II AASCA MUN

WHO

Topic A
Addressing Epidemics

Topic B
Access of Medicine in Developing Countries

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Letter From The Committee Leaders

Dear Delegates,

Hello, my name is Victor Genibre, I am a 10th grade student and study at the American International School of Costa Rica. After 3 years of MUN experience, I have learned how important MUN is and how impactful you can be to others. I have experienced many conferences and been able to have many experiences. I am very excited to be chairing this committee. I hope that this conference will be fun and a place where everyone can speak and debate freely. Feel free to reach out if you have any questions.

Hello, my name is Noah, and I'm so excited to be one of your chairs for this committee. I've been involved in MUN for about 3 years now as both a delegate and a chair, and it's something I'm truly passionate about. The World Health Organization is a committee I find especially important and really exciting to debate about, and I can't wait to see the ideas and perspectives you'll bring to the debate. My hope is that our committee feels open, respectful and collaborative, a space where you can speak up, challenge yourselves and grow as delegates. Be prepared and ready to enjoy, and don't be afraid to ask questions or reach out if you need help. I'm really looking forward to working with you all and making this a memorable experience.

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Hello, my name is Rossette Lama, and I am thrilled to welcome you to this committee. I was born and raised in Honduras. I have always been passionate about exploring new ideas and engaging in meaningful discussions. My journey in Model United Nations has given me valuable experience in debating, leadership, and teamwork, and I look forward to using that to ensure your time in this committee is both constructive and enjoyable. Outside of MUN, I enjoy playing sports, staying active, and spending time in nature. I am here to support you throughout the conference and to make sure this experience helps you grow as both a delegate and a thinker. I cannot wait to see all of you shine in debate.

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Introduction

Topic A

The risk of epidemics is harmful to health, economies, and social order. They spread fast between countries and regions, causing distress throughout continents. Outbreaks easily overwhelm health systems and stop supply chains, in addition to causing those with a lack of health services to be ill or die. The lack of preparation has been shown in previous epidemics, such as the 1918 Influenza, the 2014 Ebola outbreak, or the recent COVID-19 pandemic, causing millions of deaths and broken economies. The World Health Organization plays a central part in ordering responses, plus it puts stress on stopping epidemics while identifying any future epidemics. For future epidemics, readiness is important so fewer lives are lost, and allows countries to prepare and maintain a steady economy.

Epidemics can be complex due to their ability to exploit vulnerabilities such as weak healthcare in certain countries and their ability to quickly spread across the world. Certain infectious diseases, including waterborne and foodborne diseases, often caused by contamination in water, thrive in areas with weak sanitation, limited medical access, and delayed responses. These areas are a major cause of these infectious diseases that can spread to other countries and eventually globally. The WHO's Global Outbreak Alert and Response Network works on providing real-time surveillance and resource deployment to abolish the outbreaks before they are able to spread to other countries.

Addressing epidemics can require multiple approaches that include scientific research, policy coordination, and resource distribution between countries. Epidemics can cause major impacts on the economies of weaker countries. The World Bank estimated that the 2014 Ebola outbreak cost West African nations billions in GDP losses, while COVID-19 caused a global recession. Strengthening global health systems through investments in healthcare infrastructure, enhancing surveillance networks, and making sure developing countries have access to better healthcare infrastructure to ensure that infectious diseases won't be able to thrive and spread to other regions. Additionally, advancing in the vaccine department and ensuring that all countries have a sustainable share of these vaccines is necessary in order to keep diseases from spreading.

Key Terms

Topic A

1. **Disease Surveillance:** Monitoring and tracking diseases to detect and respond to outbreaks before their spread.

2. E**conomic Impact:** The economic impact of a country during a pandemic, such as GDP loss or global recessions.

3. E**pidemics:** Mass outbreaks of diseases that have the potential to spread between countries and populations.

4. **Global Health Systems:** International healthcare infrastructure and services aimed at improving healthcare and epidemic response.

