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Conference B (13 - 17 April 2014)



Documentation of the Work of the  
United Nations Children's Fund (UNICEF)

# United Nations Children's Fund (UNICEF)

## Committee Staff

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<i>Chair / Rapporteur</i>	Farida El Kattan

## Agenda

- I. Preventing Child Mortality through Immunization
- II. Addressing the Situation of Child Soldiers
- III. Equitable Access to Education for Children with Disabilities

## Resolutions adopted by the Committee

Document Code	Topic	Vote
UNICEF/RES/1/1	Preventing Child Mortality through Immunization	16/9/0/1
UNICEF/RES/1/2	Preventing Child Mortality through Immunization	19/2/5/0
UNICEF/RES/1/3	Preventing Child Mortality through Immunization	Acclamation
UNICEF/RES/1/4	Preventing Child Mortality through Immunization	21/0/5/0
UNICEF/RES/1/5	Preventing Child Mortality through Immunization	17/0/8/1

# Summary Report

The Executive Board of the United Nations Children's Fund (UNICEF) held its annual session to consider the following agenda items:

- I. Preventing Child Mortality through Immunization
- II. Addressing the Situation of Child Soldiers
- III. Equitable Access to Education for Children with Disabilities

The session was attended by representatives of 30 Member States and it opened with several statements concerning the adoption of the agenda. At its first meeting, UNICEF adopted the agenda with votes in favor of the written order since there was a general consensus amongst delegates that it is important to tackle the first and second topics first before dealing with the third topic. Delegations were enthusiastic on the first day and got a head start by writing points of agreement amongst each other and started dividing into working groups.

On Monday, delegates started working on working papers and six working groups formed. Most of the session was dedicated to working papers. Discussion revolved around the possibilities of merging working papers together because some delegations felt that the points mentioned were similar and that merging them would strengthen the papers at hand. The body discussed the implementation of measures to raise awareness and encourage continuous funding on current projects, programs, and existing conventions that support the distribution of vaccines to hard to reach areas. They aimed at discussing the need for fighting vaccines by creating an expert group within the UNICEF mandate. Other working groups tackled the importance of ensuring the transportation and storage of vaccines.

By Tuesday morning, the majority of the time was dedicated to working papers and towards the end of the evening the dais received six active working papers. These working papers covered a wide variety of issues pertaining to the issue of preventing child mortality through immunization. Proposals introduced included discussion of a long and short term structured approach, education, and redistribution of resources in order to make immunization more efficient. Another working paper targeted pneumonia efforts, antibiotics and the monitoring of this work. Another addressed post immunization care, awareness campaigns, integration of marginalized children, and the identification of problems facing UNICEF in accessing hard-to-reach children. There was a focus on cooperation on vaccine research and the expansion of the Joint Reporting Process. The atmosphere in the committee was one of collaboration as delegations were lobbying for possibilities of merging working papers together. By the evening sessions, two groups had decided to merge their papers together and worked on building consensus.

The final day saw the body hard at work making final edits and adjustments to the five remaining working papers. After all five were approved as draft resolutions in the early afternoon, the body passed a motion to close debate and enter voting bloc. All five draft resolutions were adopted by the body and two were adopted by acclamation. After voting, delegates began to discuss the second topic concerning the situation of child soldiers. Many delegates gave insightful speeches and two short suspensions allowed the body to discuss where each delegation had identified significant gaps in UNICEF's current work on the topic.



**Code:** UNICEF/RES/1/1

**Committee:** United Nations Children's Fund

**Topic:** Preventing Childhood Mortality through Immunization

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1 *The United Nations Children's Fund,*

2  
3 *Guided by the principals stated in the Convention on the Rights of the Child, specifically Article 24 Section 2a which*  
4 *states that Member States are committed to preserving the rights of the child by diminishing infant and child*  
5 *mortality,*

6  
7 *Acknowledging Article 4 of the Declaration on the Rights of the Child which advocates the right of children to grow*  
8 *and develop in health,*

9  
10 *Believing that international cooperation is necessary in striving towards the fourth Millennium Development of Goal*  
11 *(MDG) of reducing child mortality as well as goals created in the post-2015 agenda,*

12  
13 *Seeking to act in accordance with established frameworks such as the Global Vaccine Action Plan (GVAP),*  
14 *Expanded Program on Immunizations (EPI), and GAVI to meet vaccination coverage targets,*

15  
16 *Affirming the importance of work done by non-governmental organizations (NGOs) in reducing child mortality,*

17  
18 *Welcoming bilateral and multilateral dialog on current health related issues specifically the distribution and*  
19 *implementation of immunizations between Member States, NGOs, and the United Nations Children's Fund*  
20 *(UNICEF) sponsored programs,*

21  
22 *Recognizing the ever-evolving nature of viruses and their ability to become immune to current vaccines and the*  
23 *necessity to create new vaccines to combat them,*

