



## Summary Report for the World Health Assembly

The World Health Assembly held its annual session to consider the following agenda items:

1. Addressing Global Vaccine Distribution Disparities
2. Improving Access to Mental Health Resources

The session was attended by representatives of 75 Member States.

On Friday, the committee adopted the agenda of 1, 2 beginning discussion on the topic of “Addressing Global Vaccine Distribution Disparities.” By Saturday, the Dais received a total of 8 proposals covering a wide range of sub-topics including the vaccine manufacturing and supply chains; public awareness and education campaigns; financing and additional funding; improving public health response systems and access to life-saving equipment. The committee demonstrated its commitment to a complex and multifaceted topic by enthusiastically contributing a breadth of perspectives to inspire cogent solutions. As a result, the body initiated multiple mergers before the final day of committee.

On Sunday, 5 draft resolutions had been approved by the Dais. There were no amendments, and in true collaborative spirit, the committee adopted all 5 resolutions by consensus with no further motions were initiated. The resolutions reflected the will of the body and addressed all topics brought forth at the start of committee, including logistics and manufacturing; education and public awareness; and establishing response systems for lesser developed countries. The committee put forth a comprehensive effort to mobilize the United Nations system and wider international community in cooperation toward a common goal.



**Code:** WHA/1/1

**Committee:** World Health Assembly

**Topic:** Addressing Global Vaccine Distribution Disparities

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*Deeply concerned* that the World Health Organization (WHO) 2021 COVID-19 Dashboard reported that only 14.75% of the population of developing nations had received the COVID-19 vaccine compared to 71.36% of the populations in developed nations,

*Noting with concern* that the cost of vaccine distribution is increasing and this is causing greater vaccine distribution disparities, especially in developing and least developed nations,

*Recognizing* the collaboration between the United Nations Technology Bank, the United Nations Development Programme (UNDP), the UN Conference on Trade and Development, and the WHO to create the Tech Access Partnership (TAP) in an effort to increase access to lifesaving health technologies in developing nations,

*Reaffirming* Human Rights Council (HRC) resolution 46/14 (2021), "Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus disease (COVID-19) pandemic," and Human Rights Council report 49/35 (2022), "Human rights implications of the lack of affordable, timely, equitable and universal access and distribution of coronavirus disease (COVID - 19) vaccines and the deepening inequalities between States," encouraging the sharing of scientific knowledge between private companies and distribution and emphasizing the need for all Member States to contribute to the extent their resources allow,

*Aware of* previous funding initiatives encouraged by the International Monetary Fund (IMF) and the World Bank for vaccine distribution regarding COVID-19, including financial incentivization for vaccine manufacturers to distribute vaccines equitably, as seen in the World Bank's global COVID-19 Multiphase Programmatic Approach (MPA),

*Drawing attention to* the work done by the Integrative Planning and Reporting Toolkit sponsored by the United Nations Economic Commission for Africa (ECA) to encourage reporting on Sustainable Development Goals (SDGs) using a web-based software focused on monitoring, evaluating, reporting, and administrating with consideration of the needs of Member States,

*Guided by* the Universal Declaration of Human Rights (UDHR), the WHO Constitution, and General Assembly resolution 74/274 (2020), International cooperation to ensure global access to medicines, vaccines, and medical equipment to face COVID-19, recognizing that every human being has a right to the highest standard of physical health,

*Recalling* SDG 3 to ensure healthy lives and promote well-being for all ages and SDG 10 to reduce inequality within or among countries,

*Reaffirming* the mission of the United Nations Children's Fund (UNICEF) in implementing "cold chain" systems of vaccine transportation and distribution through a series of cold rooms, cold boxes, and vaccine carriers to distribute vaccines to remote areas without risking spoilage,

*Recognizing* the goal of the COVID-19 Vaccine Global Access (COVAX) program in returning unused vaccines from Member States for use,

*Commending* the successes of programs that normalize the vaccination process, such as the Brazilian National Immunization Program,

*Fully alarmed* at the lack of shared data regarding vaccine inequities across the globe,

*Confident* in the ability of Member States to voluntarily enact upon World Health Assembly (WHA) resolution 65/18 (2012), World Immunization Week, which centers on the idea of preventing infectious disease from spreading across borders,

*Expressing its satisfaction* with Member States negotiating in a manner that allows governments to act freely and independently as the global community look towards finding a global solution for COVID-19 as well as other vaccine-preventable diseases,

*Reaffirming* the importance of the protection of state sovereignty, as established in Article 2 of the *Charter of the United Nations* and General Assembly resolution 2131 (XX) (1965), "Declaration on the Inadmissibility of Intervention in the Domestic Affairs of States and the Protection of their Independence and Sovereignty," while addressing global vaccine distribution disparities,

1. *Recommends* Member States partner with the Global Vaccine Data Network in order to share data regarding immunization rates across the world that will:
  - a. Allow Member States to access vaccine safety methods as well vaccine efficacy information through:
    - i. Encourage Member States to increase their vaccination rates and research the effectiveness of the immunizations;
    - ii. Call attention to vaccine distribution discrepancies, especially regarding COVID-19 vaccines;
  - b. Improve the access and ability of developing and least developed nations to the proper technology to record and distribute data by:
    - i. Suggesting that Member States work with non-governmental organizations (NGOs), such as the Global Change Data Lab, in order to focus their efforts on increasing their workforce to include citizens of developing and least developed nations to collect data in their region;
    - ii. Supporting the expansion of technological infrastructure for developing and least developed nations from NGOs, such as the World Computer Exchange and Construction for Change;
  - c. Encourage big data research featuring immunization rates in high income and low income nations, in order to learn the full scope of the issue and have the data needed to target this disparity;
  - d. Have Member States discuss these findings at a conference that will be held in Beijing in the Summer of 2024 by inviting all Member States to attend, with the purpose of informing fellow Member States on the progress being made globally through vaccines;
2. *Encourages* Member States to facilitate global public-private partnerships between vaccine manufactures and governmental bodies in order to create more manufacturing plants that will:

- a. Promote the collaboration of Member States with the UNDP and UN Office for Sustainable Development (UNOSD);
  - b. Suggest an emphasis being placed on creating manufacturing plants in centrally located developing and least developed nations to make it less expensive to transport vaccines, with assistance from the UN Department of Operational Support;
  - c. Recommend that the governments of developing and least developed nations to create financial incentives, such as tax incentives, in order to motivate privately owned companies to license their vaccines;
  - d. Help facilitate developed nations in providing logistical knowledge in the distribution of vaccines to developing nations and least developed nations so that vaccine distribution can occur proximally to the area of need, in line with the United Nations Conference on Trade and Development report on this issue;
  - e. Develop local economies as well as providing additional vaccines;
3. *Supports* expansion of the Center for Disease Control “General Best Practice Guidelines for Immunization” to further facilitate vaccine distribution cooperation across Member States by:
- a. Encouraging Member States to establish financial incentives to facilitate bilateral deals directly between private companies and Member States in need;
  - b. Calling upon Member States who have already successfully produced safe and effective vaccines to partner with other Member States in order to sell vaccine doses or license the production of said vaccines directly and in the fastest manner possible;
4. *Invites* the introduction of a novel Financial Assistance for Vaccination Equity (FAVE) initiative that will provide a variety of financial incentives for Member States and private organizations involved in vaccine production to aid in the efforts which:
- a. Hopes to see Member States to collaborate as they see fit with the International Monetary Fund (IMF) and World Bank;
  - b. Endorses regional organizations and Member States in the creation of Revolving Funds similar to those established by regional organizations such as the Pan-American Health Organization (PAHO) with multilateral cooperation amongst Member States;
5. *Encourages* Member States to take advantage of the Integrated Planning and Reporting Toolkit created by the ECA by:
- a. Collaborating with NGOs to address the concerns regarding the software particularly to formulate the policies to address SDGs 3 and 10;
  - b. Working with Member States to train public sector workers and local communities on the software tools to access information on their respective nations and report effectively;
6. *Further invites* the idea of providing low-income nations with educational toolkits that will help to provide vaccine equity for children and uneducated or undereducated adults in order to reduce the fear and hesitancy of receiving vaccines, with an emphasis on:

- a. Suggesting that Member States research and implement the most effective method of incentivizing their citizens to get vaccinated with regard to cultural differences and local needs;
  - b. Encouraging Member States to collaborate with media non-profit organizations, such as The Advertising Council, to establish effective media campaigns diminishing vaccine misinformation and encourage educational strategies for local communities;
  - c. Reaffirming Social Determinants of Health (SDoH) in education, collaborating with non-profits, such as Global Health and Education Projects and Project HOPE, as well as assigned United Nations departments such as the Department of Global Communication and the Department of Sustainable development to implement educational programs addressing vaccine hesitancy and misinformation;
  - d. Appreciating funding in collaboration with the IMF, World Bank, and with NGOs including InterAction's Together Project;
7. *Encourages* Member States and UNICEF, as the organizing body of the cold chain networks who has established numerous cold chains across remote areas, to establish public-private partnerships in order to establish new cold chain networks and expand the reach of the current cold chain networks;
8. *Calls Upon* Member States to create Vaccine Frameworks and Agendas, such as the European Immunization Agenda of 2030, which creates a continent-wide method of distributing vaccines and prioritizes healthcare workers for emergency situations, by:
- a. Suggesting that other Member States work collaboratively with other nearby Member States in order to create a vaccination plan and goals that are appropriate;
  - b. Encouraging Member States to create a firm plan for regional vaccination distribution in case of emergency;
9. *Urges* Member States to reaffirm the COVID-19 recovery phase and address global vaccine distribution disparities by:
- a. Encouraging Member States to expand the 2030 Agenda *for* Sustainable Development (2015) by:
    - I. Aiming to eliminate discriminatory laws and promoting appropriate legislation policies to act on SDG 10.3 agenda to provide equal opportunity and reduce inequalities outcome;
    - II. Emphasizing normative guidelines on vaccination policy, regulation, safety, and efficacy monitoring, allocation and delivery of vaccines and country competence during health crisis like epidemic or pandemic;
  - b. Applying funding from the Ford Foundation to increase the manufacturing of vaccines and medical supplies through:
    - I. Providing adequate resources and pharmaceuticals to expedite research program and vaccine production;
    - II. Implementing mass vaccination program at primary health centers especially at remote places;

10. *Supports* the use of multilateral agreements, such as the COVAX framework, for the distribution of surplus doses to developing nations by:
  - a. Encouraging Member States to address spoilage of vaccines due to lack of vaccine storage infrastructure in developing and least developed nations;
  - b. Hoping to continue to encourage bilateral agreements as a main mode of distribution;
11. *Expresses its hope* that no mandatory actions be placed upon any Member States and that actions taken by this body or any regional organization will not violate the principle of state sovereignty or the non-intervention principle laid out in Article 2 of the *Charter of the United Nations* (1945);
12. *Hopes* that any financial burdens created in this resolution that are not specifically discussed will be addressed by the United Nations General Assembly 6th Committee under the principles of:
  - a. Cooperation with multilateral, bilateral, and public private partnerships;
  - b. The ability of Member States to contribute financially;
  - c. Respecting the notion of voluntary contributions by Member States.



**Code:** WHA/1/2

**Committee:** World Health Assembly

**Topic:** Addressing Global Vaccine Distribution Disparities

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The *World Health Assembly*,

*Taking into account* the need to promote lasting sustainability amongst developing communities,

*Appreciating* the efforts of NGOs and IGOs, such as Gavi and The Vaccine Alliance, in reducing global vaccine inequities,

*Appreciating* the efforts of the International Society of Vaccines (ISV) in their efforts in facilitating international conferences concerning the expansion of vaccine education,

*Establishing* 80% of the world's population seeks traditional or cultural healers rather than westernized medicine when receiving medical services,

*Acknowledging* the utility of open-source technology for vaccine manufacture such as Corbevax,

*Acknowledging* the role of vaccine hesitancy as a barrier to expanding access to vaccines across all Member States as a quarter of the global population as vaccine-hesitant,

*Recognizing* the need for collaboration between community leaders and governmental institutions,

*Reaffirming* the Association of American Colleges (AAMC) Principles of Trustworthiness, acknowledging traditional healing as expanding vaccine access and trust,

*Emphasizing* the importance of combating misinformation as a necessity in growing populations' willingness to becoming vaccinated,

*Recognizing* the existence of successful Member States National Programs for Immunization as frameworks for the establishment or expansion of developing Member States' programs,

*Deeply concerned* by the Kaiser Family Foundation's (KFF) statistics that developed countries represent a fifth of the global population that purchased more than half of all vaccine doses,

*Affirming* the shortcomings of the COVID-19 Vaccines Global Access (COVAX) Initiative in achieving overarching goals, due to the complications in the international collaboration,

*Noting the necessity of* the acquisition of necessary materials including the tangible vaccines, healthcare professionals capable of distributing them, and the resources necessary to achieve the highest possible number of fully vaccinated individuals throughout the world,

*Noting with satisfaction* the formulation of the Health Systems & Response Connector (HSRC) by the World Health Organization (WHO), providing technical, operational, and financial resources to procure new COVID-19 tools for developing nations,

*Alarmed* by the glaring apparent vaccine disparities documented by numerous partnerships and United Nations (UN) affiliated organizations in 2022, WHO set the target for 70% global vaccination coverage by mid-2022 as of June 2022, only 58 of WHO's 194 Member States had reached the 70% target and only in

low-income countries, addressing this through the proposal of a new distribution channel ALLVAX expanding upon COVAX,

*Considering* with appreciation the General Assembly resolution 74/L.56 (2020) highlighting the importance of global access to medicines, vaccines, and medical equipment to combat COVID-19,

*Noting with great concern* the importance of global distribution efforts specifically within regional systems,

*Approving* with deep satisfaction the SAGE Framework by the WHO, providing guidance and information regarding the need to allocate vaccines to at-risk groups,

*Reaffirming* the will behind global immunization strategy WHA 58.15 stressing achieving a world where the majority is protected by Vaccine-Preventable Disease (VPD) providing scientific and programmatic leadership to end VPD threats,

*Emphasizing that* the focus of further approved vaccines should be on non-mRNA vaccines as they require less complex manufacturing and storage methods and have a smaller toll on local infrastructure,

