

Code: WHO Resolution 1-1
Committee: World Health Organization
Subject: Addressing Vaccine Delivery and Disease Eradication Efforts

1 *Reaffirming the World Health Organization (WHO) Constitution* which states that the enjoyment
2 of the highest attainable standard of health is one of the fundamental rights of every human
3 being,

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5 *Recognizing the Rapid Risk Assessment of Acute Public Health Events*, which mentions that the
6 WHO currently has an inability to respond rapidly to health threats,

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8 *Realizing the purpose of the Global Outbreak Alert and Response Network (GOARN)* is to
9 contribute to long-term epidemic preparedness, thus, an expansion of GOARN would incentivize
10 research, expedite aid delivery, and increase education on health risks,

11
12 *Acknowledging the wide-spread use of new and under-utilized vaccines that support the*
13 *Millennium Development Goal 4 of reducing global childhood mortality by two-thirds by 2015*
14 *through the use of programs used by New Under-utilized Vaccine Initiative (NUVI),*

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16 *Recognizing the PAHO Resolution CD.44.R1 which created Vaccination Week awareness in*
17 *South America which currently vaccinated over 550 million citizens,*

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19 *The World Health Organization,*

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21 1) *Requests* the deployment of real-time monitors to curtail the spread of epidemics before
22 they can evolve into pandemics by:
- 23
24 a. Improving risk assessment communication by providing all Member States currently
25 represented in the GOARN the ability to receive real-time tracking of outbreaks to:
- 26
27 i. Ascertain growing trends, which:
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29 (1) Gives the state physical knowledge of where outbreaks are occurring in real-
30 time,
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32 (2) Provides insight that shall increase the demand to incentivize research and
33 development of better technology,
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35 (3) Gives the WHO more knowledge of the amount of attention each outbreak
36 requires,
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38 ii. Provide more accurate data,
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40 iii. Allow for better treatments and/or quarantine efforts to quell outbreaks, by:
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42 (1) Prioritizing eradication and/or containment efforts,

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- (2) Suggesting that locales, which are beyond a plausible eradication threshold, to be quarantined,
 - (3) Giving locales, within a reasonable margin, mechanisms to eradicate preventable diseases,
 - (4) Allowing for a more macroscopic approach in dealing with outbreaks by analyzing data points to forecast where further outbreaks will occur,
 - (5) Giving projected areas proper treatment and vaccinations to stop the outbreak from spreading further,
- b. Replacing old risk assessment policies and definitions with new policies and definitions that are more benefiting of this new structure,
 - c. Use these new policies and definitions to advocate for more cohesion between communication, treatment, and eradication efforts,
 - d. Having a biannual meeting with representative Member States addressing the voices of their regional WHO offices,
 - e. Providing information for a biannual report from each regional WHO office detailing the proliferation, eradication, and containment of prominent diseases for each region,
 - f. Suggesting everything funded by the Global Fund or Central Emergency Response Fund (CERF) in conjunction with private companies such as Yandex;
- 2) *Urges* the strengthening of New and Under-utilized Vaccine Initiative (NUVI) to include:
 - a. The Development of newer and less expensive vaccines,
 - b. The recognition to other often neglected diseases which include but are not limited to: Japanese Encephalitis, Diphtheria, Tetanus, Pertussis, Measles and Tuberculosis;
 - 3) *Encourages* the implementation of a newly-developed vaccine refrigeration system which does not require electricity nor fuel and allows for the delivery of the temperature sensitive yet inexpensive and more effective live Polio vaccine;
 - 4) *Requests* the creation of vaccine centers within each Member State to:
 - a. Overcome cultural barriers and stigmas regarding vaccines and modern health methods through:
 - i. Employing local governmental and religious leaders,
 - ii. Acquiring the support of local leaders to ensure the legitimacy of the centers,

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iii. Facilitating more effective distribution of vaccines at a local level to target populations,

iv. Further reinforce trust and reputability in global health organizations;

- 5) *Recommends* the modeling of vaccination week awareness in Latin America which Implements annual hemispheric vaccination delivery, which targets high-risk populations groups and under served areas.

