World Health Organization

Vaccination Safety and Availability

Letter from the Director

Dear Delegates,

The World Health Organization, one of the primary assemblies of the UN, is extremely important regarding many of today's medical advancements, disease control, etc. To seasoned MUN veterans, and new delegates alike, it is my greatest desire that my fellow staff and I uphold an unparalleled MUN experience for each and every one of you.

During my first conference, I entered WHO very unaware of the love for international affairs I would soon discover. Honestly, I was scared, and rightfully so. It was not easy at first, so new delegates it is my hope that you open yourself up to a challenge. We hope to make this experience as painless as possible, and I consider it my own personal responsibility to make your first MUN experience enjoyable and full of fruitful debate that will inspire you to pursue further endeavours in the MUN community.

Whether you are representing a delegation such as the United States of America, or perhaps a smaller delegation; Bolivia, each delegate is expected to arrive with insightful ideas and approaches as to how to tackle our topic: Vaccination Safety and Availability. No matter Brazil or Portugal, every delegate should be prepared to stand up and provide thoughtful contributions during caucuses. It is my request that delegates show up focused, and with senseful, mindful unorthodox solution sets, because nobody wants to hear another 2-3 pillar/prong approach to "ending disease" through "education," "tasks forces," or (my personal favourite,) not wanting to deal with the issue yourself and creating a whole other organization to fix the problem. In all seriousness, we at TFMUN have put ultimate effort into preparing this experience for you and would love to see the intelligent and insightful approaches you all have to approaching this issue.

As I enter my first staffing experience, ambitiously taking on the role of director, I have come full circle in my MUN journey. With anticipation, I wait for November 16th, and there is no doubt in my mind that I will be impressed by your finesse during debate and thoroughly written, informative position papers. It is my expectation that you will all direct yourselves with decorum, and responsibility, and open your minds to the ideas your fellow delegates may propose See you soon!

Sincerely,

Best Regards,

Kyla Flynn
WHO Director
TFMUN 2019

Committee Description

Following World War II, the World Health Organization (WHO) was created to improve health around the world. On July 22, 1946, the constitution of the committee was signed by 61 countries. The committee has grown substantially since then: as of now, there are currently 194 Member States apart of the United Nations (UN). Furthermore, employees are present across six regions with more than 150 offices. WHO committee officially began when the constitution became legitimate on April 7, 1948, a day we celebrate as World Health Day. The headquarters are currently in Geneva, Switzerland and meetings are held each year in May, with all Member States in attendance.

The primary role of the committee is to direct and coordinate international health. To be more specific, there are 5 main areas that WHO focuses on health through the life-course; non-communicable and communicable diseases; preparedness; surveillance and response; and corporate services. Overall, WHO helps global health constantly through countless programs, national policies and health objectives around the world. The World Health Organization partners with many entities to achieve some seemingly impossible health goals. In total, WHO partners with countries, the United Nations system, international organizations, civil society, foundations, academia and research institutions. An ambitious goal for the World Health Organization is Universal Health coverage. When this is achieved, everyone can obtain the health services they need without financial hardship.

During the last 71 years, WHO has accomplished many feats to better overall global health. Firstly, WHO is responsible for creating the World Health report and the worldwide World Health Survey. WHO executes different labs and surveys constantly in order to keep information and statistics up to date. In addition, WHO is admirably recognized for the eradication of smallpox, and their efforts to eradicate polio. During the Terry Fox Model UN conference, we hope to see delegates reflecting on past Model UN actions and how to improve and change policies and programs already in place.

Topic Overview

For over two centuries, humans have used vaccines to help improve the body's immunity against deadly diseases and prevent global pandemics. In 1776, a British doctor named Edward
Jenner developed the first vaccine against smallpox by taking pus from a cowpox lesion on a milkmaids hand. Since then, vaccines have been used across the world to eradicate many once fatal diseases, including polio, mumps and rubella.

With deadly diseases such as measles and yellow fever still prevalent across the globe, vaccinations have played a critical role in preventing widespread infections. Vaccination levels in children have remained consistent over the past few years, with an estimated 86% of infants in 2018 having received three doses of diphtheria-tetanus-pertussis (DTP3) vaccine. However, in many developing nations, access to vaccinations remains a serious issue; the World Health Organization estimated that in 2018 there were 19.4 million infants across the globe who had no access to regular vaccination services. About 60% of these children are situated in Southeast Asia and Sub-Saharan Africa region, specifically India, Indonesia, Vietnam, Angola, Nigeria, and Ethiopia.

