

The Russian Federation  
Bureau of Global Health  
Charlotte Brown  
11 May 2021

*Is the distribution of subsidized drugs the most effective approach to combat the spread of HIV/AIDS and other ongoing pandemic diseases in impoverished countries? Should scarce funding be allocated to treat those with the disease, find a cure, increase prevention programs, or some combination of all? How should the international community respond to critics who believe that with the vast amounts of money spent on defense and economic bailouts recently, significant additional resources can be – and should be – devoted to public health crises like HIV/AIDS? How can the international community improve access to expensive drugs desperately needed by developing countries while also ensuring that intellectual property rights are protected?*

## **I. Introduction**

As an essential international actor, the Russian Federation is committed to supporting and leading international, regional, and domestic cooperation regarding global health. Russia is actively responding to two significant global and domestic health crises: HIV and COVID-19. Russia has previous experience in successful disease control and prevention, allowing Russia to lead the global community to test, treat, and contain COVID-19 (Vacroux, 2020).

HIV and AIDS first emerged in the USSR in the mid-1980s. The USSR responded by establishing AIDS centers in Russia and other Soviet states to conduct large-scale testing (Human Rights Watch, 2004). Russia has followed many similar procedures in the modern-day, such as additional monitoring and prevention measures to combat HIV. However, the HIV and AIDS epidemic is accelerating in Russia and across much of Central Asia, with more than one million Russians infected as of 2017 (CIA World Factbook, “Russia,” n.d.a).

In response to the rapid spread of HIV, the Russian Federation has partnered with and funded international organizations, including the WHO, UNAIDS, UNICEF, and the Global Fund to Fight AIDS (WHO, 2014). Russia is also cooperating with its regional organizations, including Brazil, Russia, India, China, South Africa (BRICS), and the Commonwealth of

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 (Higgins, 2020). However, Russia has effectively responded to the outbreak of COVID-19 and recently introduced the world's first vaccine Sputnik V. President Vladimir Putin has expressed Russia's intention to pursue international and regional cooperation in distributing Sputnik V to all countries in need of a vaccine (Russia Today, 2020). The most recent data reports that twenty-six countries have approved the use of the Russian vaccine (Pozzebon, 2021).

COVID-19 and HIV present significant health challenges regarding access to vaccines and medical treatment while not infringing upon states' intellectual property rights. Russia has called upon the international community to loosen trade restrictions on medicine during the COVID-19 pandemic; however, Russia has received significant opposition from the West (Reuters, 2020). The Russian Federation will continue to encourage international and regional cooperation to distribute the world's first COVID-19 vaccine, Sputnik V, especially among vulnerable migrant populations experiencing long-term instability due to COVID and increased conflict (Tickle, 2021).

## 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.

### *International Organizations*

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 to promote international cooperation against COVID-19, especially in the most vulnerable countries (UNSC, 2020). In February 2021, the

UNSC unanimously adopted Resolution 2565, which calls for increased international cooperation by economically developed countries to support low and middle-income countries in accessing COVID-19 vaccines, especially in situations of armed conflict and humanitarian emergencies. The United Nations recognizes the need for increased globally coordinated vaccination efforts and distribution in combating COVID-19 (UNSC, 2021). The Russian Federation has supported the UNSC resolution by urging the international community to increase partnerships for vaccine distribution, especially of the Russian Sputnik V vaccine.

#### *World Health Organization (WHO)*

Established in 1948 by the UN, the WHO prioritizes, develops, and funds international health policy. The WHO main office is located in Geneva; however, it has six regional and 149 country offices worldwide. Furthermore, the WHO Director-General Tedros Adhanom Ghebreyesus was elected to serve a five-year term in 2017. The main priorities of the WHO include “...developing partnerships with other global health initiatives, conducting research, setting norms, providing technical support, and monitoring health trends around the world” (Council on Foreign Relations, 2021).

Additionally, the WHO is committed to overcoming the most significant health challenges that face the international community. The WHO has successfully started childhood vaccination programs which resulted in “...the eradication of smallpox in 1979 and a 99 percent reduction in polio infections” (Council on Foreign Relations, 2021). In 2020, the WHO released a list of the thirteen most urgent global health care challenges, including challenges such as increasing access to medicine, addressing the climate debate and preparing for epidemics. In addition, the WHO highlighted the need to stop and prevent infectious diseases such as HIV,

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. These agreements focus on several critical areas of health development, including a recommitment to the WHO 2005 International Health Regulations, which hold the framework for member states' obligations during public health emergencies. The agreements also focus on strengthening health-related Sustainable Development Goals (SDG), such as "...maternal, newborn and child health, support to the global COVID-19 response, and non-communicable diseases prevention and control" as stated in SDG 3: Good Health and Wellbeing (WHO, 2020a). In addition, the MoU agreements highlight increasing Russian health literacy based on WHO health information, increasing the availability of the WHO health resources in Russia, and implementing the WHO COVID-19 Strategic Preparedness and Response Plan (WHO, 2020a).

The Russian Federation is an active partner of the WHO COVID-19 Strategic Preparedness and Response Plan. The WHO reported that European regional governments had donated USD 749 million to its COVID-19 plan. Of that amount, USD forty million came from member-states that are not part of the European Union, including Russia (WHO, 2020b). According to the World Health Organization, Russia has contributed USD one million in funding

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 experience and continue cooperating with all states and international entities, including supplying the Russian vaccine that has proved reliable, safe, and effective, to other countries" (Reuters, 2020). Putin has also stated that he is fully prepared to grant other countries access to this vaccine to foster international cooperation (UN News, 2020).

#### *Joint United Nations Programme on HIV/AIDS (UNAIDS)*

The Russian Federation partners with UNAIDS to implement initiatives and programs to combat Russia's growing AIDS epidemic, which is rapidly accelerating in Russia. According to the WHO, the rate of new AIDS infection is rising by ten to fifteen percent per year in Russia (Bennetts, 2020). The Russian Federation is one of the few states in which infections and transmissions have accelerated over the past year. In 2018 Russia "...accounted for 71 percent of the new infections in Eastern Europe and Central Asia" (Morrison and Twigg, 2019). In the past decade, there has been an alarming increase in the death rate of AIDS among Russians. In 2016,

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 continued commitment to HIV treatment by stating, "...We have to provide every person living with HIV with quick access to the correct treatment" (UNAIDS, 2018a). In 2019 reports show that only eighty-one percent of Russians were aware of their HIV status, of which forty-five percent were receiving treatment, and of that, seventy-five percent were virally suppressed (Morrison and Twigg, 2019).

In addition to the HIV epidemic, Russia is also facing a larger ongoing global health crisis, the COVID-19 pandemic. Recent data shows that over four million Russians have been

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. The study proved that people living with HIV in Russia are now more vulnerable to COVID-19 but are less likely to seek testing or treatment due to stigma and discrimination based on their HIV status (UNAIDS, 2020a). The Russian Federation, currently focused on the COVID-19 outbreak, has started to transform and mobilize HIV centers into COVID-19 testing and response sites to continue "...epidemiological surveillance and contact tracing" created initially for HIV care (UNAIDS, 2020b). The Russian Federation is committed to continuing its anti-HIV work by combating both of the threats that these viruses present.

As a leader in global health and international cooperation, the Russian Federation partnered with UNAIDS in 2020 in Uzbekistan. Reports from 2012 found that Uzbekistan spends around 5.9 percent of its gross domestic product (GDP) on health which is relatively low compared to the WHO European Region average of 8.3 percent (Ahmedov et al., 2014). Acknowledging the need for additional health funding in Uzbekistan, the Russian Federation helped fund a mobile health clinic in Uzbekistan. The clinic is essential in providing primary health care services to those in remote and rural areas of Uzbekistan (UNAIDS, 2020c). The ability of health services to reach rural areas in Uzbekistan is significant, considering around half of its thirty million population reside in rural areas. In addition to the COVID-19 pandemic, HIV infections have sharply increased in Uzbekistan (Ahmedov et al., 2014). The mobile health clinic offers to test for HIV, COVID-19, and other diseases. The Russian Federation is committed to

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 countries, including the Russian Federation, to remove all types of HIV- related travel restrictions. According to UNAIDS, “...Russia is among 19 states that deport HIV positive non-nationals” (Georgieva, 2020). The Russian Federal Law concerning foreign citizens’ legal status of 25 July, 2002 defines the rules for deportation based on HIV in articles seven and nine. The law states that if “[a foreign citizen] does not possess a certificate of absence of disease caused by the human immunodeficiency virus (HIV infection),” foreign citizens can be denied or canceled a temporary or permanent residence permit (Ministry of Foreign Affairs of the Russian Federation, 2002). The UNAIDS Executive Director stated that “...travel restrictions on the basis of HIV status violate human rights...” (UNAIDS, 2019). However, the Russian International Affairs Ministry has previously claimed that removing these restrictions would “compromise national security” and threaten the Russian people’s health (Moscow Times, 2017). The Russian Federation places national health as a priority and believes that these restrictions are essential to protecting the Russian people.

#### *United Nations International Children's Emergency Fund (UNICEF)*

The United Nations International Children’s Emergency Fund (UNICEF) was established in 1946 by the UN to aid children in emergency situations in post-war Europe and China. In 1950, UNICEF was expanded to address the needs of women and children worldwide. In 1953 UNICEF became a permanent organization in the UN system and today it operates in more than 190 countries and territories, protecting the rights of all children. UNICEF’s priority areas

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 mobilizing Russia's health resources around the world into the next decade (UNICEF, 2009).

In 2012, UNICEF left Russia, and the regional office in Moscow was closed by the Russian Foreign Ministry. The Ministry gave the regional office until the end of the year to conclude its programs and leave. Dismissing UNICEF physically from Russia was not a call to end all negotiations with UNICEF but rather a structural change to mobilize Russia as a donor country instead of an aid recipient. The Russian Foreign Ministry said Russia planned to increase relations with UNICEF as a member of the former G8 and G20 to become an "...equal partner of the fund and donate to projects that promote children's rights in needy countries (Moscow Times, 2012). Reports ranging from 2009 to 2012 show that the Russian Federation contributed 6.5 million USD in UNICEF funding (Moscow Times, 2012).

As a leading donor country, Russia has cooperated with UNICEF in aiding and funding countries globally. In 2016, the Russian Government and UNICEF signed a USD 1.43 million agreement to improve young children's health in Tajikistan, targeted explicitly at improving maternal and newborn health (UNICEF, 2016). Newborn deaths are significantly high in

Tajikistan with a neonatal mortality rate of 21 per 1000 live births. Related to the population “...this accounts for as high as 54 percent of infant mortality rate and 48 percent of under-five mortality rate in Tajikistan” (UNICEF, 2016). The Russian Federation also partnered with Tajikistan from 2009 to 2012 providing USD one million to immunize Tajik children against diphtheria (Moscow Times, 2012).

In 2017 with the Russian government’s support, the Russian Ministry of Health worked together with UNAIDS and UNICEF to increase early infant diagnosis of HIV through dried blood spot testing in Kyrgyzstan. Dried blood spot testing is an innovative method to detect HIV even before infants turn one month old. Before dried blood spot testing children were required to wait over a year to get tested which is detrimental to the child because early detection allows for earlier treatment and access to medicines. Furthermore, only fifteen percent of infants were diagnosed early; however, in 2017 reports show nearly ninety percent of children were tested early. With the Russian government’s support and funding, the Osh Oblast AIDS center in Kyrgyzstan treats more than 200 children affected by HIV (UNAIDS, 2017a).

The Russian Federation is a current member of UNICEF’s Executive Board, composed of thirty-six member states committed to the UNICEF’s mission (UNICEF, n.d.b). In 2020, at UNICEF’s Executive Board’s second regular session, Deputy Permanent Representative Dimitry Chumakov congratulated UNICEF and the regional offices for continued successful bilateral cooperation. At the meeting, Chumakov declared that Russia remains a strong and committed UNICEF partner (Permanent Mission of the Russian Federation To The United Nations, 2020a).

The COVID-19 pandemic has had severe effects on youth populations globally. UNICEF first initiated its response to COVID-19 in early 2020, and since this time, UNICEF has supported 153 countries and territories with critical supplies and support. Nevertheless, COVID

continued to devastate youth populations worldwide. UNICEF reported that “... an additional 150 million children have already fallen into multidimensional poverty as a result of the pandemic” (UNICEF, 2020b). Furthermore, 1.6 billion children were affected by school closures, 463 million children were unable to access remote learning, and forty million children lost access to early childhood education services. Children were also more susceptible to violence during the pandemic, with 1.8 billion children reported in 104 countries to have experienced a disruption in service pertaining to preventing violence against children (UNICEF, 2020b).

Acknowledging these alarming statistics, UNICEF has highlighted and implemented many strategic priority areas to protect youth populations during COVID. Along with its partners, UNICEF has reached over 73.2 million people in 118 countries with critical water, sanitation, and hygiene supplies. Additionally, three million healthcare workers have been effectively trained in infection prevention and control through UNICEF’s initiatives. Since the start of the pandemic, UNICEF has provided USD 156.2 million in health supplies, including “...more than 62.5 million gloves, 154.2 million surgical masks, 10 million N95 respirators, 3.6 million gowns, 621,699 goggles, 1.7 million face shields, 14,170 oxygen concentrators, and 1.8 million diagnostics tests in support of 132 countries” (UNICEF, 2020c). UNICEF has reached over 231 million people with credible health information to ensure children and their families are informed of the impact of the pandemic. UNICEF has also trained over 139,000 personal on Gender-Based Violence mitigation tactics.

In South Asia, UNICEF has called for increased funding with a current funding gap of fifty-two percent. UNICEF stated through the region of South Asia, COVID-19 testing ability remains low, especially in Afghanistan “... where less than 110,000 people (0.3% of the population) have been tested” (UNICEF, 2020c). UNICEF emphasized the challenges to

maintain health services and treat patients in Afghanistan, with over ten percent of those affected being health workers (UNICEF, 2020c).

*UN Interagency Task Force on the Prevention and Control of Non-Communicable Diseases*

The UN Interagency Task Force (UNITAF) on the Prevention and Control of Non-Communicable Diseases (NCDs) was established in June 2013 by the UN Secretary-General. NCDs, or chronic diseases, “...tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors” (WHO, n.d.). The most common NCDs include cancers, chronic respiratory diseases, and diabetes. NCDs kill an estimated forty-one million people a year accounting for seventy-one percent of global deaths. The NCD task force is led by the WHO and reports annually to the Economic and Social Council of the United Nations. The task force was created with the goal to boost states’ commitments in reaching NCD-related SDG targets, such as SDG target 3.4. “...to reduce by one-third premature mortality from NCDs through prevention and treatment” (WHO, n.d.).

Studies have found that NCDs are the leading cause of death and disability in Russia, accounting for eighty-seven percent of deaths, causing more than 1.6 million deaths annually in Russia (WHO, 2020c). Cardiovascular disease remains the leading cause of death in Russia, accounting for “for more than half of deaths in the Russian Federation” (WHO, 2019). In the past decade NCDs have remained a domestic and international priority which Russia has continued to show its commitment to by the evident decrease in NCD-related deaths. In partnership with the WHO, Russia hosted the first Global Ministerial Conference in 2011 concerning NCDs control which highlighted socio-economic impacts of NCDs, discussed international experience on NCD prevention, and strengthened global prevention initiatives. In 2014, the WHO’s NCD office was established in Moscow. In 2019 the Russian Federation made a voluntary contribution to the

WHO NCD agenda amounting to more than USD 40 million for 2019-2023 (Permanent Mission of the Russian Federation To The United Nations, 2020b).

Russia is leading the way in lowering NCD mortality rates, especially regarding tobacco use. In the past seven years, there has been a twenty-one percent decrease in Russian tobacco use. The prevention and control of NCDs is a priority for Russia, as highlighted in the 2018 Presidential Decree No. 204, which included NCD-related goals regarding premature mortality, cardiovascular diseases, and cancers (WHO, 2019). The Russian Ministry of Health and the UN Interagency Task Force (UNITAF) previously held meetings in Moscow to set a blueprint “..for joint work on data collection, economic analysis and finalization of the NCD investment case report” (WHO, 2019). In addition, a mental health component will be added in the next phase of NCD analysis. The WHO Director of the Global NCD Platform, Dr. Svetlana Akselrod, stated that “..The Russian Federation continues to demonstrate outstanding leadership on the prevention and control of NCDs at national, regional, and global levels” (WHO, 2020c).

#### *United Nations High Commissioner for Refugees (UNHCR)*

The Office of the United Nations High Commissioner for Refugees (UNHCR) was officially established on 14 December, 1950 by the United Nations General Assembly (UNGA). The UNHCR’s mission is to cultivate international cooperation and action to protect millions of displaced and stateless people and to resolve refugee crises worldwide. Since 1992 the UNHCR has been active in the Russian Federation through its base in Moscow (UN Russia, n.d.). In 1993, the Russian Parliament adopted the UNHCR’s 1951 UN Refugee Convention, which outlines refugees’ rights, and the 1967 Protocol, which applied the convention universally to all states (Cienski, 1994). Russia is also a critical UNHCR donor country through its annual contributions to the office’s budget. The UNHCR funding update for 2020 reported that Russia donated USD

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 Iraq (Human Rights Watch, 1997). In 2014, the Federal Migration Service of the Russian Federation reported that the majority of people requesting asylum and refugee status came from Ukraine, Syria, and Afghanistan. A report from the Russian Federal Migration Service showed that “...Ukraine [had] 5,789 refugee applicants and 265,448 temporary asylum seekers, Syria [had] 473 refugee applicants and 1,435 temporary asylum seekers, and Afghanistan [had] 301 refugee applicants and 396 temporary asylum seekers respectively” (Library of Congress, 2020a). Many of these migrant populations are fleeing situations of armed conflict, and some migrate to Russia for economic reasons.

A 2017 report showed that “... only 589 people hold refugee status in Russia and some 187,785 were granted temporary asylum” (UN Volunteers, 2018). In 2006 the UNHCR worked in Russia to provide aid and assistance to a reported 3,900 asylum seekers based in Moscow and St. Petersburg, many from Afghanistan. The UNHCR also “... provided more than 2,100 asylum-seekers and refugees in Moscow and St. Petersburg with basic health care” (UNHCR Global Report, 2006). In 2019 there was a twenty-seven percent decrease in the number of people of concern which was reported to be 112,109, partially due to UNHCR led efforts in the region (UNHCR. n.d.). However, in 2021, the UNHCR declared it does not expect any significant changes to the number of people of concern in the Russian Federation (UNHCR. n.d.).

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 Russian Federation has a complex history with Afghanistan, which began in 1979 when the USSR invaded the state. The Soviets intervened in Afghanistan to protect national security interests and stabilize the region due to increased terrorist activity. Furthermore, it was in the interest of the USSR to keep the People's Democratic Party of Afghanistan (PDPA) in power to keep its communist foothold in Afghanistan, which was facing a growing insurgency (Institute for the Study of War, n.d.). Moreover, Moscow was concerned by the United States' intervention in the Middle East, especially with U.S. growing relations with Egypt, Israel, Pakistan, and Saudi Arabia (Institute for the Study of War, n.d.). However, the Soviets were met by strong resistance from the Afghan mujahideen backed by the U.S., forcing the Soviets to withdraw in 1989. The former Soviet leader Mikhail Gorbachev referred to the conflict as a "bleeding wound on the body of the USSR and in which more than a million Afghans died" (Mankoff, 2017). After the Soviets withdrew, the previously U.S.-backed mujahideen groups could not agree on how to distribute power leading to extreme levels of violence in Afghanistan that has lasted decades (Institute for the Study of War, n.d.). Nevertheless, in the past few years, Russia has increased its diplomatic relations with Afghanistan, creating concern once again within the United States that Russia is arming militant groups such as the Taliban (Mankoff, 2017).