24  
25 *Concerned that children often do not receive the necessary follow-up doses of vaccinations to completely immunize*  
26 *them,*

27  
28 *Bearing in mind cultures' differing views and customs on vaccinations and their differing acceptance of the*  
29 *implementation of immunizations,*

30  
31 *Desiring necessary improvements to the transportation of vaccines such as the Cold Chain and Logistics System to*  
32 *ensure that vaccines remain uncompromised in transit,*

33  
34 *Deeply concerned that the distribution of vaccines is disproportionate in favor to areas that are easily accessible*  
35 *resulting in a lack of vaccinations in hard to reach areas,*

36  
37 *Realizing that establishing sustainably efficient methods of execution is essential in transportation due to its*  
38 *relevance to several focus areas of the Sustainable Development Knowledge Platform including but not limited to 3,*  
39 *10, and 13,*

40  
41 *Recalling that UNICEF supports the joint efforts to develop SolarChill technology to combat issues concerning*  
42 *vaccine wastage arising in areas where the electricity supply needed to complete the cold chain is unreliable or*  
43 *nonexistent,*

44  
45 *Aware of the opportunity to meet the need of increased trust in vaccinations and immunization programs in addition*  
46 *to addressing the inadequate number of vaccine administrators by incorporating the local population through vaccine*  
47 *administration training,*

48  
49 *Further recalling the past successful efforts of National Immunization Days and Days of Tranquility in*  
50 *administering vaccines to children, conducted in conflict torn regions such as El Salvador, Sierra Leone, Sudan,*  
51 *Columbia, Angola, Burkina Faso, Turkey, and others, noting the past difficulties in reaching conflict-torn areas*  
52 *similar to these,*

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*Stressing* the need for transparency through the sharing of information on vaccinations and successful implementation of vaccination programs to allow Member States, NGOs, and UNICEF sponsored programs to have access to the most current data to improve the quality of vaccinations and immunization programs,

*Noting* the Joint Reporting Process established by UNICEF and the World Health Organization which allows Member States to submit information to a database on immunization performance,

*Fully aware* of the growing popularity of information sharing on the Internet, specifically with social media and other peer-to-peer Websites,

1. *Recommends* the creation of bilateral agreements between Member States and NGOs to create direct research goals pertaining to global health issues, specifically immunization, through research through:
  - a. The creation of new and more effective vaccines to combat the ever-evolving nature of viruses;
  - b. The improvement of the transport of these vaccines, specifically the Cold Chain and Logistics System;
  - c. The improvement of the understanding of cultural views and improving cultural acceptability of vaccinations such as the SAGE program;
2. *Further recommends* that Member States through bilateral agreements focus on researching the creation of new vaccinations that immunize against new strands of viruses, one-dose vaccinations, and new forms of vaccinations, such as the creation of the vaccine in the pill form;
3. *Recommends* that UNICEF, Member States, and other actors utilize alternative energy in relation to maintaining cold chains in rural areas without adequate access to electricity or other traditional forms of energy such as:
  - a. Utilizing solar energy organizations to provide innovative technology to address these issues such as the organization SolarChill;
  - b. Utilizing non-edible bio-fuels such as soap nuts and algae;
  - c. Utilizing portable ice boxes that can be carried easily to complete the cold chain;
4. *Encourages* the employment of both reliable local transportation as well as unorthodox modes of delivery of vaccinations to areas that are not easily accessible, including:
  - a. Water craft, aircraft, and animal power in areas where roads for cars or trucks are not navigable or nonexistent;
  - b. Traveling by foot where other modes of transport are not practical;
  - c. Remaining open to utilizing local transportation systems that are dependable and efficient;
5. *Approves* the expansion of current UNICEF training programs, focusing on the administration of vaccines and increasing the number of workers required for this task in order to provide adequate medical training to local volunteers to administer vaccinations while ensuring sustainability of vaccine administration by:
  - a. Setting in place systems to allow newly trained local workers to pass on their acquired skills to others in their community, allowing for further sustainable administration in the future, which results in reduced stress on UNICEF resources;

