

BACKGROUND GUIDES



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Letter from the DIAS

Dear Delegates,

It is a pleasure to welcome you to the World Health Organization of WESMUN 2026, as delegates you will be joining one of the most vital bodies of the United Nations, where not only your diplomacy and global co-operation matters, but also your knowledge on science and healthcare, in order to protect the well-being of people worldwide. It is a pleasure to have you all in our committee.

In today's world, challenges to global health are incredibly interconnected and far-reaching. From unequal access to medical resources, to overworked healthcare systems and professionals, to international threats that test the global community's readiness, the WHO has never been more essential. The decisions we will make in committee will reflect our shared responsibility towards humanity, as well as your national priorities.

As delegates, you will be expected to think, act, and judge as real policymakers, upholding the global principles of health whilst also staying true to your nation's interests. This conference will challenge you in areas of diplomacy, critical thought, negotiation and debate, all in pursuit of a global outcome that is both impactful and realistic.

Throughout our committee sessions, we encourage you to look beyond your statistics and policies, recognizing the human lives you are changing. We eagerly await to see all of your ideas, cooperation, speeches and leadership in shaping resolutions.

Best Wishes,

William Bryant, Hussam El Haj and Habiba Mohamed Chairs of the World Health Organization (WHO) WESMUN 2026

Introduction to committee

The World Health Organization (WHO) is the premier global body responsible for directing and coordinating international public health regulations and responses. Created in 1948, the primary goal of the organization was to ensure that all people achieve the highest possible standard of health. Headquartered in Geneva, Switzerland, the WHO works with all 194 Member States of the United Nations through a global conference, as well as regional and national offices to support healthcare systems worldwide.

The organization's responsibilities include;

- Monitoring global health trends,
- Setting medical and safety standards,
- Responding to disease outbreaks,
- and supporting vaccination programmes.

Utilizing initiatives such as the International Health Regulations (IHR), the WHO works to prevent the global spread of disease, as well as all attempts to strengthen countries' abilities to respond to health emergencies. The organization aims to address and solve major health issues such as maternal and child health, mental health, nutrition, sanitation, and access to essential medicines.

The WHO provides a platform for governments, scientists, and healthcare professionals to collaborate on solving global health challenges, from pandemic preparedness to health inequality. At its core, the organization promotes the belief that health is a fundamental human right, not a privilege, and that international cooperation is essential in protecting the well-being of all people.

Introduction to committee

Historic Actions Taken

Throughout modern history, the international community has made several attempts to ensure that health aid does not become a means to exercise political influence. One of the first measures taken to address this phenomenon was the creation of the World Health Organization in 1948. This marked a major milestone because it reinforced health as a basic human right and emphasized that health care had to be neutral and dependent only on needs and not political ties. This matter had to be emphasized several times as a resolution in the General Assembly of the United Nations regarding humanitarian neutrality. This meant that life-saving aid was never meant to be used within political conflicts.

As a consequence of globalization, faster and wider transmission of disease resulted in a strengthening of regulatory frameworks and approaches in WHO. The most prominent among such frameworks was a revision of International Health Regulations with effect from 2005. The aim of IHR was to reduce any tendencies towards discretion and political intervention whenever a health threat arises. Despite such frameworks put in place within WHO settings, a lack of any forms of power of intervention means that discretion remains a factor whenever a state decides when and how health assistance shall be extended.

In major global health crises, specific initiative programs have been taken within the UN system to address inequity and politicization. In 1996, for example, a response to inequity in access to HIV/AIDS medication in low-income countries was made with the formation of UNAIDS. This action represented a concerted effort to address political, monetary, and patent gaps. Recently, in 2016, with calls for faster and more autonomous action in response to previous outbreaks, a WHO initiative called for the formation of a Health Emergencies Programme. Responding to previous outbreaks and the COVID-19 pandemic in 2020, for example, a response to inequitable access to COVID-19 vaccination globally was achieved with the development of COVAX. Though numerous COVID-19 vaccinations were distributed to low-income countries via COVAX, for example, this action was impeded by nation-state stockpiling actions, exports being banned in some countries, and other forms of vaccine diplomacy.