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 NATO-led efforts have only increased instability in the region which is of significant concern to the Russian Federation. Additionally, the Taliban is believed to be “...stronger now than at any point since 2001, with up to eighty-five thousand full-time fighters, it controls one-fifth of the country and continues to launch attacks” (Maizland, 2021).

Russia's current relationship with Afghanistan remains complex due to factors such as the fear of potential spillover of radical Islamist ideology into Central Asia, the ongoing disagreement with the U.S regarding how to stabilize the region, and the constant reminder of the events of the Soviet-Afghan war. Russian foreign policy goals in Afghanistan remain unclear, unlike the United States' position; however, Russian officials maintain a somewhat neutral stance due to Russia's proximity to the region. Moscow does not intend to choose a side in Afghanistan

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 efforts in Afghanistan, especially after the terror attacks on 11 September, 2001. However, Moscow views the United States' continued efforts to intervene in Afghanistan as failures that have increased destabilization (Mankoff, 2017). During a 2013 meeting of the Russian Security Council, President Putin said, "...his country could no longer stand by in the face of failures by the United States and its partners" (BBC, 2021). Even though Russia and the U.S both agree Afghanistan needs to be stabilized, it is unlikely that Russia would again support the U.S and NATO led efforts in the region. Russian cooperation with the United States intervention in Afghanistan has been increasingly strained due to prior accusations by U.S. officials that Russia has paid Taliban-linked militants bounties to kill U.S. troops in Afghanistan. Russian officials have categorically denied these false allegations, and the Biden Administration recently stated that U.S. intelligence had "...low to moderate confidence" in these claims. Moreover, former President Donald Trump called the claims "fake news" and a "fake issue", which he then followed up with a tweet saying he was not briefed on the issue because U.S. intelligence did not perceive this issue to be credible due to the source coming from interrogations of Afghan detainees (BBC, 2021). With this in mind, the United States allegations had no credibility and have only intensified hostile Russia-U.S. relations. Additionally, the United States has consistently criticized the alleged Russian relations with the Taliban, especially now that the U.S is fully withdrawing by September 2021. Yet, the United States did the same by backing Afghan mujahideen groups during the Afghan-Soviet War in the 1980s (Mashal and Schwartz, 2020).

Furthermore, Russian officials believe that the United States' intervention in Afghanistan led to an increase in heroin use in Russia because the Taliban was able to control opium production and exports before the US intervened (Human Rights Watch, 2004). In addition, in 2010, the Russian Federation provided the US Office of Drugs and Crime and NATO information on the location of drug laboratories and those involved in the drug trade in a Russian attempt to eradicate poppy fields used for opium drug production in Afghanistan. However, the United States and NATO refused to act on the information; therefore, the Russian Federation has rightfully accused the US of supporting drug traffickers (Aliyev, 2020). The United Nations Office on Drugs and Crime (UNODC) reports that 95 tons of heroin exit Afghanistan annually into Russia "...of which 70 tons is eventually consumed in Russia" (UNODC, n.d., p.112). Heroin use in Russia has continued to be a health problem for decades, and it is also linked to HIV/AIDS (Human Rights Watch, 2004). Stemming the flow of narcotics from Afghanistan is a major policy goal of Russia since these drugs often end up in Central Asia and Eastern Europe creating health concerns for the Russian Federation.

Acknowledging the destabilization throughout Afghanistan due to the US failed attempts, Russia has undertaken several peace initiatives in the region. In 2016 Russia started "...the Moscow format of regional peace consultations on Afghanistan and the informal inter-Afghan dialogue in Moscow" (Aliyev, 2020). The Moscow format was a trilateral peace consultation involving Russia, China, and Pakistan, which "...called upon the Taliban to negotiate with the Afghan government" (Aliyev, 2020). In 2018, the Moscow format countries including Russia, Afghanistan, Pakistan, India, and China met with delegations from the Taliban and the Afghanistan High Peace Council. Russia has also engaged in peace Afghan initiatives through a China, Russia, United States dialogue, and the Shanghai Cooperation Organization-Afghanistan

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 to immunization because their campaigns will be mostly supported by NGOs...the government is corrupt" (Glinski, 2021). Dr. Saheed Hotaq's sentiments have some credit; the Taliban has begun distributing personal protective equipment and started public health programs. Furthermore, the BBC reported that the Taliban

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 2020 UN webinar called “Rethinking Radicalization” that the drivers of radicalization can differ greatly based on the region; however, 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 U.S, which spends USD 11,000. Afghanistan also has the world's highest child mortality rate, which is unsurprising considering the country's lack of health resources. COVID-19 prevention and treatment in Afghanistan are not only hindered by the countries lack of resources but also the all-around public apathy and skepticism about the virus (Zucchini and Abed, 2020)

In 2020, 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). Even prior to the pandemic, Afghanistan remained one of the deadliest places in the world to be a civilian. COVID-19 and ongoing conflict will cause increased instability in Afghanistan, which threatens regional security. The high instability in the

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 in “...facilitating trade in knowledge and creativity, in resolving trade disputes over intellectual property (IP),” which is currently being disputed regarding global COVID-19 vaccine distribution and accessibility (WTO, n.d.b).

The current TRIPS framework has become increasingly controversial due to its ability to limit the price and accessibility of COVID-19 vaccines. There is also international concern that the creation and distribution of COVID-19 vaccines will become a race for power and global political influence (Kumar, 2021). Many international organizations including the WHO have called for a temporary TRIPS waiver to increase vaccine accessibility for lower-income states which are currently lacking vaccines. Bloomberg reports that, “...100 million doses of

COVID-19 vaccines have been administered worldwide; fewer than 100 of the reported doses were given to people living in low-income countries” (Kumar, 2021).

The debate over IP rights has happened during the HIV and AIDS crisis in the 1990s. During the 1990s millions of people globally were dying of AIDS because they could not access the necessary drugs which were available due to patent rules. In 2001 the WTO passed the Doha Declaration which allowed states to, “...seek compulsory licensing when faced with extreme emergencies” (Pietromarchi, 2021). The Declaration allowed governments to waive IP rights when necessary making medicine more affordable (Pietromarchi, 2021).

In 2020, South Africa and India proposed a framework to waive intellectual property rights until the COVID-19 vaccine is universally available and the majority of the global population is immune (Human Rights Watch, 2020). The proposed waiver covers four sections of the TRIPS agreement including “...Section 1 on copyright and related rights, Section 4 on industrial designs, Section 5 on patents, and Section 7 on the protection of undisclosed information” (WTO, 2021). Many governments in support of the waiver are concerned that wealthy countries will continue to benefit monetarily from the pandemic while developing countries remain economically and socially vulnerable (The Lancet, 2020). The Russian Federation has not publicly opposed or supported the waiver; however, Russia has called for the international community to loosen restrictions on exports of medicine during the pandemic.

Over 100 countries, many low and middle-income, have shown support for the proposed TRIPS waiver; however, richer countries such as the EU member states, U.S., Canada, and Switzerland have strongly opposed changing the agreement (Bailhouse, 2021). The United States Chamber of Commerce called the proposal “...misguided and a distraction” (Reuters Staff, 2021c). However, it is unsurprising that these high-income countries have dominant domestic

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.

#### *COVID-19 Vaccines Global Access (COVAX)*

The COVID-19 Vaccines Global Access (COVAX) initiative was launched in April 2020 by the WHO, the European Commission, and France in response to the COVID-19 pandemic.

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 World Bank considers high-income countries” (Mirza and Rauhala, 2021). Additionally, COVAX has said it doesn’t believe IP rights are the key barriers to vaccine distribution and production; rather, “...that high start-up costs and complicated production processes are the major impediments (Human Rights Watch, 2021). The available doses through COVAX will prioritize health care workers in addition to high-risk and vulnerable populations. Regarding whether COVAX will include refugees, a UNHCR spokesperson Shabia Mantoo said, “...it’s still very early...given that these vaccines haven’t been rolled out across the board. It’s basically still a work in progress” (Welsh, 2021). COVAX has claimed to have created an emergency budget of about five percent of the total available doses for humanitarian causes such as vaccinating refugees; however, the specifics of this budget are vague (Welsh, 2021).

The COVAX program has recently received backlash from Bosnia due to its extensive delay in providing the promised doses. Bosnia and Herzegovina’s foreign minister said the country had “...paid for more than 1.2 million doses through the international COVAX scheme, a global vaccine-sharing effort, but not a single dose has arrived to date” (Aljazeera, 2021b). The

promised doses are crucial for Bosnia, considering it has one of the world's highest per capita COVID-19 mortality rates. Bosnian officials turned to the Russian Federation, which graciously allocated around 22,000 doses of its Sputnik V vaccine (Aljazeera, 2021b).

Acknowledging the development of the COVAX initiative the Russian Federation announced it has been in communication with COVAX leaders. COVAX is currently experiencing difficulties with funding which has limited vaccine access. Therefore, Russia said that there could be potential for collaboration; however, Russia prefers to work directly with countries in distributing Sputnik V. The CEO of the Russian Direct Investment Fund, Krill Dmitriev, stated, "...COVAX will be a small part of our portfolio, most of the approach will be direct, but we'll be happy to work with COVAX..." (Ravelo, 2021). COVAX potentially can create a COVID-19 vaccine monopoly which the Russian Federation would not support. Russia continues to value bilateral and multilateral approaches to vaccine distribution.

### ***Regional Organizations***

The Russian Federation values its economic and political negotiations with its multiple regional organizations. Russia is committed to advancing its national interests and fostering cooperation on a regional level, especially during the COVID-19 pandemic.

#### ***Brazil, Russia, India, China, South Africa (BRICS)***

Since 2009, the five major emerging global economies, including Brazil, Russia, India, China, and South Africa have met annually and formed the BRICS regional group. The original acronym stems from the 2001 report by a Goldman Sachs analyst who argued that Brazil, Russia, India, and China would be emerging economic powers. BRICS is an important symbol for Russia as a dominant world power, especially economically (Dresen, n.d.). BRICS began with the mission to emphasize the need for a greater emergence of new economic powers in the

international system. BRICS supports the Russian mission to create a multipolar international system in opposition to the Western unipolar system (Ayres, 2017). Additionally, BRICS leaders have undertaken issues beyond the economy, by focusing on humanitarian emergencies, food security, and sustainability (Stronski and Sokolsky, 2020).

BRICS has prioritized addressing global health concerns on an international level, by supporting global health development in lower income countries with WHO offices located in all five BRICS countries (WHO, 2017). Furthermore, BRICS places a large emphasis on being partners, not donor organizations, because the organization adheres to the principle of non-interference in countries (Kickbusch, 2014). In 2014, it was reported that all BRICS countries are contributors to the Global Fund against AIDS, TB, and Malaria and have ratified the framework on the Convention of Tobacco Control, thereby validating BRICS as an organization committed to global health. The report also found that all of the countries are engaged in some level of pharmaceutical production. Global health is a priority in the BRICS agenda, and the organization focuses on creating an inclusive global health system (Watt, Gomez, and McKee, 2014).

Currently, the HIV epidemic is a significant health threat facing BRICS countries. In 2015 it was reported that BRICS countries “...are home to one-third of the 36.7 million people living with HIV globally” (UNAIDS, 2017b). Also in 2015, during the fifth meeting held in Moscow of the BRICS health ministers, the five countries recommitted to reach the UNAIDS 90-90-90 targets by 2020 and to end AIDS by 2030. The former Russian Health Minister, Veronika Skvortsova, stated that “...The Russian Federation is committed to enhancing further collaboration within the BRICS in key areas, such as HIV, tuberculosis and non-communicable diseases” (UNAIDS, 2015). The Russian Federation has taken the lead on many global health

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 to public health globally (UNAIDS, 2015).

In combating HIV, BRICS has focused on analyzing universal access to medicine. At the first meeting of BRICS health ministers in 2011, access to medicine was a key point of discussion. At this meeting, the health ministers signed on to the Beijing Declaration emphasizing the importance of increasing collaboration with developing countries regarding access to and production of medicines. The Declaration also emphasized the importance of expanding universal access to antiretroviral medicines. UNAIDS reported that by signing on to this Declaration, BRICS countries recommitted to the TRIPS provisions, "... that allows for countries to overcome intellectual property rights restrictions on medicines in the interest of public health" (UNAIDS, 2011). The TRIPS agreement has been modified in the past during the HIV and AIDS crisis in the 1990s. Millions of people were dying worldwide because they did not have access to available treatment drugs. During this time the WTO adopted the Doha Declaration which allowed governments to waive IP rights when necessary in extreme emergencies to make life-saving medicines accessible (Pietromarchi, 2021). Intellectual property rights and the distribution of affordable and accessible medicines have been a priority area for the Russian Federation and BRICS.

The COVID-19 pandemic has highlighted the need for international health cooperation, especially concerning the equitable distribution of medicine. President Putin has urged members of BRICS to join together in the distribution of the COVID-19 vaccine. In 2020 at the BRICS Annual Summit, the leaders committed to ensuring "...when a vaccine becomes available, it is

disseminated in a fair, equitable and affordable basis” (Litvinova, 2020). As leaders in vaccine distribution, President Putin has made agreements with India and Brazil to start trials of Sputnik V and additional production agreements with China and India (Moscow Times, 2020b). In addition to vaccine distribution, President Putin has called for the global community to “...remove all restrictions and sanctions on trade, at least in the context of the pandemic” (Russia Today, 2020). President Putin believes it is critical for the global community to work together to ensure that countries in need of supplies, especially medicine and medical tools, are equipped.

#### *Commonwealth of Independent States (CIS)*

The Commonwealth of Independent States (CIS) was formed in 1991 by Russia along with ten other former republics, including Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Uzbekistan, Tajikistan, Turkmenistan and Ukraine (Kubicek, 2009, p.237). The CIS is designed to cultivate economic, social, and political cooperation among its member states. The organization concentrates on preserving and maintaining previous economic, political, and military connections between the former Soviet republics (Kubicek, 2009, p.237). In 1991, Russia, Belarus, and Ukraine officially signed an agreement creating the CIS and officially dissolving the former Soviet Union (Nuclear Threat Initiative, 2011).

With the breakdown of the USSR, large scale Russian displacement within the CIS occurred due to territorial disputes and ethnic ties to certain regions. The UNHCR reported that after the end of Soviet citizenship, “...287 million people were in need of a new national identity” (UNHCR, 1996). For the Russian Federation, this issue was emphasized during the first Chechen conflict from 1994 to 1996 due to the displacement of ethnic Russians from Chechnya (Brookings Institution, 2002). A 2004 study by the UN found that the majority of displaced

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 that "...we will try to accommodate the needs of our partners as much as possible" (TASS,

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 other top global initiatives" (TASS, 2018). The EAEU highlights Russia's commitment to regional cooperation in aiding Eurasian states towards a greater economic future.

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 responded to by placing sanctions on agricultural products from the EU (European Leadership Network, 2016).

Recently, relations between Russia and the EU have become increasingly strained. The EU has threatened to place additional sanctions on Russia due to the imprisonment of Alexei Navalny, a rogue Russian blogger. However, the Kremlin stands by its justified imprisonment of Navalny for violating his probation terms and spreading false information (Isachenkov, 2021a). Foreign Minister Sergei Lavrov stated that Russia is not in favor of ending this global partnership; however, if the EU threatens the Russian economy, Russia will be ready to end the partnership (NPR, 2021). The Russian Ministry of Foreign Affairs has also stated that the countries initiating the imposition of sanctions have failed to provide substantial evidence of Russian misconduct. The Ministry claimed that the EU acted in secret and “...took a confrontational political decision” which goes against the “...UN Security Council's international legal prerogatives, as well as the Helsinki principles of non-intervention in the internal affairs” (Ministry of Foreign Affairs of the Russian Federation, 2020b).

Foreign Minister Sergei Lavrov expressed his regret during a major global health crisis that when the world should be uniting, certain EU states are choosing to support and spread lies and disinformation. The Russian Federation is committed to working with European states on combating COVID-19; however, there has to be an emphasis on collaboration and the end of economic sanctions (Ministry of Foreign Affairs of the Russian Federation, 2021). The EU said that the European Medicines Agency would consider approving the Russian vaccine Sputnik V for use by EU member states (Russia Today, 2021b).

In addition, President Putin believes it is critical for the global community to put its differences aside and cooperate during the COVID-19 pandemic. President Putin has supported equipping countries with supplies, especially medicine and medical tools, which many countries are lacking. The European Union voiced opposing opinions on Putin's stance especially in terms of changing IP rights. The EU has no intention of changing provisions in the TRIPS agreement due to a lack of concern for the international community and its own interests (Berger, 2021). The Russian Federation believes it is selfish of the EU to value its sanction policies and trade secrets over its citizens and the international community during a global crisis (Russia Today, 2020).

The EU has been a significant critic of the Russian vaccine rollout, dismissing it as a propaganda campaign. Sputnik V has not been approved by the EU; however, there have been recent reports that the EU is considering using the Russian Sputnik V vaccine. Hungary and Slovakia have already approved and purchased the Russian vaccine, and other EU countries, including the Czech Republic and Italy, have shown interest (Aljazeera, 2021b). In late January, Russia announced it could "...supply 100 million doses of its Sputnik V vaccine to the EU" (Deutsche Welle, 2021a). The EU has been criticized for its slow and unorganized rollout of the COVID-19 vaccine to its member states. Across the EU about 141 million vaccine doses have been administered (BBC, 2021a). The EU is responsible for negotiating the price of vaccines for all of its member states, which has delayed its vaccine rollout (BBC, 2021b). The delay in the vaccine is a significant problem considering there have been over forty million confirmed cases of COVID-19 throughout all of Europe (Statista, 2021).

## ***Domestic Organizations***

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

dedicated to overcoming these health challenges with continued international, regional, and domestic cooperation and partnerships. In 2006, President Putin started the national health project “Health.” This national health policy was part of new healthcare reforms, which were concerned with population health and reducing mortality rates. “Health” focused on decreasing “...socially determined conditions such as drug addictions, smoking, hazardous drinking, sexually transmitted diseases, tuberculosis, and AIDS” (Stockholm Regional Office, 2010, p.7-8).

Healthcare funding in Russia has remained below international levels; nevertheless, “...the total expenditure for health care in the Russian Federation is rising faster than the GDP” (WHO 2014, p.18). In 2018 the current health expenditure was 5.3 percent of the GDP and was expected to increase to 6.2 percent by 2020 (WHO 2014, p.18). Additionally, the Russian Federation has experience in disease control and prevention through combating tuberculosis and HIV. These previous experiences have given Russia an advantage over the global community in terms of testing, treating, and containing the virus, at which Russia has excelled (Vacroux, 2020).

In comparison with Western countries, Russia has prioritized mobilizing its healthcare system. President Putin stated that “...The mobilization of the entire healthcare system and industry turned out to be incomparably higher than in European countries and the United States, where it simply collapsed...” (Tickle, 2021). President Putin has expressed pride in the Russian Federation’s rapid response to the pandemic, which was not the case in the EU and US. The President noted that healthcare might be at a higher level in these Western countries; however, they failed to respond to COVID-19 and have significant inequity in access to their healthcare systems (Tickle, 2021). The Russian Federation continued to prove its value as an essential contributor to global health especially during the coronavirus pandemic.