*Recalling* the General Assembly resolution for Global Compact (A/RES/76/224), "Towards global partnerships: a principle-based approach to enhanced cooperation between the United Nations and all relevant partners," to encourage dialogue between developing and higher-income nations to reduce inequity,

1. *Draws attention to* the necessary goal of acquiring vaccination materials as a fundamental step to increasing global vaccination by:
  - a. Providing funds to assist with increased hours and the sheer force of work performed by healthcare professionals;
  - b. Asking Member States who have reached the 70% threshold to connect and replicate a similar system of implementation with other Member States to reach the common goal;
  - c. Ensuring financial funds are secured to create facilities where vaccinations can take place;
  - d. Expanding resources to address challenging areas for underdeveloped states;
2. *Renews* its appeal to every Member State to work with the global immunization strategy to achieve a sustained global immunization and the 2030 immunization agenda (IA2030) since the global coverage dropped from 86% in 2019 to 81% in 2021 by:
  - a. Preventing vaccine-preventable disease (VPD) through satisfactory sanitary solutions achieving global immunization;
  - b. Detecting the disease targeting which Member States need the assistance donations of those with higher vaccination rates;
3. *Implores* Member States to remove barriers to domestic vaccine manufacturing in lower-to-middle-income countries by:
  - a. Allocating resources to ensure a steady supply of ingredients for vaccine manufacturing through COVAX;

- b. Obtaining the formula for the Corbevax open-source vaccine for availability on the international scale;
  - c. Receiving funding from non-governmental organizations to train, hire, and maintain a domestic workforce in manufacturing facilities possible financial sponsors include the Bill and Melinda Gates Foundation; Mayo Clinic; Pfizer Patent Assistance Foundation Inc. Implementers for the program could include Doctors Without Borders and International Red Cross; Expanding international usage of up-to-date COVID-19 technologies, especially regarding prevention, testing, and treatment;
- 4. *Suggests* Member States with currently developed vaccines to partner with other Member States and regional organizations to build regional and local manufacturing facilities, that look to:
  - a. First, the expansion of approved vaccines by WHO for the COVAX program will allow for a greater supply of vaccines to low-income countries and decrease the cost of these vaccines so they may purchase vaccines themselves;
  - b. Work with these bodies in varying regions to provide the resources to produce and distribute vaccines by building vaccine manufacturing plants;
- 5. *Requests* Member States to cooperate with vaccine manufacturers and distributors in unison with global and regional disease monitoring organizations to begin research and development on vaccines for diseases before they can spread around the world and to help combat regionally endemic diseases, to which:
  - a. Once the COVID-19 pandemic is truly under control, regional manufacturing facilities can be used to build local expertise and to manufacture vaccines for other diseases such as the flu, polio, or Ebola;
  - b. Regional manufacturing facilities should be linked with regional and global disease monitoring organizations, such as MECIDS, to allow for faster development of new vaccines when regional diseases that pose a risk to global health are identified and can then service those regions with minimal internal support;
  - c. This will allow for more effective and faster vaccine development in the future and for quicker and more equitable distribution in the early stages of a future pandemic as there will be a process to begin local manufacturing of newly developed vaccines;
- 6. *Calls* upon Member States to improve the vaccine forecasting system by:
  - a. Increasing data acquisition and its synthesis about vaccine availability;
  - b. Improving the COVID-19 Technology Access Pool, a WHO initiative allowing qualified manufacturers around the world to access health technologies on COVID-19;
  - c. Producing vaccines locally and building trust among recipients of the vaccine who initially were hesitant;
- 7. *Encourages* Improving communication between the supply chains of developing nations and the competent scientists and engineers of developing nations to improve their healthcare systems, and:

- a. Invites the use of technology and engineers to supply rural areas with vaccination distributions (working with tech companies and the private sector);
  - b. Looks to foster joint meetings to exchange ideas through localized initiatives, such as town hall meetings;
  - c. Explore alternative vaccine distribution methods based on available transportation means;
  - d. Appeals for more collaboration between developed nations and developing nations to optimize developing nations' healthcare systems to support self-sufficiency;
8. *Invites* the global community to create a Comprehensive Vaccine Initiative (CVI) to extend the COVAX framework to solve all vaccine-treatable diseases that developing Member States often struggle to address by:
  - a. Having the CCI implemented by vaccine distributor Gavi, The Vaccine Alliance, and including access to COVID-19 tools (ACT) but expand this to a new Vaccine Access Tool (VAT) to other vaccine-treatable diseases and the promotion of equitable access to vaccines regardless of Member State economic status with prioritization for at-risk nations;
  - b. Possibly being funded by the Bill and Melinda Gates Foundation;
9. *Further* requests Member States to join in the sentiments echoed by the Health Systems & Response Connector (HSRC) by:
  - a. Allocating surplus supplies of COVID-19 vaccines to states that request ample doses, for example, the developing state of Cabo Verde, whose economy was devastated by the COVID-19 pandemic, collaborated with the HSRC, increasing their COVID-19 vaccination rate to 70%;
  - b. Asking Member States to join the efforts of the HSRC to convene with other Member States to work towards a common goal;
10. *Recommends* expanding on the vaccine distribution channels established by the Member States during the height of COVID known as COVAX, creating a new and better version through collaboration with developing Member States and developed Member States for all vaccines, with the proposed name of ALLVAX partnering with other UN-affiliated programs to optimize the best-negotiated prices and to distribute vaccines:
  - a. Using partnerships cultivated through the introduction of the UNICEF Humanitarian Airfreight Initiative made in February 2021 to transport vaccines and needed supplies such as syringes to locations for local distribution;
  - b. Advising generating funding from Developed Member States, utilizing pricing discounts negotiated through a partnership alongside UNICEF for all vaccines such as:
    - i. COVID-19 vaccines are being priced at \$5.50;
    - ii. Bacille Calmette-Guerin (BCG) at a price point of \$0.10;
    - iii. The Diphtheria vaccine costs \$0.17;
    - iv. The vaccine for Diphtheria Tetanus and Pertussis can be purchased for \$0.16;

- v. Ebola vaccine which costs \$98.00;
- vi. Hepatitis A (HEP A) vaccine is lowly priced at \$7.50;
- vii. Hepatitis B (HEP B) vaccine at the low price of \$0.30;
- viii. Human Papillomavirus (HPV) vaccine sold at \$4.50;
- ix. Polio vaccine at a charge of \$1.50;
- x. Measles, Mumps, and Rubella (MMR) vaccine totaling a sum of \$3.50;
- xi. Japanese Encephalitis vaccine for a cost of \$0.44;
- xii. Oral Polio vaccine which can be bought for \$1.50;
- xiii. Pneumococcal Vaccine (PCV) costs \$3.30;
- xiv. Rabies vaccines which are sold for \$9.00;

11. *Expresses* its appreciation, for the collaboration of Member States on the regional level:

- a. Recommends for the European Union to work with non-members to establish uniformity in access and distribution of vaccines with the EU having the average vaccination rate at around 72%, it should use its resources to ensure similar rates;
- b. Regional aspects of distribution are vital to the success of vaccine efforts;
- c. Within the regional area, Member States such as those of the European Union with access to large quantities of vaccinations should mobilize to ensure the remaining vaccines are being utilized including but not limited to EVAP and GVAP on the global level;
- d. Promote the African Vaccine Acquisition Task Team (AVATT) as well as the COVID-19 Vaccine Global Access (COVAX) purchasing mechanisms to finance and promote the future of vaccination distributions and developments;

