

**Forum:** World Health Assembly

**Issue:** Implementing the Immunization Agenda 2030

**Student Officer:** Kerem Moğol

**Position:** President

---

## Introduction

Humanity as an evolving species has faced many global level catastrophes, as obstacles in their road of becoming civilized. Ranging from asteroid crashes causing world wide extinction, to disease outbreaks that ended the lives of millions; the human race has endured and overcame many “sticks” thrown in their way. One of the, if not the, most critical setbacks are the ones that shorten the life-span of humans. Whether that be through tampering with the systems of the human physiology, eliminating a specific organ’s functionality or hindering the biological practices of individuals thus making them more prone to life threatening diseases; the human body as the target stays common. Due to the intuitive motivation of fighting things that pose a threat to the sustainability of mankind, humanity has developed methods that aim to prevent and defuse these global concerns. Our agenda item is one that falls under this category.

Our agenda item “Implementing the Immunization Agenda 2030” is our most complex weapon against the concerning threat of infectious diseases. In order for something to reach the amounts it needs to become a global concern, it has to have the ability to expand. To conquer the known world in the near past, humans fought to increase their land via acquiring others. For organisms that harm humans, the motivation is quite similar to the one above; they must expand their circle of influence and they do this by jumping from one person to others. This is why infectious entities need our collaborative attention and effort to get forestalled. As they infect more it gets easier for them to infect even more, so we must have a way to act fast, act steady and effectively. Immunization is often accepted as the most effective method of public health intervention, preventing the spread of lethal diseases before they even get a chance to infect. However for this to function properly, there has to be solid mechanisms for the implementation of immunization measures to the wide majority of the population. Individual immunization preserves that person, the benefit factor is 1; however when the one millionth person gets immunized the benefit factor is now more than 1, because on that level immunization protects others around one as much as it protects that person.

At this very point the connection between our issue and the theme of RCIMUN 25 becomes clear to the naked eye. The theme “Enhancing Cooperation: Mending the Cracks in the Rules-Based International Order” is quite literally ingrained in our agenda item. In the beginning of 2020 the world met COVID-19, a very recent virus causing severe acute respiratory syndrome. Soon after the World Health Organization recognized the viral outbreak as an official pandemic, and the world was drifted into a near 2 year of quarantines, curfews, social distancing, and public regulations of all kinds. The

COVID pandemic affected everyone around the world; it has led to the collapse of many local economies, the shut down of businesses, times of hardship for industries and families. To overcome this period of trouble, humanity had to cooperate with sincerity and stretch the usual order to create actual solutions. As stated in the theme, we had to mend cracks of our rule based orders. States of emergency require special treatment, and for those treatments to work properly they have to become “common practices” first. This agenda urges all delegates to think outside the box in order to loosen the ties of international law.

## Definition of Key Terms

**Infectious Disease / Infection:** Infectious diseases are disorders that are caused by organisms, usually microscopic in size, such as bacteria, viruses, fungi, or parasites that are passed, directly or indirectly, from one person to another.<sup>1</sup> Infectious diseases are a major cause of death worldwide, and a leading driver of the death tolls in low income countries. Especially young children as an influence group are more prone to getting infected by these lethal diseases in underdeveloped areas. This term is truly a prerequisite to engage in discussions around our agenda item; since the main ideal of the immunization agenda is to combat infectious diseases, in one way or another. This will be thoroughly explained in the general overview section, however it is crucial for the delegates to recognize the goal of combatting infection and its spread among individuals. The simple takeaway is the distinctive quality of infectious diseases: they increase their effect via transferring the pathogen from one person to another. They aren't genetic diseases harming only the body of the host; the sick individual here works as the disease agent, posing a threat to those around them.

**Vaccine-Preventable Diseases:** This term may be seen as a self explanatory one, however a slight difference in understanding between parties may harm the creation of efficient solution proposals in our committee. Vaccine Preventable Diseases (VPD's) are contagious diseases for which a proper and effective vaccine exists. To put it in very simple words, these are diseases that we currently have vaccines for, that can actually prevent the spread of the pathogen. The WHO currently recognises 25 VPD's, this means for each of these diseases the world has created, and licensed the effectiveness of, at least one vaccine.<sup>2</sup> Being a VPD shouldn't be confused as an identity character for illnesses however, because for every new vaccine which will be developed in the future, the VPD count will increase. Additionally if an individual gets infected and dies from a VPD, this death is considered as a “Vaccine Preventable Death”. The usage of this term is beneficial for the delegates to make categorizations when analyzing numbers. This may lead to the proper assessment of areas which have room for the most improvement and are in the need of attention.

**Immunization:** Derived from the latin word “*immunis*” this term is the holy grail for our agenda item. In a general sense, being immune to something means you are exempt from that responsibility or action

---

<sup>1</sup> “Introduction to Infectious Diseases”, *Department of Molecular Virology and Microbiology*, <https://www.bcm.edu/departments/molecular-virology-and-microbiology/emerging-infections-and-biod efense/introduction-to-infectious-diseases>

<sup>2</sup> “Vaccine Preventable Diseases”, *CDC*, <https://www.cdc.gov/global-immunization/diseases/index.html>

etc. Immunization as a public healthcare term, is the process of developing individuals' resistance to infectious diseases and viruses. The term is often used interchangeably with vaccination, however this is not fully correct. Although they are really similar in meaning, the subtle differences of the concepts may prove to be important in developing a clear understanding among delegates and in resolution papers. Immunisation is the process of getting vaccinated and becoming immune to the disease after vaccination.<sup>3</sup> In even simpler words, immunization is the action of the body developing immunity against infectious diseases, and it has various methods, the most effective one is getting a vaccine. Thus the word immunity is the umbrella term in our agenda item, and it is the main purpose of the agenda itself.