### *Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)*

HIV is a virus that attacks the body's white blood cells making people more susceptible to other illnesses and diseases. HIV is transmitted through certain bodily fluids, most commonly through unprotected intercourse and sharing needles for drug use. There is no cure for HIV; however, there are antiretroviral therapy treatments allowing people with HIV to live long lives. AIDS can develop when HIV has caused severe damage to the immune system due to the virus being untreated. Without access to these treatments, people with AIDS would survive an estimated three years (U.S. Department of Health & Human Services, 2020a). In 2019 around 38 million people worldwide had HIV or AIDS with an estimated 690,000 people who died from AIDS-related illness (U.S. Department of Health & Human Services, 2020b). HIV and AIDS are significant health challenges faced by the international community.

The USSR first began tracking HIV in 1985 at the Ivanovsky Institute of Virology in Moscow. Prior to 1985, Soviet officials did not believe that community spread in Soviet populations was a possibility because HIV was considered a “foreign” virus. The first identified HIV infection in the USSR was a Soviet citizen who reportedly contracted HIV in Africa. This Soviet citizen was identified in 1986 and “... spread it to 15 Soviet soldiers through homosexual relations” (Grisin and Wallander, 2002, p.2). The USSR’s Ministry of Health claimed that HIV “...was a virus of licentiousness and lax morality,” which was emphasized by Westerners’ loose sexual morals (Ter-Grigoryan, 2020).

The USSR responded to the emergence of HIV by establishing AIDS centers in Russia and other Soviet states in 1987. The prevention centers focused on conducting mandatory large-scale testing of “high risk” persons (Human Rights Watch, 2004). The “high-risk” people were mostly identified as drug users, sex workers, and gay and bisexual men (Ter-Grigoryan,

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 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 partnerships with international organizations such as the WHO, which have supported the Russian Federation's strong commitment to combating HIV (Ter-Grigoryan, 2020). However, the UN has claimed that the Russian government continuously underestimates and under-reports HIV infections in Russia. Official statistics reported over one million people living with HIV in Russia; yet, experts believe the number is higher, with at least 1.5 million HIV infections (Bennetts, 2020).

In response to the accelerating HIV epidemic President Putin decided that in 2001, Russia would join the Global Health Fund to Combat HIV/AIDS, to which Russia is now a donor country (President of Russia, 2001). In 2006, President Vladimir Putin gathered the Presidium of State Council to address and combat the HIV situation in Russia. At this meeting, President Putin

emphasized the need for a more significant response to AIDS on all government and societal levels. He called for additional monitoring and preventive measures to combat the disease (UNAIDS, 2006). However, since 2006 the President has remained mostly silent about the HIV crisis. President Putin's reluctance to address the HIV situation stems from his adherence to the Russian Orthodox Church, which influences much of his conservative government policies. Furthermore, the Russian Federation rejects Western HIV prevention policies, such as introducing sexual education programs in Russian schools (Bennetts, 2020). Traditionalist beliefs surrounding HIV prevention and treatment greatly influence how HIV is discussed and handled in the Russian Federation.

A significant source of contention in the international community is the Russian ban of Opioid Agonist Treatment (OAT) drugs methadone and buprenorphine. Substitution treatment for opioids is used in many countries to aid drug-dependent people in recovery (Kuzmenko, 2015). Some findings also claim that OAT leads to a decreased sharing of drug injection equipment and safer sexual behavior leading to a reduced risk of spreading HIV (Vlahov, Robertson, and Strathdee, 2010). The Russian Federation has received international backlash for this ban, especially after the 2014 reclamation of Crimea. In Crimea, it was reported that “... 800 people were suddenly cut off from their treatment” due to the Russian federal law banning substitution treatment (Kuzmenko, 2015). For people in Crimea dependent on OAT, this sudden ban led to suicides, overdoses, and HIV complications (Kuzmenko, 2015). However, the Russian government firmly believes legalizing OAT drugs would only be fixing one problem by starting a new drug problem; therefore, it is more effective to ban OAT drugs (Morrison and Twigg, 2019).

The Kremlin takes a traditionalist approach regarding drug use backed by the Russian Orthodox Church as a moral problem rather than a medical concern. Russia faces a significant

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.

The Russian government's swift response to COVID-19 started on 29 January, 2020 when Prime Minister Mikhail Mishustin approved the coronavirus taskforce. On 18 March, 2020, the Russian government implemented an emergency high alert which prevented all foreign nationals from entering Russia to limit the international spread of COVID-19 into Russia. The State Duma of Russia then drafted and adopted legislation that allowed the government to enforce penalties on people for violating quarantine and emergency orders (Mankoff, 2020). In April 2020, reports found that Russia was meeting the demand for doctors and hospital beds. A report stated that per 10,000 people, Russia had 479 doctors and 797 hospital beds compared to the United States, which had 280 doctors and 277 beds (Vacroux, 2020). This report demonstrated Russia's ability to respond effectively to a global pandemic, unlike the United States.

Russia has also been a leader in COVID-19 testing. In April 2020, 2.4 percent of the population was tested compared to other world powers such as the United States that only had a 1.9 percent testing rate (Vacroux, 2020). President Putin addressed the Federation in March and April, emphasizing the importance of following guidelines and listening to the medical experts. In support of the economy, Prime Minister Mishutin stated that "... the cabinet will allocate \$32.9 million from the federal budget to support small- and medium-sized businesses..." (Mankoff, 2020).

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 its 91.6 percent efficacy rate (Kramer, 2021).

The Sputnik V vaccine is relatively inexpensive, marketed at USD ten per dose for the two-shot vaccine, making it appealing and accessible for many countries regardless of economic level (Sonin, 2021). Moderna is marketed at USD eighteen to USD thirty-three, and Pfizer is priced at USD fourteen to USD twenty; both vaccines are priced per dose for the two-shot vaccine. AstraZeneca is priced at USD 2.16-5.25; however, the vaccine has an effectiveness rate of only seventy percent compared to the Russian ninety-two percent, and reports have warned about blood clots from the shot (Foltynova, 2021).

There has been speculation and accusation by certain Western countries about the effectiveness of the Sputnik V vaccine. Recently a British scientific journal however published the phase III results of the vaccines clinical trials, which revealed "...an efficacy of 91.6 percent with immune response developed in 100 percent of volunteers" (Tickle, 2021). Compared to the Pfizer-BioNTech, Moderna, and AstraZeneca vaccines, Sputnik's efficacy rate, price, and easy storage ability are appealing. The Pfizer-BioNTech has up to a 95 percent effectiveness rate at

preventing symptomatic disease; however, this vaccine is difficult to store as it requires ultra-cold texture controlled units. The Moderna vaccine uses similar technology as the Pfizer-BioNTech; however, its effectiveness rate is significantly less effective, recorded to be 86 percent in people who are 65 or older. As stated previously, the AstraZeneca vaccine has a 76 percent effectiveness rate with alarming side effects, including fatal blood clots (Katella, 2021).

Additionally, The Russian Federation has emphasized making sure this vaccine is accessible to countries that need it, unlike the United States, which is taking a domestic-based approach to vaccine distribution. The former Bolivian ambassador to the UN, Pablo Solon, said, “...The difference is that the United States is working on getting vaccines mostly to vaccinate US citizens...” (Tickle, 2021). The Russian Federation is dedicated to distributing vaccines among Russians; nevertheless, it will not take a domestic-only-based approach, as demonstrated by the United States.

Russia has been working diligently to distribute Sputnik V to multiple Latin American countries. Argentina, Bolivia, Mexico, Nicaragua, Paraguay, and Venezuela are all authorized to use the Russian vaccine. A report found that “...Argentina has purchased up to 25 million doses and dispensed over 600,000 doses...” of the Sputnik V vaccine (Pozzebon, 2021). In total, twenty-six countries have approved the Russian vaccine (Pozzebon, 2021). Kazakhstan is the first country authorized to locally produce the Sputnik V vaccine (Moscow Times, 2021a). Additionally, Serbia has received “...preliminary approval” for the vaccine to be manufactured in Serbia (Moscow Times, 2021b). French President Emmanuel Macron called for global support and cooperation of the Russian vaccine. Urging for intergovernmental cooperation Macron stated that, “...We must work with the Chinese and the Russians so that the vaccines developed by their scientists fit into this great multilateral effort against the pandemic” (Russia Today, 2021c).

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

1990s were a time of mass displacement and resettlement of the Soviet republics, especially Russia (Chudinovskikh and Denisenko, 2017).

President Putin has continued to address Russia's challenges with migration since taking office in 2000. Russia is experiencing many migration trends which are negatively impacting the country (Heleniak, 2002). Russia has an aging and decreasing population, especially in the Far East and Siberia which has been exacerbated by the ongoing high AIDS mortality rates in Russia and the "brain drain" of educated people migrating to the West (Heleniak, 2002). To combat the demographic crisis in 2018, President Putin signed the State Migration Policy Concept 2019-2025, which is designed to attract skilled migrants and re-populate areas with low populations. This policy will "...actively support skilled workers to live in these areas of low population...". The government is also committed to assisting foreigners in assimilating into Russian culture with language and history education (Talukdar, 2019).

In 2010, people from Ukraine, Kazakhstan, Uzbekistan, Belarus, and Azerbaijan were the most significant migrants populations entering Russia. Three million people accounting for twenty-six percent of all migrants in Russia were from Ukraine, and 2.5 million or twenty-two percent were from Kazakhstan in 2010 (Chudinovskikh and Denisenko, 2017). The mass influx of migrants into the country called for additional reforms and policies to be implemented. In 2012, President Putin added amendments to the Criminal Code and the Code of Administrative Violations of the Russian Federation. These amendments implemented harsher migration policies and penalties for illegal immigration (Chudinovskikh and Denisenko, 2017). The World Bank reported that Russia is the second most popular destination for migrants, "...with approximately 12.3 million immigrants who have moved to the country primarily for economic reasons"

(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 levels of conflict, which will positively impact Russian economic growth and diplomatic relations.

Russia remains concerned with the increased instability and conflict in Afghanistan, particularly along its Eastern border within Nangarhar province. High instability in Afghanistan is detrimental to Russian national security because it threatens our neighboring and allied states' border security, including Tajikistan, Kyrgyzstan, and Kazakhstan (Aliyev, 2020). The Russian Federation remains concerned about the region's instability and the potential spillover effect into Russia from Afghanistan. In addition, the United States has continuously failed at efforts to stabilize the region and combat terrorism and Islamic radicalization. After failing to stabilize the region, the United States plans to withdraw all US forces from Afghanistan this year, allowing Russia to increase diplomatic ties in Afghanistan (Gibbons-Neff, 2021).

Concerning the ongoing global pandemic, we are particularly distressed by the intersection of radicalization and COVID-19 among Afghanistan's vulnerable migrant populations. Studies have confirmed that Afghanistan's IDPs, especially youth, are "...more likely to be approached directly by the Taliban for radicalization or recruitment" (Ahmadi, Amiri, and Lakhani, 2019). Increased radicalization in Afghanistan allows for the potential of the exportation of radical Islamist ideology into our federation, threatening our national and regional security (Aliyev, 2020). The Russian people have experienced the results of radicalization through many terror attacks by Islamist Chechens. One of the deadliest attacks in 2004 occurred when over thirty Islamist Chechen terrorists held over a thousand people hostage, in a secondary school. The attack lasted three days and killed 334 people of which 186 were children (Russia Today, 2013). Providing children access to the Sputnik V vaccine is essential to limit the radicalization of Afghan youth as it will provide children with a sense of security, preventing them from seeking vaccines elsewhere, potentially from terrorist groups.

The Russian Federation is also cognizant of the impact of increased instability due to the pandemic on drug trafficking and the narcotics trade in Afghanistan. Alexei Rogov, the deputy director of new threats and challenges of the Russian foreign ministry, declared that "...The Afghan drug threat is one of the worst problems for Russia's national security" (Lemarchal, 2020). Furthermore in 2002, President Putin declared the narcotics trade a "...national security threat" (Galeotti, 2016). The United Nations Office on Drugs and Crime (UNODC) reported, "...more than 90 percent of opiates are smuggled to Russia from Afghanistan and other Central Asian states" (UNODC, 2008). The availability of relatively inexpensive opiate drugs in Russia is extremely detrimental to the Russian people. A 2016 report found over the past fourteen years "...Afghan heroin has killed more than one million people in Eurasia, including at least half a

million Russian citizens” (Galeotti, 2016). Afghanistan’s drug trade has incited conflict throughout the region and fueled the financial support of terrorist organizations. Reducing Afghanistan’s narcotics flow into Russia is a primary concern for our federation (Lemarchal, 2020).

Acknowledging the security threat posed by Afghanistan’s instability, we propose a Sputnik V vaccine distribution center located in Jalalabad, Nangarhar province, Afghanistan. The center would exclusively serve Afghan refugees, returnees, and IDPs who wish to access the Sputnik V vaccine. Creating a vaccine distribution clinic would serve our immediate policy interests of ensuring Russian national security and securing the Afghan-Central Asia border’s stabilization while fostering economic growth (Aliyev, 2020).

#### **IV. Policy**

##### *Introduction*

In 2020, the UN High Commissioner for Human Rights, Michelle Bachelet, declared that Afghanistan “...remains among the deadliest places in the world to be a civilian” (Russia Today, 2021). In addition to deadly conflicts and disasters, Afghans are now facing the accelerating COVID-19 crisis. COVID-19 has significantly impacted refugees, returnees, and Afghanistan's internally displaced population (IDPs), which is estimated to be over four million as of 2020 (Amnesty International, 2020). Reports from the UN have predicted that five million more Afghans will need humanitarian assistance in 2021 than in 2020 due to COVID-19 and increased conflict (Aljazeera, 2020). In 2020, the UN reported that “14.5 million Afghans are projected to require emergency health services in 2021”(USAID, 2021). COVID-19 and ongoing conflict have increased the instability of Afghanistan, which threatens the security of all international actors. Afghanistan requires a COVID-19 vaccine distribution plan to limit the viral spread

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 completed successful late-stage trials 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.

### *Funding*

Signatory states agree to petition the UNHCR and the WHO for funding of the vaccine distribution center in Jalalabad, Afghanistan. UNHCR's current 2021 budget for Afghan refugee projects is USD 25,261,489, USD 72,132,605 for Afghan reintegration projects, and USD 26,119,426 for Afghan IDP projects with a total budget of USD 123,513,519 (UNHCR, 2021). The WHO has an estimated budget of USD 1 billion for emergency operations and appeals which includes COVID-19 initiatives are placed under (WHO, "Budget", 2021). The Sputnik V vaccine will be distributed through a multilateral effort by the UNHCR, the WHO, and Afghanistan's Ministry of Health.

### *Conclusion*

UNHCR reports show there are 2,553,390 IDPs and 72,228 refugees in Afghanistan in 2021 (UNHCR, 2021). COVID-19 will continue to spread and have disastrous effects among

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 due to lockdowns and the uncertainty of when the pandemic will end intersecting with being exposed to online propaganda makes children more vulnerable to radicalization. Additionally, COVID-19 has allowed terrorist groups to deliver essential health care services in regions where governments have failed to respond effectively. Terrorist groups have used “...real and perceived failures in member states COVID-19 responses” for benefit (UNSC Counter-Terrorism Committee Executive Directorate, 2020). To prevent an increase in terrorism, the international community must fully address the COVID-19 pandemic in Afghanistan, which requires immediate access to a COVID vaccine.

Russia proposes that the international community adopt the use of the Sputnik V vaccine at the Jalalabad distribution center. Sputnik V has completed late-stage trials, proving its credibility and effectiveness with a 91.6 percent efficacy rate. Sputnik V has been approved in over 40 countries in Europe, Africa, Asia, the Middle East, and the Americas (UN, 2021). Additionally, Sputnik V is relatively easier to store than other vaccines on the market since it can be “...kept in a standard refrigerator at 2-8 degrees Celsius” in comparison to other COVID vaccines which require ultra-cold refrigeration temperatures (Foltynova, 2021). The ability to

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, these sentiments of trust and security were ephemeral (Trenin, 2018).

In 2012 many Germans started to accuse Russia of becoming an authoritarian state when President Putin announced he would make another presidential run due to his continued success in leading Russia. During this time, Germans were concerned with the growth in Russian conservative and traditional values and began illegitimately accusing Russia of human rights

violations. Likewise, Russia disapproved of the German early recognition of Croatia and Slovenia which contributed to the breakup of Yugoslavia, and the German increased support of the NATO alliance (Trenin, 2018).

The era of cordial ties between the two countries ended in 2014 when Russia took back the Crimean peninsula. The Russian Federation stands by its position that Crimea was rightfully Russian as validated in the eighteenth century when Russia claimed Crimea. President Putin has criticized Germans for not giving the same respect to the rights of Russians in Crimea since “...Germans themselves were given an opportunity to reunify their country twenty-five years earlier” (Trenin, 2018). Due to the conflict in Crimea, the EU, supported heavily by Germany, imposed economic sanctions on Russia, which have recently been renewed until 23 June, 2021 (RFERL, 2020). The Russian Federation believes that Germany views Russia as a threat; therefore, these sanctions are an illegitimate attempt to contain Russia (Trenin, 2018).

In the past year, Russian and German relations have reached an all-time nadir due to the EU's threats of additional sanctions due to the warranted imprisonment of Alexei Navalny. A Moscow court found Navalny guilty of violating his probation terms from a 2014 money laundering conviction; therefore, he was lawfully imprisoned (The Guardian, 2021). Prior to his imprisonment Germany's Chancellor Angela Merkel accused the Russian government of poisoning Navalny with Novichok, a Soviet-era chemical nerve agent, which Russia categorically denies (Irish and Emmott, 2021). The Russian Ministry of Foreign Affairs makes clear that the EU has no substantial evidence to support increasing economic sanctions. Moscow views the German support of sanctions as part of a US effort to control Russia. German support of sanctions against Russia will permanently strain the relations between both powers (Esch, 2021).

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

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 Russian partnerships with Europe.

Many vaccination rollouts have prioritized health care workers and elderly citizens in the first round of inoculations. The UNHCR has emphasized that in order to end the pandemic, refugees must be part of all vaccination programs (Gaynor, 2021). Groups such as migrant populations must not be left behind in vaccination programs, because these populations are some of the most marginalized groups internationally. Reports have found “...that refugees are three times more likely to be exposed to infection than people living in regular settings” (Zivkovic, 2021). The UNHCR has reported that twenty-eight EU member states are planning to include refugees and asylum seekers in their vaccination programs. Additionally, Germany announced “...that refugees and asylum-seekers would be prioritized in their respective vaccine strategies” (Zivkovic, 2021).

German policies pertaining to migration have publicly been shown to be an open-door policy accepting of migrants. In 2015 *The New York Times* reported that Germany “...held out an open hand to refugees” (Hasselbach, 2020). The UNHCR has called for increased support for Afghan refugees during the pandemic and warned the international community that “...five million more Afghans will be in need of help this year due to pandemic and conflict” (Aljazeera, 2020c). The German Foreign Minister Heiko Maas has also said, “...the coronavirus pandemic

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 global health crisis, Afghani civilians face daily attacks by the Taliban and other groups inciting conflict (RFERL, 2019). German deportation of Afghani asylum seekers is incredibly controversial for a country that claims to be an advocate of human rights, especially among migrant populations.