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- b. Using the successful example of the UNICEF Community Health Workers training program currently in place in South East Asia and expanding upon this model for global application while focusing on specific training in regards to vaccine administration;
  6. *Further invites* the engagement of Member States to address suffering and conflict-torn areas to administer vaccinations through ideas such as National Immunization Days and Days of Tranquility by:
    - a. Adopting National Immunization Days in order to emphasize the importance of immunizations and to increase awareness of the need for vaccinations;
    - b. Extending the focus of National Immunization Days and Tranquility Days from polio to other diseases as well as advocating the application of days of tranquility more frequently in new areas;
  7. *Supports* the use of UNICEF, Member States', and NGOs' research of cultures that may not accept modern medicines and vaccinations to understand how to support the acceptability of vaccinations in all cultures and societies by using UNICEF field workers as regional experts to provide training in context of the culture to UN officials administering the vaccinations;
  8. *Requests* the Department Economic and Social Affairs (DESA) to create a peer-to-peer sharing website that incorporates the data collected by the Joint Report Process as well as:
    - a. The research and improvement Member States have made on the creation and improvement of vaccinations and the Cold Chain and Logistics System which includes the tracking of the wastage of vaccines during transportation;
    - b. The data on Member States' successful implementation of immunization programs to allow other States to have access to these ideas;
  9. *Further invites* Member States, NGOs, and UNICEF sponsored programs to utilize the peer-to-peer sharing website by submitting and retrieving research which includes data and reports to increase transparency within the international community in regards to immunizations and allow for positive reformation;
  10. *Endorses* full coordination between UNICEF communication and media specialists and NGOs, particularly local organizations, to spread information from the peer-to-peer sharing website to the public to show legitimacy and establish trust in vaccinations and immunization programs through social media in several forms including but not limited to the use of hashtags on twitter, Facebook, and blogs;
  11. *Further invites* continuing efforts of Member States and NGOs in cooperation with UNICEF programs to achieve MDG 4, Reducing Child Mortality, while keeping a post-2015 agenda in mind;
  12. *Encourages* all Member States to ratify the *Convention on the Rights of the Child*.

**Code:** UNICEF/RES/1/2

**Committee:** United Nations Children’s Fund

**Topic:** Preventing Childhood Mortality through Immunization

1 *The United Nations Children’s Fund,*

2  
3 *Commending* the tremendous work of the United Nations Children’s Fund (UNICEF) has been engaged in, in  
4 collaboration with the World Health Organization (WHO) and the GAVI Alliance,

5  
6 *Recognizing* that the Global Action Plan for Pneumonia and Diarrhoea (GAPPD)’s collaborative efforts can be  
7 supplemented,

8  
9 *Identifying* that the GAPPD is a theoretical recommendation to governments and partners and does not enforce any  
10 practical action either through funding or substantive action,

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12 *Recognizing* the lack of definitions in the GAPPD “protect, prevent and treat” program as well as a lack of provision  
13 of sustainable solutions to solidify the scheme,

14  
15 *Acknowledging* the World Health Assembly Resolution 63.24 recommending the GAPPD be a national priority in  
16 affected countries,

17  
18 *Noting* that UNICEF can provide readily available assistance on many unmanned fronts through empowerment of  
19 field officials through practical means,

20  
21 *Acknowledging* a lack of strategic discussion between the national health ministries of Member States that could  
22 facilitate cooperation of a complete framework,

23  
24 *Understanding* that many countries have domestically applicable policies targeting childhood disease, but none  
25 specifically targeting pneumonia and diarrhoea,

26  
27 *Stating* the importance of collaborating with local governments when initiating programs that eradicate pneumonia,

28  
29 *Recalling* the guidelines set forth in the *Declaration on the Rights of the Child*, giving every child the right to a  
30 healthy life, and *encouraging* a strong UNICEF mandated program to provide practical resources,

31  
32 *Allocating* existing assets in the Child Survival and Development Fund to provide readily available assistance  
33 through UNICEF channels to national health ministries,

- 34  
35 1. *Encourages* a structured targeting of pneumonia and diarrhea prevention in co-ordination with national health  
36 ministries, according to the directives in the GAPPD by creating a global forum in 2015 on pneumonia and  
37 diarrhea related child mortality in the form of a workshop similar to that of the 2010 pre-GAPPD workshop;  
38  
39 2. *Decides* to target countries with the highest death rates caused by pneumonia as determined by the World Lung  
40 Foundation’s research, as these countries can be targeted by looking at existing information, resources, and  
41 knowledge channels within UNICEF;  
42  
43 3. *Directs* UNICEF Regional Offices to play a pivotal role in providing the Field Support Co-ordination teams  
44 support in the fields of:  
45  
46 a. Resources and knowledge;  
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48 b. Accessibility support;  
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50 c. Assisting with the protection, prevention, and treatment imperatives by readily available support;  
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52 4. *Designates* resources to the countries with highest prevalence rates in accordance with the World Lung  
53 Foundation’s research from internal and external channels by:

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- a. Applying the model of “protect, prevent, treat” set forward by the WHO;
  - b. Shifting the attention to countries with high mortality rates while also providing assistance to countries who request aid in tackling the issue;
  - c. Relying upon strong co-operation with GAVI for emphasized regional knowledge and support;
5. *Proposes* to provide medical assistance through various measures to the regions in need as the most important focus should be on making the medication as accessible as possible by:
- a. Using preexisting drugs, such as antibiotics and vaccines will provide an initial solution;
  - b. Making pneumonia vaccines available to Regional Offices of UNICEF in order to effectuate the supply chain;
  - c. Utilizing modern drug research and concentrated innovation to simplify the logistics of prevention;
  - d. Funding increased research on the antibiotic amoxicillin, which can be dosed in breast milk for prevention in early childhood;
6. *Encourages* the education and knowledge transfer to families in hospitals locally and regionally where trainings will:
- a. Be led by a subsidy of experts familiar to the regions involved either from the UN or other humanitarian organizations to reinforce the level of know-how;
  - b. Be provided every two to six months by trained UNICEF ground personnel;
  - c. Create better access to medical consultation for the civilian population, in particular young mothers through collaboration with national health ministries;
7. *Requests* a public relations campaign on prevention under the UNICEF mandate to emphasize:
- a. Encouraging material with further information to be accessible at as many hospitals and nursing homes as possible;
  - b. Details of preventative measures provided in the UNICEF School in A Box Program;
  - c. Posters with specifics on symptoms to ensure pneumonia and diarrhea are detected at the earliest stage;
8. *Encourages* the GAPPD imperatives to protect, prevent, and treat to pay particular attention to the less successfully implemented actions like:
- a. Attempts to make antibiotics and oral hydration solutions (ORS) more accessible for families in rural areas;
  - b. Provide information on ORS, its use, and benefits to hospitals and nursing homes in accordance with Clause 7 on the public relations campaign;
  - c. Funding research to map which solutions are the least perishable and most temperature resistant;
9. *Further recommends* a timeframe of monitoring the success of these initiatives by UNICEF officials to be set and include:



- 109 a. Yearly reports from national health ministries to be sent back to UNICEF on the progress or  
110 shortcomings of implementation;  
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- 112 b. Assistance to UNICEF partners in making data collection more concentrated, including:  
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- 114 i. Focusing on the work done by the UNICEF field teams;  
115 ii. Observing the efficiency of external organizations' mandates;  
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- 117 c. Recording and monitoring the progress of local hospitals and nursing homes regularly with mandated  
118 officials from UNICEF and the WHO;  
119
- 120 d. Further analyzing the number of deaths caused by pneumonia for an indication of vaccine usage  
121 frequency;  
122
- 123 e. Reviewing how many vaccines are used and how many are wasted;  
124
- 125 10. *Suggests* that the eradication of pneumonia be added to the long-term goals of the Post-2015 Development  
126 Agenda with the short term goals of:  
127
- 128 a. Evaluation of the progress every year in co-operation with the WHO;  
129
- 130 b. Setting a definite re-evaluation deadline of 2025;  
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- 132 c. Observing the flow of practicalities and pace of implementation;  
133
- 134 11. *Approves* UNICEF funding specifically from the Child Survival and Development Fund to tackle pneumonia in  
135 children below five years of age according to the guidelines set forth in this agenda and *agrees* that the need of  
136 additional funding will be reviewed every second year starting from 2015;  
137
- 138 12. *Reminds* all initiatives for eradicating pneumonia maintain respect of national sovereignty of Member States by  
139 involving government institutions within the process of:  
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- 141 a. Ensuring transparency in all processes and initiatives;  
142
- 143 b. Maintaining the authority of existing government health institutions;  
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- 145 c. Creating the space through communication between bodies and governments to monitor all initiatives,  
146 research, and development as well as action plans;  
147
- 148 d. Striking a balance of participation between officials in the initiatives where equal opportunity to  
149 government and officials are given;  
150
- 151 13. *Encourages* the acceleration of collaboration on the given issue with the WHO and GAVI by:  
152
- 153 a. Bridging the gap between ministries of health and the WHO as well as GAVI;  
154
- 155 b. UNICEF providing a meta-analysis of the yearly country reports to the WHO.

**Code:** UNICEF/RES/1/3

**Committee:** United Nations Children’s Fund

**Topic:** Preventing Child Mortality through Immunizations

1 *The United Nations Children’s Fund,*

2  
3 *Recalling* the upcoming 25<sup>th</sup> anniversary of the *Convention on the Rights of the Child* (CRC) and its primary purpose  
4 of protecting children and promoting their basic human rights,

5  
6 *Recognizing* the impending deadline of the Millennium Development Goals, specifically goal four, reducing the  
7 child mortality rate, and noting the current Sustainable Development Agenda’s role in the future of immunizations  
8 and child health,

9  
10 *Noting with satisfaction* that the working group on the Sustainable Development Goals has established focus area  
11 three to emphasize the need for improved health and population dynamics to ensure strengthened health systems,  
12 effective and affordable vaccines for all, the dissemination of health knowledge in all communities, and the  
13 significant reduction of child morbidity, all conducted in a sustainable manner,

14  
15 *Welcoming* the collaboration of the international community in its commitment to self sustainable solutions in  
16 reducing dependence on monetary donations and foreign aid,

17  
18 *Bearing in mind* Secretary General Ban Ki Moon’s statement that declares immunizations are one of the best and  
19 most cost-effective ways to save young lives and that they are the most efficient method of reducing the child  
20 mortality rate,

21  
22 *Noting* the difficulties of achieving widespread usage and acceptance of vaccines due to inadequate hygiene  
23 education, cultural perspectives, and logistical, and geographic obstacles,

