

**PAPMUN2025**



**WORLD  
HEALTH  
ORGANIZATION**

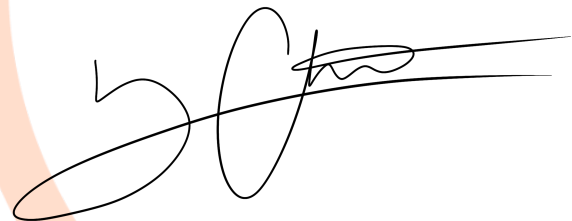
## **DEAR DELEGATES,**

The Chair warmly welcomes you to the World Health Organization officially. We are honored to lead the delegations participating in this committee at the first edition of PAPMUN. As members of the Chair, our main role is to guide the development of proposals and ideas, so that a meaningful discussion of the topic can be achieved.

We are pleased to welcome delegates to the WHO committee who are aware of global challenges. Providing a critical perspective, forming an objective point of view, and engaging in learning, investigation, and understanding will collectively enrich our experience. The mission of WHO is to collaborate internationally to ensure public health, respond to health crises, promote access to medical care, and recognize health as a human right.

Finally, the Chair would like to thank you for your participation. The presence, sharing, and cooperation is fundamental for the development of the WHO committee. Do not hesitate to share your ideas, remember that each contribution can help diversify the debate. Once more, the Chair is pleased to form part of this meaningful experience for your academic, professional, and personal development. We will meet you at PAPMUN 2025.

Sincerely,

A handwritten signature in black ink, appearing to read 'CH', with a long horizontal line extending to the right.

**CHRISTIANE HERREJON**  
President of the committee

## HISTORY OF THE WORLD HEALTH ORGANIZATION

The World Health Organization works worldwide to promote health, keep the world safe, and serve the vulnerable. Its goal is to ensure that everyone has universal health coverage, protect people from health emergencies, and provide an additional billion people with better health and well-being. Integrity, fairness, compassion, respect for diversity, human rights, equity, excellence, and accountability are the key values of the WHO.

When diplomats met to form the United Nations in 1945, one of the themes they discussed was the establishment of a global health organization. WHO's Constitution came into effect on April 7, 1948, a date we now celebrate annually as World Health Day. During the United Nations (UN) founding conference held in San Francisco, representatives from Brazil and China proposed the creation of an international health organization and the convening of a conference to draft its constitution. On February 15, 1946, the Economic and Social Council of the UN instructed the Secretary General to convene such a conference.

A Technical Preparatory Committee met in Paris from March 18 to April 5, 1946, and drafted proposals for the Constitution, which were presented at the International Health Conference in New York City between June 19 and July 22, 1946.

Based on these proposals, the Conference drafted and adopted the Constitution of the World Health Organization, which was signed on July 22, 1946, by representatives of 51 UN member states and 10 other nations. The Conference also established an Interim Commission to carry out specific activities of the existing health institutions until the WHO Constitution came into force.

The Constitution of the WHO established that the organization would be a specialized agency of the UN.

The Constitution was not officially approved until April 7, 1948, when 61 governments that had signed it ratified their signatures. It was determined that the Interim Commission would end on August 31, 1948, and the WHO would take over immediately. The World Health Organization is headquartered in Geneva, Switzerland, and operates worldwide. The WHO's main building was inaugurated in 1966.

Among the WHO's primary functions are the coordination of responses to global health emergencies, including pandemics and outbreaks of infectious diseases such as COVID-19, Ebola, and influenza. The WHO also sets health standards and guidelines, which countries use to implement evidence based public health policies. These include guidelines on immunization, disease prevention and treatment, food safety, and drug safety.

Today, the WHO continues to work on preventing deadly diseases, protecting people during pandemics, educating individuals and policymakers on health importance and care, and more.

## **ENHANCING EQUITABLE ACCESS TO VACCINES AND MEDICAL TREATMENTS IN DEVELOPING REGIONS**

The history of vaccine shortages and limited healthcare access is a highly complex issue shaped by political, economic, social, and technological factors. Although the importance of vaccines is widely recognized, numerous historical and contemporary challenges have restricted and slowed access to these resources. Some of the key historical points include:

### **LIMITED ACCESS AND INFRASTRUCTURE**

In the earliest civilizations (Mesopotamian, Egyptian, Chinese, Indian), diseases spread easily, and only a few regions received adequate treatment, even though medical knowledge was far less developed than today. Since the

early centuries, access to healthcare was limited to certain urban areas with better infrastructure. Vaccines, when developed, were not readily available and often suffered from significant delays (Nuwarda et al., 2022).

During the 15th century, medicine advanced significantly. Despite the development of hospitals, progress in anatomy, and the production of innovative vaccines, access remained strictly limited. Only the most developed regions could obtain these resources, while developing areas continued to struggle with high mortality rates from infectious diseases.

