vaccine rollout started with the BioNTech/Pfizer vaccine; however, the vaccination program had many difficulties due to production and logistical issues (Thurau, 2021). Germany has also committed an initial 600 million euros to the WHO's COVAX vaccine distribution plan. The German Federal Foreign Office has claimed that Germany remains committed to “...promoting multilateral solutions, not vaccine nationalism” (German Federal Foreign Office, 2021).

Recently, German Chancellor Angela Merkel has announced that Russia's Sputnik V vaccine could be an option in Germany if it “...receives regulatory approval” (Deutsche Welle, 2021a). Merkel has reportedly spoken with President Putin recently regarding vaccine distribution. The German Chancellor has also praised the efficacy results of trials on Sputnik V, which have proved the vaccine to be over ninety-one percent effective against COVID-19 (Deutsche Welle, 2021a). In addition, the head of Germany's Standing Commission on

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vaccination, Thomas Mertens said “...Sputnik V is a very clever construct,” and it is “...a good vaccine that will presumably also be approved in the EU at some point” (Oltermann and Giuffrida, 2021). Russia announced in late January that it could “...supply 100 million doses of its Sputnik V vaccine to the EU in the second quarter of the year, which would allow some 50 million people to be vaccinated” (Deutsche Welle, 2021a). The Russian Federation continues to show a willingness to support Germany and other EU countries; however, the threat of additional sanctions could end all chšÿ wite

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has further worsened already difficult living conditions for many Afghans” (Deutsche Welle, 2020). With this information in mind, it is troubling to discover that since 2016 Germany has ordered thirty-five deportation flights of Afghan asylum seekers (Aljazeera, 2021a).

Germany has signed bilateral agreements with the government of Afghanistan to have Afghan nationals return. The German Interior Ministry claimed that Afghan nationals would only be returned to places “...that are deemed sufficiently safe for people to be deported to” (Fischer, 2019). However, the UNHCR has declared that there are no safe areas in Afghanistan for Afghan nationals to return. In addition to the

international community to show greater support for Afghan refugees, IDPs, and returnees especially during the pandemic (UNHCR, 2020a). Germany's continued efforts to deport Afghani asylum seekers during COVID-19 categorically goes against the direction of the UNHCR. Acknowledging the detrimental effects of COVID-19, the Russian Federation hopes that Germany will cooperate to establish Sputnik V vaccine distribution center in Jalalabad, Afghanistan which will alleviate these adverse effects on migration populations and serve mutual policy interests.

### *Post-Summit Analysis*

The Russian Federation attempted to engage in extensive communication and negotiation with the German delegation throughout the simulation. The German Bureau of Global Health proposed 10.0 Helping Individuals Learn about Fighting Epidemics (HILFE) which was of interest to our delegation; considering Russia accounts for seventy one percent of new HIV infections in Eastern Europe and Central Asia (Morrison and Twigg, 2019). However, due to untimely communication and the refusal of Germany to include BRICS on the Steering Committee, our delegation could not move forward in supporting HILFE. Regarding DOSVEDANYA, the German delegation continued to raise concerns about the location and the use of Sputnik V, which led to Germany not supporting our delegation's policy. Our federation was appreciative of Germany's active presence in both conferences; yet, we had anticipated that Germany would have engaged in further communication with our bureau outside of the conferences.

Our delegation welcomed the German Bureaus efforts to craft a policy regarding the HIV and AIDS crisis which is prevalent in Russia. However, HILFE had many flaws which our delegation was concerned about. Initially, we were troubled that the German Bureau did not address the most pressing health concern of the century being the COVID-19 pandemic. Our

federation inquired why the German delegation chose to prioritize HIV during a global pandemic that has affected millions of lives in the span of a year. Germany argued that HIV has continued to have a tremendous effect on the global community for years and therefore needs to be addressed. Yet, the Russian Federation was still concerned that the German Bureau neglected even to address the presence of COVID-19 in their policy, especially considering the coronavirus will have detrimental effects for HIV-infected persons.