**Vaccine / Vaccination:** A vaccine is a suspension of weakened, killed, or fragmented microorganisms, toxins or other biological preparation; that is administered primarily to prevent diseases.<sup>4</sup> There are types of vaccines; prophylactic vaccines prevent the effects of a germ an individual may get infected with in the future, while therapeutic vaccines aid the immune system in fighting a disease already in the body. The second type may be needed in chronic illnesses when the immune system fails to produce enough antibodies etc, however what we are referring to as “vaccination” in our agenda is preventative vaccines. These public health tools are precautionary measures for a future encounter the body may possibly have. The actual contents of the vaccines differ from each other; they may have a weaker altered form of the pathogen, the dead form of the pathogen, a part of the germ or the mRNA proteins that identify the infection. All of these however function the same way, they introduce the disease to the immune system so that they are ready to identify and attack the real VPD if it ever enters the body. The B lymphocytes are now sensitive and ready to respond; without the period of delay and attempting to find the right antibodies that the germ so critically wants. Because the antibodies aren't directly provided to the human body, rather the body is pushed to learn and create antibodies itself, the benefit gained from vaccines is called “active immunity”.

**Herd Immunity:** This term refers to and deals with more of the social / communal side of the issue of vaccination. When enough people in a community are immunized against a disease, the chance of an outbreak is greatly reduced. This type of community protection is known as ‘herd’ or ‘community’ immunity. To reach herd immunity against a disease, a community must have between 74 to 95 per cent of the people immunized depending upon the disease.<sup>5</sup> The benefit factor reference made in the introduction of this report should now make a lot more sense. When the uncertain barrier is reached and a sufficient number of individuals in a community are immune to an infection; others in that community, whether they be vaccinated or not, are also able to gain benefits. That is why as the ratio of vaccinated individuals increases, getting closer to the herd immunity level, every new

---

<sup>3</sup> “Immunisation or Vaccination - What's the Difference?”, *Healthdirect*,  
<https://www.healthdirect.gov.au/immunisation-or-vaccination-whats-the-difference>

<sup>4</sup> “Vaccine”, *Encyclopaedia Britannica*,  
<https://www.britannica.com/science/vaccine/Benefits-of-vaccination>

<sup>5</sup> “What is immunization?”, *Fraser Health Authority*,  
<https://www.fraserhealth.ca/health-topics-a-to-z/immunizations/immunization-basics>

administration of a vaccine yields more advantage, growing the benefit factor even more for the vaccinations following it. Community immunity is especially important for people who can't get certain vaccines. For example, they may not be able to get a vaccine because they have weakened immune systems. Others may be allergic to certain vaccine ingredients. And newborn babies are too young to get some vaccines. Community immunity can help to protect them all.<sup>6</sup>

**Pandemic & Epidemic:** These concepts are used to describe and categorize diseases, in a certain date or timeframe. An Epidemic is considered as the unexpected rise of the number of affected individuals from diseases in a specific geographical or regional area. The mentioned disease does not have to be strictly contagious, as it is left blank in the accepted definition. As an example the rapid increase in the cases of obesity in some regions may be considered as an epidemic, if the rates are significantly higher than the expected amount for a community of its kind. A pandemic is declared by the World Health Organization (WHO) when a disease's growth is exponential, without a concern given to geographical qualities. This means the growth rate skyrockets, and each day cases grow more than the day prior. In being declared a pandemic, the virus has nothing to do with virology, population immunity, or disease severity. It means a virus covers a wide area internationally, affecting several countries and populations.<sup>7</sup> The WHO declares diseases as epidemics or pandemics based on the disease's rate of spread and coverage. Thus the difference between these two is not the severity of the disease, rather it is the degree to which it has spread around the globe, and at what level the spread rate is increasing.

## General Overview

### A Brief Background

Roughly after the beginning of the 21st century, notable advancements were being made in the domain of public healthcare and immunization. Researchers were actively in the process of developing new vaccines for diseases not yet covered by an effective method of prevention, and a great deal of time and effort was being put into improving the coverage and the overall effectiveness of immunization programs. There surely was a long way to go but steps were being taken to standardize the essential processes and to regulate the means of production. The global count of vaccinated individuals was reaching levels never seen before and specific immunization rates of age groups was expanding. Other public healthcare measures and initiatives such as better access to clean water, sanitary equipment and hygiene products or improved education on the matter; combined with the increasing trend of immunization had its effects on child deaths. The annual number of deaths among children under five years old being 9.6 million in 2000 and 7.6 million in 2010, despite the growing population of newborns, reflected this positive influence of public healthcare interventions.

---

<sup>6</sup> "Vaccines", *National Institutes of Health National Library of Medicine*, <https://medlineplus.gov/vaccines.html>

<sup>7</sup> "Epidemic, Endemic, Pandemic: What are the Differences?", *Columbia University* <https://www.publichealth.columbia.edu/news/epidemic-endemic-pandemic-what-are-differences>

It is the responsibility of an objective researcher to recognise the positive trends and results of an issue, provided that they are consistent and are backed by substantive evidence such as statistical information or credible sources confirmations. However this does not mean that the “big picture” of the matter is shining bright, nor does it yield a direct understanding of a positive evaluation of the topic. Despite the improvements in immunization programs and the progress taken, Vaccine Preventable Diseases (VPD’s) are a major cause of mortality, and not just in a few specific geographic locations. Adoption of new vaccines by low- and middle-income countries where disease burdens are often the highest has been slower than in high-income countries. In 2010, for example, only 13% of the total high- income country birth cohort lived in countries that did not have the recent and necessary vaccines in their immunization schedules. Of the total low-income country birth cohort, 98% lived in countries that did not have the vaccines mentioned above in their schedules.<sup>8</sup>