Germany has also had an extended military presence in Afghanistan, deploying German troops as part of a NATO-led mission after the 11 September, 2001 attacks on the United States. Germany has been criticized for its lack of “...strategic vision for Afghanistan” (Petersmann and Werkhauser, 2020). It could be argued German intervention in Afghanistan centered more on pushing German foreign policy goals with NATO rather than protecting the Afghan people (Petersmann and Werkhauser, 2020). German Defence Minister Annegret Kramp-Karrenbauer recently hinted that Germany will extend its military mission in Afghanistan until 2022 (Reuters Staff, 2021c). In addition to the military presence, Germany has pledged USD 510 million in civilian assistance through 2024 if Afghanistan remains committed “...to the peace process, among other conditions” (Deutsche Welle, 2020).

The Russian Federation urges the Federal Republic of Germany to consider the adverse effects that COVID-19 will have on Afghani migrant populations. The UNHCR has urged 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 mutually beneficial bilateral relations" during a phone call between the two leaders earlier this year (President of Russia, 2021).

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 Obrador to take the pandemic more seriously (Associated Press, 2020). President Lopez Obrador has refused to follow social distancing guidelines and, at the start of the pandemic, continued to hold large gatherings on his presidential tour (McCormick, 2020). The Mexican President said that "...not lying, not stealing, and not betraying" would protect citizens from the virus (Ibarra-Nava et al. 2020). Even with increased controversy, polls have shown that Lopez Obrador's popularity rating has continued to increase throughout the pandemic (Ibarra-Nava et al. 2020).

Mexico's health care system was not equipped to deal with a global pandemic. Recent data reports show that "...82 percent of general hospital beds and 79 percent of beds with ventilators" are at capacity in Mexico (Esposito, 2021). The Mexican healthcare system has been underfunded and neglected for years, creating catastrophic effects during COVID-19. The Mexican government spending for health care is minimal especially compared to other countries in the Western hemisphere. Even with an increase in population growth, the Mexican government did not drastically increase medical funding and has "...less than 3 percent of its national output" allocated to health care (Kitroeff and Villegas, 2020). President Lopez Obrador

continued to allow spending cuts even after “... acknowledging his country had 200,000 fewer health care workers than it needed” (Kitroeff and Villegas, 2020). In addition to the threat of infection, COVID-19 has caused an increase in violent attacks against healthcare workers (Gonzalez Diaz, 2020).

Mexico has begun its vaccine rollout, intending to have everyone over the age of sixty vaccinated by the end of April, accounting for twelve percent of the 128 million Mexican population (Jasso, 2021). Recent reports have found that “...Mexico has administered at least 1.7 million vaccine doses, inoculating around 0.7% of its population” (VOA News, 2021). Mexico has prioritized healthcare workers and elderly citizens in receiving the vaccine. In October 2020, the Mexican government paid USD 159.88 million to secure access to the WHO’s COVAX initiative. This large contribution was reported to “...allow Mexico to acquire enough doses of a vaccine to immunize up to a fifth of the country’s population” (Aljazeera, 2020b).

Mexico has received 1.5 million doses of the Pfizer vaccine; however, shipments have been increasingly delayed due to a production issue with Pfizer. Therefore, Mexico quickly started negotiations to access and approve the Russian Sputnik V vaccine (Delgado, 2021). In early February 2021, Mexico approved the use of the Russian Sputnik V vaccine for emergency use. Notably, Mexico was the first country in North America to register the Russian vaccine (TASS, 2021a). The initial contract agreed to deliver 400,000 doses of the Russian vaccine to Mexico by February 2021 (Delgado, 2021). However, recently President Putin agreed to supply around twenty-four million doses to Mexico on a telephone call with President Lopez Obrador (Diaz, 2021). Reports have found that Mexico has received “...its first shipment of 200,000 doses of the Sputnik vaccine” (Delgado, 2021).

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 to show support for the international community during a time of global uncertainty and is proud to supply Mexico with the world's first and highly effective COVID-19 vaccine.

The COVID-19 pandemic has not only created challenges for the Mexican health care system. It has also affected migrant populations and increased vulnerability to violence. Mexican migration is predicted to be a significant crisis of 2021 (O'Neil, 2020). As a result of the pandemic, the past US Trump Administration was able to block immigration from Mexico into the United States. The immigration ban left thousands of migrants stranded in Mexico, especially along the northern border of Mexico (Relief Web, 2020). With the inability to access asylum in the US, many of these migrants have become susceptible to violence from groups inciting terror, creating an issue of national security. With the government's main attention focused on combating the COVID-19 pandemic, criminal groups have prospered (Relief Web, 2020).

The pandemic has disproportionality affected Latin American public health service revealing major funding gaps and lack of resources. Furthermore, COVID has greatly impacted migrants from the Northern Triangle of Central America, which includes El Salvador, Guatemala, and Honduras. The Northern Triangle countries remain among the most dangerous regions globally, with high rates of "...domestic violence and gang recruitment of minors which have contributed to a surge in unaccompanied children and families journeying to the U.S.-Mexico border" (Angelo, 2021). The Mexican government has not included refugees from the Northern Triangle in its vaccination plan. However, in negotiations with Mexico, the United States is "... considering a conditional cash transfer program to help address economic woes that

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,

especially in the second, Mexico refrained from inquiring about other delegation's policies. Due to the lack of timely communication from Mexico, our delegation could not reach a compromise with Mexico on its proposal 15.1 Global Migrant Healthcare Access (GMHA). Additionally, Mexico decided to vote against DOSVEDANYA without providing any reasoning as to why; however, it is clear that anti-Russian sentiments influenced many delegations in the simulation.

Regarding Mexico's policy, GMHA, Russia was unable to support it because the policy had many flaws that Mexico was unwilling to negotiate. Our federation viewed imposing demands upon a country's healthcare system as a clear violation of state sovereignty. Russia and Germany both raised this concern in each conference, and Mexico completely disregarded the question and never provided a direct response. State sovereignty is of utmost importance to our delegation; therefore, we could not support a policy that violated this essential principle.

Furthermore, Russia was concerned about how this proposal would ensure that migrants lacking documentation would not be deported when enrolling in the federal healthcare system. When Russia raised this concern at the second conference, it seemed apparent that Mexico had not considered the possibility of deportation. The only response Mexico provided was that their delegation hoped the need for documentation would change, allowing undocumented migrants access to healthcare. Therefore, our delegation was confused as to why Mexico would not have included a clause regarding not having to provide documentation as a part of GMHA.

Another major concern for Russia was the entire funding section of the Mexican proposal. Mexico proposed a 0.01 percent tax on all international financial transactions to fund the proposed healthcare program. The feasibility of taxing all global financial transactions seemed unlikely to our delegation. Furthermore, Russia inquired how the United Mexican States would intend to monitor such transactions, especially potential illegal or covert financial

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. The Mexican delegation said in message 402, "...For Mexico to support this proposal, we must be secure in the fact that the vaccine rollout will expand to further locations if proved to be successful." Considering our delegation confirmed that Russia would expand vaccine rollout, it was unreasonable that Mexico voted against DOSVEDANYA.

Mexico also raised a concern about Russia intervening in a country that is not a signatory state. Considering Mexico's policy completely violated state sovereignty, Russia considered their concern to be hypocritical. However, Russia reminded Mexico that signatory states would be petitioning the Islamic Republic of Afghanistan to host a temporary, regional COVID-19 vaccine distribution. Furthermore, the Sputnik V vaccine was to be distributed through a multilateral

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

regarding women, peace, and security (Welsh, 2020). Increased cooperation between Russia and South Africa, especially as members of BRICS, will foster economic growth and development.

The COVID-19 pandemic has had disastrous effects throughout South Africa. Even prior to the pandemic South Africa had inadequate access to water and poor sanitation conditions. COVID-19 has exacerbated prior adverse health conditions, which has led to the continued spread of the virus. After the first reported case in the region on 5 March, 2020, President Ramaphosa declared a national state of disaster, implementing measures to curb the virus' spread (Wilson Center, 2020). However, since March, South Africa has reported an overwhelming 1.5 million cases and more than 50,000 deaths attributed to COVID (Department of Health Republic of South Africa, 2021). The WHO has also said that testing rates throughout the whole African continent are low; therefore, the number of COVID cases are most likely higher (Mwai, 2020a).

South Africa is currently experiencing a more significant COVID-19 crisis due to a variant strain identified at the end of October 2020. The mutation found in the variant strain has reportedly made people more susceptible to reinfection and potentially lower vaccines' effectiveness (Engel and Joselow, 2021). Reports have found "...More than a third of all COVID-19 cases in Africa have been in South Africa," and the majority of the new cases are due to the South African variant (Mwai, 2020b). The South African government loosened lockdown restrictions at the end of September, which created the ideal environment for the variant strain to spread rapidly. Reports have shown that the second wave of COVID-19 infections had a more intense impact in South Africa than the first wave due to the deadly variant strain. The South African variant strain has also been reported in more than forty countries, creating an international crisis (Engel and Joselow, 2021).

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’s disease control body, John Nkengasong, emphasized the importance of bilateral partnerships and declared if Russia fully delivers on its vaccine deal, “... it would be among its [AU’s] biggest foreign supply deals to date” (Reuters, 2021b).

In addition to the Russian vaccine, South Africa received one million doses of the Oxford-AstraZeneca vaccine from India at the beginning of February (Mwai, 2020b). However, the vaccine rollout was halted due to studies suggesting that the Oxford-AstraZeneca vaccine

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, 2020b).

Concerning international vaccine rollout, South Africa has been a vocal advocate for waiving intellectual property (IP) rights to ensure equitable access to COVID-19 vaccines. On 16 October, 2020, at the WTO’s Trade-Related Aspects of Intellectual Property (TRIPS) Council, South Africa and India presented a patent waiver proposal (The Lancet, 2020). The proposal calls for a waiver of specific provisions in the TRIPS agreement regarding “...prevention, containment or treatment of COVID-19” (WTO, 2021). South Africa and India essentially called for “...a temporary intellectual property waiver on equipment, drugs, and vaccines related to the COVID-19 pandemic” (Quinn, 2021). Without these emergency measures implemented, the South African government is concerned that wealthy countries will financially benefit from the pandemic while developing countries remain economically and socially vulnerable from the virus (The Lancet, 2020).

Multiple low- and middle-income countries have supported the TRIPS waiver proposal; however, higher-income countries, notably the United States, United Kingdom, Japan, Canada, Norway, and EU member states, have rejected the proposal entirely (Quinn, 2021). Many

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 EU, which claim that IP rights do not create barriers to equitable vaccine distribution. The Russian Federation does not align with the EU or the US and has also advocated for loosening of trade barriers during this ongoing global crisis (Russia Today, 2020). The Russian Federation could discuss increased

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, our delegation remained perplexed about how TREE was a global health policy. The policy proposed seemed clear to be an environmental policy with a vague connection to global health. When Russia questioned South Africa regarding TREE's connection to global health, South Africa had no substantial reasoning. The delegation even went as far as to say deforestation could have caused COVID-19 without any reputable source for evidence. During the first conference, South Africa simply

provided a name of a source and told all the delegations to read it, which made it clear to Russia that South Africa had not completed enough research to be able to defend its policy. Considering we are not the Environmental Bureau, Russia informed South Africa that we were uncertain as to how we can move forward and support this policy. South Africa did not attempt to advocate for why Russia should support TREE but rather attacked us, saying Russia was using deflection tactics.

South Africa's decision to vote no on DOSVEDANYA was incredibly disappointing for the Russian Federation. Nevertheless, as the simulation continued, it became apparent that South Africa was not fully informed of its role in the international system, which likely contributed to this poor decision. In message 385, Russia reminded the delegation that in 2020, South Africa was one of 170 signatory states supporting UN Secretary-General Guterres' call for a global ceasefire to combat the COVID-19 pandemic in support of the people of Afghanistan. In addition, during a UNSC meeting on the UN Assistance Mission in Afghanistan, South Africa had voiced its concern for the Afghan children affected by COVID-19 and conflict in the region. DOSVEDANYA would have directly provided life-saving aid to Afghani children; therefore, our delegation was shocked that South Africa would not favor our well-crafted policy. When Russia pointed out these facts, the South African Bureau wholly ignored what we said and accused Russia of threatening South Africa and “throwing a temper tantrum,” which was a complete misrepresentation of what actually occurred. Russia believes our delegation was rightfully holding South Africa accountable for their diplomatic negligence.

In addition, the Russian Federation reminded South Africa that NATO and U.S.-led efforts in Afghanistan since 2001 have significantly contributed to the destabilization of the region. Our delegation highlighted Russia's several peace initiatives in the region, such as the

Moscow Format in 2018, which engaged the Taliban and the Afghanistan high peace council in peace talks. Russia's sole intention with DOSVEDANYA is to offer aid to vulnerable populations affected by conflict, and we found it offensive that South Africa would accuse us of ulterior motives. Russia also emphasized the disastrous effects COVID-19 has had throughout South Africa, especially due to a variant strain identified at the end of 2020. Russia believed the South African delegation would be in favor of a policy prioritizing COVID-19 vaccine distribution. However, due to a lack of research and prior knowledge on the behalf of South Africa all of these important points were overlooked.

Furthermore, in message 432 from South Africa, the delegation wrote, "...it became obvious after the first conference that the Russian delegation would not budge at all in regards to your proposal so we decided to focus our efforts in proposals that would do more for everyone. The fact that you have not made a single edit your proposal despite concerns voiced by us and the other countries in this negotiation is evidence of this". This message was deeply frustrating to our Bureau, which had worked tirelessly sending messages to delegations without any response for weeks. As far as Russia is concerned, South Africa did not once negotiate with us outside of the conference regarding DOSVEDANYA. The only concern South Africa raised pertaining to DOSVEDANYA was whether Russia could expand the scope of the proposal, to which Russia informed all delegations that a replication would be possible if proved successful. Russia constantly informed delegations that DOSVEDANYA was intended to be limited to a specific geographical location due to practical concerns. If vaccine roll-outs were to prove successful in Eastern Afghanistan, DOSVEDANYA would then serve as a model and be implemented in other locations across the globe with significant migrant populations. Therefore, Russia found it absurd

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 Federation proposed a policy regarding vaccine distribution in the Islamic Republic of Afghanistan. Afghanistan is currently experiencing increased levels of conflict while combating the COVID-19 pandemic. Health officials believe over thirty-two percent of the Afghan population has been infected, and the WHO reported that by May 2021, over half the population could contract COVID-19 (Zucchini and Abed, 2020). However, COVID-19 has become an afterthought for many Afghans experiencing high conflict and violence levels in their communities. Afghanistan is one of the most dangerous places in the world to be a civilian, especially for youth, with reports warning an estimated ten million children will be in dire need of life-saving assistance in 2021 (InfoMigrants, 2021). In addition, the UNHCR has called for more significant support of vulnerable Afghan migrant groups, especially during the pandemic (UNHCR, 2020a). Urgent international cooperation is required for Afghanistan to overcome the pandemic and to prevent the global spread of COVID-19.

Furthermore, the UNHCR has emphasized the need to include refugees and other migrant populations in global vaccine rollouts. Emphasizing the importance of vaccination efforts, the UNHCR said excluding refugees "...carries the risk of ongoing transmission in these populations, with spillovers into the national population" (Gaynor, 2021). Aid in vaccine distribution to migrant populations is crucial in states such as Afghanistan, which has an IDP population of over four million (Amnesty International, 2020). Afghanistan is not equipped to handle a pandemic of this magnitude and, without international aid, the region could potentially experience an increase in violence, forced migration, and disease spread.

Alarmed by the instability in Afghanistan due to increased conflict and COVID-19, the proposed policy will protect Russian national security's vital interests. The vaccine distribution

center would contribute to the stabilization of the health crisis in Afghanistan. Concerned by the intersection of radicalization and COVID-19, this policy has the potential to diminish the threat of radicalization among Afghanistan's vulnerable migrant populations. Increased radicalization could lead to the spillover of radical Islamist ideology into Russia, threatening national security (Aliyev, 2020). Creating a vaccine distribution clinic would serve Russia's immediate policy interests and promote diplomatic relations with Afghanistan. The Russian Federation values a multilateral global system that emphasizes increased Russian international influence, which Russia has accomplished through its proposed policy offering humanitarian aid to the Republic of Afghanistan and its most vulnerable populations.

## Works Cited

- Abbakumova, Natasha and Kathy Lally. 2012. "Russia Boots out USAID." *The Washington Post*. September 18.  
[https://www.washingtonpost.com/world/russia-boots-out-usaid/2012/09/18/c2d185a8-01bc-11e2-b260-32f4a8db9b7e\\_story.html](https://www.washingtonpost.com/world/russia-boots-out-usaid/2012/09/18/c2d185a8-01bc-11e2-b260-32f4a8db9b7e_story.html). (Accessed 2 May 2021).
- Ahmadi, Belquis, Rahmatullah Amiri, and Sadaf Lakhani. 2019. "What Can Make Displaced People More Vulnerable to Extremism?" *United States Institute for Peace*. March 14.  
<https://www.usip.org/publications/2019/03/what-can-make-displaced-people-more-vulnerable-extremism>. (Accessed 4 March 2021).
- Ahmedov, Mohir, et al., 2014. "Uzbekistan Health System Review." *European Observatory on Health Systems and Policies*.  
[https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/270370/Uzbekistan-HiT-web.pdf?ua=1](https://www.euro.who.int/__data/assets/pdf_file/0019/270370/Uzbekistan-HiT-web.pdf?ua=1). (Accessed 19 March 2021).
- AIDS Infoshare. 2016. "The Migration and HIV in countries of Eurasian Economic Union regional consultations were held in Yerevan." *AIDS Infoshare*. May 20.  
<http://en.rus-aid.ru/the-migration-and-hiv-in-countries-of-urasian-economic-union-regional-consultations-were-held-in-yerevan/> (Accessed 19 March 2021).
- Aitkhozhina, Damelya. 2020. "As Russia Faces an Economic Downturn, Migrant Workers are Paying the Price." *Human Rights Watch*. September 9.  
<https://www.hrw.org/news/2020/09/09/russia-faces-economic-downturn-migrant-workers-are-paying-price>. (Accessed 14 March 2021)
- Aliyev, Nurlan. 2020. "How Russia Views Afghanistan Today." *War on The Rocks*. October 19.  
<https://warontherocks.com/2020/10/russias-contemporary-afghan-policy/>. (Accessed 25 February 2021).
- Allinder, Sara, and Janet Fleischman. 2019. "The World's Largest HIV Epidemic in Crisis: HIV in South Africa." *Center for Strategic and International Studies*. April 2.  
<https://www.csis.org/analysis/worlds-largest-hiv-epidemic-crisis-hiv-south-africa>. (Accessed 14 March 2021).
- Allinder, Sara. 2020. "South Africa's Future at the Brink: Emergency in the World's Largest HIV Epidemic." *Center for Strategic and International Studies*. April 15.  
<https://www.csis.org/analysis/south-africas-future-brink-emergency-worlds-largest-hiv-epidemic>. (Accessed 19 March 2021).
- Aljazeera. 2020a. "Putin says Syrian refugees should return, rebuild the country." *Aljazeera*. November 9.  
<https://www.aljazeera.com/news/2020/11/9/russias-putin-says-its-time-for-syrian-refugees-to-return-home>. (Accessed 19 March 2021).