The UN has also tried to ensure that political pressure does not impede medical access by using humanitarian exemption clauses in sanctions. Additionally, with the Sustainable Development Goals achieved in 2015, SDG 3: Good Health and Well-being emphasized the commitment to providing universal health coverage. Despite such measures being put in place, previous decisions were solely dependent on voluntary cooperation. As such, while the international community has always made a moral stance against the use of healthcare aid for political purposes in theory, political pressure and conditional aid would continue to be a challenge.

Introduction to committee

Current Situation

Throughout recent years up until 2025, the distribution of health assistance has been affected by many immoral practices. These practices erode trust and reduce equitable access to lifesaving interventions, violating humanitarian laws.

WHO and UN monitoring shows attacks on health recurring, and almost never spontaneous. If the root cause of weaponisation of health aid revolves around inequalities and politicisation, then putting a stop to these global crimes begins with ensuring that all ethnic groups are able to have equitable access to health systems that remain neutral, especially during times of conflict.

Some of the many factors that increase the risk of weaponising humanitarian aid include;

1. Disregard for international humanitarian law (IHL)
2. Weak or fragile health systems in conflict settings
3. Deliberate obstruction or denial of health aid
4. Use of explosive weapons of mass destruction near health facilities
5. Lack of accountability for crimes against healthcare
6. Politicisation of humanitarian aid distribution
7. Erosion of medical neutrality norms.

The World Health Organization (WHO) has taken action to monitor and document such attacks on health care. WHO maintains the Surveillance System for Attacks on Health Care (SSA), which systematically records and verifies attacks on;

1. Healthcare facilities
2. Health personnel
3. Transport and most importantly;
4. Patients

The collection of this data is absolutely essential for highlighting the main scope of the problem, digging deep into the roots of why these incidents take place. It raises awareness worldwide, building a strong and profound understanding around the issues surrounding health aid weaponization and how it puts people's health in jeopardy.

Additionally, WHO has worked with other UN bodies such as the Office for the Coordination of Humanitarian Affairs (OCHA), the Inter-Agency Standing Committee (IASC) and UN country humanitarian coordination structures to design new access strategies, preserve neutrality and coordinate fast and quick responses when health aid is threatened. These developed mechanisms create common operating procedures and advocacy to resist the rise in politicisation of humanitarian aid.

In recent years WHO has publicly reported on such attacks in various countries, thereby acknowledging that health services are under threat especially in conflict zones or crisis situations. As a result, there has been a rise in joint advocacy worldwide demanding a stop to these unethical practices. WHO's findings are further amplified through several UN statements, Security Council and General Assembly resolutions commending attacks and the unlawful misuse of health assistance. According to meeting records, it has been explicitly stated that: "Humanitarian assistance must not be weaponised".

These instruments aim to delegitimise and completely deter the weaponisation of health aid. Addressing the root causes of this issue is what is needed for eradication to take place and ensure individuals across the globe are able to access humanitarian aid without fear of persecution. With the help of WHO and other UN bodies, these unprincipled practices can be put to a stop

Agenda 1:

Discussing the Weaponization
of Health Aid and its role in
Political Influence and
Conditional Assistance during
Global Health Crises.

Introduction to the Agenda

In recent years, the world has witnessed the transformation of health aid, which has the main purpose of saving, protecting lives and supporting communities, turning into a tool used for political authority. Throughout numerous global health crises, many countries and organizations have used medical aid to their advantage, as a way to influence countries decisions or pressure governments. This blurs the line between trustworthy humanitarian aid that can be used to help countries struggling during times of crisis and vital interest, making societies around the world question fairness, access, and trust.