Coverage gaps persist between countries, as well as within countries. The average coverage with three doses of diphtheria vaccine and with measles vaccine in low-income countries was approximately 15% below that of high-income countries in 2010. However, this represents a positive trend in comparison with the coverage gap of 30% for both vaccines in the year 2000. In some countries, coverage of measles vaccine in rural areas can reach up to rates of 33% lower than in urban areas. Similarly, the measles vaccine coverage rate for the richest fifth of the population in some countries is nearly 60% higher than for the poorest fifth. Coverage can also be very low in settlements of the urban poor, especially in cities with migrant populations, and in indigenous communities.<sup>9</sup>

To lead us into our next block, the above explained situations were some information and credible comments about the general overview immunization. The global state of vaccination and public healthcare initiatives are reflected in these paragraphs of background; a positive trend was undoubtedly established, however there is no debate on the fact that despite this there was still a long way of improvement that awaits human civilization. All these led to the creation of the Global Vaccination Action Plan, which will be referred to as GVAP from now on. The GVAP was an action plan with specific aims and a time frame for which the results were expected to come in. This project was special in its nature because it was a collaborative effort and a shared initiative, for the common good of the world. The World Health Organization (WHO) partnered with many organizations: The GAVI Alliance, Bill & Melinda Gates Foundation, US National Institute of Allergies and Infectious Diseases (NIAID) and the African Leaders Malaria Alliance were the core partners.

### **The GVAP**

The Global Vaccine Action Plan (GVAP) was a strategic framework put forward by the World Health Organization, as an international initiative program attempting to capture both regional and global

---

<sup>8</sup> World Health Organisation, “Global Vaccine Action Plan 2011–2020”, p.19, feb 2013

<sup>9</sup> World Health Organisation, “Global Vaccine Action Plan 2011–2020”, p.18, feb 2013

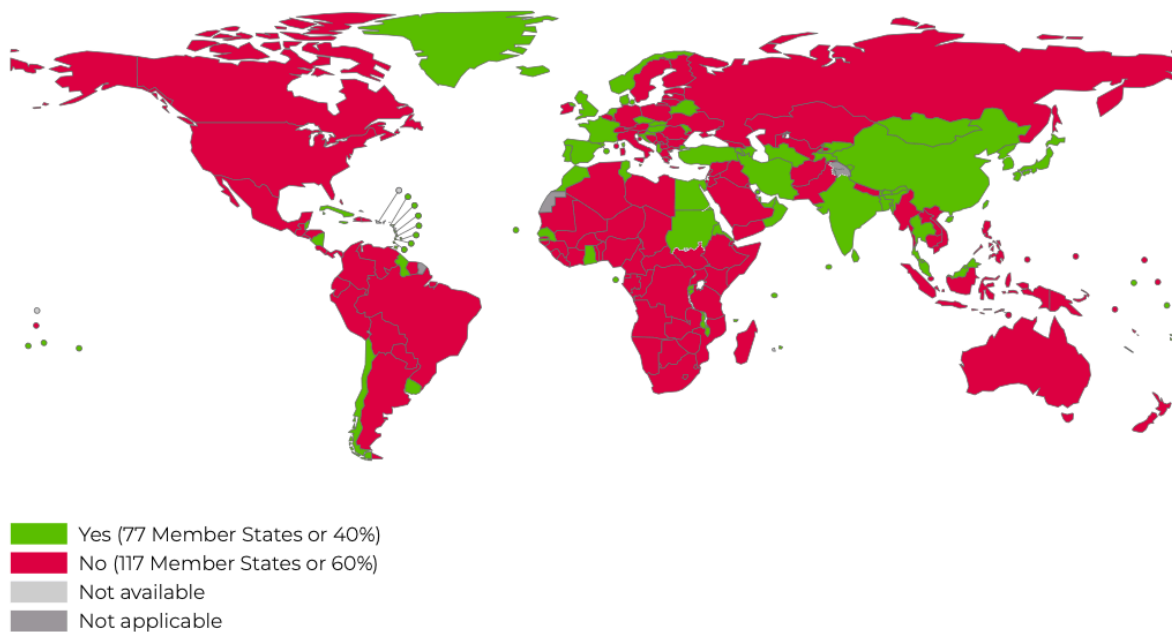
benefits. The GVAP envisioned a world where all communities, nations, groups and individuals had access to critical vaccines and life saving immunization programs, and actually wished to get administered on their own. The action plan was set in a matter which aligns with the 3rd United Nations Sustainable Development Goal (SDG) titled: Good Health and Well Being. In order to achieve its goal of an equitable and prosperous state of immunization around the world, The GVAP determined six (6) core goals and elaborated on methods of implementation. To list without making comments, these goals were:

1. Strengthen routine immunization,
2. Introduce new vaccines,
3. Achieve equitable access,
4. Accelerate disease control efforts,
5. Increase public awareness,
6. Ensure sustainable vaccine financing.

As expected these goals were not left out to survive on their own, rather the GVAP outlined several methodologies to make these ambitious goals a reality, while also noting key priorities for the program to succeed. These key priorities were mainly specific to the world's condition and diseases, and they had a tendency to include numerical targets. These priorities were “Eradicating polio”, “Reducing measles and rubella deaths” and “Increasing DTP vaccine coverage to 90%+”. The delegates can internalize this concept of priorities as tangible and measurable factors added to the main goals. This is similar to saying something such as “Our core goal is achieving equitable access to immunization, to make this happen we should first start with addressing the DTP coverage globally”. The destination is set but there are many lanes to drive and choose from, the priorities basically choose which lane you should start from and point you to it.