- Aljazeera. 2020b. "Mexico makes \$159m payment to secure COVID-19 vaccine." *Aljazeera*. October 12.  
<https://www.aljazeera.com/economy/2020/10/12/mexico-makes-159m-payment-to-secure-covid-19-vaccine>. (Accessed 19 March 2021).
- Aljazeera. 2020c. "Five million more Afghans will need help in 2021: UN." *Aljazeera*. December 16.  
<https://www.aljazeera.com/news/2020/12/16/five-million-more-afghans-will-need-help-in-2021-un>. (Accessed 25 February 2021).
- Aljazeera. 2021a. "Failed Afghan asylum seekers deported from Germany land in Kabul." *Aljazeera*. January 13.  
<https://www.aljazeera.com/news/2021/1/13/failed-afghan-asylum-seekers-deported-from-germany-land-in-kabul>. (Accessed 15 March 2021).
- Aljazeera. 2021b. "Justifiably unhappy': Bosnia FM slams lack of COVAX vaccines." *Aljazeera*. March 9.  
<https://www.aljazeera.com/news/2021/3/9/justifiably-unhappy-bosnia-fm-slams-lack-of-covax-vaccines>. (Accessed 19 March 2021).
- Allinder, Sara, and Janet Fleischman. 2019. "The World's Largest HIV Epidemic in Crisis: HIV in South Africa." *Center for Strategic and International Studies*. April 2.  
<https://www.csis.org/analysis/worlds-largest-hiv-epidemic-crisis-hiv-south-africa>. (Accessed 14 March 2021).
- Allinder, Sara. 2020. "South Africa's Future at the Brink: Emergency in the World's Largest HIV Epidemic." *Center for Strategic and International Studies*. April 15.  
<https://www.csis.org/analysis/south-africas-future-brink-emergency-worlds-largest-hiv-epidemic>. (Accessed 14 March 2021).
- Amnesty International. N.d. "The world's refugees in numbers." Amnesty International.  
<https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/global-refugee-crisis-statistics-and-facts/>. (Accessed 14 March 2021).
- Amnesty International. 2020. "Afghanistan's four million Internally Displaced People - a glance into their lives of poverty and displacement during the pandemic." *Amnesty International*. August 19.  
<https://www.amnesty.org/en/latest/news/2020/08/afghanistan-and-its-internally-displaced-people/>. (Accessed 25 February 2021).
- Angelo, Paul J. 2021. "Why Central American Migrants Are Arriving at the U.S. Border." *Council on Foreign Relations*. March 22.  
<https://www.cfr.org/in-brief/why-central-american-migrants-are-arriving-us-border>. (Accessed 11 May 2021).

- Associated Press, 2020. "WHO chief: Mexico in 'bad shape' with coronavirus pandemic." *Associated Press*. December 1. <https://apnews.com/article/pandemics-mexico-health-coronavirus-pandemic-united-nations-22b813b46ac7db9c9c5194403b7b9d11>. (Accessed 10 May 2021)
- Ayres, Alyssa. 2017. "How the BRICS Got Here." *Council on Foreign Relations*. August 31. <https://www.cfr.org/expert-brief/how-brics-got-here>. (Accessed 14 March 2021).
- Average Salary Survey. 2020. "Afghanistan Salary." *Average Salary Survey*. October 16. <https://www.averagesalariesurvey.com/afghanistan>. (Accessed 4 March 2021).
- Avert. 2019. "HIV and AIDS in Russia." *Avert*. October 1. <https://www.avert.org/professionals/hiv-around-world/eastern-europe-central-asia/russia>. (Accessed 14 March 2021).
- Bailhouse, Denis. 2021. "Waive COVID vaccine patents to benefit poor nations, activists say." *Reuters*. March 4. <https://www.reuters.com/article/us-health-coronavirus-wto/waive-covid-vaccine-patents-to-benefit-poor-nations-activists-say-idUSKBN2AW1VO>. (Accessed 19 March 2021).
- BBC. 2014. "Crimea referendum: Voters 'back Russia union.'" *BBC*. March 16. <https://www.bbc.com/news/world-europe-26606097>. (Accessed 14 March 2021).
- BBC. 2020. "Russia in Africa: What's Behind Moscow's push into the continent?" *BBC News*. May 7. <https://www.bbc.com/news/world-45035889>. (Accessed 12 March 2021).
- BBC. 2021a. "Covid: What is happening with the EU vaccine rollout." *BBC News*. May 1. <https://www.bbc.com/news/explainers-52380823>. (Accessed 3 May 2021).
- BBC. 2021b. "Covid: What's the problem with the EU vaccine rollout?" *BBC*. March 4. <https://www.bbc.com/news/explainers-56286235>. (Accessed 19 March 2021).
- BBC. 2021c. "Afghanistan war: US spies doubt reports of Russian 'bounties' for troops." *BBC*. April 16. <https://www.bbc.com/news/world-us-canada-56775660>. (Accessed 11 May 2021).
- BBC News. 2021. "Covid map: Coronavirus cases, deaths, vaccinations by country." *BBC*. May 10. <https://www.bbc.com/news/world-51235105>. (Accessed 10 May 2021)
- BBC Visual and Data Journalism Team. 2021. "Covid map: Coronavirus cases, deaths, vaccinations by country." *BBC*. March 15. <https://www.bbc.com/news/world-51235105>. (Accessed 19 March 2021).
- BELTA. 2021. "EAEU countries to jointly produce COVID-19 vaccine." *Belarusian Telegraph Agency*. February 8. <https://eng.belta.by/society/view/eaec-countries-to-jointly-produce-covid-19-vaccine-137250-2021/>. (Accessed 14 March 2021).

- Bennetts, Marc. 2020. "The epidemic Russia doesn't want to talk about." *POLITICO*. May 11. <https://www.politico.eu/article/everything-you-wanted-to-know-about-aids-in-russia-but-putin-was-afraid-to-ask/>. (Accessed 14 March 2021).
- Berger, Miriam. 2021. "Global vaccine inequality runs deep. Some countries say intellectual property rights are part of the problem." *The Washington Post*. February 20. <https://www.washingtonpost.com/world/2021/02/20/poor-countries-arent-getting-vaccines-waiving-intellectual-property-rights-could-help/>. (Accessed 14 March 2021).
- Berkley, Seth. 2020. "COVAX Explained." *Gavi The Vaccine Alliance*. September 3. <https://www.gavi.org/vaccineswork/covax-explained>. (Accessed 19 March 2021).
- Brookings Institution. 2002. "International Conference on Internal Displacement in the Russian Federation." *The Brookings Institution*. <https://www.brookings.edu/wp-content/uploads/2016/06/20020425.pdf>. (Accessed 14 March 2021).
- Chudinovskikh, Olga and Mikhail Denisenko. 2017. "Russia: A Migration System with Soviet Roots." *Migration Policy Institute*. May 18. <https://www.migrationpolicy.org/article/russia-migration-system-soviet-roots>. (Accessed 14 March 2021).
- CIA World Factbook, n.d.a. "Russia." *CIA*. <https://www.cia.gov/the-world-factbook/countries/russia/>. (Accessed 14 March 2021).
- CIA World Factbook, n.d.b. "South Africa." *CIA*. <https://www.cia.gov/the-world-factbook/countries/south-africa/>. (Accessed 14 March 2021).
- CIA World Factbook, n.d.c. "México." *CIA*. <https://www.cia.gov/the-world-factbook/countries/mexico/>. (Accessed 19 March 2021).
- CIA WorldFactbook. n.d.d. "Germany." *CIA*. <https://www.cia.gov/the-world-factbook/countries/germany/>. (Accessed 15 March 2021).
- CIA World Factbook. n.d.e. "Afghanistan" *CIA World Factbook*. <https://www.cia.gov/the-world-factbook/countries/afghanistan/>. (Accessed 11 May 2021).
- Ciensi, Jan. 1994. "Refugees Magazine Issue 98 (After the Soviet Union) - Chilly reception for refugees in Russia." *UNHCR*. <https://www.unhcr.org/en-us/publications/refugeemag/3b54109e4/refugees-magazine-issue-98-soviet-union-chilly-reception-refugees-russia.html>. (Accessed 14 March 2021).
- Council on Foreign Relations. 2021. "What Does the World Health Organization Do?" *The Council on Foreign Relations*. January 29. <https://www.cfr.org/backgrounder/what-does-world-health-organization-do>. (Accessed 19 March 2021).

- Delgado, Diego. 2021. "Mexico starts administering Russian Sputnik V vaccine." *Associated Press*. February 24.  
<https://apnews.com/article/russia-mexico-coronavirus-pandemic-coronavirus-vaccine-mexico-city-4fed605b9eee71bf48e26dd4cc08d291>. (Accessed 14 March 2021).
- Democracy Now. 2021. "Mexico Denounces Vaccine Hoarding as U.N. Warns 130 Nations Have Yet to Receive Any Vaccines." Democracy Now. February 18.  
[https://www.democracynow.org/2021/2/18/headlines/mexico\\_denounces\\_vaccine\\_hoarding\\_as\\_un\\_warns\\_130\\_nations\\_have\\_yet\\_to\\_receive\\_any\\_vaccines](https://www.democracynow.org/2021/2/18/headlines/mexico_denounces_vaccine_hoarding_as_un_warns_130_nations_have_yet_to_receive_any_vaccines). (Accessed 14 March 2021).
- Deutsche Welle. 2020. "Afghanistan secures billions in aid, but donors urge progress." Deutsche Welle. November 24.  
<https://www.dw.com/en/afghanistan-secures-billions-in-aid-but-donors-urge-progress/a-55706633>. (Accessed 16 March 2021).
- Deutsche Welle. 2021a. "Coronavirus: Germany open to Chinese and Russian vaccines amid delays." *Deutsche Welle*. January 31.  
<https://www.dw.com/en/coronavirus-germany-open-to-chinese-and-russian-vaccines-amid-delays/a-56396510>. (Accessed 15 March 2021).
- Deutsche Welle. 2021b. "Angela Merkel says 'every vaccine is welcome' after Sputnik V results." *Deutsche Welle*. February 2.  
<https://www.dw.com/en/angela-merkel-says-every-vaccine-is-welcome-after-sputnik-v-results/a-56432676>. (Accessed 15 March 2021).
- Department of Health Republic of South Africa. 2021. "COVID-19." *Department of Health Republic of South Africa*. <http://health.gov.za/covid19/index.html>. (Accessed 12 March 2021).
- Diaz, Elvia. 2021. "Mexico's president snubs Joe Biden and cozies up to Putin. This is bad news for us." *AZCentral*. January 25.  
<https://www.azcentral.com/story/opinion/op-ed/elviadiaz/2021/01/25/mexico-president-lopez-obrador-invites-putin-visit-not-biden-vaccine/4249742001/>. (Accessed 14 March 2021).
- Dresen, Joseph. n.d. "BRICS: Shaping the New Global Architecture." *Wilson Center*.  
<https://www.wilsoncenter.org/publication/brics-shaping-the-new-global-architecture>. (Accessed 14 March 2021).
- Eddy, Melissa. 2021. "Germany, Once a Model, Is Swamped Like Everyone Else by Pandemic's Second Wave." *The New York Times*. February 20.  
<https://www.nytimes.com/2021/02/20/world/europe/germany-coronavirus-second-wave.html>. (Accessed 15 March 2021).
- Eisele, Ines and Alexander Freund. "Fact check: How effective is the Sputnik V coronavirus vaccine?" *Deutsche Welle*. March 15.  
<https://www.dw.com/en/is-sputnik-v-vaccine-safe/a-57219314>. (Accessed 3 May 2021).

- Embassy of the Russian Federation in the Republic of South Africa. n.d. "Russian- South African Relations." *Embassy of the Russian Federation in the Republic of South Africa*. <https://russianembassyza.mid.ru/economic-co-operation>. (Accessed 14 March 2021).
- Engel, Richard, Gabe Joselow. 2021. "Fighting against Covid-19 variants in South Africa is a lesson for the world." *NBC News*. February 21. <https://www.nbcnews.com/news/world/fight-against-covid-19-variants-south-africa-lesson-world-n1258319>. (Accessed 12 March 2021).
- Esch, Christian. 2021. "The Kremlin Will from Now on View Germany as Being Controlled By the U.S." *SPIEGEL International*. January 7. <https://www.spiegel.de/international/world/german-russian-relations-at-a-new-low-a-792ba849-3435-4c79-85e1-079c8fa1e47f>. (Accessed 15 March 2021).
- Esposito, Anthony. 2021. "Mexico City hospitals 'completely saturated' as COVID-19 surges." *Reuters*. January 8. <https://www.reuters.com/article/us-health-coronavirus-mexico-hospitals/mexico-city-hospitals-completely-saturated-as-covid-19-surges-idUSKBN29D2OS>. (Accessed 14 March 2021).
- European Central Bank. 2021. "Five things you need to know about the Maastricht Treaty." *European Central Bank*. [https://www.ecb.europa.eu/explainers/tell-me-more/html/25\\_years\\_maastricht.en.html](https://www.ecb.europa.eu/explainers/tell-me-more/html/25_years_maastricht.en.html). (Accessed 19 March 2021).
- European Leadership Network. 2016. "What is the future for EU–Russia relations?" *European Leadership Network*. June. <https://www.europeanleadershipnetwork.org/wp-content/uploads/2017/10/ELN-EEAS-Russia-EU-Survey.pdf>. (Accessed 14 March 2021).
- Ferris-Rotman, Amie. 2017. "Safe But Not Welcomed, Afghan Refugees Build New Lives in Russia." *The Moscow Times*. July 28. <https://www.themoscowtimes.com/2017/07/28/afghan-refugees-in-moscow-feel--safe-but-not-welcomed-a58521>. (Accessed 14 March 2021).
- Fischer, Carolin. 2019. "Afghan Migration to Germany: History and Current Debates." *BPB*. April 5. <https://www.bpb.de/gesellschaft/migration/laenderprofile/288934/afghan-migration-to-germany>. (Accessed 15 March 2021).
- Fix, Elizabeth. 2019. "The Future of Afghanistan Lies In The Hands Of Its Youth." *CounterPart International*. February 6. <https://www.counterpart.org/stories/the-future-of-afghanistan-lies-in-the-hands-of-its-youth/>. (Accessed 4 March 2021).
- Foltynova, Kristyna. 2021. "Sputnik V: The Story Of Russia's Controversial COVID-19 Vaccine." *Radio Free Europe Radio Liberty*. March 4. <https://www.rferl.org/a/sputnik-v-vaccine/31133608.html> Accessed 4 March 2021.

- Gaynor, Tim. 2021. "Q&A: 'Including refugees in the vaccine rollout is key to ending the pandemic.'" *UNHCR*. January 14.  
<https://www.unhcr.org/en-us/news/latest/2021/1/5fff1afe4/qa-including-refugees-vaccine-rollout-key-ending-pandemic.html>. (Accessed 17 March 2021).
- Galeotti, Mark. 2016. "Narcotics and Nationalism: Russian Drug Policies and Futures." New York Center for Global Affairs.  
<https://www.brookings.edu/wp-content/uploads/2016/07/galeotti-russia-final.pdf>. (Accessed 17 March 2021).
- Georgieva, Maria. 2020. "I was waiting to die!: In Russia, HIV+ migrants fear death and deportation." *Reuters*. March 5.  
<https://www.reuters.com/article/us-russia-aids-lgbt-trfn/i-was-waiting-to-die-in-russia-hiv-migrants-fear-death-and-deportation-idUSKBN20T01I>. (Accessed 17 March 2021).
- German Federal Foreign Office. 2021. "Fighting COVID-19 together in a spirit of solidarity: Germany is contributing a further 1.5 billion euro to global efforts to fight the pandemic." *Federal Foreign Office*. February 19.  
<https://www.auswaertiges-amt.de/en/aussenpolitik/themen/gesundheit/covax/2396914>. (Accessed 15 March 2021).
- Gibbons-Neff, Thomas. 2021. "U.S. Italy Begins Final Withdrawal From Afghanistan." *The New York Times*. April 30.  
<https://www.nytimes.com/2021/04/25/world/asia/usa-military-withdrawal-afghanistan.html>. (Accessed 10 May 2021)
- Gliniski, Stefanie. 2021. "Afghanistan's COVID-19 vaccine rollout plans cross conflict front lines." *The New Humanitarian*. April 7.  
<https://www.thenewhumanitarian.org/2021/04/07/afghanistan-s-covid-19-vaccine-rollout-plans-cross-conflict-front-lines>. (Accessed 11 May 2021).
- Gonzalez Diaz, Marcos. 2020. "Coronavirus: Health workers face violent attacks in Mexico." *BBC*. May 18. <https://www.bbc.com/news/world-latin-america-52676939>. (Accessed 14 March 2021).
- Godin, Melissa. 2020. "COVID-19 Outbreaks Are Now Emerging in Refugee Camps. Why Did it Take so Long For the Virus to Reach Them?" *Time*. October 9.  
<https://time.com/5893135/covid-19-refugee-camps/>. (Accessed 17 March 2021).
- Government of South Africa. 2020. "Permanent Mission of South Africa to the United Nations on the UN Assistance Mission in Afghanistan." *Government of South Africa*. June 25.  
<https://www.gov.za/speeches/permanent-mission-south-africa-united-nations-un-assistance-mission-afghanistan-25-jun-2020#>. (Accessed 10 May 2021)
- Grisin, Sarah, and Celeste Wallander. 2002. "Russia's HIV/AIDS Crisis." *Center for Strategic and International Studies*. September.  
[https://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy\\_files/files/media/csis/pubs/hiv.pdf](https://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/media/csis/pubs/hiv.pdf). (Accessed 17 March 2021).

- Hasselbach, Christoph. 2020. "Five years on: How Germany's refugee policy has fared." *Deutsche Welle*. August 25.  
<https://www.dw.com/en/five-years-on-how-germanys-refugee-policy-has-fared/a-54660166>. (Accessed 15 March 2021).
- Heleniak, Timothy. 2002. "Migration Dilemmas Haunt Post-Soviet Russia." *Migration Policy Institute*. October 1.  
<https://www.migrationpolicy.org/article/migration-dilemmas-haunt-post-soviet-russian>. (Accessed 17 March 2021).
- Hepler, Kurt. 2012. "Russia's Global Health Engagement." *Wilson Center*. November 5.  
<https://www.wilsoncenter.org/publication/russias-global-health-engagement>. (Accessed 17 March 2021).
- Hesson, Ted and Matt Spetalnick. 2021. "Exclusive U.S. considering payments to Central America to stem migration." Reuters. April 10.  
<https://www.reuters.com/world/us/exclusive-us-considering-cash-transfers-central-american-countries-stem-causes-2021-04-09/>. (Accessed 11 May 2021).
- Higgins, Andrew. 2020. "New Data Triples Russia's Covid-19 Death Toll." *The New York Times*. December 29.  
<https://www.nytimes.com/2020/12/29/world/europe/russia-coronavirus-death-toll.html>. (Accessed 17 March 2021).
- Human Rights Watch. 1997. "The Impact of Registration on Refugees and Internally Displaced Persons." *Human Rights Watch*. <https://www.hrw.org/reports/1997/russia/Russia-04.htm>. (Accessed 17 March 2021).
- Human Rights Watch. 2004. "Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation." *Human Rights Watch*. April.  
<https://www.hrw.org/reports/2004/russia0404/4.htm>. (Accessed 17 March 2021).
- Human Rights Watch. 2016. "Russia: Failing to do Fair Share to Help Syrian Refugees." *Human Rights Watch*. September 14.  
<https://www.hrw.org/news/2016/09/14/russia-failing-do-fair-share-help-syrian-refugees>. (Accessed 17 March 2021).
- Human Rights Watch. 2020. "Urgently Waive Intellectual Property Rules for Vaccine." *Human Rights Watch*. December 10.  
<https://www.hrw.org/news/2020/12/10/urgently-waive-intellectual-property-rules-vaccine>. (Accessed 17 March 2021).
- Human Rights Watch. 2021. "COVAX: Enhance Transparency, Share Intellectual Property." *Human Rights Watch*. May 6.  
<https://www.hrw.org/news/2021/05/06/covax-enhance-transparency-share-intellectual-property>. (Accessed 11 May 2021).