Code: WHO Resolution 1-2
Committee: The World Health Organization
Subject: Addressing Vaccine Delivery and Disease Eradication

1 *Alarmed* by the dangers of rapidly spreading disease and the difficulty in vaccine
2 delivery,

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4 *Acknowledging* the need to set Member States on a path to self-sufficiency,

5
6 *Stressing* the importance of a three-tier approach focusing not only on an international
7 approach but also on a regional and local approach,

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9 *Realizing* the potential for collaboration between the World Health Organization (WHO),
10 Non-Governmental Organizations (NGOs), and other global health actors,

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12 *Affirming that* there are regional-specific health issues that differ across the globe,

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14 *Recognizing* the effectiveness of the Pan American Health Organization's (PAHO)
15 Revolving Fund in making quality medical supplies at lower prices for the Latin
16 American region,

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18 *Fully aware* that many diseases can be prevented through the simple gain of knowledge
19 and education on proper sanitary methods,

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21 *Understanding* the need to observe the efficiency and effectiveness of various programs
22 implemented by WHO bodies,

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24 *The World Health Organization (WHO),*

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26 1. *Calls for* further emphasis to be placed on education, medical information
27 transparency, vaccination research and development by Member States of the
28 WHO;
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30 2. *Seeks* the increased involvement of the private-sector within Member States to
31 implement the distribution and development of vaccines, improve sanitation
32 practices, and provide various other medical necessities to:
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34 a) Promote cooperation within the global health community,
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36 b) Strengthen nation-state economic infrastructure,
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38 c) Stimulate economic growth within their respected nations;
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40 3. *Recommends* a more centralized, comprehensive medical information
41 database to:
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- a) Make available information related to vaccine delivery and disease eradication strategies,
 - b) Be provided to on a voluntary basis by all willing Member States,
 - c) Ensure collaboration between the World Health Organization and other health-related NGOs;
4. *Encourages* bilateral and multilateral cooperation between national, regional, and international bodies to share:
- a) Successful health strategies,
 - b) Medical technology,
 - c) Effective methods of distribution;
5. *Calls upon* Member States to work with their WHO regional office to focus on regional specific health issues;
6. *Encourages* regional bodies to create revolving funds based on the model of the PAHO Revolving Fund to make quality medical supplies at lower prices available to Member States within their respected regions;
7. *Urges* the creation of a grassroots based education program to be developed by local health officials with the aid of regional health bodies targeting both rural and urban areas with the intent to address:
- a) Health precautions,
 - b) Preventative measures,
 - c) Locations for the receiving of aid,
 - d) Effective waste management options,
 - e) Environmental improvements;
8. *Suggests* adding to the agenda of the upcoming World Health Assembly the issue of addressing the development of an oversight and health evaluation body to ensure the effectiveness and efficiency of health programs.

