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World Health
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STUDY GUIDE



World Health Organization

Conference Topic: **Addressing Global Inequalities in Healthcare Systems**

1.) Introduction

1.1 Mandate and Jurisdiction

The World Health Organization (WHO), established on 7 April 1948, is the directing and coordinating authority for international health within the United Nations (UN) system. Its mandate, as stated in Article 1 of the WHO Constitution, is “the attainment by all peoples of the highest possible level of health.”

WHO’s jurisdiction covers 194 Member States and focuses on universal health concerns such as infectious and non-communicable diseases, maternal and child health, nutrition, sanitation, and emergency response. The organization also develops international standards for health data, pharmaceuticals, and disease control.

WHO’s work extends to:

- Coordinating international health responses in emergencies (e.g., pandemics and natural disasters)
- Conducting health research and setting evidence-based guidelines.

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- Supporting member states in developing equitable, resilient, and sustainable health systems.
- Promoting the concept of health as a human right, enshrined in the Universal Declaration of Human Rights (1948).

Through its global leadership, WHO remains central in ensuring that health equity—the fair opportunity for everyone to attain their full health potential—is a universal goal rather than a privilege of the wealthy.

1.2 Structure and Membership

The WHO operates through three primary governing bodies:

- *The World Health Assembly (WHA):*

The supreme decision-making body of the WHO, consisting of delegations from all 194 Member States. It meets annually in Geneva to set policies, approve budgets, and review ongoing programs.

- *The Executive Board:*

Composed of 34 technically qualified health experts, elected for three-year terms. It implements the decisions of the WHA and provides policy and technical guidance to Member States.

- *The Secretariat:*

Led by the Director-General (currently Dr. Tedros Adhanom Ghebreyesus) and staffed by over 7,000 professionals across WHO headquarters in Geneva, six regional offices, and 150 country offices. The Secretariat carries out day-to-day operations, technical support, and coordination.

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WHO's six Regional Offices ensure localized health initiatives:

1. AFRO – Africa (Brazzaville, Republic of Congo)
2. AMRO/PAHO – The Americas (Washington D.C., USA)
3. SEARO – South-East Asia (New Delhi, India)
4. EURO – Europe (Copenhagen, Denmark)
5. EMRO – Eastern Mediterranean (Cairo, Egypt)
6. WPRO – Western Pacific (Manila, Philippines)

Each regional office addresses specific health challenges, from malaria and maternal mortality in Africa to aging populations and mental health in Europe.

1.3 Function within the UN System

As a specialized UN agency, the WHO collaborates closely with other UN bodies to promote sustainable development and human welfare. Its work aligns particularly with the Sustainable Development Goals (SDGs), notably SDG 3: Ensure healthy lives and promote well-being for all at all ages.

WHO's key functions within the UN system include:

- Normative Role: Establishing global health standards (e.g., International Classification of Diseases – ICD, International Health Regulations – IHR).
- Technical Cooperation: Providing guidance, expertise, and funding support for national health programs.
- Global Coordination: Leading responses to pandemics and epidemics, such as COVID-19 and Ebola.
- Data and Research: Collecting and analyzing global health statistics to guide policy decisions.

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WHO works in coordination with UN agencies such as UNICEF (child health and nutrition), UNDP (health and development), UNFPA (reproductive health), and the World Bank (health financing). Joint efforts, like the COVAX initiative for equitable vaccine distribution, illustrate WHO's vital role in global partnerships.

1.4 Recent Work

In recent years, WHO has intensified its focus on addressing global health inequalities through multiple flagship initiatives:

- **COVID-19 Pandemic Response (2020–2023):**
WHO coordinated the global health response, issuing early guidelines, supporting countries with testing and PPE supplies, and co-leading the COVAX Facility, which aimed to ensure fair vaccine distribution. Despite challenges, over 1.9 billion vaccine doses were distributed through COVAX to low- and middle-income countries (LMICs).
- **Universal Health Coverage (UHC 2030):**
WHO supports countries in implementing equitable health financing systems, aiming to reduce catastrophic health expenditures that push millions into poverty annually.
- **Health Inequality Data Repository (HIDR, 2023):**
WHO launched HIDR—the world's largest collection of health inequality data—to help governments identify and address health disparities within and across populations.