Moreover, our delegation was concerned about how this fund would be different from campaigns and initiatives implemented by organizations such as UNAIDS and the Global Fund for AIDS, which have prioritized prevention efforts among vulnerable youth populations. These concerns were raised in message 144 to the German Bureau and also in both conferences. In response, during the second conference, Germany claimed that education programs have never been at the forefront of the missions of UNAIDS and the Global Fund for AIDS. However, from the research conducted by the Russian Federation during the second global health conference, in message 106, we highlighted that UNESCO is responsible for leading global education efforts in response to HIV. Clearly, the UN has prioritized education efforts on HIV for years. With this in mind, our delegation was unsure what difference HILFE would make in the international fight against HIV.

Furthermore, Russia was concerned about how the education fund would respect each state's beliefs on sexual and drug education pertaining to HIV. Russia acknowledged that the German delegation addressed that comprehensive health education would be based upon state cultural norms and ideologies, and our federation was appreciative of HILFE's respect for state sovereignty. However, it was unclear how the Steering Committee would ensure that their own cultural biases would not intrude, especially with the lack of representation from Asian and

South American continents on the committee. With this in mind, the Russian Federation petitioned the German Bureau to add BRICS. The addition of BRICS would allow for the representation of all continents in the crucial international effort to combat HIV. Nevertheless, the German Bureau denied our valuable petition due to BRICS being an economic organization. The Russian Federation disputed the claim of BRICS only being an economic entity in messages 266, 383, and 416. Our delegation highlighted that the HIV epidemic is a significant health threat facing all BRICS countries, with one-third of the estimated 36.7 million people living with HIV globally residing in BRICS countries (UNAIDS, 2017b).

Additionally, the five BRICS countries represent more than forty percent of the world's population and about forty percent of the global burden of disease (WHO, 2014b). Even with all these facts presented, the German Bureau still denied our request, which the Russian Federation believed to be unreasonable. Our Federation worked tirelessly to educate the German Bureau on the significant role of BRICS in global health. Even though our negotiations were not successful, we were satisfied with our performance in negotiations with Germany. Russia would have appreciated having received the same courtesy from the German Bureau, which took an excessive amount of time to respond to multiple messages.

Regarding DOSVEDANYA, the German Bureau had many concerns which our delegation fully addressed; however, Germany still voted against our policy. Russia would like to bring attention to message 161, which was crafted carefully and promptly to address all German concerns regarding our policy. Russia is incredibly disappointed that after weeks of little to no communication, the German Bureau decided to neglect its diplomatic duties to respond to our message. All of the concerns Germany continuously raised throughout conferences were specifically addressed and answered in message 161.

The German delegation had apprehensions regarding the distribution of Sputnik V in Afghanistan due to Russia's complex history in the region. Russia highlighted that NATO and US-led efforts in Afghanistan since 2001 have continued to destabilize and terrorize the regions. Notably, our Federation was alarmed that Germany was potentially insinuating that all Afghans are terrorists and thereby undeserving of vaccines against a deadly virus. We reminded the German Bureau of Global Health that if it wishes to continue its attacks on Russia's role in peacemaking within Afghanistan, that these messages be redirected to the Russian Bureau of Arms Control and Terrorism, as we have no jurisdiction over matters relating to military policy. Our delegation was solely concerned by the lack of health aid offered in Afghanistan, which ultimately motivated our bureau to choose this location. Russia found it offensive that the German Bureau believed Russia would have ulterior motives.

