

National Model United Nations • New York  
Conference A

30 March – 3 April 2014



Documentation of the Work of the  
United Nations Children's Fund

# UNICEF

## Committee Staff

Director	Clara Demon
Assistant Director	-
Chair	Jean Sébastien Hercot
Rapporteur	-

## Agenda

1. *Preventing Child Mortality Through Immunization*
2. *Equitable Access to Education for Children with Disabilities*
3. *Addressing the Situation of Child Soldiers*

## Delegate Awards

- *Egypt*
- *Pakistan*
- *Republic of Korea*
- *Sweden*
- *Russian Federation*

## Resolutions adopted by the committee

<b>Document Code</b>	<b>Topic</b>
UNICEF/1/1	<i>Preventing Child Mortality Through Immunization</i>
UNICEF 1/2	<i>Preventing Child Mortality Through Immunization</i>
UNICEF 1/3	<i>Preventing Child Mortality Through Immunization</i>
UNICEF 2/1	<i>Equitable Access to Education for Children with Disabilities</i>

## Summary Report

The United Nations Children's Fund (UNICEF) Executive Board held its annual session to consider the following provisional 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 first session on Sunday, 30 March 2014, was attended by representatives of 34 Member States and one observer delegation, who participated in all remaining sessions.

The Board began discussing the setting of the agenda, which was adopted in the order I, III, II. On the second session on Monday, 31 March 2014, three working papers were accepted by the dais, focusing on topics such as eliminating discrimination in access to vaccines, improving accessibility to immunization, and addressing the lack of immunization in war-torn zones.

The third session saw the total number of working papers increase to seven. The topics included sustainability, working with religious leaders, education, gender equality, and collaboration with the media, NGOs and other United Nations (UN) bodies. Subsequently, a merger of several papers was agreed upon by the sponsors to avoid any disproportion between the Board's size and the number of working papers. Said working papers went through various rounds of editing during the session.

By the fourth session, on Tuesday, 1 April 2014, the dais had accepted one more working paper on establishing a new international mechanism, raising their total number to eight. Three working groups were formed; one produced a final working paper accepted by the dais.

During the evening session of the same day, all three working papers were accepted as Draft Resolutions 1/1, 1/2, and 1/3. Their focus incorporated all the topics of the previously eight working papers, as a result of a collaborative merger process. The remainder of the session saw several Member States working on amendments on the Draft Resolutions. A motion to close the list of speakers was then passed, leaving 17 Member States on the list. At the end of the session, a motion was introduced to close the debate, to be voted upon on the next morning.

At the seventh session on Wednesday, 2 April 2014, two motions to close the debate failed, and the session went on until the list of speakers was exhausted. During the following voting procedure, all of the unfriendly amendments were adopted while one motion to divide the question to highlight operative clause 1 failed. Draft Resolution 1/1 was adopted as Resolution 1/1 by roll call vote, with 31 votes in favor, 2 against and 1 abstention. Both remaining Draft Resolutions were adopted as Resolutions 1/2 and 1/3 by acclamation from the UNICEF Executive Board. Still in the seventh session, the Board went on with the second item on the agenda, "Equitable Access to Education for Children with Disabilities" (topic III on the provisional agenda). The delegates decided to work collaboratively on a single working paper, underlining the spirit of collaboration in UNICEF.

Draft Resolution 2/1 was adopted by acclamation as Resolution 2/1 during the eighth session, without being amended. It focused on teacher training, assistive technology, a global media campaign, as well as launching a global survey to assess the level of discrimination towards disabled children within education.