- Isachenkov, Vladimir. 2021a. "Moscow court rejects opposition leader Navalny's appeal." *Associated Press*. February 20. <https://apnews.com/article/world-news-europe-moscow-germany-russia-d7a00e5c71a78d3a3d6b7224dc758f59>. (Accessed 17 March 2021).
- Isachenkov, Vladimir. 2021b. "Russia hosts Afghan peace conference, hoping to boost talks." *Associated Press*. March 18. <https://apnews.com/article/peace-process-afghanistan-moscow-kabul-taliban-b842bfee387bbf3f08d404d285c39c81>. (Accessed 11 May 2021).
- Ibarra-Nava et al. 2020. "Mexico and the COVID-19 Response." *NCBI*. July 27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7445449/>. Date Accessed March 14.
- InfoMigrants. 2021. "Save the Children: 10 million Afghan kids need life-saving help." *InfoMigrants*. January 20. <https://www.infomigrants.net/en/post/29748/save-the-children-10-million-afghan-kids-need-life-saving-help>. (Accessed 4 March 2021).
- Information Campaign of the European Parliament. N.d. "History of the European Union." *Information Campaign of the European Parliament*. <https://europa.eu/european-union/history/>. (Accessed 3 May 2021).
- Inozemstev, Vladislav. 2021. "The Eurasian Economic Union in the Pandemic." *RIDDLE Russia*. February 18. <https://www.ridl.io/en/the-urasian-economic-union-in-the-pandemic/>. (Accessed 17 March 2021).
- Institute for the Study of War. n.d. "Russia and Afghanistan." *Institute for the Study of War*. <http://www.understandingwar.org/russia-and-afghanistan>. (Accessed 11 May 2021).
- IOM Afghanistan. 2018. "Displacement Survey Shows 3.5 Million Internally Displaced, Returnees from Abroad in 15 Afghan Provinces." *IOM Afghanistan*. May 8. <https://afghanistan.iom.int/press-releases/displacement-survey-shows-35-million-internally-displaced-returnees-abroad-15-afghan>. (Accessed 4 March 2021).
- Immigration and Refugee Board of Canada. 2004. "Russia: The situation of internally displaced persons from Chechnya." *Research Directorate, Immigration and Refugee Board, Canada*. November 30. <https://www.refworld.org/docid/42df61753.html>. (Accessed 19 March 2021).
- Irish, John, and Robin Emmott. 2021. "France, Germany seek Russia sanctions over Navalny, diplomats say." *Reuters*. February 11. <https://www.reuters.com/article/us-russia-politics-navalny-sanctions/france-germany-seek-russia-sanctions-over-navalny-diplomats-say-idUSKBN2AB1VA>. (Accessed 15 March 2021).

- Jasso, Carlos. "Mexico begins rocky rollout of COVID-19 vaccinations for elderly." *Reuters*. February 15. <https://www.reuters.com/article/us-health-coronavirus-vaccine-mexico/mexico-begins-rocky-rollout-of-covid-19-vaccinations-for-elderly-idUSKBN2AF1YS>. (Accessed 14 March 2021).
- Jones, Sophia. 2018. "How Social Conservatism Fueled Russia's HIV Epidemic." *POLITICO*, February 25. <https://www.politico.com/magazine/story/2018/02/25/russia-hiv-aids-epidemic-social-conservatism-orthodox-church-21701>. (Accessed 17 March 2021).
- Katella, Kathy. 2021. "Comparing the COVID-19 Vaccines: How Are They Different?" *Yale Medicine*. May 7. <https://www.yalemedicine.org/news/covid-19-vaccine-comparison>. (Accessed 10 May 2021)
- Kickbusch, Ilona. 2014. "BRICS' contributions to the global health agenda." *Bull World Health Organ*. June 1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4047798/>. (Accessed 17 March 2021).
- Kitroeff, Natalie, Paulina Villegas. 2020. "It's Not the Virus': Mexico's Broken Hospitals Become Killers, Too." *The New York Times*. May 28. <https://www.nytimes.com/2020/05/28/world/americas/virus-mexico-doctors.html>. (Accessed 14 March 2021).
- Kim, Lucian. 2021. "Putin Hasn't Been Vaccinated With Sputnik V Yet But Our Correspondent Got The Shot." *NPR*. February 13. <https://www.npr.org/sections/goatsandsoda/2021/02/13/967336250/putin-hasnt-been-vaccinated-with-sputnik-v-yet-but-our-correspondent-got-the-sho>. (Accessed 2 March 2021).
- Kramer, Andrew. 2021. "Russia's Vaccine Is Safe and Effective, Published Study Shows." *The New York Times*. February 2. <https://www.nytimes.com/2021/02/02/world/europe/russia-vaccine-safe-effective.html>. (Accessed 26 February 2021).
- Krivosheev, Kirill. 2021. "Why Russia Is Hedging Its Bets in Afghanistan." *Carnegie Moscow Center*. March 15. <https://carnegie.ru/commentary/84070>. (Accessed 11 May 2021).
- Kubicek, Paul. 2009. "The Commonwealth of Independent States: an example of failed regionalism?" *Review of International Studies* 35, (237-256). <https://www.jstor.org/stable/pdf/20542785.pdf?refreqid=excelsior%3A1480fca07eb57317a21248624af77a2c>. (Accessed 17 March 2021).
- Kumar, Akshaya. 2021. "Not helping low-income countries get the vaccine could come back to haunt us." *Human Rights Watch*. February 3. <https://www.hrw.org/news/2021/02/03/not-helping-low-income-countries-get-vaccine-could-come-back-haunt-us-0>. (Accessed 17 March 2021).

- Kuzmenko, Igor. 2015. "Mass Deaths in Crimea as Russia Bans Methadone." *Open Society Foundations*. February 12. <https://www.opensocietyfoundations.org/voices/mass-deaths-crimea-russia-bans-methadone>. (Accessed 17 March 2021).
- Lemarchal, Ombeline. 2020 "Tackling the Illicit Drug Trade: Perspectives From Russia." *Russian International Affairs Council*. September 14. <https://russiancouncil.ru/en/analytics-and-comments/columns/eurasian-policy/tackling-the-illicit-drug-trade-perspectives-from-russia/>. (Accessed 3 March 2021).
- Library of Congress. 2020a. "Refugee Law and Policy: Russian Federation." *The Library of Congress*. <https://www.loc.gov/law/help/refugee-law/russianfederation.php>. (Accessed 17 March 2021).
- Library of Congress. 2020b. "Citizenship Pathways and Border Protection: Russian Federation." *Library of Congress*. <https://www.loc.gov/law/help/citizenship-pathways/russia.php>. (Accessed 17 March 2021).
- Litvinova, Daria. 2020. "Putin touts Russian virus vaccines at BRICS summit." *The Associated Press*. November 17. <https://apnews.com/article/summits-india-coronavirus-pandemic-vladimir-putin-china-63b174580063da09912890ffd167eca6>. (Accessed 17 March 2021).
- Madiyev, Oybek. 2021. "The Eurasian Economic Union: Repaving Central Asia's Road to Russia?" Migration Policy Institute. February 3. <https://www.migrationpolicy.org/article/eurasian-economic-union-central-asia-russia>. (Accessed 17 March 2021).
- Maizland, Lindsay. 2021. "The Taliban in Afghanistan." *The Council on Foreign Relations*. March 15. <https://www.cfr.org/backgrounder/taliban-afghanistan>. (Accessed 11 May 2021).
- Mashal, Mujib and Michael Schwartz. 2020. "How Russia Built a Channel to the Taliban, Once an Enemy." *The New York Times*. July 13. <https://www.nytimes.com/2020/07/13/world/asia/russia-taliban-afghanistan.html>. (Accessed 11 May 2021).
- Marcus, Jonathan. 2020. "How Russia's Putin became the go-to man on Syria" *BBC*. March 5. <https://www.bbc.com/news/world-europe-51733595>. (Accessed 17 March 2021).
- Mankoff, Jeffrey. 2017. "For Washington, Russia Makes Afghanistan Mess Even Messier." *Russia Matters*. June 14. <https://www.russiamatters.org/analysis/washington-russia-makes-afghanistan-mess-even-messier>. (Accessed 17 March 2021).
- Mankoff, Jeffery. 2020. "Russia's Response to Covid-19." *Center for Strategic and International Studies*. April 10. <https://www.csis.org/analysis/russias-response-covid-19>. Date Accessed 17 March 2021.

- Mayetnaya, Yelizaveta, and Robert Coalson. 2017. "In Six Months I'll Be Dead': Russian Activists Warn Of Looming Spike In AIDS Deaths" August 22. *RFERL*.  
<https://www.rferl.org/a/russia-spike-in-aids-deaths-funding-hiv-infections/28690502.html>  
 . (Accessed 17 March 2021).
- McCormick, Gladys. 2020. "The Mexican Government's Response to Covid-19 Is Insufficient." *Center for Strategic and International Studies*. April 8.  
<https://www.csis.org/analysis/mexican-governments-response-covid-19-insufficient>.  
 (Accessed 14 March 2021).
- Meyers, Joe. 2015. "Which countries have the most deaths from heart disease?" World Economic Forum. October 2.  
<https://www.weforum.org/agenda/2015/10/which-countries-have-the-most-deaths-from-heartdisease/>. (Accessed 17 March 2021).
- Miguel Vivanco, Jose. 2021. "Will López Obrador continue playing with Mexicans' health?" *Human Rights Watch*. February 3.  
<https://www.hrw.org/news/2021/02/03/will-lopez-obrador-continue-playing-mexicans-health>. (Accessed 14 March 2021).
- Ministry of Foreign Affairs of the Russian Federation. 2002. "Federal Law Concerning The Legal Status of Foreign Citizens in the Russian Federation." *Ministry of Foreign Affairs of the Russian Federation*. July 25.  
[https://www.mid.ru/en/foreign\\_policy/official\\_documents/-/asset\\_publisher/CptICkB6BZ29/content/id/541112](https://www.mid.ru/en/foreign_policy/official_documents/-/asset_publisher/CptICkB6BZ29/content/id/541112). (Accessed 17 March 2021).
- Ministry of Foreign Affairs of the Russian Federation. 2020a. "Russia's Position at The Seventy-Fifth Session of the UN General Assembly." *The Ministry of Foreign Affairs of the Russian Federation*. July 23.  
[https://www.mid.ru/en/international\\_organizations/-/asset\\_publisher/km9HkaXMTium/content/id/4252717](https://www.mid.ru/en/international_organizations/-/asset_publisher/km9HkaXMTium/content/id/4252717). (Accessed 17 March 2021).
- Ministry of Foreign Affairs of the Russian Federation. 2020b. "Statement by the Ministry of Foreign Affairs of the Russian Federation in response to EU sanctions." *The Ministry of Foreign Affairs of the Russian Federation*. December 22.  
[https://www.mid.ru/en/foreign\\_policy/news/-/asset\\_publisher/cKNonkJE02Bw/content/id/4510703](https://www.mid.ru/en/foreign_policy/news/-/asset_publisher/cKNonkJE02Bw/content/id/4510703). (Accessed 17 March 2021).
- Ministry of Foreign Affairs of the Russian Federation. 2020c. "Briefing by Foreign Ministry Spokeswoman Maria Zakharova, Moscow, October 8, 2020." *Ministry of Foreign Affairs of the Russian Federation*. August 10.  
[https://www.mid.ru/en/web/guest/foreign\\_policy/news/-/asset\\_publisher/cKNonkJE02Bw/content/id/4373061](https://www.mid.ru/en/web/guest/foreign_policy/news/-/asset_publisher/cKNonkJE02Bw/content/id/4373061). (Accessed 17 March 2021).

- Ministry of Foreign Affairs of the Russian Federation. 2021. "Foreign Minister Sergey Lavrov's remarks and answers to media questions at a joint news conference following talks with the High Representative of the European Union for Foreign Affairs and Security Policy and Vice President of the European Commission Josep Borrell." *The Ministry of Foreign Affairs of the Russian Federation*. February 5.  
[https://www.mid.ru/en/foreign\\_policy/news/-/asset\\_publisher/cKNonkJE02Bw/content/id/4553286](https://www.mid.ru/en/foreign_policy/news/-/asset_publisher/cKNonkJE02Bw/content/id/4553286). (Accessed 17 March 2021).
- Mirza, Atthar and Emily Rauhala. 2021. "Here's just how unequal the global coronavirus vaccine rollout has been." *The Washington Post*. April 22.  
<https://www.washingtonpost.com/world/interactive/2021/coronavirus-vaccine-inequality-global/>. (Accessed 3 May 2021).
- Morrison, Stephen, Judyth Twigg. 2019. "Putin and Global Health: Friend or Foe?" *Center For Strategic and International Studies*. September 6.  
<https://www.csis.org/analysis/putin-and-global-health-friend-or-foe>. (Accessed 17 March 2021).
- Moscow Times. 2012. "UNICEF Given Dec. 31 Deadline to Leave Russia." *Moscow Times*. October 8.  
<https://www.themoscowtimes.com/2012/10/08/unicef-given-dec-31-deadline-to-leave-russia-a18411>. (Accessed 17 March 2021).
- Moscow Times. 2017. "Russia to Rethink HIV Travel Ban Weeks After Backing Restrictions." *Moscow Times*. February 13.  
<https://www.themoscowtimes.com/2017/02/13/russia-to-rethink-hiv-travel-ban-just-weeks-after-backing-visa-restrictions-a57123>. (Accessed 17 March 2021).
- Moscow Times. 2020a. "Russia's HIV Prevention Strategy Ignores Global Guidelines-Kommersant." *Moscow Times*. June 12.  
<https://www.themoscowtimes.com/2020/06/12/russias-hiv-prevention-strategy-ignores-global-guidelines-kommersant-a70556>. (Accessed 17 March 2021).
- Moscow Times. 2020b. "Putin Urges BRICS to Mass Produce Russian Covid-19 Vaccines" *Moscow Times*. November 17.  
<https://www.themoscowtimes.com/2020/11/17/putin-urges-brics-to-mass-produce-russian-covid-19-vaccines-a72075>. (Accessed 17 March 2021).
- Moscow, Times. 2020c. "Russia Reports First Coronavirus Cases." *The Moscow Times*. January 31.  
<https://www.themoscowtimes.com/2020/01/31/russia-reports-first-coronavirus-cases-a69123>. (Accessed 17 March 2021).
- Moscow Times. 2021a. "Kazakhstan To Roll Out First Locally Produced Sputnik Vaccine." *The Moscow Times*. February 16.  
<https://www.themoscowtimes.com/2021/02/16/kazakhstan-to-roll-out-first-locally-produced-sputnik-vaccine-a72971>. (Accessed 17 March 2021).

- Moscow Times. 2021b. "Russia Gives Serbia Green Light to Manufacture Sputnik V Vaccine." *The Moscow Times*. February 12. <https://www.themoscowtimes.com/2021/02/12/russia-gives-serbia-green-light-to-manufacture-sputnik-v-vaccine-a72927>. (Accessed 17 March 2021).
- Muller. Behamen, Rebecca's Robbins and Lynsey Chutel. 2021. "AstraZeneca's Vaccine Does Not Work Well Against Virus Variant in South Africa." *The New York Times*. February 7. <https://www.nytimes.com/2021/02/07/world/africa/covid-vaccine-astrazeneca-south-africa.html>. (Accessed 12 March 2021).
- Mwai, Peter. 2020a. "Coronavirus: Africa's new variants are causing growing concern." *BBC*. February 12. <https://www.bbc.com/news/world-africa-53181555>. (Accessed 12 March 2021).
- Mwai, Peter. 2020b. "Coronavirus: South Africa rolls out vaccination programme." *BBC*. February 17. <https://www.bbc.com/news/world-africa-55675806>. (Accessed 12 March 2021).
- NPR. 2021. "Russia Threatens To Cut Ties With EU If Sanctions Are Imposed Over Jailing Of Navalny." *NPR*. February 12. <https://www.npr.org/2021/02/12/967344804/russia-warns-eu-against-imposing-sanctions-over-jailing-of-opposition-leader>. (Accessed 17 March 2021).
- Nuclear Threat Initiative. 2011. "Commonwealth of Independent States." *Nuclear Threat Initiative*. October 26. <https://www.nti.org/learn/treaties-and-regimes/commonwealth-independent-states-cis/>. (Accessed 17 March 2021).
- NYTimes. 2021a. "Mexico Coronavirus Map and Case Count." *The New York Times*. March 14. <https://www.nytimes.com/interactive/2020/world/americas/mexico-coronavirus-cases.html>. (Accessed 14 March 2021).
- NYTimes. 2021b. "Germany Coronavirus Map and Case Count." *The New York Times*. March 15. <https://www.nytimes.com/interactive/2020/world/europe/germany-coronavirus-cases.html>. (Accessed 15 March 2021).
- OCHA. 2021. "Afghanistan: Weekly Humanitarian Update (15-21 February 2021)." *OCHA*. February 24. <https://reliefweb.int/report/afghanistan/afghanistan-weekly-humanitarian-update-15-21-february-2021>. (Accessed 10 May 2021)
- Oltermann. Philip, and Angela Giuffrida. 2021. "Russia's Sputnik V Covid vaccine gaining acceptance in Europe." *The Guardian*. March 10. <https://www.theguardian.com/world/2021/mar/10/russias-sputnik-v-covid-vaccine-gaining-acceptance-in-europe>. (Accessed 15 March 2021).