Code: WHO Resolution 1-3

Committee: The World Health Organization

Subject: *Addressing Vaccine Delivery and Disease Eradication Efforts*

1 *Acknowledging* the successes of the Global Polio Eradication Initiative (GPEI) in attempting to
2 eradicate polio,
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4 *Recalling* World Health Assembly resolution WHA27.57 which established the Expanded
5 Program on Immunization (EPI) and the accomplishments of the EPI in providing immunizations
6 globally,
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8 *Recognizing* the efforts made by World Intellectual Properties Organization (WIPO) regarding
9 lowering the costs of vaccines,
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11 *Deeply conscious* of the need for stronger communication between all organizations involved in
12 the global health community,
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14 *The World Health Organization,*
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16 1) *Emphasizes* the successful program produced by the GPEI for eliminating the impact of
17 viruses on the global community, and seeking to use the GPEI as a model in other disease
18 eradication efforts in the form of the proposed four step system:
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20 a) First, targeting infant and newborns, inoculations are delivered in the early years of
21 life,
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23 b) Second, “national immunization days” are held to give populations a specific day to
24 come to health centers to receive vaccinations:
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26 i) Which are also accompanied by educational campaigns with the objective of
27 educating a population on the importance of vaccinations,
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29 c) Third, monitoring programs with laboratory and field technology that are used to
30 monitor ‘wild’ virus instances to map out target areas,
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32 d) Finally, once transmission of the virus has been isolated, ‘mop up’ campaigns are
33 implemented in order to complete the process of eliminating the virus from the
34 human population;
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36 2) *Endorses* the expansion of the *WHO Essential Medicines List* to include crucial vaccines
37 needed to insure expanded efforts to improve international health, including the Polio,
38 Influenza, and Tetanus/Diphtheria vaccinations;
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40 3) *Calls Upon* WIPO to facilitate a summit to discuss:
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- 42 a) Patents on vaccines and their effect on the ability to distribute proper dosages in
43 eradication initiatives,
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- 45 b) Creating agreements in order to facilitate the production of generic vaccines to insure
46 that costs are manageable for international organizations,
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- 48 c) Promoting the continued efforts to expand technologies to insure that vaccines can be
49 delivered more effectively;
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- 51 4) *Approves* the WHO's hosting of a summit, with the cooperation of WHO regional
52 offices, prominent Non-Governmental Organizations (NGOs), and other relevant UN
53 bodies to discuss:
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- 55 a) Improving methods of communication including:
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- 57 i) Information sharing,
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- 59 ii) Monitoring and reporting issues regarding outbreaks and other health related
60 issues,
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- 62 b) Discussing global objectives with the aim:
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- 64 i) To increase cooperation and awareness of each organization's efforts,
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- 66 ii) To develop methods to combine efforts to increase productivity;
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- 68 5) *Requests* the cooperation of the international community and pharmaceutical companies
69 to more competitively price vaccines as well as provide more transparency in vaccine
70 production;
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- 72 6) *Strongly recommends* the creation of an educational program with the intent to increase
73 awareness within the global community of the need for new transportation methods for
74 vaccines by:
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- 76 a) Outlining what has been done and how as well as in what instances these methods
77 have been effective,
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- 79 b) Providing the current needs as well as possible methods for effective transportation of
80 vaccines,
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- 82 c) Producing incentives, in conjunction with the Economic and Social Committee, for
83 companies who provide new technologies for the transportation of medical supplies;
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- 85 7) *Urges* Member States to adopt and implement a program similar to China's Alternatives
86 for Controlled Temperature Systems (ACTS) program in order to respond to the
87 problems of low-cost vaccine temperature storage systems through:

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- a) Providing long-term temperature sensitive vaccine storage options such as:
 - i) The use of silk proteins made from silkworm cocoons to stabilize vaccine temperature in extreme cases of heat up to 110 degrees Fahrenheit for several months,
 - ii) The utilization of sugar membranes, sucrose and trehalose, to suspend vaccines in animation to then be dissolved and reanimated simply with water allowing the vaccine to be stored at extremely high temperatures for 6 to 12 months,
 - iii) The production and distribution of solar powered refrigerators made from easily found materials, allowing these refrigerators to be built within most countries, and also capable of being powered by biofuels in seasons and regions lacking sunshine,
 - b) Providing short-term mobile storage options to facilitate the delivery of temperature sensitive vaccines such as:
 - i) Vacuum-sealed insulation panels to halt heat flow by 20 times as well as the same amount of polyurethane foam,
 - ii) Using the phase-changer insulation materials,
 - iii) Silicon carbide and silicon dioxide nanoparticle coating to prevent heat absorption;
- 8) *Affirms* the need for protection of medical personnel by:
- a) Requesting the Security Council and Disarmament and International Security Committee to create and review initiatives regarding the safety of personnel in medical initiatives,
 - b) Fostering a partnership with the World Resources Institute with the goal of utilizing geo-mapping through mobile communication devices to help secure the safety of medical volunteers in the field.

Code: WHO Resolution 1-4
Committee: World Health Organization
Subject: Addressing Vaccine Delivery and Disease Eradication Efforts

1 *Recognizing* that Universal Health Care is a an effective means of providing health care
2 services for all citizens in the International Community,

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4 *Understanding* that some Member States may not have the capacity for universal health
5 care,

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7 *Emphasizing* the importance of cooperation amongst Member States to achieve the
8 utmost standards of health services,

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10 *The World Health Organization,*

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12 1) *Endorses* that Universal Health Care is a proven and effective means of providing
13 health care services to citizens in the International Community,

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15 2) *Encourages* Member States to consider the viable options that universal health care
16 provides,

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18 3) *Has resolved* upon request of the member state, to send WHO advisors to aid in the
19 implementation of successful universal health care systems.