National Model United Nations • NY

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

**Committee:** United Nations Children’s Fund (UNICEF)

**Topic:** Preventing Child Mortality Through Immunization

1 *The United Nations Children’s Fund,*  
2  
3 *Reaffirming* Article 24 of Convention on the Rights of the Child, which entitles every child to proper health and  
4 facilities,  
5  
6 *Reinstating* the Fourth Millennium Development Goal to reduce child deaths by 2/3 by 2015,  
7  
8 *Worrying about* UNICEF’s reported 2.5 million child deaths per year and the 22.6 million children under one who  
9 are not immunized,  
10  
11 *Alarmed by* the lack of immunizations for all children which leads to child mortality and disabilities,  
12  
13 *Emphasizing* the need to educate expectant mothers as outlined in UNICEF’s “State of the World Children,”  
14  
15 *Recalling* the success of the role of education of religious and community leaders in eradicating diseases,  
16  
17 *Convinced* that price reduction is a critical issue that needs to be solved to in order to have universal immunizations  
18 for all children,  
19  
20 *Affirming* A/RES/S- 27/2 “A World Fit for Children,” which states that health is a fundamental right,  
21  
22 *Noting* the importance of information and communication of technology and use of the correct data in order to  
23 eliminate taboos against immunization,  
24  
25 *Viewing with appreciation* the Reach Every District Approach to get vaccines too hard to reach areas,  
26  
27 *Reiterating* A Commitment on the Survival of the Child: A Promise Renewed, which outlines the extreme threat  
28 preventable diseases pose to the children of the world,  
29  
30 *Understanding* that training is essential for strengthening the knowledge base and expertise of workers involved in  
31 conflict zones,  
32  
33 *Aware* of the fact that a Strategic Advisory Group of Experts (SAGE) on Immunization was established by the  
34 WHO in 1999 as a first step to eradicate child mortality,  
35  
36 *Reiterating* that children are not only the most vulnerable victims of non-immunization preventable diseases but are  
37 as well the future of our world, and their immunization will not only provide them with proper health, but with the  
38 capabilities needed in order to develop their knowledge to become leaders of tomorrow,  
39  
40 *Deeply* concerned by the amount of preventable neonatal deaths due to the lack of quality care made readily  
41 available to all expecting mothers,  
42  
43 *Recognizing* past relationships between Member States and the Global Strategy for Women and Children’s Health, a  
44 strategy developed by UN Secretary General Ban Ki-moon, to reduce infant and maternal mortality,  
45  
46 1. *Calls upon* Member States to extend the Reach Every District Approach to address conflict zones to  
47 include:  
48  
49 a. Improving actions to tackle the scourge of Internally Displaced Children (IDC) and socially excluded  
50 children, especially girls, from suffering preventable illnesses by implementing social businesses and  
51 joint ventures which will distribute vaccines at a very-low cost;  
52

- 53 b. Encouraging Peace Corps workers to collaborate with local leaders to create cease-fires in conflict  
54 areas so UNICEF and WHO teams can enter these areas and immunize children with necessary  
55 vaccinations using UNICEF's work in Syria as a model;  
56
- 57 c. Working with the United Nations High Commissioner for Refugees (UNHCR) in refugee camps in  
58 supplying vaccines;  
59
- 60 2. *Encourages* the attendance of sponsored practitioner and professional courses by health and aid workers,  
61 offered globally by the UN, NGO's, and independent institutions such as the Advanced Training Program  
62 on Humanitarian Action (ATHA);  
63
- 64 3. *Emphasizes* the importance of increased knowledge and security for health and aid workers within conflict  
65 zones to ensure that hospitals, clinics, and immunization camps are able to safely deliver immunizations to  
66 all individuals including those in conflict zones;  
67
- 68 4. *Further recommends* that Member States ensure that civilian populations have adequate security for all  
69 persons to feel safe travelling alone to access hospitals, clinics, and immunization camps so that all  
70 individuals and families can obtain the needed immunizations;  
71
- 72 5. *Recommends* expanding program such as the Abdul Latif Jameel Poverty Action Lab in coordination with  
73 the Debt2Health program in order to promote transparency that can offset the costs of women traveling to  
74 get their infants and children immunized through reimbursements including:  
75
- 76 a. Monetary reimbursements to offset the costs a day of work to enable mothers and families to take  
77 time away from daily labor in order to get immunizations for their children;  
78
- 79 b. Non-monetary compensation including meals, particularly in areas where monetary  
80 reimbursements have not been as effective as needed;  
81
- 82 6. *Further recommends* the promotion of programs such as Child Health Days provided through the  
83 collaboration of health ministries and UNICEF that reaches children and their families including those in  
84 remote areas through the participation of health workers and volunteers focusing on direct dialogue with  
85 parents and families and by delivering vitamins, de-worming tablets, and vaccines as part of a free health  
86 package;  
87
- 88 7. *Suggests* Member states to work with health-related NGOs and other medical based organizations including  
89 but not limited to Doctors Without Borders and the World Health Organization (WHO) to clinics in  
90 conjunction with UN Habitat in regional in the Middle East and Africa to provide healthcare and  
91 immunizations to families and children in more accessible areas for rural communities, which should:  
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- 93 a. Hold regular hours and distribute fliers to local communities and citizens in order to inform  
94 families so they are able to know when the clinic will be open and available for a consult;  
95
- 96 b. Be clear in providing the prices and services offered to the community by putting up a communal  
97 poster in the clinic written in the native tongue of the region that displays all related information  
98 on prices and services offered;  
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- 100 c. Be reliable in service including but not limited to always having the correct vaccines available at  
101 all times;  
102
- 103 8. *Calls upon* Member States to work with UNICEF to promote an immunization plan for the first two years  
104 of life in conjunction with the Global Alliance for Vaccines and Immunizations (GAVI) that is run through  
105 these newly built clinics in hard to reach and conflict zones;  
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9. *Supports* the use of media and technology such as radio, television, poster and social media campaigns to overcome cultural barriers and taboos particularly in hard to reach populations for example those in Armed Conflict and rural areas and community centers in regards to immunization like but not limited to campaigns such as the Individuals at Risk, a social media campaign launched by Amnesty International;
  10. *Encourages* the collaboration with NGOs and civil society to encourage the formation of the rural telecommunication centers equipped with internet access managed by health care workers to increase access to immunization information and start a social media campaign on Immunization Awareness such as Promoting awareness of the United Nations' plan through social media campaigns;
  11. *Further invites* Member States to provide for active cooperation between health and school systems for the purpose of spreading and enforcing the role of immunization, by:
    - a. Including didactic programs in the promotion of immunizations for all children so that teachers teach children about the importance of immunizations for protection against diseases and to change cultural and religious beliefs so that immunizations are recommended;
    - b. Periodically deciding on specific days to immunize the children;
  12. *Further recommends* related NGOs and private donors including but not limited to Amnesty International and Doctors Without Borders to increase financial support for immunization programs run in conjunction with UNICEF;
  13. *Notes with appreciation A/RES/25/26* that recommends economically advanced Member States to strive for or exceed the 0.7 per cent goal of donations towards Official Development Assistance set by the UN Millennium Project.