In recent years the World Health Organization has taken numerous actions to improve global access to vaccinations most recently through the development and implementation of the Global Vaccine Action Plan (GVAP). Endorsed by the Ministers of Health in 194 countries, the Global Vaccine Action Plan urges countries to strengthen their national immunization programs and monitoring systems to maintain accurate data on the status of vaccinations worldwide.

Topic Overview

There are many vaccines available to people across the world. Below is an exhaustive list of the worlds' most common and used vaccines:

Haemophilus influenzae type B (HIB)

This vaccine was created to prevent meningitis and pneumonia. It has been introduced in 191 countries and the global coverage for the entire 3 doses is 72%. However, there is a large coverage variation between different regions. In the Americas and Southeast Asia, there is 87% coverage, but in the western pacific region, there is a depressing 23% coverage.

Hepatitis B

This vaccine was created to prevent this infection that attacks the liver. It has been introduced in 189 countries and the global coverage for all 3 doses is 84%.

Human papillomavirus (HPV)

This vaccine puts a stop to the most common infection of the reproductive tract. HPV causes cervical cancer, genital warts and more. This vaccine has been introduced in 90 countries.

Measles

Measles is a revolting disease that causes high fevers and rashes that lead to blindness or death. Fortunately, 86% of children globally receive one dose by their second birthday.

Meningitis A

Meningitis causes severe brain damage and unfortunately, this disease is very prevalent in African countries. Recently, 300 million people have been vaccinated with MenAfriVac. MenAfriVac is a revolutionary vaccine developed in collaboration with Serum Institute of India and the Path meningitis vaccine project. This MenAFriVac vaccine is the first vaccine that has the approval to use outside, as it can last four days without refrigeration in temperatures up to 40 degrees celsius. Many countries rely on this MenAfriVac; Ghana and Sudan first introduced in their routine immunization schedule in 2016 and Burkina Faso, Central African Republic, Chad, Mali, Niger and Côte d'Ivoire soon followed in 2017 and 2018.

Topic Overview (2)

Mumps

This disease causes painful swelling in the face. The vaccine has been introduced in 122 countries worldwide.

Pneumococcal diseases

This umbrella vaccine helps prevent pneumonia, meningitis, febrile bacteremia, otitis media, sinusitis and bronchitis. This extremely useful vaccine has been introduced in 145 countries. The global coverage for receiving all three doses is 47%.

Polio

Polio is an incurable disease that causes irreversible paralysis. Fortunately, 85% of infants receive the full three doses of the polio vaccine. In fact, the global coverage is so high that it is targeted by WHO for global eradication. Polio only exists today in Afghanistan, Pakistan and Nigeria.

Rotaviruses

This vaccine has been introduced in 101 countries with a global coverage of 35%.

Rubella

If infected during pregnancy, Rubella can cause fetal death. This vaccine has fortunately been introduced in 168 countries, with a global coverage of 69%.

Tetanus

Tetanus is a type of bacteria that can produce serious complications or death. Maternal and neonatal tetanus is a public health problem in 13 countries. Not surprisingly, those 13 countries are mostly all developing countries in Africa and Asia.

Yellow fever

Yellow fever is an acute viral hemorrhagic disease transmitted by mosquitoes. Luckily, there are only 40 countries in the world that are at risk of yellow fever. 36 countries out of those at risk 40 contain the yellow fever vaccine as part of their routine infant immunization program. Comprehensively, coverage is 49% in those selected 40 countries.

Historical Analysis & Previous UN Action Plans

Disease has continuously been a prevalent issue over the centuries. As innovations were made, things considered deadly and condemning have been reduced to mere phantoms of the past, and we continue to strive towards a global community where every citizen has access to safe vaccinations. In 1988, the WHO decided to eradicate polio by the year 2000, and in 1994 the Western Hemisphere was certified Polio-Free by the WHO. A year later, the Global Programme for Vaccinations and Immunizations was established, merging two previous separate branches. Four years later, the Children's Vaccine Programme was established, with the goal of providing increased vaccination to children living in the developing world. It also aspired to accelerate the rate of vaccine research and innovation. A number of actions were taken to increase vaccine availability in all nations. In 2006, the Global Immunization Vision and Strategy (GIVS) was introduced, the first ten-year plan for adequately addressing mortality from preventable disease, and help immunize a greater amount of the general population. Most recently, the GVAP, or Global Vaccine Action Plan (2017), was created with the intent of preventing death through more equitable access to vaccines by the year 2020. Additionally, awareness initiatives such as World Immunization Week have played a large role in opening the average eye to the crisis we have as an international society.