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Code: WHO Resolution 1-5
Committee: World Health Organization
Subject: Addressing Vaccine Delivery and Disease Eradication Efforts

1 *Noting* the need to progress towards the distribution of health services to areas of limited access,

2
3 *Emphasizing* the need to for health resources and services to areas in which citizens are
4 incapable of regular access to health centers and vaccines,

5
6 *Seeking* for the creation of a campaign which will help provide information and funding to
7 Member States to endorse and further the implementation of the Mobile Health Units (MHUs),

8
9 *Taking notice* of the existing funds in place of these services from WHO and partnered NGOs
10 such as United Nations International Children’s Fund (UNICEF) and the International
11 Committee of the Red Cross (ICRC),

12
13 *Recognizing* the successful implementation of MHUs by providing immunizations, health
14 protections, disease screening, and physical and dental checkups in states such as Thailand,
15 Afghanistan, Brazil, Uganda, South Africa, and India,

16
17 *Acknowledging* the recent success in Thailand in combating Malaria through vaccinations and
18 bed nets,

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20 *Further Recognizing* the success of UNICEF’s program implemented in Afghanistan in 2006,
21 which provided pregnant women tetanus vaccinations, protection to the child as well,

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23 *The World Health Organization,*

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25 1) *Recommends* the further implementation of MHUs through the creation of an initiative
26 called the Mobile Eradication and Distribution Initiative (MEDI) that will:

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28 a. Reach Member States that have limited access to health services and health
29 education facilities on a case by case bases decided upon by the WHO regional
30 actors, specifically targeting women and children, but not limited to nor solely
31 encompassing this demographic,
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33 b. Provide health services through MHUs which will be called Mobile Medical
34 Miracles (MMM) under MEDI that will offer the following services:
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36 i. Testing and screening for a spectrum of health concerns, from minor
37 illnesses to communicable diseases,
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39 ii. Vaccines needed for the treatment of illnesses specific to each region and
40 of global concern decided by the WHO actors and NGOs that are
41 regionally based,
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- iii. Education for women and children as a preventive measure and for promotion of healthy lifestyles,
 - iv. Health personnel trained with in regional blocks, from existing health care facilities within each member nations, and equipped with knowledge of cultures, norms and social customs,
- c. Work in accordance with global initiatives, regional WHO offices, local leaders and state wide non-governmental institutions such as; Global Program for Vaccine and Immunization (GPV), Global Polio Eradication Initiative (GPEI), UNICEF and more specifically as an example Malaria Control (MAL),
- d. Funded through the construction of the Global Campaign for Combating Communicable and Non-communicable Diseases using the GPEI as a model to follow state sponsors and partnership initiatives including public and private fund.



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Code: WHO Resolution 1-6
Committee: World Health Organization
Subject: Addressing Vaccine Delivery and Disease Eradication Efforts