**National Model United Nations • NY**

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

**Committee:** United Nations Children’s Fund (UNICEF)

**Topic:** Preventing Child Mortality Through Immunization

1 *The United Nations Children’s Fund,*

2  
3 *Considering* that two to three million lives are saved each year due to routine immunizations,

4  
5 *Emphasizing* the fast-approaching deadline of Goal 4 of the Millennium Development Goals in 2015,

6  
7 *Deeply convinced* that child mortality rates will decrease by two-thirds by 2035 as outlined in A Promise Renewed,

8  
9 *Deeply disturbed* by the high percentage of infant mortality in developing regions, provoked by illnesses that are not  
10 life-threatening in advanced regions, such as tetanus and rotavirus, preventable and treatable,

11  
12 *Recalling* the Universal Declaration of Human Rights (1948) and the Convention on the Rights of the Child (1989),

13  
14 *Recalling also* resolution WHA27.57, which established the Expanded Programme on Immunization (EPI) and first  
15 galvanized international efforts around eradicating child mortality through immunization,

16  
17 *Noting with satisfaction* the great progress made in accordance with the Millennium Development Goals toward  
18 reducing child mortality through immunization since the creation of the EPI in 1974, as well as the work of the  
19 Global Alliance for Vaccines and Immunization (GAVI) towards this goal,

20  
21 *Acknowledging* the fundamental role of volunteers and NGOs worker, including but not limited to Save the Children  
22 and Doctors Without Borders to promote vaccine inoculation and further cooperate among government, civil  
23 society, the private sector, and NGOs to pave the way for successful outcomes concerning vaccinations,

24  
25 1. *Encourages* Member States to bridge the gap between intergovernmental health ministries and NGOs by  
26 sharing best practice methods in order to effectively and efficiently promote the benefits of immunizations  
27 to lesser developed regions:

- 28  
29 a. Coordinating the actions of non-state actors such as donors, NGOs, UNOs, local agencies and  
30 grassroots initiatives in order to decentralize capacity-building;
- 31  
32 b. Intergovernmental health ministries participating in the campaigns of the aforementioned non-state  
33 actors in order to:
- 34  
35 i. Gain and strengthen the populations’ trust in the government;
- 36  
37 ii. Build a sustainable structure to ensure the continued role of the governmental body  
38 beyond the non-state actors’ framework;
- 39  
40 iii. Enhance intergovernmental data collection in coordination with the United Nations  
41 Population Fund;

42 2. *Suggests* Member States to work toward the eradication of disease concurrent to A/RES/68/186 and further  
43 utilizing UN mandated public-private partnerships such as the UN Fund for International Partnerships by:

- 44  
45 a. Continuing to coordinate with the WHO in the eradication of communicable and non-  
46 communicable diseases in lesser-developed regions;
- 47  
48 b. Providing access to North-South as well as South-South initiatives in coordination with the Group  
49 of 8 Muskoka Initiative (2010) by:
- 50  
51 i. Supporting development in emerging Member States to continue working toward the  
completion of Goal 4, 5, and 6 of the MDGs;

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- ii. Prioritizing the assessments outlined in “Keeping the Promise” to provide all children with vaccines by 2015;
    - c. Utilizing advanced market commitment within the private sector in accordance with the North-South Institute, South-South Cooperation, and the Private Sector;
  - 3. *Encourages* all health care workers to explore local and international procurement opportunities for their materials needed for immunization operations, thus ensuring the sustainable availability of essential commodities and thereby creating job opportunities;
  - 4. *Further recommends* intergovernmental organizations to train their health workers, who are often the primary source of immunization information for parents and caregivers, to maintain a child-friendly approach by:
    - a. Explaining immunization and how to care for the child post-immunization;
    - b. Advising when they must return for the next immunization visit;
  - 5. *Encourages* all Member States to support UNICEF in its work to maximize its efficiency and its capacities by developing training programs, taking as an example the Shot@Life initiative, in order to cultivate cultural sensitivity in health professionals on the ground to enable them to continue their laudable work by:
    - a. Ensuring fair access to immunization with the goal of gender equality, taking as an example the World Food Programme’s Fill the Cup initiative;
    - b. Initiating workshops specifically tailored to the particular needs of different religions and cultures, thereby shifting the focus to social mobilization;
  - 6. *Supports* Member States in establishing an essential connection between school systems and vaccine inoculation, promoting an effective control over accessibility to medical care for children linked to school attendance;
  - 7. *Mandates* the organization of a global summit, funded by the GAVI Alliance, to discuss progress in immunization, which would be:
    - a. An opportunity for the participants to share expertise, new measures and developments in the field of immunization;
    - b. Open to all Member States as well as relevant Non-Governmental Organizations (NGOs) who specialize in the immunization sector;
    - c. Organized in collaboration with pertinent United Nations bodies, such as the WHO, the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV/AIDS (UNAIDS);
    - d. Occurring at a location decided by the organization committee and being held in the latter part of the year, to highlight the importance of World AIDS Day, which takes place on December 1<sup>st</sup> of each year;
  - 8. *Suggests* all Member States to incentivize and recognize as relevant the strategic involvement of volunteers as privileged speakers with local population and inexpensive resource for all Member States;
  - 9. *Further invites* all pertinent actors of the immunization sector, including, inter alia, the World Health Organization (WHO), the World Bank, research and technical health institutes, the academic community, as well as the vaccine industry, both in the developed and developing regions, to collaboratively focus their resources and expertise towards:



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- a. Promoting multi-lateral partnerships for vaccine and immunization research;
- b. Reinforcing and renewing the 1999 mandate of the Strategic Advisory Group of Experts (SAGE) through the creation of a specialized branch of experts dedicated specifically to child immunization and increasing its effective participation in humanitarian multi-lateral actions, in coordination with UNICEF, GAVI, NGOs, and chairs of WHO regional offices;
- c. Advancing innovation to:
  - i. Accelerate the development of new and improved vaccines;
  - ii. Expand the cold chain capacity in critical point (cold rooms, refrigerators, cold boxes, vaccine carriers, thermo records, generators, voltage stabilizer);
  - iii. Improve cold storage and vaccine management practices by training of key staff, introducing computerized stock control and preparation of central stores for certification;
  - iv. Explore alternative storage and transport capacity in non-health and/or private and other sector for routine as well as surge capacity;
  - v. Improve vaccine delivery for regular distribution using innovative approaches to transport;
  - vi. Streamline vaccine forecasting, procurement and licensing procedures;
  - vii. Optimize data capture and analysis on all levels.