In 1995, the Global Programme for Vaccinations and Immunizations was introduced. The goal for this program was self-sufficiency in each countries immunization programming, relating to independence from extenuating support, and being able to rely on oneself for all aspects of vaccination needs. Additionally, this Programme aimed to completely eliminate all vaccine-preventable diseases, and "New Vaccines" were to be formed as science were to progress. The programme operated under those 3 main pillars, and obviously, as we now know, they were not achieved or successful, but in many aspects the recognition of the need for a Programme such as this one was a large step forward, and led to the introduction of more cohesive, modern plans that we now see today and in recent years. Notable aspects of this plan were relating to national vaccine delivery, as well as quality of vaccinations- this strongly relating to our given topic.

Historical Analysis & Previous UN Action Plans (2)

Disease has GIVS, a more notable recent action plan, operated under four main premises. The general vision was to immunize a greater number of people, make available new medicine, vaccines, and medical technologies, combine vaccination with other life-saving health interventions and manage vaccination plans with the concept of global interdependence at the forefront. This compilation of 24 strategies lists actions we should be taking on a global scale to achieve the four main established areas, as previously listed. It was an active UN plan between the years of 2006-2015, and although many of the goals were not completely accomplished, it provided us with a more detailed approach to tackling the issue of vaccination safety and ability in our modern global community, and GIVS is considered to be a very successful plan. A plethora of the goals presented to us here were more obtainable, focused, and measurable than previous plans, making this a plan filled with concepts that are able to be built upon and actualized as we progress.

Four Areas Summarized:

Protecting More People in a Changing World

- Ensure commitment to vaccination development and implementation through policy update and change, using national budget allocations in regards to greater health infrastructure,
- Formulate long-term plans including: routine/regular vaccination, disease-control, new vaccinations, support for research and medical facilities, and financial aspects,
- Maintain and support existing vaccination framework, infrastructure, programs, etc.
- Institute vaccination plan for children not vaccinated in infancy,
- Create demand by engaging the public,
- Reach all people at least four times a year,
- Reduce missed vaccination and increase follow-ups through communication, social mobilization, and vaccine tracing so additional/future doses (of a vaccine) can be administered,
- Allocate financing/funding to each district within a reasonable timeframe,

Historical Analysis & Previous UN Action Plans (3)

- Recognize and react to the need for vaccination outside the period of infancy,
- Ensure quality of vaccines,
- Strengthen a nation's own vaccine related resources to promote long-term future independency,
- Teach, carry out safe practice (sanitation and trained personnel),
- Improve management programmes (demand prediction),
- Promote accountability and efficiency through surveillance of vaccine distribution, professionals, management, national action plans, and the like.

Introducing New Vaccines and Technologies

- Be cost-effective through the introduction and reinforcement of standard tools,
- Create a base of knowledge and evidence from country's experiences for international use,
- Train health personnel
- Expand surveillance of diseases to monitor patterns and impacts,
- Influence public my illustrating vaccination impact for public viewing,
- Conduct investigations and gather data on vaccination success to further vaccination research,

Integrating Immunization, other linked health interventions and surveillance in the health systems context

- Record and share immunization successes,
- Ensuring vaccination services are being at a maximum efficiency rate,
- Determine how to include the aid of NGOs in national processes,
- Match resources to programme requirements,
- Formulate interventions to determine if a nation is adequately addressing public need, and document findings for further improvement and research implementation,
- Create a standard for vaccination method and evaluation on an international level,
- Maximize the synergy of integrating interventions
- Remain attentive to needs within a country and attend to them through pooling of funding, creating monitoring facets,

Historical Analysis & Previous UN Action Plans (4)

- Improve upon surveillance and monitor accuracy of data so that statistics are accurate and staticians and professionals can properly establish success rates, and areas of improvement,
- Enlarge previously established laboratories to expand the range of diseases covered in research or vaccination,
- New diagnostic tests,
- Better equipment,
- Improved registration of birth/death,
- Make immunization available within humanitarian emergency

Immunizing in a context of global interdependence

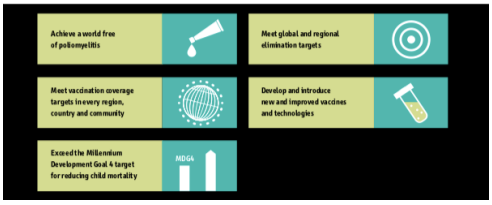
- Ensure forecasting through tightly-knit relations between international agencies, donors, and vaccine manufacturers,
- International standards for vaccine effectiveness,
- Promote the production of affordable vaccination whilst maintaining quality,
- Assist nations with financial allocation in the public health sector areas,
- Utilize Interagency Coordinating Committees to ensure appropriate donor support,
- Use media and the internet to increase awareness,
- Maintain energy and raise awareness amongst governments and high-profile global donors,
- Country-specific epidemic preparation plans,
- International epidemic preparation plans.