The other notable concern of the German Bureau was the use of the Sputnik V vaccine. Our delegation found it preposterous that the German delegation expressed concerns over the utilization and distribution of the Sputnik V vaccine, considering that Germany is in the process of negotiating with Russia to purchase the Russian-developed Sputnik V vaccine to be distributed among German citizens in light of the EU's poor vaccine roll-out efforts. Sputnik has gone through extensive testing and experimentation, proving Sputnik's 91.6 percent effectiveness rate in phase III clinical trials (Tickle, 2021). Furthermore, during an interview with the German broadcasting service ARD, German Chancellor Angela Merkel praised Sputnik V's efficacy results (Deutsche Welle, 2021a). In Russia's opinion, the German government has only demonstrated extensive interest in obtaining the Russian Federation's COVID-19 vaccine. Therefore, the German Bureau's concern over Sputnik was unreasonable. Our delegation recommended that Germany not concern itself with misinformation regarding Sputnik V and

Russia's internal affairs but rather prioritize its own troubled domestic vaccination efforts. Russia urged Germany to reconsider its stance on Sputnik; however, the German Bureau remained firm against its use.

The Russian Federation was ultimately frustrated by the German Bureau's actions in the simulation. We acknowledge and commend their contribution to each conference which allowed our Bureau to engage in meaningful negotiations. However, Russia remains disappointed that Germany did not acknowledge or reply to message 161, which our Bureau put extensive effort into. Message 161 addressed all concerns posed by the German Bureau, and Russia would have appreciated an acknowledgment of this message. Russia was also displeased with the German denial of BRICS on the Steering Committee. Russia saw this addition to be a fair approach to include representation from all parts of the world in the German proposal. Considering Germany claims to be a country that values inclusion in the international community, Russia found it alarming that Germany denied this petition. Regardless of the lack of timely communication from the German Bureau, Russia valued the participation of Germany in the simulation.

#### *United Mexican States*

The United Mexican States is governed by a federal presidential republic led by President Andres Manuel Lopez Obrador since 2018 (CIA World Factbook, "Mexico" n.d.c). In 2020, Russia and Mexico celebrated their 130th anniversary of establishing diplomatic ties that began in 1945. Russian Foreign Ministry spokeswoman Maria Zakharova stated that Russia wants to grow economic ties and strengthen cooperation between the two countries (TASS, 2020b). President Putin and President Lopez Obrador have both emphasized the importance of "...constructive and muuM

Mexico is currently in a state of crisis as it holds the world's third-highest total in COVID-19 deaths. The first COVID-19 case in Mexico was reported on 28 February, 2020 (Ibarra-Nava et al., 2020). Since the first case, over two million Mexican citizens have been infected, and almost 200,000 have died from COVID-19. In May, the *New York Times* found that the Mexican government was not reporting hundreds, and possibly thousands, of cases in Mexico City, which has increased skepticism over the reported numbers (NYTimes, 2021).

The Mexican government has received immense criticism for its insufficient response to COVID-19. In November, the head of the WHO declared that Mexico was "...in bad shape" and proceeded to call on President Lopez O'governm[efficient; M]





The Russian vaccine reportedly will be “...by far Mexico’s most-used vaccine” (Reuters Staff, 2021a). The Sputnik V vaccine is also appealing to the Mexican government because of its ability to be stored in standard refrigerators. Many of the vaccines on the market require freezers with difficult to manage temperatures which creates challenges for transportation. For Mexico’s difficulty in accessing rural areas, the Russian vaccine’s ease of transportation is extremely beneficial (Reuters Staff, 2021b). President Lopez Obrador has publicly thanked and praised the Russian President for his vaccine cooperation with Mexico. According to the Russian government, during this call, both leaders also “...discussed training for Mexican medical specialists in Russia” (Reuters Staff, 2021a). In addition, President Lopez Obrador invited President Putin to Mexico, potentially strengthening the two countries’ diplomatic relations (Diaz, 2021).