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

**Committee:** United Nations Children's Fund (UNICEF)

**Topic:** Preventing Child Mortality Through Immunization

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1 *The United Nations Children's Fund,*

2  
3 *Strongly believing* that every child should enjoy a healthy lifestyle and aspire for the best quality of life, as  
4 expressed by Article 24 of the Convention on the Rights of the Child (1989) and by Article 25 of the Universal  
5 Declaration of Human Rights (1948),

6  
7 *Recognizing* the need for a Post-2015 Development Agenda, in light of the fast approaching deadline of the  
8 Millennium Development Goals (MDGs), namely MDG four, which seeks to reduce child mortality, and MDG six,  
9 which combats malaria and other diseases, adopted in the United Nations Millennium Declaration (2000),

10  
11 *Alarmed by* the high mortality rate of vulnerable groups, especially children, as outlined in UNICEF 2012 Annual  
12 Report,

13  
14 *Reaffirming* the document A World Fit for Children (2002), which was the outcome of a Special Session of the UN  
15 General Assembly on Children,

16  
17 *Taking note* of the need for quality immunization services for target populations, as detailed in the multi-year plans  
18 of the Global Alliance for Vaccines and Immunizations (GAVI),

19  
20 *Acknowledging* the World Health Organization (WHO) Global Vaccination Plan for 2011-2020, which aims to  
21 prevent millions of deaths worldwide by easing access to vaccinations,

22  
23 *Having considered* the efforts taken by UNICEF, in compliance with the principle of E/RES/2010/24 and  
24 A/RES/59/27, which aims to strengthen global health programs,

25  
26 *Aware* of the efforts of the Global Immunization Vision and Strategy (GIVS), which aims at reducing child  
27 mortality through immunization,

28  
29 *Observing* the influence that communal leaders have on building trust concerning immunization in their community,

30  
31 *Recalling* the sovereignty and territorial integrity of all Member States, as outlined in Article 2 of the United Nations  
32 Charter,

33  
34 1. *Welcomes* the international community to expand resources to the Millennium Project and the GAVI Alliance in  
35 order to further develop immunizations programs that:

- 36  
37 a. Reduce the child mortality rate from preventable diseases by providing immunization universally;  
38  
39 b. Reach Goals four, five, six, of the Millennium Development Goals with an emphasis on child  
40 mortality;  
41  
42 c. Enable the GAVI Alliance to further the development immunization programs that:  
43  
44 i. Include national offices in charge of allocating assets equitably among States to all persons  
45 regardless of race, color, sex, language, religion, political or other opinion, national or social  
46 origin, property, birth or other status, and age;  
47  
48 ii. Involve women as health care workers to improve access and coverage of immunizations to  
49 women, girls, and consequently to their children;  
50  
51 iii. Provide annual reports on the long-term sustainability of these national offices in order to set the  
52 standards for the Post-2015 Development Agenda and the Sustainability Development Goals;

2. *Encourages* the Strategic Advisory Group of Experts (SAGE) to develop a factsheet, which should:

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- a. Include information and recommendations complemented with images, about vaccination-preventable diseases;
  - b. Stress the importance for newborns as well as girls aged 13-18 to receive vaccinations before pregnancy to provide initial immunity to their future children via antibody transmission;
  - c. Explain the benefits of continued immunizations;
  - d. Be used in coordination with other disease-prevention campaigns;
3. *Calls upon* national health departments to translate the factsheet as necessary and distribute it to medical facilities, such as hospitals, doctors offices, and midwife organizations, and these facilities shall hand out the factsheets to schools in order for teachers to hand them directly to students;
4. *Encourages* all Member States to contribute to the distribution of information on immunizations and quality preventative education, in cooperation with SAGE, in ways such as but not limited to:
- a. Having two-hour teacher sessions led by voluntary groups in coordination with WHO and UNICEF in the distribution process in order effectively train teaching faculties on immunizations and child mortality;
  - b. Holding parent-teacher-child conferences in which the factsheet and immunization information is distributed to parents and tutors, notably mothers during Vaccination Weeks, outlined by UNICEF;
  - c. Having Member States select qualified personnel to guide the conference procedures;
  - d. Providing incentives for children to attend classes, including immunization education, in collaboration with the World Food Programme that provides adequate basic necessities, notably food, in return for class participation;
5. *Urges* Member States to adopt culturally sensitive, updated methods to promote immunization in isolated regions in ways such as but not limited to:
- a. Recruiting locals in distribution centers to bring down ethnicity barriers;
  - b. Educating the recruited locals of the necessity and the right to be immunized by the voluntary groups and NGOs, under the direction of the state's government;
  - c. Recruiting supportive new voices, especially religious leaders, educators, media personnel, influential elders, and other influential actors to convince people to be immunized;
6. *Recommends* the launch of a Communal Leaders Summit, in coordination with the GAVI Alliance, especially in Member States with misinformed populations regarding ideas of immunization for the purpose of rectifying misled ideas of vaccines in ways of but not limited to:
- a. Investigating cultural and societal barriers hindering the immunization process before the launch of the summit;
  - b. Inviting interested parties to be sponsors of the summit;
  - c. Sending educators and professionals to summits after preliminary investigation while welcoming civilians to participate as observers;
  - d. Holding Question-and-Answer sessions with concerned groups, or information sessions with the local population, to counteract prejudices on vaccination;