### **GLOBAL HEALTH EXPANSION (20TH CENTURY)**

A significant example is the Cold War. During this period, vaccine access was heavily influenced by geopolitical considerations. The United States and the Soviet Union funded different health initiatives in various parts of the world, resulting in unequal access. The U.S. provided vaccines and health aid to countries within its sphere of influence, while the Soviet Union also launched initiatives, including vaccine distribution programs for diseases such as smallpox, polio, and diphtheria. Additionally, Cuban medical diplomacy played a key role in global health efforts, offering medical aid, infrastructure support, and collaboration with global health organizations (Moreno et al., 2021).

### **CURRENT SITUATION**

Today, equitable access to vaccines and medical treatments in developing countries remains a global challenge. Despite significant advances in medicine and treatment availability, factors such as weak healthcare infrastructure, lack of financial resources, inequality, and transportation issues continue to impact the effectiveness of medical care in certain regions.

In many developing areas, the lack of healthcare infrastructure creates significant barriers for individuals in need of vaccines and medical treatments. Limited medical facilities, shortages of trained healthcare personnel, and inadequate resources make it difficult to ensure equitable access to

treatment. Additionally, transportation challenges further complicated distribution and many rural areas with poor road conditions and limited transportation routes struggle to receive essential medical supplies.

The Internet has transformed the distribution and accessibility of healthcare resources worldwide. In countries with advanced digital infrastructure, such as England, health information and services are easily accessible and highly reliable. Citizens can find information on preventive care, treatment options, and healthcare services. In contrast, countries with less developed Internet infrastructure, such as India, often face significant challenges in accessing these resources efficiently.

Although Internet accessibility has improved in India over the years, many communities still struggle to obtain accurate, up to date health information. The lack of awareness regarding proper healthcare procedures further reduces vaccination rates and treatment opportunities for those in developing regions.

Additionally, healthcare infrastructure disparities play a critical role in the management and distribution of medical resources. Digital platforms in England facilitate healthcare coordination, appointment scheduling, patient tracking, and efficiency improvements. Meanwhile, in India, shortages of medical personnel and inadequate infrastructure hinder healthcare access, making the full implementation of digital health technologies challenging.

Finally, economic inequalities exacerbate disparities in healthcare access. For example, in England, the NHS provides universal healthcare, ensuring free access to most medical services. In contrast, many developing regions struggle with high medical costs and a lack of transparent information on treatment affordability. As a result, individuals with financial constraints often face limited access to healthcare. While the Internet has the potential to improve healthcare accessibility, disparities in infrastructure, information availability, and economic conditions persist, leading to unequal access to medical resources.

## RISK FACTORS

Several risk factors contribute to the lack of medical treatments in developing regions, including:

- **Economic instability:** Financial constraints make it difficult for individuals and developing regions to afford healthcare, vaccines, treatments, and medical information. During economic crises, governments often cut healthcare budgets, reducing the availability and distribution of essential medicines to hospitals and clinics.
- **Limited access to healthcare:** In many regions, economic, social, administrative, infrastructural, and governmental factors contribute to a lack of resources, medical personnel shortages, unequipped hospitals, and poor storage facilities for pharmaceuticals.
- **Inadequate infrastructure:** Poor transportation systems, sanitation, and laboratory services significantly impact the availability and quality of healthcare. These factors hinder treatment distribution and accessibility in developing areas.
- **Lack of health insurance and high out of pocket costs:** In nations with limited or nonexistent health insurance, millions must pay for their own medications and treatments. In many developing countries, low wages make quality healthcare unaffordable, forcing families to choose between medical care and other basic needs.

## WHO ACTIONS

The WHO has taken several steps to improve access to vaccines and medical treatments in developing regions, including:

- **COVID-19 vaccine equity:** The WHO allocated \$57 million to increase access to COVID-19 vaccines, particularly for vulnerable populations. It also partnered with UNICEF and Gavi to accelerate vaccine distribution in 34 low coverage countries.
- **Influenza vaccine initiatives:** Since 2006, the WHO has collaborated with governments, the pharmaceutical industry, and other stakeholders to increase the global vaccine supply. The WHO also launched the

Influenza Vaccine Technology Transfer Initiative to help developing countries produce influenza vaccines.

- Mpox medical countermeasures: The WHO and partners established the Access to Allocation Mechanism (AAM) to improve access to mpox vaccines, treatments, and diagnostic tests. The AAM ensures that limited medical supplies are distributed equitably and effectively.

## QUESTIONS

- How has access to vaccines and medical treatments evolved over time globally?
- What are the main barriers preventing equitable access to vaccines and medical treatments in developing countries?
- How does the lack of healthcare infrastructure affect the distribution of medicines in rural and marginalized areas?
- What role does technology and the internet play in improving or worsening healthcare access in different regions?
- What strategies has the WHO implemented to ensure equity in the distribution of vaccines and treatments?
- How have different nations and geopolitical blocs contributed to improving access to medical treatments?
- What is your country's healthcare system like, and what level of access do its citizens have to vaccines and medical treatments?
- Has your country signed international agreements on equitable vaccine distribution?
- What is your country's stance on international aid regarding healthcare and access to medicines?
- How can the international community work together to close the healthcare inequality gap?

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