Additionally, the program provided methods and mechanisms for this cause. The first means of achieving this was outlined as “Country-led immunization policies”. This was mainly for the endeavour of improving global immunization to become sustainable in a national standpoint. International bodies are great for providing states with aid and assistance; however for a universal achievement to be possible and long lasting, the countries individually have to be leading and driving their public health programs. Another method was “Research and development for vaccine innovation”. This mechanism is a direct result of the 2nd & 4th core goals of the GVAP, due to its encouraging nature for the research of new vaccines. If a new vaccine is found and developed, one can see how that has a high chance of accelerating the disease control for that specific disease. Thus this wording ties its host method to two separate goals and shines a leading light for them. Lastly the GVAP suggests that “Public awareness and funding initiatives” get the necessary support. With its funding section the procedure covers the 6th goal of ensuring sustainable funding; and with its first part the connection created between the 5th goal and the method is very obvious in nature. Additionally, the GVAP established a vaccination secretariat to keep track of the improvement, and to oversee the progress in order to ensure its compliance with the GVAP vision and mission.

The GVAP resulted in an improved global state of immunization and took solid steps in the road of ensuring full compliance with the public health frameworks internationally. However, the program also faced some notable challenges and in an overall analysis, harsh disparities around the world still existed. Not all of the goals were met, the ones that were successful had cases where they were achieved in a rather partial way. As an example, in its annual secretariat report that monitored and evaluated the aspects of the GVAP, the WHO in 2020 provided the public with some serious feedback. Regarding the goal of equitable access to immunization globally, and the proper distribution of vaccines that resulted in the individuals actually reaching them; some detections were made. The following report paints the global picture of the number of countries that have reached and sustained at least 90% coverage for all vaccines included in the national infant schedule. As one can understand, the information was far from satisfactory, noting the fact that 117 member states were still unable to reach the asked level of coverage.<sup>10</sup>



(Graph: Countries with 90%+ vaccination coverage in 2019)

### The Immunization Agenda 2030

In order to address every aspect of the agenda item at hand, which is a wide and far-reaching one to summarize extensively, this part of the general overview will invade a good amount of space in the report. However to keep this text as brief as possible for reasons of clarity and comprehensibility we will not be able to dive deep and elaborate on all of the bullet points for several paragraphs. All of the essential information related to the inner specs of Immunization Agenda 2030 will be provided in the following pages, however when time comes to explain optional side sections this report will not insist, rather it will move on. For matters that strike the interest of the delegates, individual research other than this report is highly recommended. What one will learn here will be sufficient, but to draw a

<sup>10</sup> World Health Organisation, “Global vaccine action plan: monitoring, evaluation and accountability. Secretariat annual report”, p.11, jun 2020

difference and create a distinction between others in the committee, the delegates should not hold back on furthering their own studies.

The Immunization Agenda 2030 was launched in April of 2021. As the new leading framework for global immunization, through collective endeavour by all stakeholders, the program aimed to achieve the vision for the decade: A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being. Taking this as their official motto and guidance for their endeavours of public wellbeing, the program was led by the WHO in collaboration with UNICEF, GAVI, Bill & Melinda Gates Foundation, and other global health organizations. The Immunization Agenda 2030 (which will be referred to as IA2030 from this point) is the successor of the GVAP and this has several meanings. First and foremost this means that the plan will be built on top of the remains of its predecessor, so its a step upwards from the previously built foundation. However something that's as obvious as this is the fact that the GVAP clearly failed in some areas, that it was insufficient to properly meet the needs of the ever changing state of the world, and that the IA2030 must be designed on and around the fallacies found and lessons taken from the GVAP. The IA2030 was developed to deal with issues mainly defined as vaccine hesitancy, inequalities, and pandemic-related disruptions. The program has its focus on country led initiatives, innovation and wide scope collaboration.

To move away from the rough summary, to the specifics of the IA2030, one should first study the intended and defined structure of the program itself. In a paragraph further down, most probably in the previous attempts section, we will be noting down some specific differences between the GVAP and the IA2030. The operational arrangement of the IA2030 is ideally constructed, including in itself carefully selected and elaborated measures categorized into separate departments. To start off, **the IA2030 is divided into 7 strategic priorities**. These goals are grounded in real world strategic priorities and our experience in operating immunization programmes over many decades. All seven IA2030 strategic priorities are essential building blocks to deliver the essential vaccines to the global population.<sup>11</sup>

Secondly, **the IA2030 has 3 main impact goals**, with 7 strategic impact targets detailed under them. These objectives of impact draw the lines of the IA2030's long term commitments and improvement of the global immunization outcomes by 2030. These objectives are defined with specific numerical value targets as their reach, is routinely followed and progress checked by UN officials, and transparently kept track of in the IA2030 Scorecard platform open to the world wide web.

Additionally, **the Immunization Agenda is guided by 4 core principles**. These principles approach the initiative from a more functional and fundamental perspective. They shape the implementation of the specified strategic priorities, which are tools to reach the main impact objectives, which in the end

---

<sup>11</sup> ScienceDirect, "The immunization Agenda 2030: A vision of global impact, reaching all, grounded in the realities of a changing world", dec 2022



pulls our world closer to the vision of the IA2030. These bullet points provide the methods and qualities that are expected to be created throughout the process. They answer the line “how should we achieve this”, serving as a reminder that if the implementations are not under a standard the results become meaningless.

Lastly for the structure of the IA2030, **the program includes 4 operational elements**. All of these elements are critical for the continuous quality improvement of immunization programmes and other progress required to achieve the IA2030 vision. These elements are mentioned in the last paragraph of the structure explanation, however do not let this be an indicator for the importance of the said aspects. These operational elements are comparably more broad, they are more like the essential departments of the IA2030 in its cause of achieving the vision. This quality makes them a bit more vague on their own, however it also puts them on a different level than the previously mentioned sections. They can be accepted as the fundamental and conceptual guidelines that the other aspects thrive under.

Aside from the above mentioned aspects; the IA2030 has many more sub sections, detailed analysis, official reports and various other principles that guide it. Take these as the most simple and essential structural analysis, and once again do not refrain from extending this research summary.