5. **Global Outbreak Alert and Response Network:** A WHO program for real-time surveillance and response for the avoidance of epidemic outbreaks.

6. H**ealthcare Infrastructure:** Equipment, facilities, and infrastructure needed for the delivery of medicare care.

7. H**ealthcare Systems:** An organization of institutions, people, and resources which help the services and infrastructure to ensure the safety and good health of the people.

8. **Infectious Diseases:** Pathogen-caused diseases that thrive when medical availability is low and there is poor sanitation

9. **International Cooperation:** Multinational co-working for epidemic outbreak control, to avoid and detect any further public health threats.

10. **Pandemic:** A Global epidemic that spreads across multiple countries or continents, like COVID-19 or the 1918 Influenza.

11. **Policy Coordination:** International and national policy coordination to combat epidemics by making common public health goals.

12. **Readiness:** Measurement of how ready a country is to mitigate the impact of epidemics.

13. **Resource Deployment:** Deployment of medical and logistics resources to areas of epidemic outbreaks.

14. **Surveillance Networks:** Outbreak detection and monitoring systems to manage the spread of outbreaks.

15. **Distribution of Vaccine:** Ensuring equitable vaccine access to prevent disease propagation.

Historical Background

Topic A

Throughout history, many major epidemics and diseases have changed societies, populations and economies all over the world. One of the earliest recorded pandemics was the Plague of Justinian, which was caused by *Yersinia pestis*. This bacterium was responsible for later plagues. The Plague of Justinian struck the Byzantine Empire and killed around 25% to 50% of the population. During the Middle Ages, the Black Death struck Europe and killed around 30% to 60% of Europe's population. The Black Death was considered one of the most famous epidemics because of the many people it killed. This pandemic was also caused by *Yersinia pestis* and was spread by fleas on rats and human contact. The historical plagues showed a true need for a coordinated public health response; the Black Death induced the first organised and institutional responses towards disease control. The Black Death had reshaped medieval society and also led to the decline of feudalism.

In the 20th century, the Spanish Flu infected around one-third of the global population, roughly 500 million people were infected, and 20 to 50 million people died. The pandemic was caused by the H1N1 influenza virus and spread quickly because of World War I troop movements and poor health systems around the world. Unlike other diseases, the Spanish Flu killed young and healthy adults and showed the need for better healthcare systems and advancements in medical research. During the 1980s, the HIV/AIDS pandemic started to

spread. It was caused by the human immunodeficiency virus(HIV), and it infected over 80 million people globally. It is still an ongoing issue today, and as of 2025, it has killed around 40 million people. As of today, there is still no cure for the virus, and low-developed areas still suffer from this virus because they do not have access to the treatment that was developed. Like other diseases and epidemics, this virus shows the need for advancement in medical research and the need for better healthcare systems all around the world, as people still suffer from this virus.

The most recent pandemic, the COVID-19 pandemic, has been one of the most devastating global health crises in recent history. The pandemic started in 2019 and was caused by the SARS-CoV-2 virus. The pandemic led to global lockdowns, economic disruption and strained health systems. The COVID-19 pandemic infected over 700 million people globally and caused over 7 million deaths. Eventually, scientists were able to create vaccines for this virus to help protect our bodies and gain immunity against the virus. Although vaccines have been successful, cases still appear around the world, and many low-developed areas are still affected by this virus. The COVID-19 virus showed how unprepared the world is and how important it is to have an immediate response to these epidemics to contain them before they spread around the world.

Current Situation

Topic A

The world still remains very conversant with epidemic threats in the post-COVID-19 pandemic decades, as global health systems still attempt to bounce back from its effects. The majority of countries are still attempting to rebuild their economies and health systems while coping with emerging epidemics (Global Preparedness Monitoring Board, 2025). Recent health expert reports call for greater investment in public health, early diagnosis, and global coordination. Despite how fast surveillance systems and vaccines have evolved, political tensions and disinformation always get in the way. WHO has emphasised that preventing epidemics today is dependent on the action to build local healthcare systems and promote international collaboration in a bid to detect and halt diseases before they become outbreaks (Global Preparedness Monitoring Board, 2025).