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- e. The venue being determined by the host, inviting communal leaders from different regions of the country;
  - f. Discussing agendas, such as but not limited to misinterpretations and benefits of immunizations, immunization coverage for families in remote areas, as well as successes and failures of the communities' current immunization programs, which aim towards goals and regional/country institutions while remaining sovereign;
  - g. WHO and UNICEF mediating the Communal Leaders Summit in states with misinterpreted thoughts and in interested states;
  - h. Installing a report mechanism led by UNICEF for the purpose of information exchange between communal leaders;
7. *Calls upon* all Member States to promote education regarding vaccines and immunization systems in order for individuals and communities to demand immunization in ways, such as but not limited to:
- a. Education of necessity and effectiveness of immunizations;
  - b. Public, mass media advertisements on the necessity of immunizations;
  - c. Launching new social media applications and advertisements utilizing Social Networking Sites;
8. *Calls* for further collaboration in the health sector between UNICEF and the International Vaccine Institute (IVI) by:
- a. Encouraging relevant institutions to financially support the IVI;
  - b. Creating regional IVI offices that would facilitate the coordination of the organization's activities within all Member States and that would directly report to headquarters;
  - c. Prompting research for developing new vaccine technology that would focus on inter alia, the extent and causes of variation in pathogens, universal influenza vaccine, and new bioprocessing and manufacturing technology;
  - d. Devising in collaboration with the UNICEF Cold Chain and Logistics (CCL) task force, in delivering technology, such as formulating methods to maximize thermostable range in order to increase the effectiveness of vaccine delivery in regions where the climate renders the vaccines unusable, that best addresses the needs and constraints of different delivery plans, such as the limited effective temperature range;
9. *Supports* efforts to guarantee more equitable access to pandemic vaccines by:
- a. Working with World Intellectual Property Organization (WIPO) to help provide subsidies and/or licensing agreements to establish manufacturing capacity for vaccines through WHO;
  - b. Conducting more targeted studies by involving previously established UN medical staff, outside researchers, private companies, universities, and foundations to work in cooperation;
10. *Encourages* global sharing of information, statistics, and research via:
- a. Adding more thorough information to the monitoring and surveillance webpage for immunizations, vaccines, and biologicals on the WHO website as well as on the UN database to promote international information sharing;

- 165           b. Offering advisement plans to help Member States' access to immunization during humanitarian crises,  
166 outbreaks and in conflict zones, include a focus on communication and provision for the development  
167 of vaccine stockpiles and proper storage;  
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- 169           c. Supporting developing country production capacity through technology transfer with Agreement on  
170 Trade-Related Aspects of Intellectual Property Rights (TRIPS);  
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- 172 11. *Calls upon* Member States to contribute to manufacturing and vaccine production in order to make vaccines  
173 more accessible to the public in ways, such as but not limited to:  
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- 175           a. Working in conjunction to approach currently existing generic drug manufacturers of vaccines to take  
176 active steps in reducing the costs of distribution and develop new and modify existing vaccines  
177 suitable for all children in all areas of the world;  
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- 179           b. Recognizing the importance of assisting Member States with concerns regarding effective  
180 immunization strategies and tactics through analysis of the needs of each region by UNICEF and  
181 concentrating on under-prioritized regions to provide necessary support and recommendations,  
182 including rearrangement of resources to more effectively distribute vaccinations;  
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- 184           c. Promoting cooperation between Member States with previously existing manufacturers to create  
185 regionally-based, self-sustainable vaccine production capacity in developing regions through high  
186 quality volume building.