The World Health Organization has without a doubt taken this issue very seriously, as the weaponization of health aid threatens the core values of neutrality and the promised equal care for individuals everywhere. The international community must take a closer look at how the weaponization of health aid and political influence affect the swiftness of health responses, and what can be done to ensure that support reaches those in need.

Key Terms

- **Weaponization of Health Aid**

The use of medical assistance, funding, vaccines, or healthcare resources as a political or strategic tool rather than purely for humanitarian purposes.

- **Conditional Assistance**

Health aid provided only if the recipient state meets specific political, economic, or diplomatic requirements set by the donor.

- **Humanitarian Neutrality**

The principle that humanitarian assistance must not take sides in political, military, or ideological disputes.

- **Impartiality**

The delivery of aid based solely on medical need, without discrimination.

- **Health Aid Leverage**

The practice of using healthcare support to influence another country's policies or actions.

- **Global Health Crisis**

A large-scale emergency posing severe risks to public health across national borders, such as pandemics or widespread disease outbreaks.

- **Vaccine Diplomacy**

The strategic use of vaccine distribution to improve international influence or political relationships.

- **Soft Power**

Influence gained through attraction, assistance, and cooperation rather than force.

- **Health Equity**

Fair and just access to healthcare resources regardless of economic or political status.

- **Donor State**

A country that provides health-related financial, medical, or technical assistance.

- **Recipient State**

A country receiving international health aid.

- **International Health Regulations (IHR)**

A legally binding WHO framework guiding global cooperation during health emergencies.

Major Parties

- **India**

India is a key party because of its massive population which clearly makes health crises globally significant. Donor countries that provide medical supplies or emergency support often gain political influence over India's decisions. India also uses its own vaccine production to strengthen alliances.

- **Indonesia**

Because of its geography and resource gaps, Indonesia is a reliant source of assistance. Countries that send aid can use that support to push for military cooperation or even strategic alignment.

- **Philippines**

The Philippines often relies on foreign health help, which opens the door for political influence. During global health crises, major powers like the US and China use medical aid to pull the Philippines closer to their sphere of influence.

- **China**

China is significant not because it needs aid but because it actively uses health aid to extend its global influence. By sending vaccines, protective equipment, or medical teams abroad, China strengthens ties with developing nations and reshapes global alliances.

- **Pakistan**

Pakistan's dependence on international health assistance makes it a target for politically conditioned aid. Donor countries often use health support to negotiate broader cooperation on security, trade, or regional stability.

Major Parties

- **Nigeria**

Nigeria's role as a regional leader in West Africa makes it important during health crises. Aid providers who help Nigeria often expect political alignment or economic cooperation in return. Because Nigeria influences surrounding countries.

- **Democratic Republic of the Congo**

Congo faces constant outbreaks, which obviously affects how health aid is distributed. External actors who gain access to this sensitive region use it to negotiate with local authorities, and sometimes influence conflict dynamics through aid distribution.

- **Bangladesh**

Bangladesh's dense population and known vulnerability during health crises make it heavily dependent on outside aid. Donor countries often attach expectations related to refugee policies, labor reforms, or climate cooperation.

Questions a Resolution Must Answer:

- How can the UN define and identify cases of health aid being used as political leverage?
- What monitoring or oversight mechanisms should be created to track the neutrality of health aid distribution?
- How can the WHO ensure that medical assistance is allocated based on need rather than political alignment?
- What measures can prevent donors from attaching political conditions to life-saving health aid?
- How should the UN protect vulnerable or low-income states from coercive aid practices during health crises?
- What reforms are needed within global health governance to reduce political interference in emergency responses?
- How can transparency in global health aid flows and crisis data reporting be improved?
- What accountability mechanisms should be established for states or actors who intentionally manipulate or withhold health aid?