Early warning has become one of WHO and its partners' highest priorities. In 2025, the organisation introduced version 2.0 of the Epidemic Intelligence from Open Sources (EIOS) system, which is based on artificial intelligence and multilingual sources to find early signs of outbreaks (World Health Organization, 2025a). The system gathers information from social media, the radio, and local newspapers to spot potential threats more rapidly than traditional surveillance. It is already operational in over 110 nations, helping health authorities to respond faster to newly emerging diseases (World Health Organization, 2025a). The upgrade of the EIOS was funded by Germany and the European Union, showing

that global health security relies heavily on cooperation among nations.

The financial sector has also come on board to boost epidemic readiness. The World Bank, IMF, and WHO pledged in 2024 to conjoin efforts to help low-income countries ready themselves for potential pandemics (International Monetary Fund et al., 2024). The effort aims at increasing access to financing through channels such as the World Bank's Pandemic Fund. In its 2024 second funding, the Fund directed over 400 million dollars to improving 50 developing countries' laboratories, surveillance systems, and healthcare training (World Bank Group, 2024). Most of this financing was directed to Sub-Saharan African nations, whose public healthcare infrastructures are still unstable and provide outbreaks with an easier means to spread.

Active outbreaks also rose in recent years all over the world. WHO released a Central and Eastern Africa emergency in 2024 after a new strain of monkeypox occurred, with Asia facing bird flu in human beings (Centers for Disease Control and Prevention, 2025). Dengue fever reached new record levels in 2024 with more than 12 million reported cases globally, and conflict and decreased health care access have led to the resurgence of diseases such as polio in some places (Centers for Disease Control and Prevention, 2025). All of these events indicate the manner in which climate change, displacement, and compromised health systems all exact their price on rapid disease transmission.

In the future, international cooperation is also still essential. There are still researchers who call on countries to ratify the WHO Pandemic Agreement and reform the

International Health Regulations to increase the sharing of resources and coordination (Global Preparedness Monitoring Board, 2025). The ensuing United Nations High-Level Meeting on Pandemic Preparedness in 2026 will be pivotal in securing these commitments. Stronger coordination among governments, NGOs, and private organisations will be required to prevent the next pandemic and enable all nations, low- and high-income countries alike, to prepare and respond appropriately (World Bank Group, 2024).

Block Positions

Topic A

Western Bloc

- **Countries:** United States, Canada, United Kingdom, Germany, Australia, and Japan

The Western Bloc is primarily committed to locating diseases early, engaging in research, and quickly responding to epidemics. They pump a lot of money into the creation of vaccines, the healthcare system, and the various programs of aid given to other countries. Their joint concern is to stop the occurrence of any worldwide health crises which could extend to their areas and, at the same time, keep the world stable. They also frequently endorse cooperation with the World Health Organization (WHO) and give priority to scientific research and the sharing of data.

African Union

- **Countries:** All African Nations (ex. Nigeria, South Africa, Kenya, and Egypt)

The African Union advocates for the improvement of local healthcare systems as one of the main ways to fight diseases and infections; they also emphasise educating healthcare workers and refining disease surveillance systems. Their focus is mainly on the provision of vaccines and drugs to the people who are in the greatest need. Collaborating with worldwide organisations is part of their work; however, they still insist on arranging the fixes that are compatible with the local situations and available resources.

ASEAN

- **Countries:** Indonesia, Malaysia, Thailand, Vietnam, Singapore, Philippines, Brunei, Myanmar, Cambodia, Laos, and China

Countries of ASEAN emphasise close-knit collaboration in the region to track down the diseases, communicate data, and coordinate their reactions to the emergencies. They consider it very important to put into practice a healthcare system that is accessible to everybody and to manage the border-crossing epidemics so as to safeguard the economic and social stability. The prevention of the spread of the diseases so that the free flow of trade and tourism in the region may not be affected is their shared concern.