The Mexican government has called for wealthy states to start making COVID-19 vaccines universally accessible. Recent reports show that “...less than 1% of the [Mexican] population has received at least one vaccine shot, compared to over 12% in the United States” (Democracy Now, 2021). The Mexican government's position on the proposed TRIPS waiver for COVID-19 vaccine access is undetermined; nevertheless, the Mexican President has explicitly called upon the UN to “...guarantee equitable access to coronavirus vaccines” (VOA News, 2021). Lopez Obrador has called the current state of international vaccine distribution “...totally unfair” (VOA News, 2021). Disapproval with the global vaccine rollout has been a sentiment shared by many countries throughout the world. Reports have found “...three-quarters of the world's first doses had been administered in only ten countries,” and those ten countries accounted for sixty percent of the world GDP (VOA News, 2021). It is evident that the US and the EU are prioritizing their own citizens over developing and low-income countries that are

struggling to access vaccines. The Russian Federation disapproves of the domestic-based approach that Western countries are taking, prioritizing lives of those in wealthy countries over vulnerable populations (Tickle, 2021). Russia continues

lead migrants from certain Central American countries to trek north” (Hesson and Spetalnick, 2021). In addition, the Biden Administration has agreed to supply Mexico with U.S. surplus COVID vaccines to mitigate the crisis at the border (Hesson and Spetalnick, 2021). Mexican support of the Russian policy could potentially lead to the implementation of DOSVEDANYA in areas of the Northern Triangle favorable to Mexico.

The Russian Federation urges Mexico to consider supporting the Russian proposed policy. Mexico has expressed the desire for equitable access to the COVID-19 vaccine, which Russia has supported by calling for international vaccine distribution cooperation (VOA News, 2021). By supporting the Russian policy focused on vaccine distribution to migrant populations in Afghanistan, Mexico would be aiding equitable vaccine access. In addition, Mexico would have the opportunity to increase diplomatic ties with the Russian Federation, which has graciously committed to supplying Mexico with the Sputnik V vaccine. Mexico is evidently in need of more vaccines considering less than one percent of the population has received the COVID-19 vaccine (Democracy Now, 2021). By supporting the proposed policy, the Russian Federation would be willing to negotiate vaccine production and affordability with the United Mexican States. Furthermore, DOSVEDANYA could serve as a model to be implemented in other locations such as Mexico once vaccine rollouts prove successful in Eastern Afghanistan.

#### *Post-Summit Analysis*

The Russian Federation was disappointed that negotiations were not successful with the Mexican Bureau of Global Health, considering both bureaus’ policies focused on granting migrants access to healthcare. Russia attempted to build a relationship with Mexico based on our shared commitment to providing equitable access to medical care amongst vulnerable migrant populations. However, communication with Mexico throughout the simulation remained slow and it became difficult to negotiate since Mexico rarely responded. In both conferences,



transactions that take place across the global community. Once again, Mexico was unable to answer these pressing questions making negotiations very challenging. The Russian Federation received limited feedback on these concerns; therefore, we could not support GMHA.

Due to Mexico only sending two messages to our delegation, it is not surprising that Mexico did not support our policy. Mexico's most pressing concern regarding DOSVEDANYA was why our policy only focused on migrants in such a specific location. Our delegation highlighted many times that DOSVEDANYA would serve as a model that other states could implement in additional geographical locations, including Mexico, once proved successful. Our bureau felt strongly about choosing a specific location and population to ensure the policy's success. Many of the proposed policies in the simulation were general ideas for funds and education programs that serve a great purpose; however, Russia believed these policies lacked specifics regarding implementation and accountability. Unlike, DOSVEDANYA which had the potential to directly impact Afghani refugees, returnees, and IDPs positively and immediately

effort by the UNHCR, the WHO, and Afghanistan's Ministry of Health. At no point was Russia planning on intervening without the support of the Afghani government.

Additionally, Mexico inquired as to how vaccine distribution would be fair. Russia highlighted that travel vaccine clinics would be conditionally available for use in districts experiencing surges in violence, lowering the travel risk for refugees, returnees, and IDPs who live in remote areas. The traveling vaccine clinics would also potentially be available outside or in proximity to places of worship and schools throughout Jalalabad to encourage vaccinations and increase vaccine access.