24  
25 *Stressing* the importance of existing regional bodies of the United Nations Children’s Fund (UNICEF), the World  
26 Health Organization (WHO), and non-governmental organizations (NGOs) so as to accurately implement  
27 immunization and health programs that are culturally and economically viable,

28  
29 *Deeply conscious* of the need to distinguish between short-term and long-term goals in regards to immunization  
30 implementation and child health programs,

31  
32 *Acknowledges* that the Millennium Development Goals can be considered short-term structures and the  
33 implementations in the following 15 years, in accordance with the Post-2015 Sustainable Development Agenda and  
34 the Child Survival Call to Action’s five point plan, can be considered long-term structures that emphasize lasting  
35 and sustainable impacts,

36  
37 *Reaffirming* there is a need for immediate and short-term action of employing vaccinations in developing countries  
38 based on the GAVI Alliance Global Action Plan campaign,

39  
40 *Recognizing* that proper hygiene and health practices can be preventative tools that can reduce the need for  
41 immunizations and that education regarding health and hygiene for both children and mothers in all regions of the  
42 world can establish health, hygiene, and immunizations as crucial and necessary practices,

43  
44 *Acknowledging* the need to build upon current long-term, sustainable plans to provide global access to  
45 immunizations such as the five-point plan of the Child Survival Call to Action,

46  
47 *Emphasizing* the need for proper communication and better coordination between UNICEF and other  
48 intergovernmental bodies and NGOs working towards similar objectives in order to more efficiently disperse current  
49 limited resources,

50  
51 *Referring to* and building upon the Child Survival Call to Action’s five-point plan, which calls for a reduction of  
52 child mortality by 60% by the year 2035,

53

- 54 1. *Supports* the implementation of short-term focuses and practices to prioritize countries that have the greatest  
55 need, as reported by MDG4, through the provisions of:  
56
- 57 a. Increasing the quantity of existing team members of specialists trained by UNICEF and the WHO for  
58 administering vaccinations by 20% through launching a volunteer recruitment campaign targeting  
59 volunteers in the medical field willing to serve in UNICEF’s regional offices and in conjunction with  
60 other UN bodies or NGOs;
  - 61
  - 62 b. Continued support and resources for currently existing regional advisory panels formed of experts,  
63 community leaders, NGO officials, and UNICEF officials in order to fully integrate UNICEF  
64 education programs into the local community in a culturally appropriate manner in order to use  
65 resources and knowledge from a wide array of sources;
  - 66
  - 67 c. The more efficient and wider distribution of educational materials regarding health and hygiene  
68 education, particularly immunization, for communities with highest risk including, but not limited to,  
69 The Handbook on Newborns and Childcare and UNICEF’s “Water, Sanitation, and Hygiene” Program  
70 resources, as well as a UNICEF sponsored informational radio broadcast acknowledging this method’s  
71 effectiveness in reaching remote, illiterate, and vulnerable populations;
  - 72
- 73 2. *Calls for* the implementation of independent and sustainable region specific immunization education programs  
74 that promote accurate knowledge and proper access to immunizations through long-term educational processes  
75 such as:  
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- 77 a. The utilization of existing resources provided through the GAVI Alliance Global Action Plan so as to  
78 expand and develop the program to incorporate instruction in health project management for regional  
79 and community authorities in sustainable educational programs in health, hygiene, and the importance  
80 of vaccines and vitamins nothing the success of the distributing vitamin A;
  - 81
  - 82 b. Continuous immunization education programs in remote and rural communities as well as establishing  
83 a program focusing on mothers helping mothers, in order to reach young women through local  
84 resources by increasing educational materials for pregnant women and instigating educational classes  
85 focused on child health;
  - 86
  - 87 c. A focus on immunization and hygiene education in both primary and secondary school systems by  
88 emphasizing sanitation and health in all regions, while providing materials and information to  
89 educators and education systems on a continuous, updated basis;
  - 90
  - 91 d. Emphasizing culturally inclusive, region specific educational programs in all regions and geographic  
92 locations, so as to further the encouragement of immunization education and basic hygiene in urban,  
93 rural, and remote areas of the globe;
  - 94
- 95 3. *Instigates* the restructuring of preexisting resources for sustainable immunization programs to use our limited  
96 resources to greater effect by way of:  
97
- 98 a. Providing basic materials such as medical protective clothing, soap, syringes, and simple sanitary and  
99 hygiene supplies through continuous collection campaigns and distributing through existing channels;
  - 100
  - 101 b. Manpower in the form of doctors, nurses, midwives, and local medical specialists;
  - 102
  - 103 c. Tax incentives for corporations and individuals who donate financial resources or reduced price  
104 vaccines;
  - 105
- 106 4. *Decides* UNICEF will build upon its current belief that communication lies at the heart of sustainable  
107 development by improving existing channels of communication with other intergovernmental bodies and NGOs  
108 striving to accomplish similar sustainable development through immunizations by:  
109

- 110 a. Improving joint reporting systems between UNICEF and other immunization implementation  
111 organizations' electronic databases;  
112  
113 b. Encouraging Member States to provide technological resources such as satellite phones and Internet  
114 connectors to facilitate multilateral communication with a focus on immunizations and health systems.