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Agenda 2:
Addressing Digital Warfare
and Psychological
manipulation and their
impact on Global Mental
Health through information
control

Introduction to the Agenda

As the world becomes more connected, the rapid rise of digital warfare and physiological manipulation has introduced new threats that go far beyond traditional conflict. From targeted misleading information campaigns to subtle forms of online influence and control, these tactics can quietly change how people think, feel, and behave, often without people realizing it. For the World Health Organization, the concern isn't just about cybersecurity or political tensions, but rather on the global impact of these digital pressures on global mental health.

Continuous exposure to manipulated information can fuel anxiety, distort public trust, and weaken people's ability to make informed choices about their wellbeing. With digital spaces turning into battlegrounds for control and influence, this committee must explore how information and manipulation affects mental health worldwide and consider how the international community can better protect populations in an age where technology shapes both our realities and vulnerabilities.

Introduction to the Agenda

Current Situation

In recent years leading up to 2025, the continuous expansion of digital warfare and psychological manipulation has become one of the most major threats to mental health globally. The World Health Organisation has done many analysis and in depth research which have shown that large scale disinformation, targeted manipulation of online environments, and the rapid spread of harmful content are almost never accidental. These harmful activities are usually intentional and strategically planned to exploit social and political divisions.

WHO has recognised that today's information landscape is heavily affected by infodemics, where large amounts of false and misleading information spread rapidly during times of crisis. It has been emphasised that infodemics can “cause confusion, risk taking behaviour, and even mistrust in health authorities. In addition, infodemics can contribute directly to anxiety related disorders, stress and social fragmentation. During global emergencies, the manipulation of digital information environments has especially been shown to amplify fear, intensify stigma and worsen mental health outcomes.

Additionally, these schemes can completely undermine democratic processes, violate human rights, and harm psychological well being. The UN has stressed that disinformation threatens “social cohesion, public health and safety”, and requires global efforts rooted in transparency and most importantly accountability. Many UN bodies including WHO have repeatedly highlighted that when information is weaponised, vulnerable communities face rising stress, insecurity, and diminished trust in institutions that are meant to care for and protect them.

Introduction to the Agenda

Several factors that increase the risk of digital warfare and psychological manipulation include:

1. Weak governance and limited global regulation of digital platforms;
2. Deliberate dissemination of misinformation;
3. Harassment, cyber bullying and targeted attacks;
4. Algorithmic amplification of harmful content;
5. Lack of accountability
6. Politicisation of information environments;
7. Erosion of confidence in supposedly reliable information sources;

Taking this into account, WHO has collaborated with various UN bodies such as UNESCO, UNDP, OHCHR, UNICEF and ITU to help reinforce global information integrity, strengthen digital safety, and develop long lasting strategies for successful communication during times of crisis. These collaborators along with WHO have deeply emphasised that protecting information integrity is essential to safeguarding mental health and reducing societal divisions that can directly affect the mental health of individuals within society.

When all is said and done, addressing the root causes of digital warfare and psychological manipulation is absolutely critical. Ensuring that individuals around the globe can trust their information environments without fear, confusion, or coercion is the key to improving global mental health outcomes. With the coordinated efforts between WHO and other UN agencies, the weaponisation of digital information can be put to a stop, paving the way for a healthier and more equitable digital society worldwide.

Key Terms

- **Digital Warfare**

The strategic use of digital tools, such as; cyberattacks, hacking, online disinformation, and data manipulation, in order to influence, disrupt, or damage another actor's political, social, or psychological stability.

- **Psychological Manipulation**

Tactics used online to influence emotions, beliefs, or behaviour through targeted propaganda, misinformation, fear-based messaging, or manipulation of digital environments.

- **Information Control**

The restriction, distortion, or suppression of information by governments, organisations, or digital actors to influence public opinion or prevent access to accurate knowledge.

- **Misinformation**

False or inaccurate information spread without intent to deceive.

- **Disinformation**

False information deliberately spread to mislead, manipulate, or influence public perception.