**National Model United Nations • NY**

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

**Committee:** United Nations Children’s Fund (UNICEF)

**Topic:** Equitable Access to Education for Children with Disabilities

1 *The United Nations Children’s Fund,*

2  
3 *Recalling* that every child should be able to exercise the universal right to education, as expressed by Article 26 of  
4 the Universal Declaration of Human Rights (UDHR) and Article 28 of the Convention on the Rights of the Child  
5 (CRC),

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7 *Endorsing* the report “The Right of Children with Disabilities to Education” (2012), which provides a framework for  
8 an inclusive learning environment,

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10 *Recognizing* the importance of education in societies to achieve global development and to promote self-  
11 empowerment,

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13 *Guided by* the Millennium Development Goal (MDG) two and the Education for All initiative (EFA) launched in  
14 1990, which strive to achieve universal primary education by 2015,

15  
16 *Highlighting* the UNICEF World Report (2011) on the inclusion of mental health as a disability that is particularly  
17 stigmatized,

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19 *Emphasizing* the difference between equity and equality, while promoting the former of the two as a way to support  
20 inclusive integration,

21  
22 *Taking into account* that the General Assembly of the United Nations launched a high-level meeting on Disability  
23 and Development in 2013 (A/Res/65/L.1), which reaffirms the commitment of the international community to  
24 develop national development strategies and disability-inclusive programs,

25  
26 *Convinced* that the Dakar Framework for Action adopted at the World Education Forum in 2000 constitutes a  
27 positive collective commitment for Member States,

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29 *Noting* that girls with disabilities are particularly vulnerable to gender-based violence, as recognized by  
30 WHO/RHR/HRP/12.18 (2012),

31  
32 *Realizing* the importance of raising awareness for inclusive integration of those with disabilities amongst people of  
33 all ages with the understanding that,

34  
35 *Fully aware of* E/RES/1997/20 (1997) that motivates cooperation among states to provide suitable technologies and  
36 share experience of fostering children with disabilities,

37  
38 *Recalling* UNICEF’s support of the Multiple Indicator Cluster Surveys (MICS) which screens for children with  
39 disabilities with in nations,

40  
41 *Fully supporting* the sovereignty of all Member States,

- 42  
43 1. *Invites* all Member States to sign or ratify the Convention on the Rights of Persons with Disabilities  
44 (CRPD);  
45  
46 2. *Suggests* Member States establish awareness for children struggling with mental disabilities for those with  
47 and without genetic predisposition through best practice sharing methods and benchmark programs similar  
48 to Mindyourmind and the Gatehouse Project, by:  
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50 a. Facilitating conversation between students with disabilities and education faculty and staff;  
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52 b. Preventing bullying, punishment, harassment, and violence;

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- c. Creating awareness and eliminating social stigmas;
3. *Recommends* Member States create an open dialogue for the girl-child with disabilities under the auspices of the Beijing Platform Action in order to combat gender-based violence, in accordance with A/RES/63/150 and Goal two of the Millennium Development Goals, to eliminate violence linked to women with disabilities, such as but not limited to rape, sterilization, forced abortions, and human trafficking;
  4. *Further recommends* the creation of a global media campaign in conjunction with UNICEF that is run by a selected board of volunteer officials, advocates and people with disabilities in leadership role, which will target:
    - a. Children through the following methods:
      - i. Filming and displaying one minute commercial spots to be aired on children’s cartoon networks in different regions of the globe that emphasize children with disabilities and their success in inclusive educational systems;
      - ii. Holding short workshops for students throughout their education system to educate children about disabilities and the experiences that shape the lives of children with disabilities;
      - iii. Starting a social media campaign that highlights December 3<sup>rd</sup>, the International Day of People with Disability, that will specify the importance of children with disabilities and their integration into inclusive educational systems;
    - b. Parents, especially parents with newborns, and teachers through the following methods:
      - i. Creating information sheets that detail how children with disabilities are no different nor less capable than children without disabilities, that will be distributed to hospitals, in order to be given to all parents immediately upon the birth of their children;
      - ii. Holding panels in public settings such as schools that aim to highlight the successes of children with disabilities in inclusive educational systems;
  5. *Further invites* the self-advocacy of children with disabilities to expand campaigns such as “The People First,” to establish solidarity through understanding and acceptance;
  6. *Expresses* its hope that UNESCO will be able to increase its promotion of inclusive education policies, specific programs and practices, including fund raisings and action plans to ensure equal education opportunities for people with disabilities;
  7. *Encourages* multilateral cooperation among civil society, local governments, development agencies, and other interested parties in order to ensure to children with disabilities all over the world equal rights and equal opportunities, suggesting data and knowledge sharing with UN specialized agencies, such as the United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population’s Fund (UNFPA), United Nations Development Programme (UNDP), World Health Organization (WHO) and UNICEF;
  8. *Further encourages* all Member States to implement individual domestic initiatives, beginning with primary schools, particularly in rural areas, in order to integrate all children starting at the initial levels of education through:
    - a. Integrating physically disabled students into classes with non-disabled students;
    - b. Implementing disability accessible building codes, particularly for community and education centers including schools by adding ramps lifts, elevators, and/or stair lifts;