**Code:** UNICEF/RES/1/4

**Committee:** The United Nations Children’s Fund

**Topic:** Preventing Child Mortality Through Immunization

- 1 *The United Nations Children’s Fund,*  
 2  
 3 *Deeply concerned* that 1.4 million deaths of children under the age of 5 are caused by preventable diseases,  
 4  
 5 *Affirming* the relevant provisions of the *United Nations Convention on the Rights of the Child* that recognizes that  
 6 every child has the inherent right to life, and that every Member State shall ensure, to the maximum extent possible,  
 7 the healthy survival and development of the child,  
 8  
 9 *Noting* the vulnerability of certain areas in accessing equitable immunization,  
 10  
 11 *Noting further* the efforts made by UNICEF to provide equitable access to immunization for children worldwide,  
 12 specifically in remote areas,  
 13  
 14 *Draws attention to* and stresses the importance of existing and available child mortality prevention programs and  
 15 resolutions while emphasizing the importance of long-term sustainable and effective commitments such as the  
 16 Expanded Program on Immunization (EPI) and the Global Alliance of Vaccine and Immunization (GAVI),  
 17  
 18 *Noting with satisfaction* that EPI has vaccinated more than 83% of children against the 6 deadly diseases,  
 19  
 20 *Further noting* that GAVI has supported the Health Supported Strengthening Program (HSS), which promotes  
 21 equitable access to immunization,  
 22  
 23 *Aware of* the importance of maintaining the national sovereignty of Member States and ensuring that any initiatives  
 24 conducted by United Nations bodies will be in collaboration with local governments,  
 25  
 26 *Recalling* the United Nations General Assembly Resolution WHA58.15, entitled “Global Immunization Strategy,”  
 27 that aims at immunizing children globally,  
 28  
 29 *Emphasizing* Article 24 of the *Universal Declaration of Human Rights* that endorses children’s rights to receive  
 30 health care and treatment for illnesses and emphasizes the importance of reducing infant and child mortality rates,  
 31  
 32 *Acknowledging* the expiration date of the Fourth Millennium Development Goal in 2015,  
 33  
 34 *Supporting* UNICEF’s report *Committing to Child Survivor: A Promise Renewed* that expresses the hope to end  
 35 mortality due to preventable diseases, advocates for the participation of public and private actors along with civil  
 36 society organizations, releases statistical reports that assess the global level of accomplishments in preventing deaths  
 37 due to preventable diseases, and establishes and explains various specific initiatives that have been undertaken by  
 38 Member States and organizations in collaboration with local governments in light of the reports,  
 39  
 40 *Recalling* the *Innocenti Research Center for UNICEF (IRC)* that conducts research on available, affordable, and  
 41 lifesaving vaccinations using existing resources, and voluntary and consistent contributions from Member States,  
 42 distributes reliable data on the benefits and risks of vaccines available to the public through their three main  
 43 publications,  
 44  
 45 *Recognizing* the efforts of the United Nations Inter Agency Group for Child Mortality Estimation (UNIGME) that is  
 46 responsible for tracking the statistics of child mortality rates,  
 47  
 48 *Recognizing* that there will be no unplanned increases to the UNICEF budget,  
 49  
 50 1. *Directs* UNICEF’s *Committing to Child Survivor: A Promise Renewed* to provide channels in which individuals  
 51 may be able to participate in the process of immunization for children whether as patients or volunteers, in  
 52 addition to strengthening their existing initiatives and attempting to expand their target audiences;  
 53