Most recently, the UN, in partnership with its 194 member states, has created the most updated and cohesive plan in immunization and vaccination dealings. The Global Vaccine Action Plan, GVAP, recognizes the critically of the number of fatalities, in children especially, due to lack of accessible or safe vaccinations, and wishes to stop the continual growth of preventable fatalities by this means. In short, the recognition of our current situation throughout our many nations has resulted in a communal vision for a future full of vaccination. This vision concretized, is GVAP.

Historical Analysis & Previous UN Action Plans (4)

GVAP's main premises can be derived from those seen in GIVS, focusing on more equitable access to vaccinations for all people. The broader "umbrella" goals include strengthening routine immunization, the introduction of newly-developed and innovated vaccination, as well as the advancement of research and related technology as we move forward into future generations.

Goals of the Decade of Vaccines (2011–2020)



The publication states there are six guiding principles that which GVAP operates under, all dedicated to streamlining the aforementioned broad topic into measurable areas so that countries and governing officials can adequately track their own progress towards meeting the goals they've committed to; this being the first of our principles: country ownership. GVAP requires nations to take internal responsibility for actions towards reaching the goals. Internal responsibility includes working collectively on both on governmental and communal goals, and interconnecting the like. Our tertiary guideline is equitable access to vaccines being recognized as a fundamental in the medical service field. Working in hand with this, is GVAP's direction in the need for suitable immunization service instilled in the numerous levels of healthcare, be in community based health infrastructure, health care delivery programmes, or larger systems. All of this should be done sustainably, so that countries are able to maintain progress made. This refers to countries making decisions regarding improvements with full knowledge of what will happen, and comprehension of funding from reliable sources, as well as improving oversight and surveillance of programs to ensure that they are maintainable as time progresses. Finally, a pronounced element of GVAP's main goal, is in regards to innovation in the medical field. Countries need to continually progress as new knowledge is acquired, whether it be opening oneself to research, or all advancements across the vaccination field.

Current Situation

“Anti-Vaxxer” Movement in Countries of Privilege

Though access to vaccinations has improved in many developing nations, there has been a decline in child vaccinations in developed nations such as the United States due to the spread of misinformation on the safety of vaccines. Across the United States in recent months there have been multiple measles outbreaks, a disease once thoughtfully eradicated in the developed world due to many parents' beliefs that vaccines are dangerous. Multiple factors have led to the growing “anti-vax” community including a feeling that diseases are a part of childhood, parents distrust in medical professionals, concerns about the growing number of vaccines children are required to receive at a young age and a debunked claim that vaccines cause autism. The anti-vaxxer movements growing size has led to the World Health Organization recently declaring it a major threat to public health.

New Vaccines

Medical professionals are currently working on many new approaches to vaccination and immunization. Firstly, they are developing sin patches and inhaled aerosols as a new way to deliver them. In addition, scientists are working on genetically engineering plants to make vaccines. Lastly, changing diseases (influenza and HIV) are very hard to make vaccines for; therefore, scientists are creating vaccines that cause the immune system to create its own neutralizing antibodies against each targeted specific disease. If this works, people wouldn’t need to get a new flu shot every year, and this reduces the demand for certain vaccinations, eliminates/substantially lessens the issue of vaccination undersupply (due to the lesser frequency of administration,) and saves many people time, whether it be patients in more developed nations, medical personnel administering vaccination in less developed countries, and frees lab space etc. for new advancements.
As for new developments, a new type of vaccine injects the DNA that makes proteins. The DNA then enters some cells, and the cells make the protein. DNA vaccines don’t require refrigeration, which is extremely important for hot, poor, developing countries.