Our delegation attempted to educate the Mexican delegation on its negotiations with Russia to access and distribute the Sputnik V vaccine. Russia reminded the Mexican delegation that it had received its third shipment of the Sputnik V vaccine. Furthermore, Mexico was the first country in North America to register the Russian vaccine, and President Putin agreed to supply around twenty-four million doses to Mexico. Our federation had hoped that Mexico would realize the importance of supporting our proposal by highlighting our prior bilateral negotiations. Additionally, Mexico expressed the desire for equitable access to the COVID-19 vaccine by calling on wealthy nations to make COVID-19 vaccines universally accessible. Russia supported Mexico's position on vaccines by also calling for international vaccine distribution cooperation. Therefore, our delegation believed Mexico would support our policy focused on equitable vaccine access. Yet, Mexico continued to ignore our constant communication.

The Russian Federation fully answered every one of Mexico's concerns regarding our policy. Nevertheless, Mexico still decided not to support DOSVEDANYA without any reasoning. Mexico had even said in message 353 that our policy "...is a powerful proposal that

could help fund and distribute vaccines to at-risk populations worldwide, ending the pandemic.”With this in mind, Russia remains perplexed at the lack of Mexican support for our strong proposal. Our delegation believes the failure of DOSVEDANYA was due to the complete lack of negotiations by participating Bureaus, notably the Mexican delegation.

### *Republic of South Africa*

The Republic of South Africa is a parliamentary republic led by President Matamela Cyril Ramaphosa since 2018 (CIA World Factbook, “South Africa,” n.d.b). The Russian Embassy is located in South Africa’s administrative capital, Pretoria, and the Russian Consulate General is located in the legislative capital, Cape Town. Russian and South African diplomatic relations were established in 1992 after the fall of the USSR. Both countries are members of the UN and BRICS international organizations. In addition, for the 2019-2020 term, South Africa currently holds a non-permanent seat on the UNSC. Russia and South Africa both value a multipolar international system with an emphasis on the role of the UN (Embassy of the Russian Federation in the Republic of South Africa, n.d.).

The Russian Federation and the Republic of South Africa have had a complex history and partnership. The Soviet Union provided military arms and training to the African National Congress during the apartheid which began in 1948 in addition to other movements in the region (The Economist, 2017). Acknowledging South Africa as an essential leader in the African continent, the Russian Federation values its prior negotiations and expects to continue developing its partnership. President Putin has declared the African continent to be one of Russia’s foreign policy priorities and plans to continue communication regarding disease control and humanitarian assistance in the region (BBC, 2020). Recently South Africa showed its support for Russian policy goals by voting in favor of the Russian Resolution 1325 at the UNSC





As the wealthiest country on the African continent, South Africa has been criticized for its delayed vaccination response. However, South Africa has begun its vaccine rollout, sourcing vaccines from the WHO COVAX program, African Union Programme, and other bilateral deals. South Africa is currently cooperating with the Russian Federation to access the Russian Sputnik V vaccine. The South African Health Ministry voiced concerns over the effect of the adenovirus type-5 (Ad5) vector in Sputnik V "...on communities with a high prevalence of HIV" (Reuters, 2021a). The Lancet reported that researchers are concerned about using the Ad5 vectored vaccine due to research conducted a decade ago in HIV vaccine trials. There is concern that the use of an Ad5 vector could increase the risk of HIV acquisition among men. This fear stems from the ...Step and Phambili phase 2b trials that studied the efficacy of an Ad5 vectored HIV-1 vaccine in preventing HIV infection," which found the vaccine increased the risk of HIV among vaccinated men (Rosenberg, 2020).

However, the Health Ministry has said, "... manufacturers had submitted documentation to the local medicines regulator for registration" regarding Sputnik V (Reuters, 2021b). The African Union (AU) vaccine task force has reported that "...Russia had offered it 300 million doses of its Sputnik V COVID-19 vaccine" (Reuters, 2021b). The Russian vaccine will be available for AU member states, including South Africa starting in May 2021. The Director of the AU'

could be ineffective against the South African variant (Mueller, Robins, and Chutel, 2021).

