World Health Organization

Topic: "Addressing the rise of antimicrobial resistance in South Asia due to overprescription and misuse"

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Dear Delegates, It is my pleasure to extend a heartfelt welcome to all of you to this NICMUN edition of the WHO committee. We are thrilled to have such a diverse and passionate group of delegates ready to take on one of the most challenging topics of our world: global health. As members of this committee, you are expected to engage deeply with the topic, represent your assigned countries with accuracy and integrity, and collaborate respectfully with one another to find innovative, realistic, and impactful solutions. Remember, this is not only a simulation of a debate; it is an opportunity to think critically, communicate diplomatically, and lead with empathy. Model United Nations is more than just debate; it is a platform where young minds come together to understand the complexity of the world, to practice diplomacy, and to envision change. The engagement of kids and teens in MUN is crucial because it empowers the next generation of leaders to act with awareness, responsibility, and hope. We can't wait to see what you will bring to the table.

Warm regards, Andrea Marin and Natalia Amaya

Moderator and Chair – WHO Committee

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Committee History

The World Health Organization (WHO) was officially established on April 7, 1948, a date now celebrated every year as World Health Day. The organization was created as a response to the need for a coordinated international effort to address global health challenges, especially in the aftermath of World War II. The devastation left behind by the war, combined with the growing understanding of the importance of public health to peace and security, led the international community to prioritize health as a universal human right. The WHO became the first specialized agency of the United Nations to which every member state subscribed.

The WHO's primary purpose is to act as the directing and coordinating authority on international health within the United Nations system. Its mission is to promote health, keep the world safe, and serve the vulnerable, with the ultimate goal of achieving "Health for All." From the beginning, the WHO has worked to combat diseases (both infectious and noncommunicable) and to promote the general well-being of people through health education, vaccination programs, sanitation, and emergency response. Its Constitution, signed by 61 countries in 1946, came into force in 1948, marking the official start of its global operations.

Today, the WHO has 194 Member States and is headquartered in Geneva, Switzerland. It operates through six regional offices located in Africa, the Americas, South-East Asia, Europe, the Eastern Mediterranean, and the Western Pacific. These offices allow the WHO to address health issues with both a global vision and a regional approach, ensuring that solutions are adapted to the specific contexts of each region. The organization is governed by the World Health Assembly, which meets annually to set priorities, review work, and approve budgets. The

executive arm of the WHO is the Director-General, who is elected by the World Health Assembly and currently leads the organization's daily operations. Over the decades, the WHO has led historic efforts such as the global eradication of smallpox (officially declared in 1980), one of the greatest public health achievements in history. It has also played key roles in fighting malaria, tuberculosis, HIV/AIDS, Ebola, and most recently, the COVID-19 pandemic. During the COVID-19 crisis, the WHO coordinated international efforts by issuing health guidelines, supporting vaccine development and distribution through initiatives like COVAX, and providing real-time information to governments and the public.

In addition to emergency response, the WHO focuses on long-term health challenges, such as access to clean water, maternal and child health, noncommunicable diseases (such as diabetes and cancer), and mental health. The organization also actively works toward achieving the Sustainable Development Goals (SDGs), particularly Goal 3: Good Health and Well-Being.

In essence, the WHO is a pillar of the global health system, helping countries collaborate to improve health outcomes and prepare for future threats. Its role has grown increasingly vital in a world that is more interconnected than ever before. Health challenges are no longer confined to borders, and the WHO remains at the center of global efforts to ensure that all people, regardless of nationality, income, or background, have the opportunity to live healthy lives.

Committee Faculties

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for directing and coordinating international health efforts. Its authority is primarily advisory and technical, assisting member states in developing and implementing effective public health strategies rather than enforcing binding measures. The WHO has the faculty to coordinate global responses to health crises, provide policy guidance, and promote cooperation among states in matters of disease prevention, vaccination, and healthcare improvement. It also conducts research, gathers and disseminates health data, and offers technical and financial assistance through voluntary programs and partnerships. Furthermore, the organization may declare and manage Public Health Emergencies of International Concern (PHEIC) and collaborate with other UN agencies, non-governmental organizations, and the private sector to address health challenges.