12. Suggests Member States establish community-based vaccine campaigns to expand accessibility and increase awareness in both rural and urban communities;

13. Supports Member States to increase technical cooperation and funding to NGOs to increase healthcare personnel within LDCs;

14. Encourages Member States to incorporate automotive vaccine distribution programs within LDCs will further contribute to providing vaccine storage within communities;

15. Calls upon Member States to provide resources for medical personnel who are helping developing countries improve global vaccine distribution;

16. *Recommends* Member States partner with NGOs to help with investment in education by:

- a. Receiving support from NGO and IGO, such as Gavi, the Vaccine Alliance, and other UN bodies, such as the UNHCR;
- b. Providing local education on the importance of vaccines and the danger of COVID-19;
- c. Counteracting stigma and misinformation surrounding vaccines;

17. *Encourages* working with the private sector and health ministries of developed countries by:

- a. Aligning with the UN's Sustainable Development Goals (SDGs), utilizing the Biofoundaries' technology, digitizing manufacturing, to improve the supply chain management of vaccine distributions;
  - b. Consider using transportation methods such as water taxis, and even dogsleds to help ferry vaccines to rural areas and communities, which are particularly at risk for severe COVID-19;
18. *Encourages* sustainable community development to allow self-sustaining containment and vaccine creation in developing countries by:
- a. Recommending sending WHO representatives to teach how to manage/create vaccines;
  - b. Encouraging capable developed nations to take in and train doctors from developing countries;
19. *Recommends* developing Member States use decentralization strategies that delegate greater responsibility to communities and work with community leaders of diverse populations by:
- a. Using existing vaccine infrastructure that already exists in local communities to address viruses such as HIV to administer testing and vaccination;
  - b. Working with and educating community leaders on the virus so they can be vaccinated and show their communities the benefits of being vaccinated;
  - c. Organizing mass vaccination campaigns in more distant communities to help larger portions of developing populations get vaccinated, including:
    - i. Training community members to administer vaccines to their own communities, such as local or religious leaders;
    - ii. Mobile vaccination units that can go to farther communities;
    - iii. Public radio partnerships to help people get information about vaccines and vaccination opportunities;
20. Welcomes the participation of the International Society of Vaccines to create a standard to educate on the functions of vaccines and allow the distribution of vaccines on school property by:
- a. Creating an international objective to focus solely on the creation and function of vaccines that is universal to educating the public and avoiding misrepresentation;
  - b. Training specialists on school grounds to ensure high-quality treatment and affordable distribution.



**Code:** WHA/1/3

**Committee:** World Health Assembly

**Topic:** Addressing Global Vaccine Distribution Disparities

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*The World Health Assembly,*

*Guided by Sustainable Development Goal (SDG) 3 (good health and well-being),*

*Reinstating the importance of the mandate of the World Health Assembly (WHA) in ensuring equal accessibility and adequate healthcare worldwide,*

*Bearing in mind it is the responsibility of Member States to meet the requirements of the Immunization Agenda 2030, established by World Health Organization (WHO), which highlights the importance of strong health care systems,*

*Referring to the General Assembly resolution 74/274 (2022), "International cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19," equitable access to health products is a global priority, and the availability, accessibility, and affordability of health products of assured quality is a fundamental necessity,*

*Keeping in mind Human Rights Council (HRC) resolution 50/L.13: "Access to medicines, vaccines and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", which states that access to life-saving medicines such as vaccines are a human right,*

*Recalls the Ministerial Conference of the World Trade Organisation WT/MIN(22)/30 that limits the rights of vaccine producers to reduce impediments for low-income countries to produce their own vaccines,*

*Recognizing the devastating impacts that viral diseases have caused the global community in recent decades,*

*Emphasizing the fact that only 31 Member States have joined the COVID-19 Vaccine Global Access (COVAX) initiative, which was adopted by the WHO to mobilize international cooperation for the purpose of accelerating vaccine distribution to low-income countries,*

*Noting that at least 144 participating countries have benefitted from the COVAX initiative by receiving over 1 billion COVID-19 vaccine doses,*

*Deeply alarmed by the 2.8 billion people who have yet to receive the COVID-19 vaccine,*

*Noting with regret that 600,000 deaths could have been averted if the 40 percent vaccination target set by the WHO was met by the end of 2021,*

*Emphasizing the importance of global accessibility to healthcare professionals, especially in low-income Member States, in order to increase global immunization rates,*

*Deeply disturbed by the ongoing threat of variants of concern developing in under vaccinated regions, due to global vaccine distribution disparities, where 3% of the population in low- and middle-income countries (otherwise known as the Global South) have received the primary vaccine dose, compared to 60% of the population in high-income countries,*

*Ensuring* a collaborative, long-term and supportive effort to secure global vaccine distribution and allocation of vaccines to improve preparedness, readiness, and response mechanisms for global health crises,

*Highlighting* the importance of education on vaccine distribution and on creating long-lasting infrastructures to prevent issues with vaccines occurring when new viruses emerge,

*Having considered* that there are high-income countries with surpluses of vaccines who are able to provide support to low-income countries grappling with extensive vaccine waste due to poor transportation and storage,

*Bringing forward* the importance of the role of international organizations from high income countries to assist in aiding resource funding mechanisms and distribution in healthcare infrastructure such as hospitals, equipment, and storage,

*Urging* Member States to implement stronger healthcare systems, social structures, and scientific and educational technology to address vaccine distribution disparities and promote equity in the implementation of solutions,

*Observing* approaches to challenges unique to global regions while respecting state sovereignty, such as traditional customs, beliefs, and practices, to decrease vaccine hesitancy through education and vaccine awareness campaigns with the utilization of all media forms,

1. *Calls to address* the large time discrepancy pertaining to distribution when providing COVID-19 vaccinations by:
  - a. Recommending the need to enhance the supply chain management of vaccines by adding manufacturing, storage capacity, and increasing inventory;
  - b. Recommending investments in infrastructure such as hospitals, vaccination centers, vaccine storage facilities, and transportation mechanisms as a means of increasing accessibility to vaccinations;
  - c. Collaborating with the World Bank to secure funding according to need by nation to be invested in modern infrastructure to promote vaccine accessibility;
  - d. Uplifting the work of medically specialized nongovernmental organizations in order to expand vaccine databases to less accessible regions;
2. *Recommends* vaccinated Member States to encourage the development of regional and international instruments to assure collaboration with low-income countries through strong legislation by:
  - a. Introducing projects to assure collaboration through framework like the Universal Health and Preparedness Review;
  - b. Implementing domestic laws to ensure the efficacy of the mechanisms intended;
  - c. Including complementary programs to connect regional objectives to international standards and ambitions;