### The Vision & Impact Goals & Indicators

As it's stated before the IA2030 global initiative has its vision rooted in social ideals and responsibility. The vision “*a world where everyone, everywhere, at every age fully benefits from vaccines for good health and well-being*” is the simplest wording of the official statements. This motto, when split up practically, can be presented as relating to 3 separate domains of real life. The Impact goals of IA2030 may be understood as 3 branches evolving from this fairly simple and straightforward message of cause. Every complex idea all around the world is divided into parts, implemented in steps and structured into ideally smaller sections each requiring a specific type of effort. The reason for this is very simple: to develop a cause efficiently to the best and most progressed way our abilities allow for. The logic behind our case is similar, if not identical. **See the 3 main impact goals as tangible parts of the vision, functionally separated as such for the feasibility of implementation.** The following figure introduces to us the main impact goals, and demonstrates their relationship to



parts of the vision.<sup>12</sup>

(Figure: Vision & Impact Goals)

For all impact goals in the IA2030, there are impact goal indicators. The IA2030 consists of 7 impact goal indicators and their corresponding impact targets. These are measures taken to solidify the objectives and to be able to calculate them when necessary. They are outcome and impact measures common across all levels such as country wide, regional or global, and they are designed to track progress toward the three IA2030 impact goals. Progress made in achieving the impact goal indicators is assessed against predetermined targets. The 1st impact goal of preventing diseases has 3 underlinks, while the others only have 2 sub goals. Each of these parts have an indicator to assess them, and specific targets to motivate them. The situation as a whole can be seen briefly in the following figure.<sup>13</sup>

Impact Goal		Indicator	2030 Target
<b>1</b> Prevent Disease	Save lives	<b>1.1</b> Number of future deaths averted through immunization <sup>i</sup>	<b>50 million future deaths averted globally</b>
	Control, eliminate & eradicate VPDs	<b>1.2</b> Number and % of countries achieving endorsed regional or global VPD control, elimination and eradication targets <sup>ii</sup>	<b>All countries achieve the endorsed regional or global VPD control, elimination and eradication targets</b>
	Reduce VPD outbreaks	<b>1.3</b> Number of large or disruptive VPD outbreaks <sup>iii</sup>	<b>All selected VPDs<sup>iii</sup> have a declining trend in the global annual number of large or disruptive outbreaks</b>
<b>2</b> Promote Equity	Leave no one behind	<b>2.1</b> Number of zero dose children	<b>50% reduction in the number of zero dose children at country, regional, and global levels</b>
	Provide access to all vaccines	<b>2.2</b> Introduction of new or under-utilized vaccines <sup>iv</sup> in low and middle income countries	<b>500 vaccine introductions</b>
<b>3</b> Build strong immunization programmes	Deliver across the life course	<b>3.1</b> Vaccination coverage across the life course (DTP3, MCV2, PCV3, HPVc) <sup>v</sup>	<b>90% global coverage for DTP3, MCV2, PCV3, and HPVc</b>
	Contribute to PHC/ UHC	<b>3.2</b> UHC Index of Service Coverage	<b>Improve UHC Index of Service Coverage at country, regional, and global levels</b>

(Table: Impact goals, targets and indicators)

### The Core Principles

IA2030 as explained before, is set to stone by many measures. Debatably, the core principle is the aspect that holds this international plan together so strongly. The program has 4 main principles named as: **People Centered, Country Owned, Partnership Based & Data Guided**. The people centered approach mainly focuses on responding to population needs. The design and management of IA2030 services is recommended to be shaped by and respond to the needs of individuals but more importantly communities. This includes addressing barriers that hinder free access to immunization services due to age, social and cultural aspects, racial and gender-related factors. Secondly, the “Country Owned” principle of IA2030 draws its main significant structure-related difference from its predecessors. By this quality, it emerges as an innovative modern and up to date methodology responding to the global communities immunization needs. This principle is fixated over driving progress from the bottom up. This concise statement, very briefly but effectively, conveys one

<sup>12</sup> World Health Organization, “Immunization Agenda 2030: A Global Strategy To Leave No One Behind”, p.48, apr 2020

<sup>13</sup> World Health Organization, “Implementing the Immunization Agenda 2030: A Framework for Action through Coordinated Planning, Monitoring & Evaluation, Ownership & Accountability, and Communications & Advocacy”, p.10, jan 2021

of the core goals and means of IA2030; which is properly distributing the gains and improving every region and every section, not just the developed countries. Through this, IA2030 dictates that the participant countries should be establishing targets that represent the current local context and should be held accountable for achieving them. In the end this takes us to a point where we see countries developing their goals, their targets and their methods; through which the government learns the ability to coordinate and control themselves in the domain of societal immunization.

