ZERO DRAFT RESOLUTION NOTES WORKSHEET
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GLOBAL MODEL WHO 2025

ZERO DRAFT RESOLUTION

VACCINE HESITANCY IN THE CONTEXT OF BEHAVIORAL SCIENCES

The Third Global Model World Health Assembly,

Having considered the report by the Director-General on immunization agenda 2030;[1]

Recalling resolution WHA65.18 on World Immunization Week;

Recognizing that vaccine hesitancy—the delay in acceptance or refusal of vaccines despite the availability of vaccination services—has become a major threat to global health progress;

Noting with concern that in 2024 approximately 14.3 million children worldwide did not receive even their first dose of a routine vaccine, and that global coverage for key childhood vaccines such as the third dose of diphtheria-tetanus-pertussis (DTP3) remains at only 85 %, falling short of the levels needed to prevent disease outbreaks;

Deeply concerned that declining confidence in vaccines has contributed to outbreaks of measles and other preventable diseases in several regions;

Acknowledging that social, cultural, and behavioral factors influence people's decisions about vaccination, and that misinformation and mistrust can spread quickly through digital platforms;

Emphasizing that understanding and addressing the behavioral drivers of vaccine uptake requires collaboration between public health, psychology, communication, and education experts;

Welcoming the work of the WHO Technical Advisory Group on Behavioral Insights and Sciences for Health and the WHO's Behavioral and Social Drivers (BeSD) framework to guide country-level strategies;

Noting with appreciation national efforts to build trust through transparent communication, community engagement, and partnerships with trusted local and religious leaders;

Recognizing that strengthening vaccination programs is essential for achieving universal health coverage and advancing the Immunization Agenda 2030,

[1] Document A77/18.

1. URGES Member States:

(1) to strengthen public confidence in immunization by improving access to clear, evidence-based information about vaccines;

(2) to develop national strategies that use behavioral and social science research to understand why people delay or refuse vaccination;

(3) to engage communities, including youth and parents, in dialogue about vaccines and disease prevention;

(4) to train health workers in effective communication techniques to address vaccine concerns respectfully and accurately;

(5) to support the study of how internal factors, such as people's beliefs, emotions, and habits, and external factors, such as social norms, family influence, and trust in institutions, shape people's decisions to get vaccinated;

(6) to include behavioral insights in vaccination campaign design to increase uptake in low-coverage areas;

(7) to strengthen laws and policies that protect the public from the spread of false or misleading information about vaccines;

(8) to build capacity to conduct behavioral research within national public health institutes, by developing expertise in behavioral and social sciences, and strengthening collaboration between researchers, communication experts, and immunization program managers to better understand the social and cultural factors that influence whether people decide to get vaccinated;

(9) to promote vaccination and disease prevention education across formal, non-formal, and community learning environments, in order to ensure that children and adolescents develop lifelong understanding of public health;

(10) to increase uptake by ensuring equitable access to vaccines, particularly among marginalized and vulnerable populations;

2. CALLS UPON international, regional, national, and local partners and stakeholders from across the health, education, communication, and technology sectors, as appropriate:

(1) to share best practices and evidence-based approaches for school mental health programmes;

(2). to collaborate with media and digital platforms to reduce misinformation and promote accurate vaccine content;

(3) to engage civil society organizations and community leaders in promoting public trust and addressing barriers to vaccination;

(4) to encourage partnerships with the private sector to improve supply chains, logistics, and service delivery in order to ensure that vaccines are more accessible to everyone, particularly to marginalized and vulnerable populations;

(5) to share best practices and lessons learned across regions on behavioral interventions that increase vaccine uptake;

(6) to promote research on how trust in institutions and people's sense of cultural, religious or political identity influence vaccination decisions;

(7) to help all countries strengthen public understanding of vaccines and use digital platforms more effectively to share accurate information and respond to false or misleading claims;

3. REQUESTS the Director-General:

(1) to continue supporting Member States in applying behavioral and social science approaches to public health programmes;

(2) to expand global and regional initiatives to conduct behavioral research with the aim of using this knowledge to reduce vaccine hesitancy and increase vaccine uptake;

(3) to strengthen collaboration with UNICEF, Gavi, and other relevant partners to address behavioral and social barriers to immunization;

(4) to promote the exchange of data and research findings on the application of behavioral sciences to addressing vaccine hesitancy;