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Guiding Questions

Topic A

1. How can international surveillance and early-warning systems be strengthened to detect and contain epidemics more rapidly?

2. What structural challenges make low-income regions more vulnerable to epidemics, and how can global actors address these differences?

3. How can international cooperation and information-sharing be improved to support coordinated and effective epidemic responses?

4. What can the world learn and prepare for from the COVID-19 pandemic in regards to global health preparedness and crisis management?

5. How can vaccines be disputed quicker while maintaining safety and regulatory standards?

6. What role should more developed countries play in global epidemic financing?

7. Is the world ready in case another pandemic occurs like COVID-19?

8. What actions can the world take to ensure countries are prepared for another outbreak?

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9. What strategies can developing countries implement to prepare future epidemics?

10. What policies can balance national sovereignty with global health security obligations in terms of epidemic response?

Introduction

Topic B

Access to medicine is one of the main issues for the health, the economy, and social stability of developing countries. Low availability and high prices for medicines are sources of death and suffering that could be avoided. Drug stores are raising prices as high as 20%. At the same time, this situation is slowing down the economic growth while weakening the social systems of countries. In countries such as the United States, there is a high price for insulin needed for diabetes, the high costs increasing the cost of healthcare. The most needed drugs to cure malaria, tuberculosis, and HIV/AIDS continue to be expensive and are difficult to obtain due to the weak supply chains and healthcare facilities. In the past, the HIV/AIDS epidemic in sub-Saharan Africa was among the several examples where poor access to medicine led to high mortality rates and deep economic damage for countries. The World Health Organization and Doctors Without Borders are among the organizations which strongly advocate for medicine availability as a major issue to be dealt with, both in terms of saving lives and the economy. Not only the health aspect, but also for the sustainability of stability, the preparation of better systems to guarantee access is crucial.

There are various reasons behind the lack of medicine in the world, such as poverty, poor health structures, patent rights, and international trade policies. A large part of the population in many less-developed countries lives in remote areas that are

far from clinics, and having a shortage of trained healthcare professionals only aggravates the situation. Often, pharmaceutical firms are in possession of patents that cause the prices of medicines to rise, which in turn limits the affordability of medicine. These weaknesses in the system allow diseases to spread when they could have been prevented. To solve these problems, the World Health Organization (WHO) Essential Medicines List and global partnerships are making indispensable drugs more affordable and accessible. It has been demonstrated in the past that a lack of strong collaboration between governments, organizations, and industries is the reason why millions of people still do not have access to treatments that could save lives.

Coordinated approaches that comprise economic investment, fair policies and distribution systems that are even-handed are necessary to address medicine access. Not having access to medicine will affect the health of people, but it will also cause a domino effect that will lead to damage to the economy. For instance, the diseases that are left untreated will lower the productivity of the workforce and, at the same time, will raise the poverty cycles. It is necessary to revamp healthcare systems in poor countries through the investments that are made in clinics, the healthcare workers' training, and the supply chain to make the availability of drugs a routine practice. Parallel to this, drug price-lowering efforts, the expansion of the production of generic medicines, and the guarantee of vaccine and drug distribution based on fairness are some of the important measures. The promotion of medical research with the main focus on affordability and ensuring

that all countries, not solely the wealthy ones, reap the benefits from these breakthroughs will foster global health equity.

Key Terms

Topic B

1. **Developing Countries:** A poor agricultural country that is seeking to become more advanced economically and socially.

2. **Access to medicine:** People can obtain needed, quality medicines when and where they need them, at a price they can afford.

3. H**IV(Human Immunodeficiency Virus):** Is a virus that attacks the body's immune system and spreads through specific bodily fluids, leading to a global health crisis.