- 1 *Recognizing* regional specific initiatives to address global health issues through
2 multilateral cooperation,
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4 *Understanding* the importance of education in order to adopt preventative measures
5 against disease,
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7 *Stressing* the importance of local, regional, and global transparent networks that
8 collaborate to disseminate medical advances,
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10 *Acknowledging* that national influenza pandemic preparedness plans are important for the
11 precaution of any pandemic outbreak within Member States,
12
13 *Keeping in mind* that global interactive mapping of disease outbreaks is used by various
14 organizations as a visual display of transparency but lacks sufficient information to be
15 useful and specific,
16
17 *Highlighting* the importance of addressing persisting issues and promoting global
18 cooperation through the international, regional, and local-grassroots levels to in turn
19 strengthen each layer internally and externally,
20
21 *Alarmed by* the scarcity of vaccines in regions throughout the world,
22
23 *Deeply concerned* with the lack of access to vaccines and health facilities in isolated rural
24 areas around the world,
25
26 *Further concerned* about the disparity of technology between countries,
27
28 *The World Health Organization,*
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30 1) *Encourages* the facilitation of trade with the producer countries in order to obtain
31 and distribute the vaccines to the necessary areas;
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33 2) *Calls upon* all Member States to improve infrastructure and communication to
34 improve the spread of health services where needed;
35
36 3) *Calls for* the strengthening of already existing regional offices to promote
37 communication, cooperation, efficiency, and the expansion of these offices to
38 reach previously underrepresented areas;
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40 4) *Urges* Member States to implement the National Influenza Pandemic
41 Preparedness Plan fully within their respective regions;
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- 43 5) *Recommends* using an expanded concept of the WHO’s global interactive maps to
44 pinpoint regional and local outbreaks, in order to highlight goal initiatives
45 through:
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- 47 a. Multilevel transparency,
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 - 49 b. State accountability on set goals,
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 - 51 c. Local research and statistics,
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 - 53 d. Visual representation of the funneling and dispersion of funding and
54 resources,
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 - 56 e. Using technology as a means of administering and maintaining current
57 information;
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- 59 6) *Encourages* Member States to monitor local production of vaccines;
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- 61 a. *Suggests* that the manufacture of storage supply and medical equipment
62 are properly facilitated;
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- 64 7) *Emphasizes* the importance of public health surveillance and monitor research
65 through:
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- 67 a. Vaccine coverage,
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 - 69 b. Monitoring adverse effects,
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 - 71 c. Responding to laboratory failures;
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- 73 8) *Calls for the monitoring of* previous progress and setbacks of policies and
74 initiatives through media and regional efforts enacted by the WHO;
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- 76 9) *Urges* the least developed countries to utilize the international development
77 associates in their efforts to support members financially;
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- 79 10) *Recognizes* that global health depends on widespread dissemination of vaccines
80 and disease prevention practices;
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- 82 11) *Calls for* global standards and strategies to implement “community immunity”
83 programs including the adoption of set goals through the Global Immunization
84 Vision and Strategy (GIVS) and the ratification of the Country Cooperation
85 Strategy of 2012-2017;
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- 87 12) *Realizes* there is a need for an eradication strategy by
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- 89 a. Sharing the division of labor between the WHO and the GIVS,
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91 b. Utilizing the WHO to focus on the prevention of disease like Polio and
92 Malaria and having the GIVS focus on the curing of diseases such as
93 tuberculosis and river blindness,
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- 95 13) *Recognizes* that the viral outbreak of polio requires the full implementation of
96 strong partnership with the International Polio outbreak response standards
97 exemplified by the Global Polio Eradication Initiative (GPEI);
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- 99 14) *Supports* the improvement of the large –scale supplementary immunization
100 activities to sustain population immunity and to protect them against the possible
101 re-emergence of the most recent virus as well as new ones;
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- 103 15) *Realizes* the need for ports to ensure vaccine delivery to countries not within close
104 proximity to the region;
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- 106 16) *Expresses hope* for the promotion of universal health care and recognizes the
107 importance of such coverage.

Code: WHO Resolution 1-7

Committee: World Health Organization

Subject: Addressing Vaccine Delivery and Disease Eradication Efforts

1 *Recalling* the positive effects of vaccinations upon a nation's health standards, and the work that
2 the WHO has done regarding their recent fight against the outbreak of polio in India,
3
4 *Emphasizing* the WHO's focus on Millennium Development Goal 5, regarding the improvement
5 of child and maternal health, in order to provide equal protection for the right for all newborns to
6 a life free from disease,
7
8 *Guided by* the recognition of efforts displayed by the WHO through the success of the Global
9 Polio Eradication efforts leading to the diminishing of polio by 99%,
10
11 *Aware of* the high demand for vaccines and the positive effect that further health education could
12 have upon that number,
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14 *Desiring* the implementation of health awareness within the current public school systems,
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16 *Noting* the success experienced by nations who disperse vaccines through the practice of
17 midwifery,
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19 *Noting with deep regret* the lack of opportunity for midwives to operate effectively, and disburse
20 vaccines throughout the rural population, due to the lack of midwives within rural regions and
21 the lack of enforced regulations within midwife training facilities,
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23 *Recalling* the effective use of immunizations at birth, and its potential impact on the lowering the
24 mortality rate,
25
26 *Aware of* the unequal distribution of healthcare education throughout many states in the global
27 system,
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29 *Further Recalling* the positive effect that further health education has upon a state,
30
31 *Recognizing* the example set forth in Bangladesh with the proper implementation of tracking
32 vaccine deliveries, and its positive results,
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34 *Guided by* the creation of small, cost effective clinics in some nations that currently deliver
35 vaccines,
36
37 *Keeping in mind* the dearth of clinics in developing nations, and the need for better
38 infrastructural organization to provide healthcare and vaccination accessibility,
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40 *The World Health Organization,*
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42 *1) Suggests* the formation of a committee to oversee and regulate midwife and physician
43 training facilities to better the retention of health care provisions by:

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- a. Creating institutions that focus on training healthcare professionals such as midwives to enable successful vaccine delivery,
- b. Providing adequate sterilized medical supplies for vaccination efforts,
- c. Seeking funding from various NGOs including but not limited to Doctors without Borders, UNFPA, and also considering voluntary contributions from Member States;

2) *Calls for* the cooperation of lesser-developed countries to begin recruiting and training midwives and other healthcare providers within their own borders to the purpose of:

- a. Employing women, youth, and other disadvantaged groups within many communities thereby creating self-sustainable economies,
- b. Offering free education to local women who enroll in the midwifery program
- c. Allowing for the construction of healthcare facilities including but not limited to clinics and sustainable hospitals;

4) *Authorizes* the construction of small health clinics particularly throughout rural areas as well as strengthening and improving health care systems already in place;

5) *Endorses* collaboration from community leaders such as local NGOs in the construction of these clinics:

- a. Working to promote health awareness through the partnership with community leaders
- b. Aiming to establish better cohesion between leaders and the community seeking to better understand local cultures and customs;

6) *Supports* the creation of health standards to be regulated in the aforementioned clinics using the model of the GIVS seeking to reach the ideal goal of “community of immunity”;

7) *Further invites* the use of tracking cards, a card given at the local clinics, and stamped for the immunizations that are received, to better measure the level of successful vaccine delivery through individual participants, with specific attention to newborns;

8) *Reiterates* the importance of local community leaders for spreading education and information throughout their communities to establish cultural acceptance;

9) *Encourages* doctors within specific regions to train potential emerging medical professionals by:

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- a. Providing existing medical staff with adequate and knowledgeable assistance,
- b. Ensuring the population with a greater availability of experienced staff,
- c. Giving emerging medical staff direct training through field experience;

10) Affirms the implementation and reinforcement of health safety courses for all medical staff to lessen the potential for illness or disease;

11) Approves of an annual conference for medical staff which would include the following further training for all medical staff employed at clinics and/or hospitals as well as sharing of research between involved states and NGOs by:

- a. Aiming to be held at the regional offices of the WHO,
- b. Seeking to be fully funded and supported by the WHO to allow for doctors within the region guaranteed attendance,
- c. Allowing participants to work closely with other more developed nations bringing in medical staff and experts to oversee these conferences;

13) Requests funding and cooperation from local governments as well as NGOs including but not limited to Doctors without Borders, the Pan American Health Organization, the United Nations Capital Development Fund, United Nations Population Fund, amongst other related health organizations;

14) Endorses the adequate provision of funding and training toward the education of healthcare professions and trades, specifically the art of midwifery;

15) Requests that more developed countries provide voluntary aid in the form of funding and deployment of experienced medical professionals and midwives to designated countries in order to further educate emerging medical professionals:

- a. Once the aforementioned programs become self-sufficient, we request the transition of funding from the WHO and involved NGOs to individual member states;

16) Welcomes the cooperation from Member States in the fulfillment of the Millennium Development Goals and the implementation through sustainable healthcare reform for the purpose of a healthier environment for all persons.

Code: WHO Resolution 1-8
Committee: World Health Organization
Subject: Addressing Vaccine Delivery and Disease Eradication Efforts