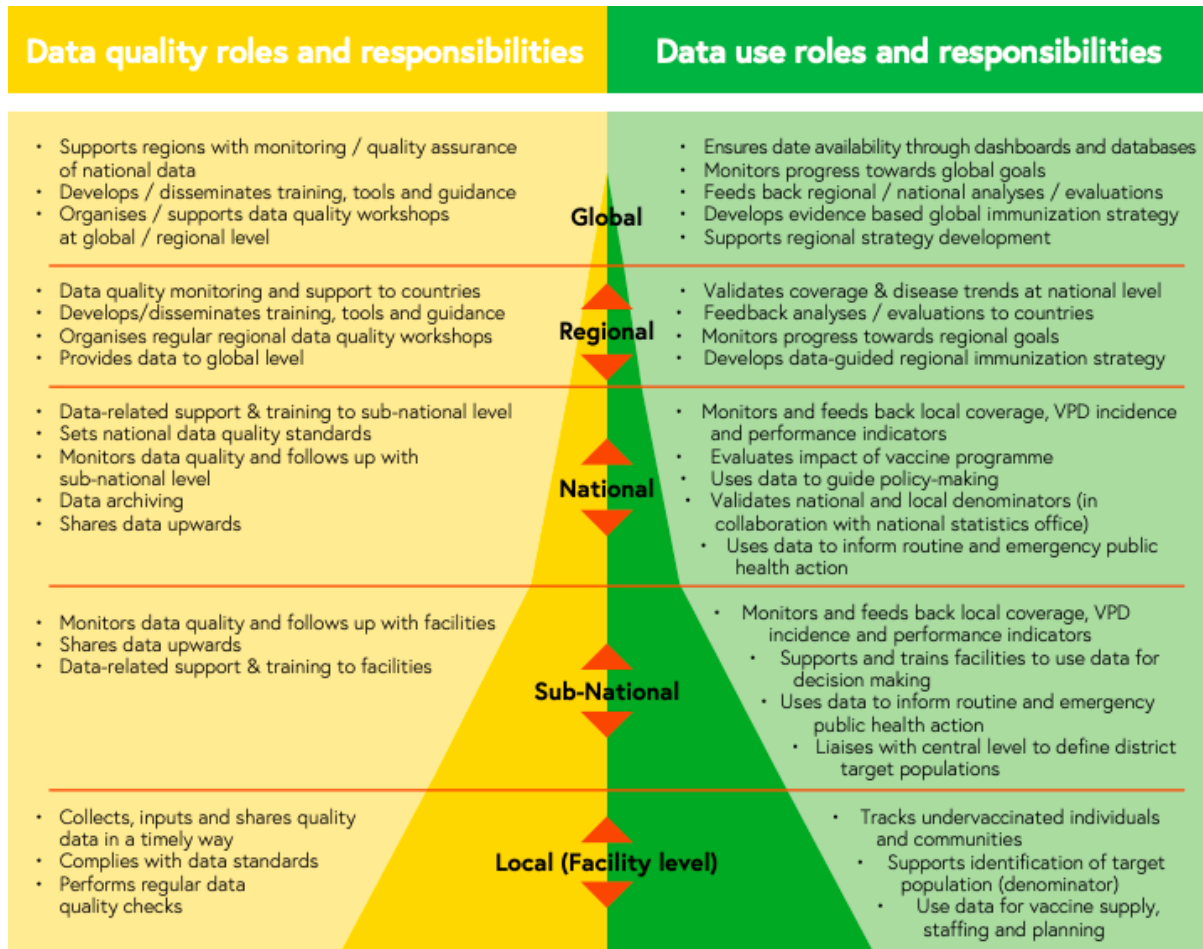
The third core principle is the “Partnership Based” approach which in itself works on aligning any and all efforts to maximize impact over the world. As put by the official IA2030 website; immunization partners should align and coordinate their actions to increase efficiency, build on complementarity and involve sectors beyond immunization for mutual benefit.<sup>14</sup> From this we understand that the overall agenda values singular (so national) and regional development via country-specific initiatives; however it also aims to establish systems wide across the globe that act parallel to one another and align in all its axes.

Last but not least, the “Data-Guided” principle holds critical importance for our cause which aims to create a metaphorical room, separate from other initiatives with ensured sustainability, for the IA2030 in our world today. The official IA2030 website provides us specific and quite summarized documents for each of the core principles in its relevant webpage. This principle is defined as the guarantee certificate that “high quality and ‘fit-for-purpose’ data will be used to track progress, improve immunization programme performance and form the basis of decision-making at all levels. This data-guided approach will be applied across all IA2030 strategic priorities, all vaccines and all immunization programme domains. These include not only traditionally data-focused areas such as monitoring of vaccination coverage and disease surveillance, but also other areas where data utilization is evolving, such as immunization financing, human resource management, and demand generation.<sup>15</sup> This principle is the guiding light in IA2030’s way of categorizing the pile of data mainly in their coverage levels , and their sheer size of effect. This way the program achieves its crucial goal of reaching more people, being able to provide them with more options, and doing this in a hasty and sincere manner. The following figure perfectly illustrates this categorization of information, with additionally showing the roles and responsibilities of “data use” and “data quality”.

---

<sup>14</sup> “Core Principles”, *Immunization Agenda 2030*, <https://www.immunizationagenda2030.org/core-principles>

<sup>15</sup> IA2030, “Core Principle Annex: Data-Guided”, p. 1



(Figure: Data Use and Quality)<sup>16</sup>

## Major Parties Involved and Their Views

**World Health Organization:** The World Health Organization (WHO) is a UN specialized agency working in the domain of public healthcare, global health responses and immunization. Our committee (The World Health Assembly) is not something different, the main decision making body is called The World Health Organization is the WHA. This makes that we as a committee are acting as the WHO. We play a key role in launching the Immunization Agenda 2030 (IA2030) and work with governments and NGOs to ensure proper and safe vaccine distribution, fight VDP's , and strengthen healthcare systems worldwide. <sup>17</sup>

**World Bank:** The World Bank is an international financial institution that provides loans, grants, and technical assistance to countries. It is highly relevant to immunization efforts as it funds vaccine programs, supports healthcare infrastructure, and helps countries strengthen their immunization financing systems. Through initiatives like Gavi, the Vaccine Alliance, and its Pandemic Fund, the World Bank plays a key role in ensuring equitable vaccine access, especially in low-income nations

<sup>16</sup> IA2030, "Core Principle Annex: Data-Guided", p.2

<sup>17</sup> "About WHO", *World Health Organization*, <https://www.who.int/about>

## Timeline of Events

<b>19 May 1796</b>	The first successful vaccine development and application
<b>01 July 1948</b>	The establishment of the World Health Organization (WHO)
<b>24 October 1977</b>	Smallpox is officially eradicated due to widespread and effective immunization
<b>17 April 2000</b>	The founding of GAVI The Vaccine Alliance, as a public health initiative
<b>25 May 2012</b>	Adoption of the Global Vaccine Action Plan (GVAP)
<b>11 March 2020</b>	WHO declares Covid-19 a Global Pandemic, of the largest scale
<b>01 April 2021</b>	The introduction of the Immunization Agenda 2030 (IA2030)

## UN Involvement

From an objective standpoint, this section may be more meaningful for a general profile MUN agenda item, more than it is ours, due to some reasons. The most simple one can be seen inside the answer to the question of UN Involvement of our issue: everything, everywhere and all the time. For other issues where two actors are in dispute, or regional multilateral problems, even for continental disagreements; the UN can be seen “intervening” to the situation which is not naturally theirs. The word involvement generally evokes notions of intervention, whereas the intervening party pokes their nose in a problem which does not originally include them.