4. A**IDS:** (Acquired immunodeficiency syndrome) A disease in which there is a severe loss of the body's cellular immunity, greatly lowering the resistance to infection and malignancy.

5. E**ssential medicines:** A core set of safe and effective medicines that address the priority health needs of a population.

7. **Supply Chain:** The sequence of processes involved in the production and distribution of a commodity.

8. **Patent Rights:** The exclusive right that is granted by the national government that is given the rights to the inventor to stop making, using, selling, or importing. The patent is usually around 20 years.

9. **Pharmaceutical Firms:** A commercial enterprise dedicated to the research, development, manufacturing, and marketing of drugs for healthcare purposes, covering the entire process from initial discovery to distribution of both brand-name and generic medications.

10. **Economic Growth:** An increase in the amount of goods and services produced per head of the population over a period of time.

11. **Malaria:** A potentially life-threatening, parasitic disease transmitted to humans through the bites of infected female Anopheles mosquitoes.

Historical Background

Topic B

The availability of medicines has been a significant problem for poorer countries that have been affected by various factors like economy, politics, and society. In these two decades, the focus of global health initiatives was on the elimination of the primary infectious diseases, which are smallpox and malaria and less attention was given to the need for affordable medicines for chronic or less-known diseases. The idea of “essential medicines” was brought by the World Health Organization to be a tool for countries in guaranteeing minimal drug availability, but the situation was still very bad because there were high prices, poor infrastructure, and limited production of drugs in the local areas.

During the 1990s and early 2000s, the world became highly aware of the unfairness of the situation, especially when in regards to the HIV/AIDS epidemic. Although antiretroviral drugs were available in surplus amounts in developed countries, they were still unavailable for most of Africa and some parts of Asia due to the high prices. This led to controversies on the issue of intellectual property rights under the WTO TRIPS agreement and resulted in various actions such as compulsory licensing, international funding, and donation programs, such as The Global Fund to fight AIDS, Tuberculosis, Malaria and Gavi, the Vaccine Alliance, are examples of the organisations that have become the main contributors to the access of life-saving treatments.

Even with the efforts, difficulties are still there nowadays, for instance, supply chain restrictions, regulatory challenges, and inequalities that were uncovered during the crisis, like the COVID-19 pandemic, which showed a very obvious "vaccine divide" between rich and poor countries. The facilitation of access to medicines is still at the very heart of worldwide health programs and constitutes one of the main concerns of the United Nations Sustainable Development Goals, especially SDG 3, which is targeted at ensuring good health and well-being for everyone. The present measures take into account equity, affordability, and healthcare system-strengthening as key elements to providing long-term solutions to the developing countries.

Current Situation

Topic B

Access to affordable medicine remains one of the biggest problems in international health today. According to WHO, it is estimated that two billion people do not have regular access to basic medicines, especially in low-income countries of Africa and Asia (World Health Organization, 2025b). Such shortages create enormous health and economic consequences, leading to families spending considerable portions of their income on medication or going without treatment. The problem is worse for rural communities that must travel a distance to reach clinics. Making universal access to essential medicines one of WHO's main priorities because it directly

leads to the attainment of good health and well-being for all, aligning with Sustainable Development Goal 3, good health and well-being, which stresses equitable access to the needed healthcare and medical services.

Several core issues are responsible for this lack of access. Manufacturing and patents make many new treatments, such as cancer and chronic illness treatments, out of reach for developing nations (World Health Organization, 2025b). At the same time, all local markets suffer from poor regulation, limited local capacity to produce, and poor supply chains. These facilitate the easy flow of falsified or sub-standard medicines at the expense of public health (World Health Organization, 2025b). Without strengthening partnerships and bringing forth basic reforms, millions of people will continue to be denied lifesaving medicines.