1 *Having considered* the need for collaborative efforts on vaccine distribution and delivery
2 between the World Health Organization (WHO), United Nations Children’s Fund (UNICEF),
3 and other immunization partners,
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5 *Fully aware* of the role that vaccination plays on maintaining the overall health and well-being of
6 the global population,
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8 *Realizing* the challenges associated with the transportation, delivery, and storage of vaccines,
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10 *Calling upon* the United Nations Development Programme (UNDP) to assist in bringing multi-
11 lingual speakers into countries to facilitate health training programs and health awareness
12 campaigns and ensure efficient patient care and vaccine delivery,
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14 *Encouraged* by the success of vaccination efforts made in Vietnam and Bangladesh, which have
15 increased the number of vaccinated individuals to over 90% and reduced child mortality rates to
16 well below the two-thirds objective of Millennium Development Goal (MDG) 4,
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18 *Recognizing* the strategies of the Global Vaccine Action Plan in order to develop the vaccines
19 and immunizations for low-income and middle-income countries,
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21 *Guided* by the principle of technology transfer to local vaccine manufacturing facilities, as a
22 measure to successfully accomplish MDG 4, the reduction of child mortality,
23
24 *Deeply concerned* with fiscal concerns in developing states’ national immunization programs
25 and delivery systems,
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27 *Emphasizing* the importance of education and community leaders’ involvement in health
28 prevention at a local level,
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30 *Acknowledging* the central role that all-encompassing staff training had in ensuring the success
31 of smallpox eradication, where epidemiologists underwent formal instruction on how to
32 approach and react to hypothetical outbreaks,
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34 *Deeply concerned* by recent reports which have shown the increasing prevalence of polio in
35 Angola, Chad, the Democratic Republic of the Congo, and several other countries due to
36 globalization, immigration, and human trafficking,
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38 *Noting further* the Global Polio Eradication Initiative (GPEI) strategies established in 1985 by
39 the WHO and partnering bodies,
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41 *Guided by* research conducted by the Global Immunization Vision and Strategy (GIVS) that
42 estimates spending an additional 1 billion USD annually on immunizations could save 10 million
43 lives in the next decade,

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45 *The World Health Organization,*

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47 1) *Urges* Member States to honor existing and future commitments to foreign development
48 assistance associated with vaccine delivery by:

49
50 a) Advocating health security as a prerequisite to national growth by providing life-saving
51 vaccines,

52
53 b) Considering the introduction of vaccine initiatives that administer multiple vaccines in one
54 dosage into national immunization programs,

55
56 c) Developing alternative vaccination administration techniques that bypass the use of sterile
57 procedures,

58
59 d) Enhancing communication among NGOs and private organizations to provide greater
60 financial resources;

61
62 2) *Calls upon* all Member States to expand vaccine manufacturers at the local scale, which will
63 contribute to lowering the price and narrowing supply storage in the global vaccine market
64 through programs including, but not limited to China's National Biotec Group (CNBG) and
65 Indian Panacea Co. by providing hierarchical vaccine delivery through the United Nations
66 Children's Fund (UNICEF),

67
68 3) *Encourages* developed Member States and philanthropists to support health education for local
69 communities through partnerships with NGOs,

70
71 4) *Suggests* that Member States take the example of the Pan-American Health Organization's
72 (PAHO's) regional workshops on Emergency Preparedness and Response to Health
73 Emergencies which took place in 2011,

74
75 5) *Calls for* support from partner organizations such as the GAVI Alliance, World Bank,
76 International Monetary Fund (IMF), Bill and Melinda Gates Foundation, Rotary International,
77 UNICEF, and other volunteering NGO's to train and prepare health professionals to contain
78 disease outbreaks,

79
80 6) *Calls upon* the World Intellectual Properties Organization (WIPO) to discuss:

81
82 a) Vaccine patents and their effects on the vaccine distribution,

83
84 b) Strengthening partnerships between NGO's, states, legislators, and private investors to
85 facilitate the production of low-cost, generic vaccines,