3. *Works* to create an unbiased education network with goals to inform about vaccines and their efficacy in low-income nations to reduce distrust and misinformation by:
  - a. Working with Member States that have had issues with getting citizens vaccinated because of inherent mistrust in systems in place;
  - b. Creating third-party unbiased sources to create more trust for citizens when choosing to get vaccines in the future;
  - c. Suggesting that we take separate approaches for different nations to avoid a blanket approach to work with different regional needs;
4. *Recognizes* that Global South Member States will be in a much more stressful position in terms of production and so the Global North Member States are in a position of privilege and can be able to provide economic, educational, and medical assistance to countries in need by:
  - a. Providing accessible vaccine clinics and mobile facility of vaccines in rural areas;
  - b. Education centers and awareness campaigns to prevent misinformation;
  - c. Funding and creating financial partnerships with the countries to expand information to impoverished populations;
5. *Encourages* the WHA to have a goal of increasing the global physician density rate from 1.8 physicians / 1,000 people to 3 physicians / 1,000 people by 2030:
  - a. Strives to increase healthcare professionals, specifically in low-income countries struggling with immunization rates in order to increase accessibility to vaccinations;
  - b. Emphasizes the importance of access to healthcare professionals in low-income nations, especially rural areas, to increase accessibility to vaccines;
  - c. Recognizes the importance of maintaining safe work environments for healthcare professionals;
6. *Recommends* providing training towards interested civilians of vaccine low-income countries:
  - a. Establishing education for civilians as a means of vaccines being properly administered nor going to waste;
  - b. Work with already established organizations to reduce excessive utilization of funding;
7. *Suggests* the expansion technology services across nations as a means of promoting access to and inclusivity in healthcare:
  - a. Establish a multilingual database that contains resources on healthcare and vaccination services citizens can access based on their region;
  - b. Ensure online information regarding vaccination sites is updated, accurate, and accessible across communities;
8. *Calls on* Member States to aid low-income nations in acquiring vaccines through investing in local vaccine production:

- a. Encourage the transfer of technologies to low-income nations;
  - b. Begin partnerships with manufacturers to produce vaccines in struggling states;
9. *Calls upon* the developed nations of the world to support expansion of efficient transport systems to ensure timely delivery and storage of personal protective equipment and vaccination supplies:
  - a. Provide a reliable and efficient cold storage transportation system that ensures vaccines are safely stored en route to countries that are in dire need of more vaccinations;
  - b. Support adequate funding of transportation methods such as roads, railways, and air transport, e.g., to ensure vaccines are provided to Member States in a timely manner;
10. *Welcomes* temporary patent waivers according to WT/MIN(22)/30 where the Ministerial Conference of the World Trade Organization limited the rights provided for under Article 28.1 of the Agreement on Trade-Related Aspects of Intellectual Property Rights to authorize the use of subject matter of a patent for the production of COVID-19 vaccines without the consent of the right holder in order to reduce disparities by eliminating barriers to vaccines production, subsequently quickening the vaccine production processes;
11. *Encourages* Member States to donate their surplus doses to struggling states; countries with surpluses of vaccines will be encouraged to work with countries in deficit of vaccines to reduce the amount of wasted vaccines to use as many vaccines already created as possible;
12. *Expresses its appreciation* for the massive vaccination efforts of the Access to COVID-19 Tools Accelerator to allocate and fulfill the national vaccination targets of 91 low- and middle-income countries, specifically under the leadership of the Independent Allocation of Vaccines Group;
13. *Suggests* international cooperation from multilateral development banks, the WTO, World Intellectual Property Organization, and WHO to allocate funding for cold chain equipment, transfer for technology, regional mRNA manufacturing facilities, import tariff exemptions on medical supplies, and human resources;
14. *Implores* all able Member States, specifically those that have already achieved high rates of vaccination, to join the other 31 Member States participating in the COVAX initiative and any other distribution initiatives to accelerate distribution, ensure vaccine availability and accessibility for low-income countries;
15. *Encourages* Member States to consider cross-cultural sensitivity approaches to raise medical awareness, such as the utilization of traditional storytellers and poets to travel to rural communities and encourage vaccine treatments;
16. *Recommends* local collaboration with news outlets and educational institutions in creating awareness in low-income areas.



**Code:** WHA/1/4

**Committee:** World Health Assembly

**Topic:** Addressing Global Vaccine Distribution Disparities

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*The World Health Assembly,*

*Noting* that many developing Member States cannot natively research and produce vaccines,

*Noting with satisfaction* that Member States in the Global South have successfully researched and produced their own vaccines in the past,

*Realizes* that not all materials needed to produce vaccines require specialized storage,

*Emphasizes* the importance of patent access to vaccines needed for the local production of such vaccines,

*Further emphasizes* the Go Give One Campaign initiated by WHO, stressing the need for international cooperation to ensure global access to vaccines,

*Emphasizing* the progress made by Zimbabwe Healthcare on Wheels on the creation of mobile healthcare units in delivering vaccines to rural areas in developing nations,

*Observing* the drastic disparity in vaccine supply between developed and developing countries,

*Recognizing* that developing countries that are producing the majority of vaccine supplies are the same countries with a lack of access to global vaccine supplies,

*Understanding* the need for a more streamlined framework for the flow of a global vaccine supply,

*Notes with deep concern* that there is an increasing amount of vaccines expiring and going to waste in developed countries and that over 200 million covid vaccines were destroyed due to expiration,

*Bearing in mind* the necessity for states to make a profit off of their domestically produced vaccines to spur economic development in their communities,

*Emphasize* the importance of broad media distribution highlighting the importance of vaccines to society, individuals, the healthcare system, and pandemic containment,

*Appreciating that accessible* and efficient distribution is essential for sufficient vaccination of the populations around the globe, reaching rural areas is vital to preventing the spread of disease and closing the gap between wealthy and poor communities,

*Profoundly concerned* about the developed Member States with resources that do not provide vaccines equitably, taking into consideration developing countries on vaccines created by nations of the global north, and the damaging effects the inequitable distribution has on the global south, limiting the access to vaccines and technology through intellectual property rights,

*Utilizing* the fact that there is a lack of logistical support from developed countries in the distribution of vaccines to low-income states,

*Concerned* about developing countries without manufacturing facilities for vaccination,

*Realizes* the importance of perfecting distribution channels to resolve vaccination disparities,

*Affirms* the importance of welcoming countries with surplus amounts of vaccines in distributing those to lower-income countries,

*Underlining* the importance of distributing COVID-19 vaccines equitably to rural areas of developing Member States,

*Understands* the cultural and religious needs of all states and works on directing specific vaccines such as IndoVac to countries with high Islamic populations, as IndoVac has been approved for use by Islamic officials,

*Taking into consideration* the 2.8 billion people still waiting to get their first COVID-19 vaccination,

*Concerned* that many Member States continue to struggle with acquiring vaccines,

*Mindful* of the lack of investment in strengthening supply chains to distribute vaccines to underserved parts of developing Member States,

*Observing* the need for countries to support each other as needed as the vast differences in industrialization in the Global North versus the Global South is essential to note when considering manufacturing equity across the board,

*Recognizing* the patent and intellectual property rights in connection to the development of vaccines and medication,

*Acknowledging* that according to the CDC, global vaccination is continuously declining, with 25 million children unvaccinated, which is 2 million more than in 2020 and 6 million more than in 2019,

*Reaffirming* the work of Project Hope, an NGO providing training for healthcare professionals in developing countries,

*Aware of the need* to invest in rural infrastructure such as roads and vaccination distribution centers,

*Highlighting* the WHO's initial target to increase global vaccinations to 70% by the end of the year and realizing that by June 2022, only 30% of the Member States had reached that goal,