- **Algorithmic Amplification**

The use of digital algorithms to elevate certain content, often emotionally charged or misleading, to maximise engagement and influence.

Key Terms

- **Digital Propaganda**

Coordinated online messaging designed to shape public thought or behaviour in favour of a political or strategic objective.

- **Cyberpsychology**

The study of how digital environments, online interactions, and technology impact human behaviour and mental well-being.

- **Digital Resilience**

The ability of individuals and societies to resist, identify, and recover from harmful online influence or psychological manipulation.

- **Psychosocial Harm**

Emotional, cognitive, or behavioural damage caused by exposure to harmful digital content, fear-based narratives, or targeted manipulation.

- **Infodemics**

Excessive amounts of information including false or misleading information in digital and physical environments during a disease outbreak.

Major Parties

- **United Kingdom**

The United Kingdom has been increasingly utilizing digital surveillance and information monitoring systems as a component of national security and public order policy. By utilizing extensive CCTV systems as well as AI-powered facial recognition technology, the government seeks to secure public order and prevent extremism, especially in the context of protests and large public gatherings. Although these policies have been characterized as critical to matters of national security, questions have also been raised regarding their psychological effects on the population in terms of increased anxiety and diminished public confidence in institutions as well as the perceived erosion of freedom of expression. There have also been legal battles in terms of upholding public scrutiny in pieces of litigation involving institutions such as the South Wales Police in 2020.

- **United States**

The government has a say in what happens with digital information. They use technology to watch what people do online and collect data. They also make rules for platforms. This is done to stop information and threats from cyber attackers. The government does this more when there are big problems in the country or when people are getting sick.. People are worried about what happens when they see so much false information and content that is chosen by computers. They are also worried, about being watched all the time. This is causing people a lot of stress. They are starting to not trust each other. Digital information is a deal and the government is really involved in controlling it. The way people think and feel is being affected by the internet. This has started a lot of discussions about what is right and wrong when it comes to digital things. People are talking about how to deal with information and whether the government should be responsible, for making sure peoples minds are okay while still letting them say what they want. The digital ethics and regulation of misinformation are topics because people want to know what the government can do to protect peoples mental health. Digital ethics and the responsibility of governments are issues

Major Parties

- **China**

In the case of China, there is a well-organized system of surveillance and information control using advanced technologies like AI and biometric surveillance. The Chinese government considers the above-mentioned systems to be a major cause for maintaining public stability and shielding Chinese citizens from negative influences exerted by destabilizing information. On the other hand, the controlled dissemination of information and the constant monitoring of the Chinese online community raise global concern about the psychological pressures of the Chinese people and the long-term influence of this state of affairs on the mental health of Chinese citizens.

- **Russian Federation**

The Russian Federation has been extending their digital information strategies not only in state-controlled media, online monitoring, and cyber operations, which are intended to shape narratives on various issues. The strategies are usually used as a form of defense against digital warfare and unknown information in other countries. However, this condition or environment may cause confusion and anxiety in the citizens, as mental health professionals argue that confusion in information or in mental health conditions urged by conflict situations and information overload contributed to anxiety and stress.

Questions a Resolution Must Answer:

- How can the UN and WHO define and identify digital warfare or psychological manipulation that impacts global mental health?
- What mechanisms should be implemented to monitor and counter harmful online narratives during or after global crises?
- How can international bodies limit the use of information control to manipulate populations or suppress truth?
- What protections should be created for vulnerable groups (youth, minorities, crisis-affected populations) against psychological harm online?
- How can WHO strengthen mental-health support systems in countries affected by widespread misinformation or digital manipulation?
- What ethical standards should guide states' use of digital tools during emergencies to prevent abuse? - How can cooperation between WHO, UN agencies, and tech companies ensure responsible and transparent digital practices?
- What accountability structures are needed for actors who intentionally spread disinformation that causes psychological harm?

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