86

- 87 c) Expanding technologies to ensure that vaccines are delivered more effectively,
88
- 89 7) *Calls for* referencing the Global Immunization Vision and Strategy (GIVS) and thereby
90 expediently accomplishing MDG4 by:
91
- 92 a) Reiterating the importance of GIVS periodic progress reports that review the functionality
93 of current programs,
94
- 95 b) Assuring the quality of safe products and services by:
96
- 97 i. Encouraging authenticity features on the outer packaging on vaccines,
98
- 99 ii. Establishing a logo to help consumers recognize credible online pharmacies,
100
- 101 iii. Promoting the notion of healthcare inspection for producers who manufacture
102 active and inactive pharmaceutical ingredients,
103
- 104 iv. Encouraging strengthened record-keeping for wholesale distributors,
105
- 106 v. Launching multimedia public awareness campaigns on the dangers of
107 counterfeit medical products, as well as training of professionals on
108 identification of counterfeit vaccines,
109
- 110 vi. Developing tools for the identification and follow-up of health damages and
111 providing services for tracing the distribution of medical products;
112
- 113 8) *Recommends* stakeholders and actors involved in administration of immunization initiatives
114 remain transparent in their actions by regularly reporting the logistics of policy implementation
115 by:
116
- 117 a) Promoting information-sharing networks for outbreak control,
118
- 119 b) Supporting the transparency standards adopted by the International Aid Transparency
120 Initiative (IATI) which has also been implemented by the United Nations Development
121 Program;
122
- 123 9) *Suggests* the creation and adoption of an internationally applicable Hierarchized Vaccine
124 Management and Delivery System (HVMDS) created at an annual International Vaccination
125 Collaboration (IVC), hosted and attended by all Member States currently involved in efforts to
126 produce and deliver vaccines by:
127
- 128 a) Defining High-Efficiency Vaccine Distribution Areas (HEVDA) by:
129
- 130 i. Utilizing the 2005-edited WHO Vaccine Management Assessment (VMA) to
131 evaluate the production and delivery capabilities of places harboring major
132 vaccine producers and distributors,

- 133 ii. Noting those areas that score above 95% on the VMA and tagging such areas as a
134 HEVDA,
135
- 136 b) Requesting two representatives from all areas marked HEVDA to attend the IVCC and help
137 design and regularly revise the HVMS,
138
- 139 c) Incorporating elements of the preexisting, WHO-certified Effective Vaccine Management
140 Initiative (EVMI) to expedite the delivery of vaccines within the defined centralized regions
141 by:
142
- 143 i. Utilizing health-oriented offices centered around the HEVDA that delegate duties
144 and vaccine supplies to smaller collaboration centers, similar to the strategy used
145 to eradicate smallpox,
146
- 147 ii. Dividing duties to the smaller collaboration centers, each supplied and instructed
148 by the nearest regional headquarters, set up in regions marked as high-risk areas
149 for the spread of vaccine-preventable diseases including but not limited to
150 rotaviruses and pneumococcal illnesses,
151
- 152 iii. Encouraging greater exploration of cost-effective dry powder vaccines that do not
153 require refrigeration;
154
- 155 d) Monitoring and re-evaluating this policy every year at the IVC, presided over by a panel of
156 experts;
157
- 158 10) *Further calls* for the institutionalization of the GPEI community immunity strategy in order to
159 address recurring disease outbreak areas, coupled with bi- or tri-yearly disease assessments
160 conducted by participatory Member States;
161
- 162 11) *Encourages* increasing vaccination rates of populations that refuse vaccination on
163 cultural/religious grounds by:
164
- 165 a) Educating and employing specialists who are responsive to the specific needs of susceptible
166 demographics within urban and rural areas,
167
- 168 b) Underscoring the need to address religious and cultural concerns that cause demographics to
169 opt out of vaccinations,
170
- 171 c) Providing culturally-sensitive vaccine administrations to individuals that normally opt out
172 due to religious/other concerns,
173
- 174 d) Providing multimedia education material and telemedicine opportunities that enable easier
175 access to vaccine information;
176
- 177 12) *Suggests* using scorecards and dashboards to monitor and adjust vaccination programs
178 previously implemented in smallpox eradication efforts;

179

180 *13) Promotes* the drafting of comprehensive disease containment procedures by:

181

182 a) Expanding operational research to improve the quality and cost-effectiveness of vaccines,

183

184 b) Monitoring outbreak progression through the Global Outreach and Response Network
185 (GORN),

186

187 c) Assessing the economic and social ramifications of disease impact through implementation
188 logistics reports conducted by participating Member States,

189

190 d) Collectively developing disease-eradication initiatives between Member States in similar
191 socio-economic circumstances;

192

193 *14) Emphasizes* the importance of pharmaceutical companies as partners, in order to receive
194 vaccination donations, allow private sector marketing, enhance their corporate social
195 responsibility, and benefiting the WHO.