The WHO allows the formation of alliances or partnerships between countries to coordinate collective action, share resources, or establish voluntary funds dedicated to specific health goals. However, such alliances operate on a cooperative basis and cannot impose obligations on member states. Participation in any joint initiative must remain voluntary, and no state can be compelled to contribute financially or adopt particular health policies.

The faculties of the WHO are therefore limited to coordination, recommendation, and technical assistance. It cannot enforce its resolutions, sanction noncompliant states, or interfere in domestic political matters. Each country maintains full sovereignty over its own health decisions. In essence, the WHO functions as an advisory and coordinating body whose influence depends on collaboration, expertise, and mutual commitment among its members.

Introduction to the Topic

Antimicrobial resistance (AMR) is an urgent global health challenge, and its rise in South Asia has become a critical concern due to the overprescription and misuse of antibiotics. This phenomenon threatens the effectiveness of life-saving medicines, increases the burden of infectious diseases, and undermines progress in modern healthcare. AMR leads to longer illness durations, higher medical costs, and increased mortality, particularly affecting vulnerable populations such as children, the elderly, and patients with weakened immune systems.

In South Asia, rapid population growth, urbanization, and limited access to healthcare have intensified the misuse of antibiotics, both in human medicine and in agriculture. Factors such as unregulated pharmaceutical markets, self-medication, inadequate diagnostic infrastructure, and insufficient stewardship programs have contributed to the proliferation of resistant pathogens. The rise of AMR also has serious economic consequences, as prolonged illness and treatment failures reduce workforce productivity and place additional strain on already overstretched health systems.

Addressing AMR requires a comprehensive understanding of multiple interconnected subtopics, including patterns of antibiotic use, national regulatory frameworks, surveillance and diagnostic capacities, health system preparedness, One Health considerations linking human, animal, and environmental health, and regional cooperation initiatives. The topic is significant because it not only threatens public health and healthcare sustainability but also poses broader social, economic, and humanitarian risks if left unaddressed. Coordinated, effective action is therefore essential to preserve the efficacy of antibiotics, protect populations, and ensure resilient health systems across South Asia.

Background Information of the Topic

Antimicrobial resistance has become a serious public health threat worldwide, and South Asia is one of the most affected regions. The increasing resistance of bacteria, viruses, and other pathogens to commonly used antimicrobial drugs is undermining the effectiveness of modern medicine, threatening public health systems, and impacting economic stability. A major driver of this crisis in South Asia is the widespread overuse and misuse of antibiotics, often in the absence of proper regulation or diagnostic support.

The misuse of antibiotics in the region began decades ago, coinciding with the expansion of healthcare services across countries like India, Bangladesh, Pakistan, Nepal, and Sri Lanka. As access to medical care grew, antibiotics became widely available and were often seen as a quick solution for various illnesses, including viral infections for which they are ineffective. Over-the-counter sales, self-medication, and treatment by informal healthcare providers—many without proper training—fueled the problem. Although AMR is a natural evolutionary process, its acceleration in South Asia became particularly evident in the 2000s and 2010s, prompting the World Health Organization and national governments to develop action plans. However, implementation remains inconsistent.

One of the main challenges in tackling AMR in South Asia is weak regulation. Although most countries require a prescription for antibiotics, enforcement is poor, and pharmacies often sell them without any oversight. In rural and low-resource areas, people frequently depend on informal drug vendors who provide incomplete or inappropriate treatments. Another critical issue is the lack of diagnostic capacity. Many healthcare facilities lack laboratories for testing

bacterial cultures and antibiotic sensitivity, leading doctors to prescribe antibiotics empirically—based on symptoms rather than confirmed diagnoses. This often results in the unnecessary use of broad-spectrum antibiotics, which increases the development of resistance.

Economic and social factors also contribute to the crisis. Patients commonly expect antibiotics for quick relief, pressuring doctors to prescribe them. In private healthcare, financial incentives may encourage the overuse of medications. Furthermore, antibiotics are widely used in agriculture and animal husbandry to prevent disease and promote growth, contributing to the spread of resistant bacteria through food and the environment.

The most vulnerable populations are the most affected. Rural and low-income communities with limited access to quality healthcare are more likely to misuse antibiotics or seek care from unqualified providers. Newborns and children face high risks from resistant infections, particularly in overcrowded hospitals lacking proper infection control. Public hospitals are often hotspots for the spread of multidrug-resistant organisms.