This matter at hand is different from its peers, because as mentioned, everything done at all times is directly related to the UN. Generally they are created by it, established from it, overseen by it, or aided heavily by it. So for our agenda, UN involvement is not a side section to be discussed, rather it’s spread out in all the sentences of this report. The World Health Organization (WHO) as the main leader of IA203, is a specialized agency of the United Nations responsible for global public health. The UN is the center of involvement. That is the nature of our agenda item.

As something to place a particular focus on, the need of inclusion for UN’s different and various

agencies is crucial for the successful implication of IA2030. The delegates should be aware of the fact that WHO solely being a UN agency does not mean that our capacity of inclusion is filled. For the successful achievement of the impact goals and other aims of the program, variety and widespread inclusion is a must. That can most easily be done by incorporating other UN agencies. Moreover, by utilizing this, the delegates will also be able to add credibility into their resolution papers. Some crucial UN affiliated organizations are listed below for the ease of the delegates' own research.

**UNICEF:** This UN agency is tasked with promoting children's education, health and overall wellbeing internationally. UNICEF is related to the issue in many ways such as Vaccine Distribution, Community Engagement, Emergency Responses etc. The agency is situated in more than 190 countries worldwide and is one of the world's biggest global vaccine suppliers. In order to achieve this UNICEF gained a wealth of practical know-how about vaccine transportation and cold chain management systems. This additionally, makes this agency a crucial one for this agenda. The delegates are encouraged to include UNICEF in their resolution papers.

**UNDP:** The United Nations Development Programme is the UN's leading development agency globally. The UNDP team works to eliminate poverty, improve local governance structures and ensure the means of development is always sustainable. The most important area of relevance is UNDP's support to underdeveloped or developing countries' economies, and thus to their public welfare systems. They ensure that these countries actually attempt to integrate proper vaccination schedules into their social security and health systems.

**UNESCO:** The United Nations Educational, Scientific and Cultural Organization (UNESCO); in a quite self explanatory way, works around the point where education, science and culture meet. Towards the more secondary portion of this issue, UNESCO is responsible for promoting education, science and culture. Vaccine Education, Combatting Misinformation and Public Health Benefits are areas of relevance for UNESCO.

## Relevant UN Documents

Global Eradication of Poliomyelitis - expanded Programme on Immunization (2-13 May 1988, WHA41.28)

- This resolution has strengthened the EPI, which had an imperative part in the eradication of smallpox and in the decrease of polio, founded by the WHO. It additionally set the foundation for programs such as GVAP, IA2030, and for further initiatives which will be seen in the future.

Sustainable Development Goals (SDG's) - UNGA Resolution (25 September 2015, A/RES/70/1)

- Among other pressing SDG's, the resolution also established the SDG 3.8, which ensures the commitment to universal coverage of health services and immunization.

Global Immunization Strategy - a resolution from WHA (25 may 2005, WHA58.15)

- This document outlines the matter of financing vaccines and methods of delivery, putting an emphasis on the increasing need for public-private partnerships.

Global Vaccine Action Plan (26 May 2012, WHA65.17)

- The resolution established and thus endorsed the long lasting predecessor of our agenda, the GVAP initiative, focusing on eliminating measles and polio as priority targets.

Immunization Agenda 2030 - a global strategy (19 May 2020, WHA73.1)

- This resolution passed from the WHA established the IA2030 as the global framework for immunization for the decade to come, noting the targets of decreasing VPD's by at least fifty percent.

Implementing the Immunization Agenda 2030: a framework for action (April 2021, WHO)

- The official document acts as the guideline of implementation for the IA2030, specifically detailing its priorities, strategies, operational elements and impact targets. **It is directly tied to and is about our agenda item, so the delegates are highly encouraged to read this publication prior to the conference.**

## Evaluation of Previous Attempts to Resolve the Issue

Through our way of explaining the IA2030, GVAP and other prior actions taken on the domain of immunity, we already touched upon many reasons for the comparative failures of prior attempts, and talked about what could have been done differently as points of evaluation. For a more detailed discussion and a better understanding, if the delegates don't have a clear answer popping up, they may go back and re-read the detailed analysis. However down below you will see a summarized version of the agenda as a whole, and a list of bullet points. These are brief sections containing elements that could have been done better in the past, that were the reason for slow improvements, and that are the current challenges facing IA2030.

**Unequal Progress:** The equitable distribution of development, innovation, infrastructure and physical necessities among regions, is crucial for a successful global program. The GVAP saw unequal progress between regions, especially the Low Economically Developed Countries (LEDC's) were seen to be developing public healthcare gaps, and weak healthcare programs.

**Insufficient Financing:** Another issue that is related to the GVAP is the problem of capital, and it being insufficient for meaningful progress. The issue really is the domestic financing, so money coming from inside the country. When this capital is not enough to fund the programs, the countries are then forced to rely on external sources. Over reliance on these types of donor funding methods

cause the system to lack sustainability and continuity because the country isn't able to finance itself.