*Bearing in mind* that proper vaccine storage facilities are vital for successful vaccination campaigns,

*Recognizing* the inevitability of future global pandemics,

*Recalling* the Immunization Agenda 2030 (IA2030) adopted by WHA decision 73(9) and its strategic priorities of "Coverage and Equity" and "Supply and Sustainability,"

*Having considered further* the importance that data sharing and analysis can have on monitoring global health worldwide,

*Alarmed* by the lack of proper education and knowledge regarding vaccine safety among the general population,

*Taking note of* the lack of an initiative from Member States in support of funding a vaccine education program,

*Concerned by* public health concerns about the lack of correct information on vaccines within indigenous populations,

*Recalling* World Health Assembly resolution 58.15, to achieve greater coverage and equity in access to immunizations,

*Expecting* equitable access to vaccination sites and programs, recognizing that not everyone has access to reliable modes of transportation,

1. *Establishes* the “Vaccine Supply Production and Research” (VSPaRE) Initiative, which urges the investment in developing production, research, and supply capabilities in each region of the world to aid in the creation and distribution of essential and high-demand vaccines;
2. *Suggests* the creation of Vaccine Production Counsels (VPCs) within regional organizations such as the Organization of American States, African Union, European Union, Association of Southeast Asian Nations, and other similar organizations in coordination with the WHO Regional Offices;
3. *Implementing* a program through the VSPaRE Initiative that will collaborate with global health services and introduce strategic planning for COVID-19 socio-economic challenges and help strengthen the nation's health system and rehabilitate its economy and nation;
4. *Requests* Member States stockpile the non-volatile resources required to produce vaccines with the intended result of lowering the cost of storage and production;
5. *Aims* to develop infrastructure in developing countries that are victims of this continuing statistic, aiding in creating facilities and infrastructure for the proper storage and distribution of vaccination;
6. *Encourages* Member States to invest in the expansion of vaccine manufacturing, storage, and distribution capabilities within developing nations, including cold storage capabilities;
7. *Further encourages* the expansion of the WHO Collaborating Centres Program in developing nations, especially in the Traditional, Complementary, and Integrative medicine technical area;
8. *Authorizes* the WHO to develop policies and procedures that assist developing nations with access to and distribution of vaccines;
9. *Request* that Member States understand the importance of working with organizations such as COVAX to distribute vaccines to countries that need them by:
  - a. Increasing partnership between Member States and organizations to collaborate to donate surplus vaccines to developing Member States;
  - b. Allowing countries to have somewhere specific to donate money and vaccines to;
  - c. Informing Member States of the benefits of donating and working with these organizations;
10. *Deploys* Member States to increase partnerships with organizations providing rural areas in developing countries with mobile healthcare units;
11. *Supports* the establishment of mobile distribution centers, allowing for the widespread distribution of vaccine doses across large rural areas;
12. *Encourages* investment in the strengthening supply chains to distribute vaccines to underserved parts of developing Member States;

13. *Acknowledges* their surplus of vaccines, and would like to provide for countries with not enough vaccines and emphasizes the importance of donating a surplus of vaccines;
14. *Emphasizes* the importance of equitable vaccine distribution to states who need it most;
15. Strongly advises a universal goal operated by the WHO to establish the goal of increasing vaccine coverage for vulnerable groups through COVAX by mid-2023 by:
  - a. Providing weekly resource data on the amount of vaccines production used and needed, particularly for high-risk groups;
  - b. Establishing a strategy to ensure equal access to vaccines distribution based on population size;
16. *Request* the WHO Assistant Director-General, Office of Access to Medicines and Health Products, to develop a distribution strategy plan with countries for the distribution of vaccines worldwide;
17. *Promotes* the development of domestically manufactured vaccines and healthcare infrastructure;
18. *Calls* upon developed countries to support developing countries with aid and logistical equipment for the distribution of vaccines;
19. *Also calls for* the acquisition of COVID-19 vaccine doses in addition to their storage and logistics by working alongside organizations such as United Nations Children's Fund (UNICEF), WHO, the World Bank, governments, producers, and other partners to increase efficiency in distribution;
20. *Understands* the cultural and religious needs of all states and works on directing specific vaccines such as IndoVac to countries with high Islamic populations, as IndoVac has been approved for use by Islamic officials;
21. *Underlines* the importance of bolstering distribution services in the rural and underdeveloped areas of developing Member States;
22. *Strongly encourages* developed Member States to fund, proportional to their economic strength, an initiative towards the improvement and creation of new vaccine distribution centers located in major cities and capitals to spread doses into rural areas;
23. *Designates* the Permanent Members of the United Nations to bear the weight of proportional distribution quotas;
24. *Urges* the expansion of existing programs, including COVAX and the Country Readiness and Delivery Workstream by:
  - a. Increasing the reach of the Covid-19 Vaccine Delivery Partnership through increased funding;
  - b. Establishing an additional framework devoted to the transfer and redistribution of surplus vaccine supply from developed countries to developing countries;
25. *Recommends* that the Economic and Social Council (ECOSOC) collaborate with the World Health Assembly to create economic incentives for vaccine surplus redistribution by:

- a. Establishing a committee within the WHO Strategic Group of Experts (SAGE) to develop incentives for developed countries that hold a surplus of vaccines by:
    - i. Enabling companies that manufacture vaccines to receive special diplomatic status when transporting vaccines into conflict zones or embargoed countries by;
    - ii. Allowing the World Bank to apply the Guarantees Program to companies that invest in and trade with countries deemed “at risk” by the World Bank’s Country Risk Analysis Program;
    - iii. Reimbursing developed countries for the money spent on the surplus vaccines at the current market value at the time of the supply transfer to a developing country;
    - iv. Offering price decreases and shipping incentives for the Global North that purchase vaccines from companies based in the Global South to stimulate developing economies with an emphasis on local industry development;
  - b. Creating a streamlined database for United Nations Member States to report their vaccine supply to determine which countries are the most capable of a vaccine redistribution plan:
    - i. Recommending countries report their updated vaccine supply by the beginning of the international fiscal year in coordination with national budgeting processes;
    - ii. Enabling Member States to access a living database to understand where the global vaccine supply is moving to and from to make decisions on which developed and developing nations are most compatible matches for a vaccine supply transfer;
26. *Calls upon* the WTO to temporarily suspend the intellectual property rights of newly developed vaccines and technology, to increase global access to vaccine manufacturing, taking special consideration and giving Least Developed States, Small Island Developing States, and Landlocked Developing States, and also taking special consideration for the temporary suspension of a patent to increase their access to generic versions of vaccines and vaccine manufacturing technology;
27. *Recommends* a surveillance and preparedness program that will monitor up and new coming new diseases and variants as well as vaccine distribution by:
- a. Utilizing yearly quotas to reduce the number of wasted vaccine doses;
  - b. Enabling Member States to utilize a database that surveys vaccine usage and wastefulness by country;
  - c. Collaboration among Member States to implement vaccine clinics in schools within impoverished countries to provide a meeting place for rural families and children to receive vaccinations;
  - d. *Implementing* a program that will collaborate with global health services and introduce strategic planning for covid-19 socio-economic challenges and help strengthen the nation’s health system and rehabilitate its economy and nation;