- O'Neil, Shannon. 2020. "Mexican Migration Could Be the First Crisis of 2021." Council on Foreign Relations. July 23.  
<https://www.cfr.org/blog/mexican-migration-could-be-first-crisis-2021>. (Accessed 14 March 2021).
- Permanent Mission of the Russian Federation To The United Nations. 2020a. "Statement of the Deputy Permanent Representative Dmitry Chumakov at the second regular session of UNICEF Executive Board during the dialogue with the Executive Director" *Permanent Mission of the Russian Federation to The United Nations*. September 8.  
[https://russiaun.ru/en/news/unicef\\_0809](https://russiaun.ru/en/news/unicef_0809). (Accessed 17 March 2021).
- Permanent Mission of the Russian Federation To The United Nations. 2020b. "Statement by the representative of the Russian Federation Evgeny Varganov during the ECOSOC Management Segment under agenda item 12 (f) «Prevention and Control of Non-communicable Diseases»." *Permanent Mission of the Russian Federation To The United Nations*. July 21 [https://russiaun.ru/en/news/ecosoc\\_210720](https://russiaun.ru/en/news/ecosoc_210720). (Accessed 17 March 2021).
- Petersmann, Sandra and Nina Werkhauser. 2020. "Germany's long military mission in Afghanistan." Deutsche Welle. September 11.  
<https://www.dw.com/en/germanys-long-military-mission-in-afghanistan/a-54884893>. (Accessed 16 March 2021).
- Pifer, Steven. 2020. "Crimea: Six years after illegal annexation." *Brookings*. March 17.  
<https://www.brookings.edu/blog/order-from-chaos/2020/03/17/crimea-six-years-after-illegal-annexation/>. (Accessed 17 March 2021).
- Picheta, Rob. 2021. "Have European countries made a mistake in halting AstraZeneca shots? Here's what health experts say." *CNN*. March 17.  
<https://www.cnn.com/2021/03/16/health/astrazeneca-blood-clots-europe-explainer-intl/index.html>. (Accessed 17 March 2021).
- Pietromarchi, Virginia. 2021. "Patently unfair: Can waivers help solve COVID vaccine inequality?" *Aljazeera*. March 1.  
<https://www.aljazeera.com/news/2021/3/1/can-a-waiver-on-ip-rights-solve-vaccine>. (Accessed 19 March 2021).
- Pozzebon, Stefano. 2021. "How Russian vaccine Sputnik V spread through Latin America." *CNN*. February 17.  
<https://www.cnn.com/2021/02/17/americas/russia-putin-sputnik-vaccine-latin-america-intl/index.html>. (Accessed 17 March 2021).
- President of Russia. 2001. "Vladimir Putin decided that Russia should join the Global Anti-AIDS Fund." *President of Russia*. July 19.  
<http://en.kremlin.ru/events/president/news/42154>. (Accessed 17 March 2021).
- President of Russia. 2020. "Meeting with Government Members." *President of Russia*. August 11. <http://en.kremlin.ru/events/president/news/63877>. (Accessed 17 March 2021).

- President of Russia. 2021. "Telephone conversation with President of Mexico Andres Manuel Lopez Obrador." *President of Russia*. January 25.  
<http://en.kremlin.ru/events/president/news/64926>. (Accessed 14 March 2021).
- Quinn, Colm. 2021. "Rich vs. Poor (Again) at WTO." *Foreign Policy*. March 10.  
<https://foreignpolicy.com/2021/03/10/wto-intellectual-property-waiver-india-south-africa/>. (Accessed 17 March 2021).
- Ravelo, Jenny Lei. 2021. "COVAX will be a 'small part' of Russia's Sputnik V portfolio, fund CEO says." *Devex*. January 2021.  
<https://www.devex.com/news/covax-will-be-a-small-part-of-russia-s-sputnik-v-portfolio-fund-ceo-says-98964>. (Accessed 4 March 2021).
- Relief Web. 2014. "Life at the end of the world's largest refugee repatriation." *OCHA Relief Web*. January 31.  
<https://reliefweb.int/report/afghanistan/life-end-world-s-largest-refugee-repatriation>. (Accessed 28 February 2021).
- Relief Web. 2018. "Fragile Future: The human cost of conflict in Afghanistan." *Relief Web*.  
<https://reliefweb.int/sites/reliefweb.int/files/resources/SSRN-id3291982.pdf>. (Accessed 4 March 2021).
- Relief Web. 2020. "ACAPS Thematic Report: People Movement in Mexico - How the COVID-19 crisis is interfacing with migration and displacement (August 2020)." Relief Web. September 1.  
<https://reliefweb.int/report/mexico/acaps-thematic-report-people-movement-mexico-how-covid-19-crisis-interfacing-migration>. (Accessed 14 March 2021).
- Remler, Philip. 2020. "Russia at the United Nations: Law, Sovereignty, and Legitimacy" *Carnegie Endowment for International Peace*. January 22.  
<https://carnegieendowment.org/2020/01/22/russia-at-united-nations-law-sovereignty-and-legitimacy-pub-80753>. (Accessed 17 March 2021).
- Reuters. n.d. "Reuters COVID-19 Tracker: Italy." *Reuters*.  
<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/italy/>. (Accessed 17 March 2021).
- Reuters. 2020. "Russia's Putin wants stronger WHO, proposes conference on coronavirus vaccine." *Reuters*. September 22.  
<https://www.reuters.com/article/us-un-assembly-russia/russias-putin-wants-stronger-who-proposes-conference-on-coronavirus-vaccine-idUSKCN26D2H3>. (Accessed 17 March 2021).
- Reuters, 2021a. "South Africa says documentation on Russian COVID-19 vaccine sent to the regulator." Reuters. February 16.  
<https://www.reuters.com/article/uk-health-coronavirus-safrica/south-africa-says-documentation-on-russian-covid-19-vaccine-sent-to-regulator-idUSKBN2AG0RS>. (Accessed 12 March 2021).

- Reuters. 2021b. “African Union says Russia offers 300 million doses of Sputnik V vaccine.” Reuters. February 19.  
<https://www.reuters.com/article/us-health-coronavirus-africa/african-union-says-russia-offers-300-million-doses-of-sputnik-v-vaccine-idUSKBN2AJ0Y3>. (Accessed 12 March 2021).
- Reuters Staff. 2021a. “Russia to supply Mexico with 24 million COVID-19 vaccines, president says.” Reuters. January 25.  
<https://www.reuters.com/article/us-health-coronavirus-mexico-russia/russia-to-supply-mexico-with-24-million-covid-19-vaccines-president-says-idUSKBN29U1T3>. (Accessed 14 March 2021).
- Reuters Staff. 2021b. “Mexico approves Russian Sputnik V vaccine, signs deal for supply.” Reuters. February 2.  
<https://www.reuters.com/article/us-health-coronavirus-mexico-russia/mexico-approves-russian-sputnik-v-vaccine-signs-deal-for-supply-idUSKBN2A21XN>. (Accessed 14 March 2021).
- Reuters Staff. 2021c. “U.S. Chamber opposes WTO waiver of vaccine intellectual property rights.” *Reuters*. March 2.  
[https://www.reuters.com/article/us-health-coronavirus-vaccines-chamber-idUSKBN2AU243?taid=603eb0b513851800019e522a&utm\\_campaign=trueAnthem:+Trending+Content&utm\\_medium=trueAnthem&utm\\_source=twitter](https://www.reuters.com/article/us-health-coronavirus-vaccines-chamber-idUSKBN2AU243?taid=603eb0b513851800019e522a&utm_campaign=trueAnthem:+Trending+Content&utm_medium=trueAnthem&utm_source=twitter). (Accessed 19 March 2021).
- Reuters Staff. 2021c. “German cabinet set to extend Afghanistan mission into 2022, defense minister says.” Reuters. February 23.  
<https://www.reuters.com/article/uk-afghanistan-germany-defence/german-cabinet-set-to-extend-afghanistan-mission-into-2022-defence-minister-says-idUKKBN2AN217>. (Accessed 16 March 2021).
- RFERL. 2012. “Clinton Calls Eurasian Integration An Effort To 'Re-Sovietize.’” Radio Free Europe Radio Liberty. December 7.  
<https://www.rferl.org/a/clinton-calls-eurasian-integration-effort-to-resovietize/24791921.html>. (Accessed 17 March 2021).
- RFERL. 2017. “Moscow’s ‘Little Kabul.’” *Radio Free Europe Radio Liberty*. December 25.  
<https://www.rferl.org/a/russia-afghan-community/28926962.html>. (Accessed 17 March 2021).
- RFERL. 2019. “Study Ranks Afghanistan As World's Least Peaceful Country, Points To 'De-Escalation' In Ukraine.” *RFERL*. June 12.  
<https://www.rferl.org/a/study-ranks-afghanistan-as-world-s-least-peaceful-country-points-to-de-escalation-in-ukraine/29995060.html>. (Accessed 10 May 2021)
- RFERL. 2020. “EU Extends Crimea Sanctions By One More Year.” *Radio Free Europe Radio Liberty*. June 18.  
<https://www.rferl.org/a/eu-extends-crimea-sanctions-by-one-year/30678063.html>. (Accessed 15 March 2021).

- Russia Today. 2013. “A bloody history: Overview of terrorist events of modern Russia.” *Russia Today*. April 19. <https://www.rt.com/news/terror-attacks-chechen-rebels-115/>. (Accessed 17 March 2021).
- Russia Today. 2020. “Putin uses BRICS summit to call for the lifting of sanctions on poorer countries devastated by the coronavirus pandemic.” *Russia Today*. November 17. <https://www.rt.com/russia/506991-putin-brics-coronavirus-sanctions/>. (Accessed 17 March 2021).
- Russia Today. 2021a. “US ‘cynically exploits’ Covid-19 to discredit Syrian government & bring UN aid to its armed proxies – Russian & Syrian MoD.” *Russia Today*. April 10. <https://www.rt.com/news/485469-us-covid19-syria-rukban/>. (Accessed 17 March 2021).
- Russia Today. 2021b. ‘No prejudice’: French vaccination strategy chief says EU should ‘consider’ using Russian, Chinese jabs.” *Russia Today*. January 29. <https://www.rt.com/news/514091-france-vaccination-chief-eu-russia/>. (Accessed 17 March 2021).
- Russia Today. 2021c. “Russian & Chinese vaccines are necessary to win ‘world war’ against Covid-19 – Macron.” *Russia Today*. February 14. <https://www.rt.com/news/515552-macron-russian-chinese-vaccines/>. (Accessed 17 March 2021).
- Russia Today. 2021d. “Afghanistan saw violence against civilians rise despite peace negotiations – UN report.” *Russia Today*. February 23. <https://www.rt.com/news/516354-afghanistan-violence-civilians-rise-un-report/>. (Accessed 17 March 2021).
- Rosenberg, Jaime. 2020. “Researchers Warn of Heightened Risk of HIV With Certain COVID-19 Vaccines.” *AJMC*. October 25. <https://www.ajmc.com/view/researchers-warn-of-heightened-risk-of-hiv-with-certain-covid-19-vaccines>. (Accessed 10 May 2021)
- Sheikh, Knvul and Roni Caryn Rabin. 2020. “The Coronavirus: What Scientists Have Learned So Far.” *The New York Times*. September 9. <https://www.nytimes.com/article/what-is-coronavirus.html>. (Accessed 10 May 2021)
- Statista. 2021. “Number of new coronavirus (COVID-19) cases in Europe from January 25, 2020 to March 14, 2021, by date of report.” *Statista*. <https://www.statista.com/statistics/1102209/coronavirus-cases-development-europe/>. (Accessed 17 March 2021).
- Soboleva, Vera. 2007. “UNHCR struggles to find solutions for Afghan asylum seekers in Russia.” *UNHCR*. April 17. <https://www.unhcr.org/en-us/news/latest/2007/4/4624cef64/unhcr-struggles-find-solutions-afghan-asylum-seekers-russia.html>. (Accessed 17 March 2021).

- Sonin, Konstantin. 2021. "Sputnik V Vaccine Gives Russia a Whopping Soft-Power Boost." *Moscow Times*. February 17. <https://www.themoscowtimes.com/2021/02/17/russia-should-sputnik-v-vaccine-as-a-soft-power-a72985>. (Accessed 17 March 2021).
- Sputnik V, n.d. "Partnerships." *Sputnik V*. <https://sputnikvaccine.com/partnerships/>. (Accessed 17 March 2021).
- Starkey, Brigid, Mark A. Boyer and Johnathan Wilkenfeld. 2015. "International Negotiation in a Complex World." *New Millennium Books in International Studies*. (Accessed 17 March 2021).
- Stockholm Regional Office. 2010. "Russian Healthcare System Overview." *Stockholm Region Office in St. Petersburg*. July. Russian Healthcare System Overview - Human Rights in ... [www.cop.health-rights.org > index.php > cop](http://www.cop.health-rights.org/index.php/cop). (Accessed 17 March 2021).
- Stronski, Paul, Richard Sokolsky. 2020. "Multipolarity in Practice: Understanding Russia's Engagement With Regional Institutions." *Carnegie Endowment for International Peace*. January 8. <https://carnegieendowment.org/2020/01/08/multipolarity-in-practice-understanding-russia-s-engagement-with-regional-institutions-pub-80717>. (Accessed 17 March 2021).
- Talukdar, Indrani. 2019. "Russia's State Migration Policy Concept 2019-2025." *Russian International Affairs Council*. June 25. <https://russiancouncil.ru/en/analytics-and-comments/columns/asian-kaleidoscope/russia-s-state-migration-policy-concept-2019-2025/>. (Accessed 17 March 2021).
- TASS. 2018. "Putin invites CIS states to become Eurasian Economic Union observers." TASS. January 18. <https://tass.com/economy/985632>. (Accessed 17 March 2021).
- TASS. 2020a. "Russia to offer vaccine to CIS states on most attractive conditions." TASS. February 10. <https://tass.com/economy/1254733>. (Accessed 17 March 2021).
- TASS. 2020b. "Top Russian diplomat to visit Mexico on February 6." TASS. January 30. <https://tass.com/politics/1114829>. (Accessed 17 March 2021).
- TASS. 2020c. "Nazarbayev notes interaction of EAEU states, Russia's role in fight against COVID-19." TASS. December 11. <https://tass.com/world/1234021>. (Accessed 17 March 2021).
- TASS. 2021a. "Mexican president says Russian Sputnik V vaccine will be supplied in one week." TASS. February 14. <https://tass.com/society/1256321>. (Accessed 17 March 2021).
- TASS. 2021b. "Russia looking at supplying free batch of Sputnik V to Afghanistan." TASS. March 2. <https://tass.com/society/1261907>. (Accessed 11 May 2021).
- TBFACTS. 2021. "TB Statistics South Africa- Incidence, prevalence." *TBFACTS.ORG*. <https://tbfacts.org/tb-statistics-south-africa/>. (Accessed 17 March 2021).

- Ter-Grigoryan, Svetlana. 2020. "The Blame Game: The USSR's Response to HIV/AIDS." *Ohio State*. <https://origins.osu.edu/connecting-history/covid-hiv-aids-ussr-us-response>. (Accessed 17 March 2021).
- The Russian Government. n.d. "Ministry of Health of the Russian Federation." *The Russian Government*. <http://government.ru/en/department/23/events/>. (Accessed 17 March 2021).
- The Associated Press. 2021. "The Latest: Mexico receives shipment of Sputnik V vaccine." *ABC News*. February 23. <https://abcnews.go.com/Health/wireStory/latest-young-children-return-school-germany-76038711>. (Accessed 14 March 2021).
- The Economist. 2017. "South Africa's love affair with Russia" *The Economist*. March 18. <https://www.economist.com/middle-east-and-africa/2017/03/16/south-africas-love-affair-with-russia>. (Accessed 12 March 2021).
- The Guardian. 2021. "Angela Merkel: Russia's expulsion of diplomats over Navalny protests 'unjustified'." *The Guardian*. February 5. <https://www.theguardian.com/world/2021/feb/05/alexei-navalny-in-court-again-on-charge-of-defaming-war-veteran>. (Accessed 15 March 2021).
- The Lancet. 2020a. "South Africa and India push for COVID-19 patents ban." *The Lancet*. December 5. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932581-2>. (Accessed 12 March 2021).
- The Lancet. 2020b. "How COVID-19 could benefit tuberculosis and HIV services in South Africa." *The Lancet*. August 3. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30311-8/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30311-8/fulltext). (Accessed 12 March 2021).
- The New York Times. 2021. "Coronavirus World Map: Tracking the Global Outbreak." *The New York Times*. May 10. <https://www.nytimes.com/interactive/2020/world/coronavirus-maps.html>. (Accessed 12 March 2021).
- The World Bank. 2018. "Rural population (% of total population)." The World Bank. <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS>. (Accessed 17 March 2021).
- Thurau, Jens. 2021. "How COVID changed Germany, one year on." *Deutsche Welle*. January 27. <https://www.dw.com/en/how-covid-changed-germany-one-year-on/a-56350430>. (Accessed 15 March 2021).
- Tickle, Johnny, 2021. "Advanced Western healthcare systems 'collapsed' during Covid-19 pandemic, Russia was better prepared to rapidly mobilize – Putin." *Russia Today*. February 15. <https://www.rt.com/russia/515602-western-health-care-system-covid-pandemic/>. (Accessed 17 March 2021).

- Trenin, Dmitri. 2018. "Russia and Germany: From Estranged Partners to Good Neighbors." *Carnegie Moscow Center*. June 6.  
<https://carnegie.ru/2018/06/06/russia-and-germany-from-estranged-partners-to-good-neighbors-pub-76540>. (Accessed 15 March 2021).
- Troitskiy, Evgeny. 2020. "The Eurasian Economic Union at Five: Great Expectations and Hard Times." *Wilson Center*. January 14.  
<https://www.wilsoncenter.org/blog-post/eurasian-economic-union-five-great-expectations-and-hard-times>. (Accessed 17 March 2021).
- Twigg, Judyth. 2020. "A Turning Point for Russia and HIV?" *Center for Strategic and International Studies*. March 11.  
<https://www.csis.org/analysis/turning-point-russia-and-hiv>. (Accessed 17 March 2021).
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA). 2021. "Afghanistan: Weekly Humanitarian Update." *OCHA*.  
[https://reliefweb.int/sites/reliefweb.int/files/resources/afghanistan\\_humanitarian\\_weekly\\_21\\_february\\_2021.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/afghanistan_humanitarian_weekly_21_february_2021.pdf). (Accessed 27 February 2021).
- UN. 2021. "Secretary-General Calls Vaccine Equity Biggest Moral Test for Global Community, as Security Council Considers Equitable Availability of Doses." *United Nations*. February 17. <https://www.un.org/press/en/2021/sc14438.doc.htm>. (Accessed 4 March 2021).
- UNAIDS. 2006. "President Putin calls for urgent measures to stem the HIV epidemic in Russia." *UNAIDS*. 26 April.  
<https://www.unaids.org/en/resources/presscentre/featurestories/2006/april/20060426russia>. (Accessed 17 March 2021).
- UNAIDS. 2011. "First meeting of BRICS health ministers brings new leadership to global health." *UNAIDS*. July 11.  
<https://www.unaids.org/en/resources/presscentre/featurestories/2011/july/20110711bchina>. (Accessed 17 March 2021).
- UNAIDS. 2013. "Russia strengthens commitment to reversing the AIDS epidemic in the region." *UNAIDS*. June 14.  
<https://www.unaids.org/en/resources/presscentre/featurestories/2013/june/20130614russia>. (Accessed 17 March 2021).
- UNAIDS. 2014. "Commonwealth of Independent States endorses declaration in order to consolidate efforts in the HIV response." *UNAIDS*. December 12.  
[https://www.unaids.org/en/resources/presscentre/featurestories/2014/december/20141212\\_CIS](https://www.unaids.org/en/resources/presscentre/featurestories/2014/december/20141212_CIS). (Accessed 17 March 2021).
- UNAIDS. 2015. "BRICS health ministers commit to put the BRICS countries on the Fast-Track to end the AIDS epidemic." *UNAIDS*. October 30.  
[https://www.unaids.org/en/resources/presscentre/featurestories/2015/october/20151030\\_BRICS](https://www.unaids.org/en/resources/presscentre/featurestories/2015/october/20151030_BRICS). (Accessed 17 March 2021).