The COVID-19 pandemic uncovered the magnitude of inequity in the distribution of medicine. Through the COVAX effort, WHO, Gavi, UNICEF, and CEPI distributed close to two billion doses of vaccines to 146 economies through the end of 2023 (World Health Organization, 2023a). Vaccination rates, however, were much lower in poorer economies, with less than 1% of older people getting booster shots in 2024 (World Health Organization, 2025c). Such inequities were present because of differences in infrastructure, finance, and trust between regions. Although the initiative enhanced access to vaccines overall, it also made clear how susceptible the system is to breakdown when it is reliant on donations instead of sustainable regional production. The private sector has

increasingly been pressed to boost its role in improving access. A 2024 report by the Access to Medicine Foundation revealed that only 43% of new clinical trials are conducted in low- and middle-income countries, even though these nations represent most of the world's population (Access to Medicine Foundation, 2024).

Many have not yet made total use of licensing and partnership opportunities to increase local production. Donations and distribution programs have helped some with improvement, but coverage remains inadequate. The data shows greater awareness, but the big pharma companies need to adjust their models in order to be able to reach more underserved markets. In an effort to fill this void, WHO and international organisations have supported new programs to encourage innovation at the local level. Perhaps most vital is the mRNA technology transfer plant established in South Africa, which allows local producers to learn how to produce mRNA vaccines and other essential medicines (World Health Organization, 2023).

Programs led by Gavi, the Global Fund, and UNICEF continue to provide funding and procurement assistance for essential drugs. Governments also began using flexible trade and patent policies to lower prices and encourage generic manufacturing. Even these steps, however, have left millions of individuals unable to obtain simple medicines. It takes more effective cooperation between international institutions, governments, and pharmaceutical industries to make access universal (World Health Organization, 2025).

Block Positions

Topic B

Western Bloc

- **Countries:** United States, Canada, United Kingdom, Germany, France Australia, and Japan.

Typically, Western countries advocate for strong intellectual property rights for pharmaceutical companies; however, they also facilitate such programs as donation campaigns and the distribution of subsidised medicines. The main aim of these two sides is to reconcile the development of new drugs with the provision of medicines to those in need. Although they put money into such projects as global health, access to medicines may still be restricted due to high prices or patent rights.

African Union

- **Countries:** All African Nations (ex. Nigeria, South Africa, Kenya, and Egypt).

The African Union is advocating that essential medicines be made cheaply available and that their production be localised as much as possible. Their members support cutting the reliance on drugs that are brought in and bargaining for reasonable prices with the pharmaceutical companies. Some of the shared goals are to improve public health and to make sure that medicines are distributed fairly to all populations.

ASEAN

- **Countries:** China, Indonesia, Malaysia, Thailand, Vietnam, Singapore, Philippines, Brunei, Myanmar, Cambodia, and Laos.

The member countries of ASEAN happen to strongly underline the fair access to medicines that would be guaranteed to all the states that make up the union, especially to the segments of the population of the masses with low incomes. Frequently, they undertake joint buying contracts and coordinate their activities in the field of standards of regulations. The common goal they have is to make the whole healthcare sector more accessible and, at the same time, to be a source of support to the regional pharmaceutical industry.

Guiding Questions

Topic B

1. How can developing countries improve access to medicines and treatment?

2. How can governments support local pharmacies production of medicines to reduce dependencies on imports?

3. What strategies can be used to improve the distribution of medicines around the world?

4. Should richer nations share their leftover medicines with countries in need?

5. What happens when a country runs out of a treatment for a certain disease or virus?

6. Are there any treatments for specific diseases that should be a priority to distribute globally?

7. How can countries ensure that medicines and treatments are distributed equally to countries in need?

8. What role should international organizations like WHO play in negotiating medicine prices and facilitating donations?

9. How can countries prepare for sudden spikes in demand for certain medicines because of epidemics or emergencies?

10. How can data collection and technology improve medicine distribution and reduce shortages in certain areas?

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