28. *Urges* Member States to aid in increasing healthcare professionals in developing countries by:
  - a. Increasing partnerships with NGOs and CSOs that train people to store and administer vaccines;
  - b. Increasing public-private partnerships that provide training tools;
  - c. Providing incentives to people pursuing careers in the healthcare workforce;
29. *Bearing in mind* the need for a diverse vaccination response system, meeting the diverse needs of both the global north and the global south during medical crises;
30. *Assisting* underdeveloped nations and poverty-stricken countries economically and medically is recommended to ensure equal access to the whole population;
31. *Determined* to use data sharing and analysis between high and low-income states so that they can adequately create policies to promote healthy lives by:
  - a. Creating data network to establish accurate analysis;
  - b. Creating potential cooperation with ECOSOC and UNDP;
32. *Keeping in mind* that an international plan to increase funds in low-income countries can help close the gap in vaccine distributions;
33. *Calls for* each Member State to implement the IA2030 strategic priorities in national immunization plans and for developed Member States to emphasize “Coverage and Equity”;
34. *Recommends* Member States to share data and analysis with lower-income countries so that they can accurately create policies regarding vaccines;
35. *Encourages* Member States and UN programs such as WHO, UNICEF, and other NGOs to incorporate education regarding vaccines within public school systems;
36. *Further Recommends* investing in early childhood education, such as making it a requirement that students take courses in health and vaccines;
37. *Calls upon* Member States to implement a program that educates indigenous people about vaccine effectiveness;
38. *Recommends* providing educational information sessions in rural areas and schools so everyone can access vaccines;
39. *Further requests* for the implementation of misinformation campaigns directly addressing conspiracies and misinformation in the populace;
40. Endorses the mobile facilitation of vaccinations in the rural areas of underdeveloped nations for low-income families:
  - a. In collaboration with universities, we will distribute solar-powered vehicles to increase mobility for more citizens to become fully vaccinated;

- b. Encourages using drones to distribute vaccines to countries with low availability of roads and transportation by increasing support for the successful Rwanda drone initiative that has been implemented.



**Code:** WHA/1/5

**Committee:** World Health Assembly

**Topic:** Addressing Global Vaccine Distribution Disparities

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*The World Health Assembly,*

*Recognizing* that there is a limited amount of vaccines available for distribution globally due to the vast majority of vaccine production being developed in select states,

*Acknowledging* the unaffordability of vaccine technologies caused by the value attached to intellectual property laws, particularly affecting least developed countries (LDCs),

*Conscious* that patent waivers can negate the incentives for investment and innovation, making reimbursement processes necessary,

*Realizing* that many nations lacking in access to vaccines have poor vaccine infrastructure due to crude or undeveloped distribution channels,

*Understanding* the necessity for increased internal production of vaccines in lower and middle-income countries, and the subsequent disparities in market access within these countries,

*Aware* of the world's existing strength in partnerships with NGOs that share initiatives which align with the mission of the World Health Organization (WHO) and other concerned Member States,

*Concerned* by the 1.5 million children who die each year from completely preventable diseases that are as a result of widespread vaccination disparities,

*Advocating for* the creation of Global United Nations Vaccine Trust Fund (GUNVTF), which would be set up to supply safe and ample vaccine distribution to developing nations,

*Recalling* Immunization Agenda 2030 Sustainable Development Goal (SDG) 3 by increasing vaccine accessibility and creating new global vaccination efforts for Member States to administer vaccination for all ages,

*Understanding* that inequities in vaccine distribution are an urgent matter, especially as vaccines currently prevent an average of 4 million deaths every year, even as immunization rates are falling behind,

*Calling attention to* the importance of nations' participation in COVAX, while understanding that organizational structure can be improved,

*Recognizing* that an important aspect of distribution is proper storage and that adequate storage infrastructure should be built throughout less developed regions,

*Emphasizing* the importance of distribution channels to create effective routes no matter geographic terrain, as well as reducing vaccine waste and expiration due to time-sensitivity or inadequate storage methods,

*Acknowledging* the commitment of signatories and co-sponsors to the Political Declaration on Equitable Access to COVID-19 Vaccines in March 2021 to ensure equitable, fair, and affordable access to vaccines,

*Emphasizing* the importance of medical security for citizens of all Member States in order to reach the World Health Organization's goal to have 70% of the global population vaccinated against COVID-19,

*Noting* that the Global Dash Board for Vaccine Equity states that in 2021, only 3.07% of people in low-income countries have received one COVID-19 dose, compared to a 60.18% vaccination rates in high-income countries,

*Emphasizes* the difference between scientific fact and misinformation regarding vaccinations and their global health benefits,

*Seeking* to deconstruct harmful ideas of vaccination hesitancy along with addressing misinformation that results in a fear of vaccinating oneself, children, and others,

*Having heard* the concerns about the availability of recurring updates regarding future vaccinations and outbreaks,

*Welcoming also* the ideas of social media and its power to motivate and educate the individual,

*Accepting* that voluntary contributions can be a key source for vaccine distribution advancement,

1. *Invites* the implementation of the Necessary Expansion of Essential Desirable Life-Saving Equipment (NEEDLE) program, which seeks to incentivize investment into domestic production levels and promote COVID-19 vaccination intelligence-sharing for all Member States by:
  - a. Ensuring WHO approval of vaccines that are created domestically within Member States and approved by their respective governments to increase production values;
  - b. Collaborating to create foreign investment opportunities to make widespread access, education, production, and distribution of immunization possible;
  - c. Creating a partnership council to oversee and provide accountability to uphold the commitment made by Member States;
  - d. Further inviting UN inspectors to monitor NEEDLE-member vaccine production and offer aid to countries producing less than 1% of the global vaccine supply through coordinated use of the platform of the United Nations Global Vaccination Committee, and through setting the standard to monitor vaccine supply distribution shares;
2. *Emphasizes* the need for improved mechanisms to prevent future instances of excessive financial gain related to public health crises by:
  - a. Building on existing patent waiver agreements and provisions to create new framework for global ownership of critical immunization patents, either temporarily or permanently depending on the circumstances of the pandemic, which includes:

- i. Suggesting that the Economic and Social Council (ECOSOC) create production financing programs focused on long-term healthcare infrastructure development under the Commission on Science and Technology for Development (CSTD), following intellectual right waivers;
    - ii. Encouraging LDCs to apply for these development programs as beneficiaries of the increased affordability resulted from the patent waivers;
    - iii. In the case of vaccine production, recommending authorization of funding from Vaccine Production Initiative (VPI) to supplement these development programs;
  - b. Requesting the World Trade Organization (WTO) fast-track the process by which intellectual property laws are reviewed and patent waivers are approved during times of global health crisis;
  - c. Forming a commission under WHO to determine compensation for temporary or permanent patent waivers for Member States and provide a recommendation to the WTO on reimbursement;
3. *Urges* Member States to communicate on transportation of vaccinations to rural and hard to reach communities, as well as asking the UNCDF to fund the construction of new transportation solutions:
  - a. Strongly encouraging nations to pursue mobile health organized clinics for low income families seeking medical resources;
  - b. Accepts that voluntary contributions can be a key source for vaccine distribution advancement;
  - c. Emphasizing the delivery of a full staff combination of physicians, nurses, community health workers and other health professionals;
4. *Recognizes* the value of domestic vaccine production and calls upon corporations to expand their reach into developing nations in order to diversify market and vaccine access;
5. *Suggests* working with Member States and NGOs to understand where new infrastructure can be most influential including:
  - a. Temporary and permanent health facilities to provide vaccine storage and transportation vehicles to deliver services;
  - b. Supporting research into more efficient cold chain-storage powered by solar panels to combat vaccine disparities in Member States;
6. *Encourages* Member States with a substantial unvaccinated population due to physical and socio-political factors to request aid from WHO and UNICEF in order to implement door-to-door mobile vaccination teams that:
  - a. Allow for an inclusive and culturally mindful approach to administering vaccines in areas that differ from other regions of the country;
  - b. Consist of medical professionals to deliver and administer immunizations and to reassure caregivers, community leaders, and heads of family about the safety, effectiveness, and necessity of vaccines;