**Weak Monitoring:** Something that is comparably more distant from the issue is monitoring. However this doesn't make it any less valuable to the issue as a whole. National bodies of government and public healthcare systems need to be able to monitor their actions very well, and for that they need a mechanism. Additionally, accountability is a critical factor to be included here. Credibility is a must for public-government trust to be set, and accountability is a must for the creation of credibility. These combined make a national healthcare system very sturdy and efficient.

**Ground-up Approach:** Something that set the IA2030 as different was the “from the ground up” approach. In its vision and mission, also seen in the impact goals, the IA2030 aimed for there to be no one with zero percent coverage, rather than for there to be more 100% coverage. This is very roughly put, as the delegates may see, however the meaning in it is true. The IA2030 attempted to increase its coverage very much, so they wished for there to be no one without any coverage, and they achieved this via country ownership structures.

**Technology:** For the efficient and effective use of public health care systems and immunization, technological innovations must be addressed. Methods such as digital tracking, data tracing, AI driven logistics etc. bear the potential to decrease the cost but increase efficiency.

**Weak Health Systems:** Each country has its own social security system and inside it they have their longstanding public healthcare plans. For the proper administration of vaccines and the widespread application of immunization; an actual and properly functioning healthcare order is a must. Some countries lack the necessary infrastructure, some don't have access to enough personnel or training professionals. Cold Chain systems are also very important and necessary for the transportation of some vaccines, but they need ground level know-how and technical equipment to be set out.

**Vaccine Hesitancy:** As the term used for explaining the public resistance to vaccination, vaccine hesitancy has many reasons and is not to be underestimated as a hindrance to immunization. The people's distrust of their government, widespread misinformation, misleading cultural beliefs and other factors such as political influence all affect the public as a whole. Strong public resistance and anti-vaccine advocacy can very well harm the progress made on immunization, so it must be accounted for.

## Possible Solutions

The reasons for lacking development are explained in the overview section, with the addition of summarized bullet points in the prior section of evaluation; all provide the delegates with more than enough resources to dig for solution ideas. For when an issue is discussed, it is almost always followed by an explanation of the reasons behind it, so why it happened. The answer is in the question here. Reverse engineering the reasons being failure, turns them into solution material instantly.



The bullet points in the evaluation section all have very clear cut causes written inside them. Go over them one by one, and while doing this have a notepad in front of you. While reading one paragraph, think inside yourself about “why this happened” and when you see the answer out in the blue, ask yourself once more but this time “what can be done to erase this factor”. This is a foolproof strategy that has the potential to list you enough ideas for a full draft resolution, or preparation clauses. Also, our issue at hand is not specified for a region or a country. It is an agenda item with very diverse contents, try to reflect this quality in your own work as well.

## Notes from the Chair

When preparing for the conference, don't be burdened by the overarching nature of our issue, just start from somewhere, focus on one aspect. The collaboration that will be done in the committee room will lead the way to diversity; don't be concerned about this, rather be concerned about not creating anything.

## Bibliography

- Brunson, Emily K. “Vaccine - Disease Prevention, Immunity, Herd Immunity.” *Britannica*,  
<https://www.britannica.com/science/vaccine/Benefits-of-vaccination>. Accessed 12 January 2025.
- “Core Principles.” *Immunization Agenda 2030*, World Health Organization,  
<https://www.immunizationagenda2030.org/core-principles>. Accessed 21 January 2025.
- “Epidemic, Endemic, Pandemic: What are the Differences?” *Columbia University Mailman School of Public Health*, 19 February 2021,  
<https://www.publichealth.columbia.edu/news/epidemic-endemic-pandemic-what-are-differences>. Accessed 17 January 2025.
- IA2030. *Core Principle Annex: Data-Guided*. World Health Organization. *Core Principles*, -. Accessed 23 January 2025.
- “Immunisation or vaccination - what's the difference? | healthdirect.” *Healthdirect*,  
<https://www.healthdirect.gov.au/immunisation-or-vaccination-whats-the-difference>. Accessed 17 January 2025.
- “Introduction to Infectious Diseases | BCM.” *Baylor College of Medicine*,  
<https://www.bcm.edu/departments/molecular-virology-and-microbiology/emerging-infections-and-biodefense/introduction-to-infectious-diseases>. Accessed 13 January 2025.
- O'Brien, Katherine. “The immunization Agenda 2030: A vision of global impact, reaching all, grounded

in the realities of a changing world.” *The Immunization Agenda 2030*, vol. Volume 42, 2022.  
*ScienceDirect*,

<https://www.sciencedirect.com/science/article/pii/S0264410X22002262?via%3Dihub>.

Accessed 19 January 2025.

“Vaccine-Preventable Diseases | Global Immunization.” *CDC*, 30 July 2024,

<https://www.cdc.gov/global-immunization/diseases/index.html>. Accessed 15 January 2025.

“Vaccines | Immunization | Inoculation.” *MedlinePlus*, 5 August 2024,

<https://medlineplus.gov/vaccines.html>. Accessed 18 January 2025.

“What is Immunization?” *Fraser Health*, Fraser Health Authority,

<https://www.fraserhealth.ca/health-topics-a-to-z/immunizations/immunization-basics>.

Accessed 18 January 2025.

World Health Organization. *Global Vaccine Action Plan, 2011-2020*. USA, World Health Organization, 2013. *World Health Organization*,

<https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/global-vaccine-action-plan>. Accessed 18 January 2025.

World Health Organization. *Global Vaccine Action Plan: Monitoring, Evaluation and Accountability*.

*Secretariat Annual Report 2020*. World Health Organization, 2020. Accessed 19 January 2025.

World Health Organization. *Implementing the Immunization Agenda 2030: A Framework for Action through Coordinated Planning, Monitoring & Evaluation, Ownership & Accountability, and Communications & Advocacy*. WHO, 2021. *World Health Organization*,

<https://www.who.int/publications/m/item/implementing-the-immunization-agenda-2030>.

Accessed 22 January 2025.