Studies also found that the Oxford-AstraZeneca vaccine was marketed at twice the price to South Africa than countries in Europe (Mwai, 2020b). After disappointing findings with the Oxford-AstraZeneca vaccine, South Africa has begun the one-shot Johnson & Johnson vaccine rollout, which has so far been effective against the variant strain. South Africa has received 80,000 doses of Johnson & Johnson. The South African President stated that "...the country has secured nine million doses in total, and more doses are expected (Mwai, 2020b). In addition, Pfizer has committed to distributing twenty million vaccine doses in South Africa (Mwai,

higher-income countries refuse to support the proposal, disregarding the claim that IP creates inequitable access to COVID-19 vaccines (The Lancet, 2020b). South Africa disputes the claims from higher-income countries and believes the proposal will give lower-income countries a better opportunity to combat the pandemic. The Russian Federation has not publicly supported or opposed the TRIPS waiver to date. However, President Putin has continuously advocated for loosening trade barriers, especially regarding access to medicine during the pandemic (Russia Today, 2020).

Encouraging international partnership between South Africa and Russia during COVID-19, President Putin has called upon BRICS members to join together in COVID-19 vaccine distribution. At the 2020 BRICS Annual Summit, President Putin committed to ensuring equitable and affordable vaccine distribution (Litnova, 2020). The Russian stance on vaccine distribution aligns with the South African call for the TRIPS agreement waiver. The Russian Federation continues to criticize the United States and the EU for their selfish policies regarding vaccine distribution and believes that the international community needs to cooperate to overcome this global crisis (Russia Today, 2020).

In addition to COVID-19, South Africa is facing a severe HIV epidemic, with an estimated 7.5 million people living with HIV (CIA World Factbook, “South Africa” n.d.b). South Africa is experiencing the world’s largest HIV epidemic, “...accounting for 19 percent of all people living with HIV worldwide” (Allinder, 2020). In 2015, reports from UNAIDS showed that Russia had the third-highest rate of new HIV infections behind South Africa and Nigeria (Watson, Burrows, and Kehl, 2017). The South African government was slow to respond to the HIV epidemic; however, now it funds around eighty percent of the state’s HIV response (Allinder and Fleischman, 2019).

HIV rates have been amplified by South Africa's high level of tuberculosis (TB) infections, especially including multidrug-resistant TB infections (Allinder and Fleischman, 2019). TB is the leading cause of death in South Africa and studies estimate around eighty percent of the population is infected with TB bacteria. In 2019 reports found that 58,000 people died of TB and "...of these, it is estimated that 36,000 were HIV positive" (TBFACTS, 2021). In South Africa studies have found, "...Tuberculosis and HIV each have more than double the mortality rate of COVID-19" (The Lancet, 2020b). The intersection between COVID-19, HIV, and TB is likely to create long-lasting adverse health impacts throughout South Africa. Increased access to COVID-19 medical relief and vaccines is essential in South Africa to curb the effects of COVID-19, HIV, and TB.

The Russian Federation's use of zero-sum negotiation strategy will be effectively used to negotiate with South Africa. South Africa and Russia are both essential members of BRICS, which is formed of five major economic powers. However, BRICS is not only an economic organization, it also focuses on humanitarian emergencies and global health (Stronski and Sokolsky, 2020). The rise of violent conflict in Afghanistan along with the spread of COVID-19 is a significant humanitarian emergency that BRICS members should be compelled to address.

President Putin has also urged BRICS members to work together to create equitable vaccine distribution, which South Africa has highlighted through its proposed TRIPS agreement waiver. South Africa has not received support from the US ~~and the~~ <sup>Africa</sup> ~~and~~ <sup>GOV</sup> ~~people~~

accessibility and production of the Sputnik V vaccine in South Africa, a country in desperate need of COVID vaccines, if South Africa supports the proposed Russian policy.