Today, all countries in the WHO South-East Asia Region have national action plans in line with the WHO Global Action Plan on AMR. Efforts to build surveillance systems and raise public awareness are underway. However, the region continues to report dangerously high rates of resistance to essential antibiotics used to treat life-threatening infections such as pneumonia, sepsis, and urinary tract infections. The COVID-19 pandemic further intensified the crisis, as antibiotics were often overprescribed to patients regardless of bacterial infection.

A key factor behind inappropriate antibiotic use is the lack of diagnostic capacity. In many areas, healthcare providers prescribe antibiotics without knowing the specific pathogen involved, often resorting to broad-spectrum antibiotics "just in case." Diagnostics are expensive and results can be slow, making them inaccessible or impractical in many settings. Solutions include investing in affordable, rapid diagnostic tools, expanding point of care testing, training healthcare workers to use diagnostic data effectively, and developing local antibiograms to guide treatment.

In addition to diagnostic gaps, weak enforcement of regulations and limited antimicrobial stewardship programs further worsen the situation. Although laws may require prescriptions for

antibiotics, in practice, they are rarely enforced. ASPs essential for promoting rational use of antibiotics in hospitals are not widely implemented, often due to lack of funding, trained staff, and institutional support. In some cases, hierarchical structures prevent junior staff from questioning senior doctors' prescriptions, even when they are inappropriate.

The agricultural sector also plays a role, as antibiotics are commonly used in livestock and aquaculture with little oversight. This contributes to resistant bacteria entering the human population through food and environmental exposure.

To effectively address AMR, South Asian countries need a coordinated and sustained approach. This includes strengthening enforcement of existing regulations, expanding and funding stewardship programs, improving diagnostic infrastructure, and increasing surveillance in both human and animal health sectors. Public-private partnerships, community education, and regional collaboration are also essential for building resilient systems capable of containing AMR in the long term.

International Actions

Several international frameworks and agreements aim to address the rise of antimicrobial resistance (AMR), particularly the overprescription and misuse of antibiotics, a growing concern in South Asia and globally. As resistant pathogens continue to undermine the effectiveness of current treatments, coordinated global action has become essential. The international community, including the World Health Organization , the United Nations , individual governments, non-governmental organizations, and public–private partnerships, have launched various initiatives to strengthen surveillance, promote responsible use of antimicrobials, and develop new tools to combat resistance.

In 2015, the World Health Organization adopted the Global Action Plan on AMR, supported by all World Health Organization Member States, including those in South Asia. This plan outlines five strategic objectives: improving awareness and understanding of AMR, strengthening surveillance and research, reducing the incidence of infection, optimizing the use of antimicrobial agents, and ensuring sustainable investment to combat AMR. That same year, WHO launched the Global Antimicrobial Resistance and Use Surveillance System to support countries in developing standardized AMR surveillance systems. Countries such as India, Bangladesh, and Nepal have joined GLASS, which enables the collection of reliable data on antibiotic resistance and usage across both public and private sectors, enhancing health system responses. Another key initiative is the One Health approach, which acknowledges the interconnectedness of human, animal, and environmental health in the context of AMR. Promoted by WHO, the Food and Agriculture Organization, the World Organisation for Animal Health, and the United Nations Environment Programme, this approach encourages cross-sector

collaboration to regulate antimicrobial use in agriculture, veterinary medicine, aquaculture, and environmental management. Many countries have incorporated One Health principles into their national AMR action plans. In 2016, at the United Nations General Assembly High-Level Meeting on AMR, world leaders signed the Political Declaration on AMR, committing to strengthen regulations on the sale and use of antibiotics, invest in research and development of new antibiotics and alternatives, implement antimicrobial stewardship and infection prevention measures in healthcare, and monitor antibiotic use in both human and animal sectors. Also in 2016, the United Nations established the Interagency Coordination Group on AMR, composed of members from World Health Organization, World Organisation for Animal Health, and other organizations. Tasked with providing policy recommendations on AMR, the IACG released its final report in 2019, calling on governments to phase out non-therapeutic antibiotic use in animals, invest in diagnostic tools, and create robust legal frameworks to regulate antimicrobial use.