- 54 2. *Instructs* UNICEF programs to promote child immunization programs that will expand interpersonal  
55 communication activities through outreach teams with all members of society such as, but not limited to,  
56 influential religious, medical, and political local leaders that will visit remote areas to ensure that cultural  
57 diversity is respected and recognized throughout the process by:  
58
- 59 a. Convening local meetings and workshops on a quarterly basis to attract volunteers such as, but not  
60 limited to, public health practitioners, immunization programs, and immunization providers to raise  
61 awareness on the success of vaccinations due to its cost-effective interventions preventing child  
62 mortality;
  - 63 b. Enhancing education for trained members and families on vaccine-preventable diseases through local  
64 seminars, lectures, and events;
  - 65 c. Strengthening resources of healthcare providers, such as technological innovations, which are designed  
66 to increase participation in immunization programs that will:  
67 i. Aim at studying and reporting populations that need improved technologies;  
68 ii. Monitor the introduction of newly introduced vaccines to oversee their progress;
- 69
- 70 3. *Decides* that the IRC will expand the affairs of GAVI through conducting new research in hopes of  
71 strengthening evidence-based decision-making by countries on new vaccines;  
72
- 73 4. *Further decides* that the IRC will collaborate their efforts with the UNIGME in order to:  
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- 75 a. Improve data collection techniques, where the IRC will be responsible for initiating projects of  
76 research and development;
  - 77 b. Building private sector approaches into operations, where experts will be consulted for data  
78 interpretation;  
79 i. Expanding scientific research, initiated by EPI, to be used in order to enhance the process of  
80 scientific innovation to strengthen the immunization system by developing new vaccines;  
81 ii. Expanding the quality of health care services in each Member State to ensure that the process of  
82 immunization is efficient and effective;
- 83
- 84 5. *Instructs* that UNICEF programs seek a strategic partnership with EPI to expand their scope of immunization  
85 distribution in remote areas to include:  
86
- 87 a. Ensuring equal distribution of health services to all remote areas irrespective of the region;
  - 88 b. Ensuring the proper transportation of medical services to remote areas in addition to improving the  
89 preservation techniques in order to maintain the potency of vaccines;
- 90
- 91 6. *Urges* the implementation of voluntarily sponsored post-immunization programs that aim to address the  
92 possible mild or severe side effects and reactions experienced by recipients subsequent to their immunization  
93 such as, but not limited to, fever, diarrhea, joint pain, inflammation, blood in the urine or stool, discomfort on  
94 the application site in the form of redness, sores, itchiness, etc., which will involve using:  
95
- 96 a. Training resources, such as, but not limited to *The Path Training Program* that will strengthen the  
97 training of local and regional professional teams of board certified pediatricians, nurse practitioners,  
98 and physical assistants by UNICEF to offer adequate quality care to vaccine recipients;
  - 99 b. Training content, which will:  
100 i. Monitor children post-immunization and assess whether psychological assistance is required;
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- 109           ii.    Monitor possible side effects and reactions experienced by recipients through general check-ups to  
110           ensure that further complications do not arise;
- 111           iii.   Ensure that parents of immunized children are attending sessions that aim to raise awareness  
112           regarding the importance of assisting children psychologically and physically post-immunization  
113           to better understand the biological effects of the vaccinations and how to properly manage them;
- 114           iv.    Periodical visitations by UNICEF to the areas of existing immunization programs as well as  
115           remote areas mentioned in clause 5, to ensure the implementation of its post-immunization  
116           initiative and its efficiency;
- 117           v.    Ensuring the continuous monitoring and care of the post-immunization facilities and institutions;
- 118
- 119   7.   *Urges* Member States to prioritize preventing child mortality through immunization and to give children of their  
120   respective countries the equal opportunity to receive vaccinations.

**Code:** UNICEF/RES/1/5

**Committee:** United Nation Children’s Fund

**Topic:** Preventing Child Mortality Through the Use of Immunizations

1 *The United Nations Children’s Fund,*

2  
3 *Recalling* the commitment of the international community to prevent infectious diseases in children and reducing  
4 child mortality across the globe in a manner consistent with the *Universal Declaration of Human Rights* (UDHR)  
5 and the *Convention on the Rights of the Child,*

6  
7 *Emphasizing* the importance of the fourth Millennium Development Goal (MDG), which seeks to reduce child  
8 mortality by 2015, and deeply concerned by the lack of progress in the realization of this goal within hard-to-reach  
9 populations around the world,

10  
11 *Noting* with appreciation the enormous efforts of the World Health Organization (WHO) and civil society  
12 organizations such as Doctors Without Borders and Nurses Without Borders to bring immunizations to these  
13 populations,

14  
15 *Acknowledging* the importance of communication and transparency among Member States to tackle the issues of  
16 immunization,

17  
18 *Bearing in mind* the Global Vaccine Safety Initiative and the “Committing to Child Survival: A Promise Renewed”  
19 report, which identify the problem of vaccine safety as a national and global priority,

20  
21 *Confirming* the importance of the role of non-governmental organizations in the dissemination of useful information  
22 and in raising the awareness and knowledge of local communities and families and applauding, in this respect, the  
23 actions of such organizations as Every Woman, Every Child, the Commission on Information and Accountability for  
24 Woman’s and Children’s Health,

25  
26 *Recognizing* that efforts to centralize immunization-focused groups will remove the barriers to efficiency presented  
27 by decentralization, which in the status quo makes the communication of resources difficult and time consuming,

28  
29 *Realizing* also that an established campaign will allow and promote an intensified collaboration between the United  
30 Nations Children’s Found (UNICEF) and World Health Organization (WHO) to achieve the universal availability of  
31 safe vaccines,

32  
33 *Noting with concern* the resource constraints preventing many organizations to undertake sustainable development  
34 of immunization industry within long-term and innovative programs,

35  
36 *Noting also* the discrepancies in the current distribution of safe vaccines arising from the decentralization of  
37 available resources and the marginalization of the poor especially in urban communities,