By supporting the proposed policy South Africa would gain access to a highly effective vaccine while offering support to Afghanistan's humanitarian crisis. In 2020, South Africa was one of 170 signatory states supporting Secretary-General Guterres' call for "...a global ceasefire to combat the COVID-19 pandemic... in support of the people of Afghanistan" (Government of South Africa, 2020). In a statement by the Permanent Mission of South Africa to the UN during a UNSC meeting on the UN Assistance Mission in Afghanistan (UNAMA), South Africa voiced its concern for the Afghan children affected by COVID-19 and conflict in the region (Government of South Africa, 2020). The Russian Federation emphasizes that the proposed policy offers a vaccine discount for children, addressing the South African concern over Afghani children.

#### *Post-Summit Analysis*

The Russian Federation was disappointed and frustrated by the performance of the South African Bureau of Global Health, during the simulation and conferences. From the start, Russia attempted to build an amicable relationship with South Africa considering our countries partnership through BRICS and as members of the UN. In Russia's first private message to South Africa, we highlighted our place as well-established allies in the international system. However, South Africa decided to disregard these partnerships and take Germany's side in attacking our delegation with false allegations. Regardless of South Africa's actions, the Russian Federation maintains that our delegation did its best to advocate for DOSVEDANYA and attempt to negotiate the multiple areas of concerns in the South African policy 8.1 TREE.

The Russian Federation could not support the South African policy TREE because it had many troubling points that South Africa was unwilling to address and change. The most

concerning part of TREE was the clause allowing for jail sentences to be implemented if individuals did not abide by the guidelines set in the policy. Russia viewed this clause as a complete violation of state sovereignty and immediately raised this concern to the South African delegation. After multiple messages urging South Africa to reconsider this clause, the South African Bureau adjusted the clause so that jail sentences were only a suggestion. However, South Africa took this action at the very end of the simulation when it was too late to continue negotiations. Nevertheless, TREE still had multiple components that remained of concern for our delegation.

Our delegation was also troubled by the funding section of TREE, which called for a set tax on each signatory state's logging and forestry industry. Russia viewed the funding as inequitable, considering each state's socioeconomic status differs greatly. Our delegation suggested that the level of funding is based on each country's economic level as determined by the World Bank; however, South Africa declined to address our suggestion. Russia was further concerned by the use of the logging and forestry industries of each signatory country, considering geographical locations such as the Middle East do not have a significant logging and forestry industry. Our delegation again asked for additional clarification behind the rationale for choosing this industry; however, South Africa ignored our requests.

In addition to problems with funding and state sovereignty,







that South Africa would accuse us of not being open to negotiating, especially considering the clear lack of communication from South Africa.

The Russian Federation was also frustrated with the undiplomatic nature of the South African Bureau. South Africa would often say phrases such as "beyond the obvious fact" when the fact was in no manner obvious. The South African Bureau continuously hurled insults at our delegation when we attempted to negotiate both policies. The Russian Federation believes the South African Bureau was not fully prepared to represent its country in this simulation, notably pointing out South Africa was unaware of its memberships on BRICS. The South African delegation did not abide by its state's norms and beliefs, making it incredibly difficult for Russia to negotiate effectively, ultimately creating a strained relationship between our two delegations.

## **VII. Conclusion**

The COVID-19 pandemic has infected over 120 million people worldwide and killed around 2.7 million (The New York Times, 2021). International distribution of COVID-19 vaccines is essential to combat the ongoing pandemic. As leaders in global health, the Russian Federation rapidly developed the world's first COVID-19 vaccine which has an impressive efficacy rate of 91.6 percent and is one of few vaccines which can be stored in a standard refrigerator. President Putin has continued to urge international cooperation to distribute vaccines and combat COVID-19 (UN News, 2020). Countries like the United States which implemented a domestic-based approach to vaccine distribution, prioritized American citizens over vulnerable developing countries in desperate need of vaccines (Tickle, 2021). The Russian Federation remains dedicated to vaccinating Russians, with over two million Russians vaccinated so far; nevertheless, Russia will continue to offer health aid to the international community and its partners to ensure global health is prioritized (Kramer, 2021).

In a leading effort to support global health in the international community, the Russian



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