Current Situation (2)

Problems of Note

Lack of support for vaccination service by governing bodies or independent donors
Lack of proper surveillance to guarantee the proper usage of available vaccination
Minimal personnel to guide individual communities in immunization use
Ignorance of the causes of past outbreaks, refusal to acknowledge the criticality of vaccination
Inadequate collaboration between countries
Undependable commitment to the current goals (GVAP)

Potential Solutions/Areas to Address

Awareness Campaigning in Developed Nations

A recent controversy in developed countries is the anti-vaccination community, as mentioned previously in the backgrounder. There are many ways to combat this pertinent issue. One way that is quite modern but most likely would be very effective is the use of social media. A lot of anti-vaccination families post their “findings” on Instagram. Unfortunately, most of their research is false but because of those social media posts, other parents and families are led to believe that vaccines are bad for you. Therefore, a way to combat this spread of false information, government social media accounts can release the correct data on vaccine safety. Another way to fight this problem is through the use of government media. By the means of television ads, posters on public transit, and radio advertisements, the public can learn the truth about vaccinations.

Medical Personnel Training in Vaccination Safety, Use and Administration (for Developing Nations)

Misuse of vaccines and unsafe administration is an issue of pertinence in developing nations, where modern medicine provided by MDCs is often delivered to citizens improperly, resulting in further health issues, and general distrust of modern medicine. Training programs for proper, sanitary delivery can combat the mistreatment of vaccines, and help rural areas gain a long-term trust and understanding of the aid foreign vaccinations provide.

Mandatory Vaccinations

Governments could be encouraged to implement mandatory vaccination within own nations for all/the majority of citizens unless extenuating circumstances persist that make it dangerous for one to receive the vaccine in question. This could result in conflict between the government and religious practices, governing bodies and citizens, and may violate one’s rights depending on the instituted laws, but has benefits such as the protection of the countries collective health, and the potential complete eradication of mortal diseases.

Potential Solutions/Areas to Address (2)

Lowering the cost of vaccines

Unfortunately, currently vaccines are extremely expensive. This isn’t fair for those without insurance or for those facing financial hardship. A seemingly simple solution to this issue is to lower the cost of vaccines. This solution would need to be funded somehow, either through developed countries, non-profit organizations, or any other organizations that would be willing to donate money to vaccine companies in order to lower the cost.

Bloc Positions

North America, Oceania and Western Europe

Many countries throughout Europe have mandatory vaccinations. So far, 11 countries out of the 30 European countries surveyed have introduced mandatory vaccinations. Latvia and Italy have ten mandatory vaccines. Bulgaria, Croatia, Czech Republic, France, Hungary, Poland and Slovakia have 9 compulsory vaccines for children. Hungary and Greece are the remaining 2 countries with mandatory vaccines. These mandatory vaccinations can be enforced by requiring vaccination records for children entering public and private school systems, or being administered in hospitals.

In these more developed nations, vaccines are readily available to the public, and are regularly administered to infants. As children mature, they are given additional vaccinations and doses.

Developed regions such as the ones listed may provide vaccine related international aid themselves or through partnerships with NGOs. Developed nations often supply developing with not only material (ex. Vaccination, medical equipment) but also humanitarian aid workers. The quantity of vaccination, materials, workers, etc. should be considered by each nation, and administration methods should be considered. Developed nations should regard the safety of one's own outreach personnel in regards to the safety of countries on the receiving end. Conflict zones create difficulty as vaccines become more difficult to administer due to a lack of medical facilities. Vaccines themselves may be compromised due to the severity and instability of some conflicted regions. Developed nations need to compile ways to elegantly approach dangerous situations whilst still providing aid.

Bloc Positions (2)

Latin America

Currently, Latin America has many shortcomings in their vaccination policies. Further work is necessary in order to maintain some progress on the new vaccines introduced into this area. There are 44 countries within the Latin America and Caribbean region, and 27 of those countries have proposed or enacted vaccination legislation. Furthermore, there is severe diversity between those 27 countries in regards to the vaccines available, prices, coverage and more. 44% of Latin American countries contain a budget for vaccines, 96% mandates immunization, 63% declares vaccination as a public good and 78% defines the national vaccination schedule. 10% of Latin American Countries have reported less than 80% coverage of first dosage vaccines for measles, mumps, rubella (MMR). In summary, vaccination coverage in all of Latin America isn't very strong.

Those negative statistics being said, within Latin America, there is a Commission for the Future of Vaccines in Latin America (COFVAL). In addition, the Expanded Program on Immunization (EPI) in the Region of the Americas, created in 1977, has eliminated many diseases in the Americas including smallpox and polio. Furthermore, The number of vaccines used in the countries' national vaccination schedules has risen from 6 to 16 on average.