- UNAIDS. 2017a. “Early infant diagnosis of HIV: changing lives for mothers and infants.” *UNAIDS*. December 7.  
[https://www.unaids.org/en/resources/presscentre/featurestories/2017/december/20171207\\_infant-diagnosis](https://www.unaids.org/en/resources/presscentre/featurestories/2017/december/20171207_infant-diagnosis). (Accessed 17 March 2021).
- UNAIDS. 2017b. “BRICS health ministers agree to strengthen health systems to respond to HIV.” *UNAIDS*. July 6.  
[https://www.unaids.org/en/resources/presscentre/featurestories/2017/july/20170706\\_brics](https://www.unaids.org/en/resources/presscentre/featurestories/2017/july/20170706_brics). (Accessed 17 March 2021).
- UNAIDS. 2018a. “Russian Federation commits to reaching 75% antiviral therapy coverage in 2019.” *UNAIDS*.  
<https://www.unaids.org/en/resources/presscentre/featurestories/2018/september/russian-minister-health-90-90-90>. (Accessed 17 March 2021).
- UNAIDS. 2018b. “Sixth Eastern Europe and Central Asia Conference on HIV/AIDS opens in Moscow” *UNAIDS*. April 20.  
<https://www.unaids.org/en/resources/presscentre/featurestories/2018/april/sixth-eastern-europe-and-central-asia-conference-on-hiv-aids>. (Accessed 17 March 2021).
- UNAIDS. 2019. “UNAIDS and UNDP call on 48\* countries and territories to remove all HIV-related travel restrictions.” *UNAIDS*. June 27.  
[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/june/20190627\\_hiv-related-travel-restrictions](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/june/20190627_hiv-related-travel-restrictions). (Accessed 17 March 2021).
- UNAIDS. 2020a. “Study shows how COVID-19 is impacting access to HIV care in the Russian Federation.” *UNAIDS*. November 27.  
[https://www.unaids.org/en/resources/presscentre/featurestories/2020/november/20201126\\_russian-federation](https://www.unaids.org/en/resources/presscentre/featurestories/2020/november/20201126_russian-federation). (Accessed 17 March 2021).
- UNAIDS. 2020b. “Russian regional AIDS centers leading the fight against COVID-19.” *UNAIDS*. May 14.  
[https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200514\\_russian-federation-covid19](https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200514_russian-federation-covid19). (Accessed 17 March 2021).
- UNAIDS. 2020c. “Bringing HIV and COVID-19 testing services to hard-to-reach areas in Uzbekistan.” *UNAIDS*. October 30.  
[https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201030\\_uzbekistan-testing](https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201030_uzbekistan-testing). (Accessed 17 March 2021).
- UNAIDS, 2021. “President of Afghanistan declares ‘unwavering support’ for a People’s Vaccine for COVID-19.” *UNAIDS*. April 1.  
[https://www.unaids.org/en/resources/presscentre/featurestories/2021/april/20210401\\_president-afghanistan-vaccine-covid19](https://www.unaids.org/en/resources/presscentre/featurestories/2021/april/20210401_president-afghanistan-vaccine-covid19). (Accessed 11 May 2021).
- UNHCR. n.d. “Operations: Russian Federation.” *UNHCR*. <https://reporting.unhcr.org/node/2551>. (Accessed 17 March 2021).

- UNHCR. 1994. “UNHCR publication for CIS Conference (Displacement in the CIS) - In legal limbo: asylum-seekers and statelessness.” *UNHCR*. May 1. <https://www.unhcr.org/en-us/publications/refugeemag/3b5587ce4/unhcr-publication-cis-conference-displacement-cis-legal-limbo-asylum-seekers.html>. (Accessed 12 March 2021).
- UNHCR. 1996. “UNHCR publication for CIS Conference (Displacement in the CIS) - In legal limbo: asylum-seekers and statelessness.” *UNHCR*. May 1. <https://www.unhcr.org/en-us/publications/refugeemag/3b5587ce4/unhcr-publication-cis-conference-displacement-cis-legal-limbo-asylum-seekers.html>. (Accessed 17 March 2021).
- UNHCR. 1997. “Background Paper on Refugees and Asylum Seekers from Afghanistan.” *UNHCR*. June 1. <https://www.refworld.org/docid/3ae6a6440.html>. (Accessed 17 March 2021).
- UNHCR. 2020a. “UN High Commissioner for Refugees warns of grave consequences if the world looks away from Afghanistan, reiterates importance of finding solutions to Afghan displacement.” *UNHCR*. November 23. <https://www.unhcr.org/en-us/news/press/2020/11/5fba88884/un-high-commissioner-refugees-warns-grave-consequences-world-looks-afghanistan.html>. (Accessed 17 March 2021).
- UNHCR. 2020b. “Critical underfunding exacerbated by COVID-19 pushing displaced people to the edge.” *UNHCR*. September 18. <https://www.unhcr.org/en-us/news/press/2020/9/5f6368d04/critical-underfunding-exacerbated-covid-19-pushing-displaced-people-edge.html%20>. (Accessed 11 May 2021).
- UNHCR. 2021. “Afghanistan: Global Focus.” *UNHCR*. <https://reporting.unhcr.org/afghanistan>. (Accessed 27 February 2021).
- UNHCR Division of External Relations. 2020. “Funding Update 2020: Russian Federation.” *UNHCR*. <https://reporting.unhcr.org/sites/default/files/fundingupdates/2021-01-05/Russian%20Federation%20Funding%20Update%2005%20January%202021.pdf>. (Accessed 17 March 2021).
- UNHCR Global Report. 2006. “Russian Federation.” *UNHCR*. <https://www.refworld.org/pdfid/466d44002.pdf>. (Accessed 17 March 2021).
- UNICEF. n.d.b. “The UNICEF Executive Board Membership.” *UNICEF*. <https://www.unicef.org/executiveboard/membership>. (Accessed 17 March 2021).
- UNICEF. 2009. “UNICEF and the Russian Federation review results and promote joint engagement for children.” *UNICEF*. April 3. [https://www.unicef.org/infobycountry/russia\\_49108.html](https://www.unicef.org/infobycountry/russia_49108.html). (Accessed 17 March 2021).

- UNICEF. 2016. “Renewed partnership between the Russian Federation and UNICEF to contribute to improving the health of children in Tajikistan.” *UNICEF*. September 22. <https://www.unicef.org/eca/press-releases/renewed-partnership-russia-unicef>. (Accessed 17 March 2021).
- UNICEF. 2020a. “Frequently Asked Questions.” *UNICEF*. December 15. <https://www.unicef.org/about-unicef/frequently-asked-questions>. (Accessed 19 March 2021).
- UNICEF, 2020b. “COVID-19 and children.” *UNICEF*. March. <https://data.unicef.org/covid-19-and-children/>. (Accessed 3 May 2021).
- UNICEF, 2020c. “UNICEF Global COVID-19 Situation Report.” *UNICEF*. October. <https://www.unicef.org/media/84286/file/Global-COVID-19-SitRep-October-2020.pdf>. (Accessed 3 May 2021).
- UN News. 2020. “Forgetting lesson of history ‘short-sighted’, Russia’s Putin says, calls for cooperation to tackle health challenges.” *UN News*. September 22. <https://news.un.org/en/story/2020/09/1073152>. (Accessed 17 March 2021).
- UNODC. N.d. “Heroin.” UNODC. <https://www.unodc.org/documents/data-and-analysis/tocta/5.Heroin.pdf>. (Accessed 17 March 2021).
- UNODC. 2008. “Illicit Drug Trends in the Russian Federation.” *UNODC*. April. [https://www.unodc.org/documents/regional/central-asia/Illicit%20Drug%20Trends%20Report\\_Russia.pdf](https://www.unodc.org/documents/regional/central-asia/Illicit%20Drug%20Trends%20Report_Russia.pdf). (Accessed 17 March 2021).
- UNSC. 2020. “Security Council Underlines Support for Secretary-General’s Global Ceasefire Appeal, Fight against COVID-19, Unanimously Adopting Resolution 2532 (2020).” *UNSC*. July 1. <https://www.un.org/press/en/2020/sc14238.doc.htm>. (Accessed 19 March 2021).
- UNSC. 2021. “Security Council Calls for Increased Global Cooperation to Facilitate COVID-19 Vaccine Access in Conflict Areas, Unanimously Adopting Resolution 2565 (2021).” *UNSC*. February 26. <https://www.un.org/press/en/2021/sc14454.doc.htm>. (Accessed 19 March 2021).
- UNSC Counter-Terrorism Committee Executive Directorate. 2020. “The impact of the COVID-19 pandemic of terrorism, counter-terrorism and countering violent extremism.” *UNSC Counter-Terrorism Committee Executive Directorate*. <https://www.un.org/sc/ctc/wp-content/uploads/2020/06/CTED-Paper—The-impact-of-the-COVID-19-pandemic-on-counter-terrorism-and-countering-violent-extremism.pdf>. (Accessed 10 May 2021)

- UN Russia. n.d. “United Nations High Commissioner for Refugees.” *United Nations in the Russian Federation*.  
<http://unrussia.ru/en/agencies/united-nations-high-commissioner-refugees-unhcr>.  
 (Accessed 17 March 2021).
- UN Russia. 2020. “History.” *Permanent Mission of the Russian Federation to the United Nations*. [https://russiaun.ru/en/permanent\\_mission/istorija](https://russiaun.ru/en/permanent_mission/istorija). (Accessed 17 March 2021).
- UN News. 2020. “Forgetting lesson of history ‘short-sighted’, Russia’s Putin says, calls for cooperation to tackle health challenges.” *UN News*. September 22.  
<https://news.un.org/en/story/2020/09/1073152>. (Accessed 17 March 2021).
- UNSDG. 2020. “Main messages for the 2020 Voluntary National Review by the Russian Federation.” *UNSDG*. <https://sustainabledevelopment.un.org/memberstates/russia>.  
 (Accessed 17 March 2021).
- UN Volunteers. 2018. “Paving over the cracks: helping refugee women and children begin a normal life in Russia.” *UN Volunteers*. November 5.  
<https://www.unv.org/Success-stories/Paving-over-cracks-helping-refugee-women-and-children-begin-normal-life-Russia>. (Accessed 17 March 2021).
- USAID. 2021. “Afghanistan- Complex Emergency.” *USAID*. January 12.  
[https://www.usaid.gov/sites/default/files/documents/01.12.2021\\_USG\\_Afghanistan\\_Complex\\_Emergency\\_Fact\\_Sheet\\_1.pdf](https://www.usaid.gov/sites/default/files/documents/01.12.2021_USG_Afghanistan_Complex_Emergency_Fact_Sheet_1.pdf). (Accessed 1 March 2021).
- U.S. Department of Health & Human Services. 2020a. “What Are HIV and AIDS?.” *HIV.gov*. June 5.  
<https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>.  
 (Accessed 17 March 2021).
- U.S. Department of Health & Human Services. 2020b. “The Global HIV/AIDS Epidemic.” *HIV.gov*. November 25.  
<https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics>. (Accessed 17 March 2021).
- Vacroux, Alexandra. 2020. “Russia’s Health Care System, Demographics Present Unique Advantages, Disadvantages in Fighting COVID-19.” *Russia Matters*. April 30.  
<https://www.russiamatters.org/analysis/russias-health-care-system-demographics-present-unique-advantages-disadvantages-fighting>. (Accessed 17 March 2021).
- Voice of America. 2009. “Thousands of Afghan Refugees Still In Russia.” *VOA News*. October 29. <https://www.voanews.com/archive/thousands-afghan-refugees-still-russia>. (Accessed 17 March 2021).
- VOA News. 2021. “Mexican President Calls for UN Intervention on Global Vaccine Rollout.” *VOA News*. February 23.  
<https://www.voanews.com/covid-19-pandemic/mexican-president-calls-un-intervention-global-vaccine-rollout>. (Accessed 14 March 2021).

- Vlahov. David, Angela Robertson and Steffanie Strathdee. 2010. "Prevention of HIV Infection among Injection Drug Users in Resource-Limited Settings." NCBI. May 15. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3114556/>. (Accessed 14 March 2021).
- Watson, Ivan, Emma Burrows, and Jeffrey Kehl. 2017. "On the front lines of Russia's Staggering' HIV epidemic." *CNN*. June 8. <https://www.cnn.com/2017/06/06/health/russia-hiv-epidemic>. (Accessed 17 March 2021).
- Watt. Nicola, Eduardo Gomez, Martin McKee. 2014. "Global health in foreign policy—and foreign policy in health? Evidence from the BRICS." *Oxford Academic*. <https://academic.oup.com/heapol/article/29/6/763/575614>. (Accessed 17 March 2021).
- Wegren, Stephen K. 2019. "Putin's Russia : past imperfect, future uncertain." *Rowman & Littlefield Publishing Group*. ISBN 9781538114261. (Accessed 17 March 2021).
- Welsh. Teresa. 2020. "UNSC avoids adoption of 'truly shocking' WPS resolution from Russia." *Devex*. October 30. <https://www.devex.com/news/unsc-avoids-adoption-of-truly-shocking-wps-resolution-from-russia-98452>. (Accessed 12 March 2021).
- Welsh, Teresa. 2021. "A work in progress: Refugees, migrants must have vaccine access, UN says." *DEVEX*. February 2. <https://www.devex.com/news/a-work-in-progress-refugees-migrants-must-have-vaccine-access-un-says-99040>. (Accessed 3 May 2021).
- WHO. n.d. "United Nations Inter-Agency Task Force on NCDs: About Us." *World Health Organization*. <https://www.who.int/groups/un-inter-agency-task-force-on-NCDs/about>. (Accessed 17 March 2021).
- WHO. 2013. "Health 2020." *World Health Organization*. [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/199536/Health2020-Short.pdf](https://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf). (Accessed 17 March 2021).
- WHO. 2014a. "Country Cooperation Strategy (CCS) for the World Health Organization and the Ministry of Health of the Russian Federation 2014-2020" *WHO Regional Office for Europe*. [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/249915/COUNTRY-COOPERATION-STRATEGY-for-the-WORLD-HEALTH-ORGANIZATION-and-the-MINISTRY-OF-HEALTH-OF-THE-RUSSIAN-FEDERATION-Eng.pdf](https://www.euro.who.int/__data/assets/pdf_file/0003/249915/COUNTRY-COOPERATION-STRATEGY-for-the-WORLD-HEALTH-ORGANIZATION-and-the-MINISTRY-OF-HEALTH-OF-THE-RUSSIAN-FEDERATION-Eng.pdf). (Accessed 17 March 2021).
- WHO, 2014b. "BRICS and global health." *WHO*. June. <https://www.who.int/bulletin/volumes/92/6/14-140889/en/>. (Accessed 10 May 2021)
- WHO. 2017. "BRICS Health and WHO: Country Presence Profile." *World Health Organization*. <https://apps.who.int/iris/bitstream/handle/10665/255800/WHO-CCU-17.05-eng.pdf;jsessionid=AA50952E5FF45947E8384D9C534D70F0?sequence=1>. (Accessed 17 March 2021).

- WHO. 2019. "Advancing Russia's response to non-communicable diseases through an investment case." *World Health Organization*. June 28.  
<https://www.who.int/news/item/28-06-2019-advancing-russia-response-to-noncommunicable-diseases-through-an-investment-case>. (Accessed 17 March 2021).
- WHO. 2020a. "The Russian Federation Steps up Support to WHO for Global Health Security and Noncommunicable Diseases." *World Health Organization*. October 2.  
<https://www.who.int/news/item/02-10-2020-the-russian-federation-steps-up-support-to-who-for-global-health-security-and-noncommunicable-diseases>. (Accessed 17 March 2021).
- WHO. 2020b. "Governments across the WHO European Region generously contribute to the COVID-19 global response." *World Health Organization*. October 15.  
<https://www.who.int/news-room/feature-stories/detail/governments-across-the-who-european-region-generously-contribute-to-the-covid-19-global-response>. (Accessed 17 March 2021).
- WHO. 2020c. "Launch of the NCD Investment Case for the Russian Federation: Prevention and control of non-communicable diseases as a catalyst of economic growth and social well-being in Russia." *World Health Organization*. October 29.  
<https://www.who.int/news/item/29-10-2020-launch-of-the-ncd-investment-case-for-the-russian-federation-prevention-and-control-of-non-communicable-diseases-as-a-catalyst-of-economic-growth-and-social-well-being-in-russia>. (Accessed 17 March 2021).
- WHO. 2020d. "Urgent health challenges for the next decade." *WHO*. January 13.  
<https://www.who.int/news-room/photo-story/photo-story-detail/urgent-health-challenges-for-the-next-decade>. (Accessed 19 March 2021).
- WHO. 2021a. "WHO Country Office." *World Health Organization*.  
<https://www.euro.who.int/en/countries/russian-federation/who-country-office>. (Accessed 17 March 2021).
- WHO. 2021b. "COVID19 Response Funding." *World Health Organization*.  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donors-and-partners>. (Accessed 17 March 2021).
- WHO. 2021c. "Budget." *WHO*. <https://www.who.int/about/accountability/budget>. (Accessed 17 March 2021).
- WHO Emergency Health Dashboard. 2021. "Afghanistan." *WHO*.  
<https://covid19.who.int/region/emro/country/af>. (Accessed 11 May 2021).
- Wilson Center. 2020. "The Impact of COVID-19 in South Africa." *Wilson Center*. April.  
[https://www.wilsoncenter.org/sites/default/files/media/uploads/documents/The%20Impact%20of%20COVID-19%20in%20South%20Africa\\_0.pdf](https://www.wilsoncenter.org/sites/default/files/media/uploads/documents/The%20Impact%20of%20COVID-19%20in%20South%20Africa_0.pdf). (Accessed 12 March 2021).
- WTO. n.d.a. "What is the WTO." *World Trade Organization*.  
[https://www.wto.org/english/thewto\\_e/whatis\\_e/whatis\\_e.htm](https://www.wto.org/english/thewto_e/whatis_e/whatis_e.htm). (Accessed 10 May 2021)

- WTO. n.d.b. “TRIPS — Trade-Related Aspects of Intellectual Property Rights.” *The World Trade Organization*. [https://www.wto.org/english/tratop\\_e/trips\\_e/trips\\_e.htm](https://www.wto.org/english/tratop_e/trips_e/trips_e.htm). (Accessed 17 March 2021).
- WTO. 2012. “Agreement on Trade-Related Aspects of Intellectual Property Rights (unamended).” *WTO*. [https://www.wto.org/english/docs\\_e/legal\\_e/27-trips\\_01\\_e.htm](https://www.wto.org/english/docs_e/legal_e/27-trips_01_e.htm). (Accessed 17 March 2021).
- WTO. 2021. “Members discuss TRIPS waiver requests, exchange views on IP roles amid a pandemic.” *WTO*. February 23. [https://www.wto.org/english/news\\_e/news21\\_e/trip\\_23feb21\\_e.htm](https://www.wto.org/english/news_e/news21_e/trip_23feb21_e.htm). (Accessed 3 May 2021).
- Zivkovic, Olivera. 2021. “Refugees and undocumented migrants must be vaccinated, NGOs warn.” *Deutsche Welle*. February 24. <https://www.dw.com/en/refugees-and-undocumented-migrants-must-be-vaccinated-ngos-warn/a-56664623>. (Accessed 15 March 2021).
- Zucchini, David and Fahim Abed. 2020. “Covid Can’t Compete.’ In a Place Mired in War, the Virus Is an Afterthought.” *The New York Times*. December 20. <https://www.nytimes.com/2020/12/20/world/asia/covid-afghanistan-coronavirus.html> (Accessed 4 March 2021).