38  
39 *Affirming that a concerted* campaign focused on national ownership and driven by the need to be mindful of the  
40 sustainability of development will encourage shared responsibility and promote cooperation in the search of  
41 solutions,

42  
43 *Acknowledging* that communicative measures such as reporting to other Member States about counterfeit and  
44 illegitimate vaccines is crucial to saving lives at risk and spreading valid information,

45  
46 *Believing* that implementing specific tasks will improve the upscale of current programs existing within UNICEF in  
47 order to prevent undesirable outcomes when providing health to child populations in need,

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49 1. *Decides* to launch a coordinated, world-wide campaign to improve education and awareness about the  
50 transportation and distribution of safe and quality vaccines and to mobilize commensurate national resources in  
51 support of the objectives to:

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- a. Instructs the campaign to facilitate local awareness efforts and equitable distribution by responding to diverse regional requirements;
  - b. Determines that the campaign will be funded and supported through the transfer of expertise and resources from existing resources of immunization-focused groups established in accordance with resolutions of the governing bodies of UNICEF in collaboration with WHO;
  - c. These groups will be empowered to decide the best way that communication, equitability, and sustainability in immunization will be ensured by campaign human resources;
  - d. Also encourages these groups to be in charge of distribution infrastructures in order to prevent the provision of counterfeit vaccines and to ensure the availability of quality, safe vaccines consistent with the norms of the Cold Chain Logistics System;
  - e. The campaign will also rely on the expertise of WHO in generating distribution of a legitimate and reliable information;
- 70 2. *Suggests* the campaign to optimize and realize WHO standards to ensure the effective and equal distribution of  
71 vaccines in a sustainable methodology, including the provision of technical support for equitable geographical  
72 distribution, such that the campaign will:
- 73
- a. Reach populations include outside the primary access infrastructures, including the urban poor, disconnected rural communities, and displaced populations, by building on the success of very recent UNICEF programs to bring vaccinations into refugee camps;
  - b. Provide support for refugee families in order to ensure that the physical, health, and social needs of children are met;
  - c. Mobilize community-based leaders in the public and religious sectors to explain to parents the importance of having vaccinated children in refugee camps;
  - d. Promote political sensitivity by including public sector to support reaching to reach stateless children and other disenfranchised populations and seeking partnerships with organizations and commissions such as the Office of the UN High Commission for Refugees (UNHCR). This will be accomplished by communicating the importance of equal distribution in a sustainable methodology;
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- 90 3. *Directs* the task force element of the campaign to utilize strategies to distribute vaccines on a regional basis with  
91 due regard to the needs of individual countries, including schemes to bring children from rural areas into urban  
92 areas to allow efficient and monitored vaccinations and improvements of local distribution infrastructure  
93 developed in consultation with local communities, such that:
- 94
- a. The campaign will be responsible for collaborating with existing vaccination centers in impoverished urban areas that make vaccination and information distribution accessible to families living there;
  - b. The task forces will train community groups and strengthen, in cooperation whenever possible and appropriate with the International Committee of the Red Cross (ICRC) and SAGE, the capacity of local communities to widely distribute safe vaccines;
  - c. The campaign will build upon the successes of small pilot programs implemented through UNICEF and the WHO that educate and promote religious leaders as informed vaccination advocates and will be empowered through specific resource allocation to expand these programs into culturally hard-to-reach populations to promote greater capability for religious and secular culture sensitivity;
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- 109                   d. Through the provision of additional resources earmarked specifically for the geographically  
110                   separated, the capacity of campaign task forces to overcome geographical obstacles will be  
111                   strengthened by utilization of mobilization technology and communication infrastructure;  
112
- 113 4. *Establishes* a campaign within which collaborative bilateral and multilateral policies and schemes such as those  
114 established under the Global Vaccine Action Plan 2011-2020 (WHA 65.17) can be explored and instigated to  
115 the benefit of every country involved in order to explore common solutions to common problems such as  
116 limited operational barriers and limited access to operationalized strategies:  
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- 118                   a. The campaign, working with UNICEF and thus having direct access to representatives of Member  
119                   States, will facilitate communication between regions and countries to ensure limited operational  
120                   barriers;  
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- 122                   b. The campaign, as a centralized body, will have the capacity to create and operationalize strategies  
123                   that can be applied to multiple regions of the world that share certain cultural and geographical  
124                   characteristics, including the ability to provide specific recommendations for solutions in certain  
125                   global regions under the UNICEF mandate;  
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- 127 5. *Instructs* the campaign to undertake information gathering and reporting measures in order to promote  
128 transparency by working directly in partnership with public and private sector actors to ensure the safety and  
129 legitimacy of distributed vaccinations. Information gathering will happen through the ability of the campaign, in  
130 the partnership of UNICEF and the WHO, to implement task forces within countries and regions to utilize  
131 expertise and spread accurate information within the health community as a tool to establish a preventative  
132 nature to vaccine distribution.  
133