



American Model United Nations
World Health Organization Executive Board

WHO/II/3

SUBJECT OF RESOLUTION: Global vaccine action plan

SUBMITTED TO: The World Health Organization Executive Board

The World Health Organization Executive Board,

1 *Emphasizing* the importance of vaccinations for all regions and considering that vaccine-preventable diseases
2 cause over 1.5 million deaths annually,

3 *Taking note of* the varying geographical and cultural characteristics of Member States,

4 *Reaffirming* the endorsement of the Global Vaccine Action Plan (GVAP) by the World Health Assembly in
5 2012, which was a commitment to implementing basic immunizations and attaining health goals across the globe,

6 *Noting* that as many as 1.5 million more lives could be saved by an improvement in the infrastructure of
7 vaccine distribution,

8 *Reaffirming* this committee's goal of providing both short and long term solutions,

9 *Noting further* that sustainability of healthcare infrastructure is imperative to the long-term success of this
10 recommendation,

11 *Emphasizing* the importance of international collaboration in research and sharing of best practices,

12 *Acknowledging* the sovereignty of states in determining country-specific strategies and best practices,

13 1. *Encourages* the establishment of a sub-committee under the Strategic Advisory Group of Experts (SAGE)
14 which will:

15 (a) Maintain an international database on vaccines and vaccine distribution to;

16 (i) Monitor the availability of vaccines;

17 (ii) Identify the areas most in need for vaccine programs;

18 (iii) Advise Member States to strengthen vaccine storage facilities;

19 (b) Research the current infrastructure and laws in each member country to recommend specific
20 solutions that best address each states situation;

21 (c) Convene annually to address new points that arise within each community;

22 (d) Convene during times of crisis and provide a response that will prioritize the treatment of at
23 risk populations in the case of outbreaks leading to epidemics and pandemics;

24 (e) Consist of groups 1/4 researchers with knowledge of the specific area, 1/4 policy experts with
25 knowledge of the laws in the region, 1/4 historians with knowledge of the culture of the area and 1/4 health workers
26 who have experience in the area;

27 2. *Recommends* that the World Health Organization suggest methods for ensuring equitable access both
28 within and among Member States, and to all communities around the world, including those that are:

29 (a) Nomadic communities;

30 (b) Island communities;

31 (c) Forested areas;

32 (d) Rural areas;

33 (e) Areas with damaged infrastructure or possible damaged infrastructure due to;

- 34 (i) Time degrading the current infrastructure;
- 35 (ii) Conflict areas;
- 36 (iii) Affected by natural disasters;
- 37 (f) Experiencing disease outbreaks;
- 38 3. *Further recommends* that the committee produce state-specific recommendations, such as but not limited
39 to:
- 40 (a) Requests education program guidelines for the upkeep of vaccine and correlating supplies be
41 implemented for both professional and volunteer health administrators;
- 42 (i) Utilizing the procedure set forth by WHO in informing the indication of quality of vaccines;
- 43 (ii) Educating health workers and volunteers on proper storage and administration of vaccines;
- 44 (b) Allocating funds for improving necessary physical infrastructure that would contribute towards
45 vaccine distribution;
- 46 (c) Creation of airdrop or drone delivery programs;
- 47 (d) Promotion of mobile units to travel to different communities;
- 48 (e) Establishment of standards for the geographic distribution of healthcare facilities;
- 49 (f) Additional measures must be taken to address seasonal fluctuations in incidences that come with
50 some diseases (such as influenza);
- 51 4. *Encourages* the sharing and implementation of effective practices relating to the construction of physical
52 infrastructures that facilitate vaccine distribution, including:
- 53 (a) Transportation infrastructure such as;
- 54 (i) Roads;
- 55 (ii) Bridges;
- 56 (iii) Airports;
- 57 (b) Communication infrastructure such as;
- 58 (i) Telecommunications;
- 59 (ii) Printed media;
- 60 (iii) Social media platforms;
- 61 (c) Vaccine-specific infrastructure such as;
- 62 (i) Storage facilities;
- 63 (ii) Distribution facilities;
- 64 (iii) Sterilization facilities;
- 65 5. *Further encourages* the provision of vaccine-related resources to the areas that lack the infrastructural
66 development to obtain such resources themselves;
- 67 6. *Endorses* the implementation of targeted educational campaigns towards:
- 68 (a) School-Age children via creation of educational literature aimed at children and parents;
- 69 (b) Migrant groups via;
- 70 (i) Addressing language barriers through translations into languages for the migrant countries of
71 origin;
- 72 (ii) Research into to commonly held beliefs and cultural customs that could affect the viability of
73 vaccine education in migrant communities;
- 74 (c) Rural communities via;

75 (i) Delivery of the information on vaccines to be executed by cultural insiders to the communities
76 as to enable trust between local communities and health professionals;

77 (ii) Delivery of the information on vaccines to ethnic minorities to be executed in-person, whenever
78 possible;

79 7. *Supports* the implementation of an international ad campaign that would:

80 (a) Be established for the purpose of increasing awareness of the importance of vaccines in improving
81 public health of a larger population;

82 (b) Use targeted ads addressed at regional and cultural issues increasing awareness;

83 (c) Consist of groups comprised of three equal parts, specifically, 1/3 regional ambassadors, 1/3 ad
84 campaign advisers and 1/3 researchers that understand the issues of different regions to most effectively target the
85 populations;

86 8. *Supports* the partnerships of local and international institutions and universities in order to provide:

87 (a) Educational resources tailored to a specific community;

88 (b) Precise information focused on the effectiveness of vaccines;

89 (c) Recommendations pertaining to the most suited way to distribute vaccines;

90 (d) Qualified academic researchers to further the aforementioned policy efforts;

91 9. *Recommends* the establishment of an outreach group to reach out to governments and the specific health-
92 related bodies within the governments to:

93 (a) Advocate vaccination support on a national level by informing officials of the benefits of vacci-
94 nating and continuing to vaccinate;

95 (b) Include advice working with the laws of individual countries to allocate funding for vaccination
96 programs;

97 (c) Consist of 1/3 public policy experts, 1/3 economists, and 1/3 government officials from the
98 country being addressed;

99 10. *Encourages* building local support through the Trusted Action Program for Local Engagement, which
100 would:

101 (a) Consist of regional and local committees made up of half health professionals and the other half
102 of community representatives;

103 (b) Monitor communities for anti-vaccination sentiment;

104 (c) Facilitate collaboration between local community leaders and health professionals;

105 (d) Create a platform for small-scale crisis management;

106 (e) Allow for feedback and dialogue with local populations;

107 (f) Increase trusting relationships between health providers and patients receiving vaccinations;

108 11. *Recommends* that an annual forum on promoting the utilization of vaccines be established through which
109 member States can:

110 (a) Report on the outcomes of recommendations from this body and other issues regarding health-
111 related infrastructure;

112 (b) Share recommendations for other regions on methods of sustainable infrastructure;

113 (c) Maintain commitment to advancing the global vaccination action plan.

Passed, Yes: 19 / No: 1 / Abstain: 2