In summary, Latin America has many vaccines available throughout the different countries, but the region lacks consistency. In fact, some coverage in some countries is declining as of recent. Some solutions for this inconsistency is to implement new training and data analysis strategies to comprehend areas that need more vaccination attention and following the Plan of Action on Immunization, approved by the member states in 2015.

As a country in Latin America, one should think of creative solutions to the consistency problem within the region.

Bloc Positions (3)

Asia

Most South Asian countries started routinely immunizing countries within Asian in 1980, when they introduced the schedule with the Expanded Program on Immunization. Since then, immunizations have prevented millions of deaths and disabilities. Asia has eradicated polio and maternal and neonatal tetanus. The vaccine system within this continent is pretty well-run with few hiccups and places to improve. That being said, in July 2018 there was a major vaccination crisis in Asia. Hundreds of Thousands vaccines used on Chinese children were proven faulty. This vaccine was given to many children as apart of the mandatory national vaccination program. There is no health issues for the children as of yet, but citizens were outraged. There were public protests outside government buildings as parents were concerned to place their trust with the Chinese government. The vaccine in question was the rabies, diphtheria and tetanus vaccine (DPT). At the end of the scandal, the Chinese government sued the vaccination company 1.32 billion dollars.

Unfortunately, due to this scandal and probably many other reasons, the anti-vax movement is on the rise in Asia. Vaccination rates for measles have been dropping since 2017, with a 50% increase in measles cases as a result. In Asia, anti-vaccine beliefs aren't fueled by autism fears like in the Americas. The beliefs are backed by a mistrust in medical experts and pharmaceutical companies. Also, some vaccines contain pig components, preventing 70 million children in Indonesia from being vaccinated because of their religion.

In summary, delegations from Asia should brainstorm ideas to fix the rising anti-vaccination movement by increasing citizen's trust in pharmaceutical companies.

Bloc Positions (4)

Africa

Recently, Africa has made substantial improvements in their immunization coverage for children. In 1980, 5% of African children were vaccinated while in 2014, 77% of children were vaccinated.

Although that is a major positive, the immunization agenda/schedule is still unfinished. Furthermore, immunization in Africa has many issues. Firstly, the global health community released a global vaccine action plan that envisions no deaths from vaccine preventable diseases. Unfortunately, Africa barely met one of the main goals. One of the targets was to vaccinate at least 90% of children with the full three doses of Diphtheria tetanus pertussis vaccine by the end of 2015. Only 38% of african countries achieved this. 60% of the children who did not receive these vaccines are from ten countries in Sub-Saharan Africa. Secondly, there is insufficient public awareness about the benefits of vaccinations. African parents have a lack of trust in health systems and vaccinations actually working because hospitals and medical care has mostly likely failed them in the past. Thirdly, there is inadequate human resources and access to vaccinations in general. There aren't enough vaccinations for Africa's growing population. A final problem with Africa's vaccination system is inconsistent data. Therefore, countries don't know what programs to implement or where to implement them to make them most effective.

African leaders should be held accountable for the agreed to country targets. As an African country, one should think of creative, cost effective solutions and ask for some aid from developed countries.

Guiding Questions

1. What actions has your country taken to improve the quality and quantity of vaccines available to your citizens?

2. What solutions can be implemented within your own country and/or globally to improve vaccine safety and availability?

3. How can developed nations and developing nations collaborate to expand the range of vaccine availability?

4. Are vaccines easily attainable in your country? If not, what work is being done to improve this? If yes, in what areas can your country improve?

5. What are some ideas and solutions to combat the recent yet ever increasing anti-vaccination movement? Should social media be incorporated to educate parents on the importance of vaccines?

6. How can technology help advance/modernize the distribution of vaccines?

7. Are there religious, cultural or indigenous groups in your nation that may not believe in using modern medicines (vaccines), and how can one respect their attitudes and restrictions whilst maintaining the safety and integrity of vaccination and public health? Where is the line drawn between ensuring the safety of the majority of the public, and respecting the rights of the individual?

8. Consider the administration of vaccines and the training of public health workers. Is your nation equipped with the proper resources and infrastructure to maintain the integrity of vaccination? Are you equipped with the necessary materials to properly store vaccines?

9. What foreign aid (regarding vaccinations) does your country receive? Do you, on a large scale, work with any specific NGOs and how does this benefit your country?

10. How would one plan to vaccinate those who live in areas not accessible by functional roads, and/or those situated in isolated, rural areas?

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