7. *Calls* upon the UN to develop the Global United Nations Vaccine Trust Fund (GUNVTF) that calls for donations from nations with higher levels of GDP to supply vaccination funding that aids nations battling life-threatening disease by:
  - a. Providing funding allocated strictly towards the purchase of vaccines and vaccine equipment that would:
    - i. Be overseen by the UN and World Health Assembly to ensure funds are properly allocated;
    - ii. Mitigate the effects of vaccine price gouging;
  - b. Creating and building vaccine clinics in economically developing nations;
  - c. Promoting self sufficiency as well as local talent in efforts of reaching long-term solutions toward this issue by:
    - i. Providing means of transportation to clinics in developing nations necessary for the equitable distribution of vaccines;
    - ii. Allowing for high-risk individuals an equal opportunity to access vaccines;
8. *Draws attention* to the creation of the United Nations Global Vaccination Committee to provide states a transparent line of communication regarding vaccine distribution and information by:
  - a. Abolishing trade export limitations, mainly affecting low-income states by negotiating with WTO;
  - b. Sharing of information and knowledge between recognized Member States in the committee, including the:
    - i. Annual meeting between states for the purpose of discussing vaccinations;
    - ii. Creation of a database for states to communicate on transportation, development, and education on vaccinations;
9. *Strongly encourages* Member States to reduce the amount of vaccine waste by:
  - a. Transferring any accumulated unused vaccines with at least six months of efficacy left to Member States facing vaccine shortages;
  - b. Providing the safe transport of unused vaccines to areas that are difficult to reach;
  - c. Offering unused vaccines at a heavily discounted price;
10. *Advocates* for global equitable access to COVID-19 vaccines via COVAX by:
  - a. Transporting all necessary vaccination equipment for safe and successful vaccinations;
  - b. Protecting frontline health care and social workers, as well as at risk groups, by prioritizing them in vaccine rollout plans;
  - c. Developing safe transportation mechanisms for vaccines to rural and developing areas;

- d. Making use of existing COVAX resources such as vaccine education in Member States facing hesitancy from citizens, providing economic support to developing countries, and locating areas in these countries that are in the most dire need of this aid;
11. *Suggests* Member States and NGOs collaborate towards developing infrastructure to support vaccine distribution through methods of:
- a. Incorporating health facilities such as pop-up clinics and permanent structures to provide vaccine storage and vaccine transportation vehicles to deliver services;
  - b. Supporting research into more efficient cold chain-storage powered by solar panels to combat vaccine disparities in Member States;
12. *Emphasizes* the importance of vaccine availability not only on the urgent short-term but on the vital long-term through:
- a. Consistent national plans based on integrated health systems responding to all health needs of a population;
  - b. Creating and perfecting the necessary infrastructure and supply-chain systems to support for the adequate storage, transportation, and reception of vaccines within less-developed regions, (buildings, roadways, and vehicles);
13. *Suggests* transitioning funding from the Access to COVID-19 Tools (ACT) Accelerator towards the VPI which would:
- a. Develop domestic vaccine production based on NEEDLE knowledge sharing;
  - b. Distribute seed funding in Member States that lack robust healthcare industries, qualified by:
    - i. Less than 50% of the population has received a first COVID-19 dose, or;
    - ii. Less than 1% of global vaccine supply produced, or;
    - iii. A total adult mortality rate over 150 per 1000;
  - c. Fund experts from NEEDLE to oversee and advise domestic vaccine production;
  - d. Build long-term infrastructure to transition COVID-19 vaccine production to other vaccines which will:
    - i. Preclude against future pandemics thanks to essential infrastructure;
    - ii. Develop domestic production industries in the Global South;
  - e. Source funding from:
    - i. Cooperation with the United Nations Capital Development Fund (UNCDF) under ECOSOC;
    - ii. ACT funding which is no longer necessary to jumpstart COVID-19 vaccine production in MDCs;
    - iii. A necessary remaining amount of voluntary contributions from general WHO funding;

14. *Urges* Member States to communicate on transportation of vaccinations to rural and hard to reach communities by:
  - a. Strongly encouraging nations to pursue mobile health organized clinics for low income families seeking medical resources;
  - b. Emphasizing the delivery of a full staff combination of physicians, nurses, community health workers and other health professionals;
15. *Reaffirms* the decrease to overall vaccine prices based on states income by utilizing the tiered pricing that Pfizer used for COVID-19 vaccines in low-income states;
16. *Promotes* educational resources to improve developing countries' preparedness to ensure they are well equipped in the event of future widespread outbreaks by:
  - a. Affirming the use of the Pandemic Prevention Initiative that aims to help the world understand, prevent, and minimize threats of future pandemics and to further educate developing Member States;
  - b. Providing workshops for children and parents within primary and higher education institutions to educate, ensure assistance, and to provide clarity;
  - c. Relying on educational courses that stress official information and statistics about immunization as produced by WHO and other scientific bodies;
  - d. Adapting the general educational courses developed by the WHO to fit the cultural and local standards observed in different educational institutes around the world;
17. *Calls upon* the UN to address the harmful qualities of misinformation about vaccination by working with educational institutions within lower and middle income nations to improve communications with their citizens by:
  - a. Building and providing funding to existing education programs that tackle misinformation by providing resources to NGOs that increase communication among local communities and healthcare officials in higher levels of government to more accurately represent everyday citizens' needs, with a focus on developing nations;
  - b. Encouraging the dissemination of information related to vaccine efficacy in order to address existing safety concerns among general populations;
  - c. Offering vaccine awareness and discussion training among local, trusted community leaders to improve small communities' healthcare education force;
18. *Further recommends* Member States' collaboration with WHO to provide regular updates about developments in knowledge about viruses and potential vaccines on a global scale through routine communications by:
  - a. Conducting a quarterly meeting with health professionals and international health experts to compare and contrast research, data, and analysis;
  - b. Improving guidelines to reflect the most current scientific research in regards to the study of newly discovered viruses and diseases;

19. *Utilizes WHO's current social media platforms to raise awareness of the benefits and risks of vaccines by:*

- a. Recommending that each expert is able to communicate professionally and has specific credentials to speak upon public health issues;
- b. Creating and posting related content regularly;
- c. Following the model of the WHO social media initiative #vaccinequity;
- d. Providing continually updated statistics that shows the actual results of vaccination;
- e. Creating comprehensive education social media posts to combat the spread of vaccine misinformation.