Recommendations for further investigation

This section provides lines of inquiry and evidence-gathering priorities to support the development of realistic, legally feasible, and technically sound committee positions on antimicrobial resistance (AMR) in South Asia. Investigation of the topic “Addressing the rise of antimicrobial resistance in South Asia due to overprescription and misuse” should focus on the structural, medical, and policy factors driving AMR in the region. Research should examine the effectiveness of national action plans, the implementation of the WHO Global Action Plan on AMR, and challenges in surveillance, diagnostics, and antibiotic stewardship programs. Delegates should also consider socioeconomic and cultural drivers behind overprescription, the influence of unregulated pharmaceutical markets, and limited enforcement of prescription-only antibiotic policies.

Analysis should explore how the WHO can support South Asian countries through technical assistance, data harmonization, and voluntary funding initiatives without exceeding its advisory mandate. Delegates should gather country-specific data on AMR, including prevalence rates,

patterns of antibiotic use in humans, animals, and agriculture, and existing surveillance coverage reported to WHO's GLASS program. One Health factors, such as antibiotic use in livestock and environmental contamination, as well as regional cooperation and voluntary alliances, should also be considered.

Finally, measurable outcomes should be identified for proposed solutions, including reductions in antibiotic consumption, improved reporting coverage, and demonstrable decreases in resistance levels, ensuring that positions are realistic, actionable, and aligned with the WHO's mandate.

Recommendations to do Resolution Paper

Delegates can use websites to receive support to elaborate a resolution paper. Some of the recommendations found are:

1. Find solutions that fit all the previous laws.
2. Use proper language and express your delegation's ideas in an extended way.
3. Use preambulatory and operative phrases.
4. Seek for sponsors to support your delegation's solutions.
5. Consider Non-governmental Organizations (NGO's) to support your solutions.
6. Always maintain your country's position and abstain from contradicting yourself.
7. Specify the worldwide planning committee reached and make it realistic.

Sample Preambulatory Phrases

Affirming	Expecting	Having studied
Alarmed by	Expressing its appreciation	Keeping in mind
Approving	Expressing its satisfaction	Noting with regret
Aware of	Fulfilling	Noting with deep concern
Bearing in mind	Fully alarmed	Noting with satisfaction
Believing	Fully aware	Noting further
Confident	Fully believing	Noting with approval
Contemplating	Further deploring	Observing
Convinced	Further recalling	Reaffirming
Declaring	Guided by	Realizing
Deeply concerned	Having adopted	Recalling
Deeply conscious	Having considered	Recognizing
Deeply convinced	Having considered further	Referring
Deeply disturbed	Having devoted attention	Seeking
Deeply regretting	Having examined	Taking into account
Desiring	Having heard	Taking into consideration
Emphasizing	Having received	Taking note
		Viewing with appreciation
		Welcoming

Sample Operative Phrases

Accepts	Encourages	Further recommends
Affirms	Endorses	Further requests
Approves	Expresses its appreciation	Further resolves
Authorizes	Expresses its hope	Has resolved
Calls	Further invites	Notes
Calls upon	Deplores	Proclaims
Condemns	Designates	Reaffirms
Confirms	Draws the attention	Recommends
Congratulates	Emphasizes	Regrets
Considers	Encourages	Reminds
Declares accordingly	Endorses	Requests
Deplores	Expresses its appreciation	Solemnly affirms
Designates	Expresses its hope	Strongly condemns
Draws the attention	Further invites	Supports
Emphasizes	Further proclaims	Takes note of
	Further reminds	Transmits
		Trusts

Questions to consider while creating your resolution

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1. How can your delegation express a solution that is fair for all the countries?
2. Where does your country stand while disputing the best quality of security systems?
3. How can you get a solution where all border countries win something?
4. Consider short and long term solutions. What can you do to improve your short and long term solutions so they can be successful?
5. Who should be involved in your solution?
6. Are there any monetary funds or NGO's considered for your solution?
7. How could you convince the delegations that they are against the solution?
8. Do you have any type of back up plan that will reinforce your plan?

Research and preparation questions

- What's your country's position on the topic?
- How is your country affected by this problem?
- How is your country trying to solve this problem?
- Does your country have received help from other countries?
- Does your country have helped others?
- What partnerships can emerge to secure the legal commerce of health products?
- Which activities can be promoted by the citizens of your country to reach a solution?

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