- 107 c. Inclusive, accessible, and affordable means of transportation including both school buses and  
108 public transit particularly for those children living in rural areas;  
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- 110 9. *Endorses* the efforts by governments, non-governmental organizations (NGOs) and public-private  
111 partnerships towards the development, distribution, and implementation of Assistive Technology (AT) to  
112 children with disabilities to:  
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- 114 a. Allow them to fully participate in their classrooms and communities;  
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116 b. Alleviate any financial burden in purchasing this AT;  
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118 c. Prevent the social exclusion of children with disabilities by promoting independence;  
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- 120 10. *Recommends* the use of AT for the primary education of children with disabilities to provide necessary  
121 means for development in childhood year, followed by secondary education;  
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- 123 11. *Requests* Member States to ensure that people with disabilities receive the necessary services as and when  
124 they are required through appropriate public sector taxes or subsidies according to each Member State;  
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- 126 12. *Further Requests* the UN Voluntary Fund for Disability to establish a branch for the sole purpose of ATs as  
127 a source of funding to distribute ATs worldwide including the creation of three tier levels to first focus on  
128 the application of tier one low-cost ATs (i.e. walking canes, reading stands), tier two mid-cost ATs (i.e.  
129 wheelchairs, hearing aids), and tier three high-cost ATs (i.e. computer based systems, ramps):  
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- 131 a. To ensure funds are used efficiently and effectively in a cost-effective manner;  
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133 b. To help promote the integration of AT in school systems;  
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135 c. To make strides towards an inclusive-educational system;  
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- 137 13. *Encourages* the Education for All (EFA) movement to elaborate a specific EFA development index for ATs  
138 that will serve as a parameter for future uses to the discretion of the General Assembly in the contest of the  
139 debate on post-2015 disability inclusive development agenda.  
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- 141 14. *Suggests* the enhancement of a strategic plan for the purpose of national teacher training, in ways such as  
142 but not limited to:  
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- 144 a. Holding the training sessions during a Member State's vacation period;  
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146 b. Taking place in a location at the Member States' discretion;  
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148 c. In collaboration with UNICEF, UNESCO, WHO, and all relevant actors involved;  
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150 d. Including courses and seminars on topics such as but not limited to methodology of teaching,  
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152 e. Cultural sensitivity training, gender equality, sign language, child psychology;  
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154 f. Inviting students with disabilities to attend the sessions and share their experiences;  
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156 g. Suggesting the creation of expertise groups comprised of medical experts, psychologists, and  
157 teachers working together in order to develop strategies that will allow effective integration of  
158 children with disabilities by:  
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- 160 i. The training of teachers by medical experts about the specific necessities of children;  
161 ii. Psychologist training for teachers in how to approach students in inclusive education;



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- iii. Integrating parents in the process of inclusion of children through regular meetings with teachers;
  - 15. *Encourages* Member States to establish a two-way mentor-mentee partnership that would promote teacher exchange programs for the purpose of sharing expertise and resources between More Economically Developed Countries (MEDCs) and Less Economically Developed Countries (LEDCs);
  - 16. *Recommends* the establishment of a platform within each Member State for the purpose of knowledge sharing between teachers;
  - 17. *Encourages* collaboration with organizations that provide internships, cultural exchanges, or education humanitarian aid in order to promote experience in teaching disabled children and sensitizing students to all types of disabilities;
  - 18. *Decides* to establish an Educational Experts Group (EEG), which shall:
    - a. Be allocated and financed by UNICEF;
    - b. Consist of pedagogic experts appointed by UNICEF;
    - c. On requests of a Member State advise national Departments of Education on the special challenges of inclusive classes;
  - 19. *Invites* all Member States to implement the Multiple Indicator Cluster Surveys (MICS) and to expand the amount of data gathered on children with disabilities so as to better cater to their needs and improve the disability data assessment systems by:
    - a. Enhancing the disability testing such as the Ten Questions (TQ) survey to better identify those children with disabilities particularly by identifying questions that would recognize children with less easily detectable disabilities;
    - b. Increasing follow-ups through health care workers and educators for those children who have been identified with having a learning disability;
    - c. Working with health related NGOs, medical organizations, and school systems in order to expand the number of children who have had their physical and mental needs identified.