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- Global Action Plan for Non-Communicable Diseases (2013–2030):

Aimed at reducing premature mortality from NCDs such as cancer, heart disease, and diabetes by 25% by 2025, through preventive measures and healthier environments.

- Maternal, Child, and Adolescent Health Initiatives:

Programs such as Every Woman Every Child continue to reduce global maternal and infant mortality rates, focusing on Sub-Saharan Africa and South Asia.

These initiatives underscore WHO's ongoing mission to bridge the gap between high- and low-resource settings and to make equitable healthcare a global reality.

2.) Topic Background

2.1 Topic Overview

Health is universally recognized as a basic human right, yet stark disparities persist worldwide. Access to healthcare is heavily determined by geography, wealth, gender, and governance.

- For example, life expectancy in Japan (84 years) vastly exceeds that in Sierra Leone (54 years).
- Over half of the world's population (approx. 4.5 billion people) lacks access to essential health services.
- Out-of-pocket expenses push nearly 100 million people into poverty annually (WHO, 2023).

While high-income countries (e.g., Germany, Canada, South Korea) enjoy strong infrastructure, insurance systems, and advanced technology, many LMICs face underfunded facilities, lack of medical staff, and poor access to essential medicines.

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Addressing global inequalities requires international collaboration and financial solidarity. WHO, the UN, and the World Bank advocate for Universal Health Coverage (UHC) and the advancement of SDG 3: Good Health and Well-Being. The path forward includes:

- Strengthening national health systems.
- Promoting equitable healthcare policies.
- Ensuring fair resource distribution and technology transfer.
- Supporting public health investments in low-income regions.
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The COVID-19 pandemic vividly demonstrated these disparities: while countries like the U.S. and UK achieved vaccination rates over 70%, less than 15% of Africa's population was vaccinated by 2022. This revealed the moral and structural urgency of achieving global healthcare equity.

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2.2 Historical and Geographical Context

Historical Context

- Colonial Legacies: During colonial rule, healthcare systems prioritized European settlers and soldiers, neglecting indigenous populations. This institutional bias established inequalities that still persist. For instance, colonial hospitals in India and Kenya were urban-centric, leaving rural populations underserved.
- Post-War Developments: Following World War II, WHO's establishment in 1948 aimed to coordinate global responses to epidemics like malaria and tuberculosis. However, Cold War politics often directed medical aid toward ideological allies rather than global need.
- HIV/AIDS Epidemic: The 1980s–90s HIV/AIDS crisis revealed massive inequalities—developed nations rapidly adopted antiretroviral therapy, while African countries faced catastrophic death tolls until global funds were mobilized in the 2000s.
- COVID-19 Pandemic: The most recent example of health inequity. By mid-2021, over 75% of all vaccines were administered in just 10 countries, leaving large parts of Africa and Asia unprotected.

Geographical Context

Geographic disparities exist both between and within countries:

- Interregional: North America, Western Europe, and East Asia possess advanced systems and trained professionals, whereas Sub-Saharan Africa and parts of South Asia remain under-resourced.

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- Programs like Gavi (Vaccine Alliance) and The Global Fund have improved immunization and treatment access in LMICs.
- The World Bank's Pandemic Fund (2022) supports preparedness in low-income regions, but funding gaps persist.

2.3 Current Situation

1.) Inequitable Access to Medical Services

- Over 50% of the world's population lacks access to essential services.
- In Nigeria, rural clinics often operate without electricity or clean water.
- In contrast, countries like France and Sweden guarantee near-universal coverage through public systems.

2.) Economic and Financial Inequalities

- Out-of-pocket payments remain high in countries like India and Kenya, leading to medical debt.
- Pharmaceutical pricing barriers prevent LMICs from obtaining new treatments—for example, insulin remains unaffordable for millions in Africa despite being nearly a century old.

3.) Brain Drain and Workforce Shortages

- WHO predicts a shortage of 10 million healthcare workers by 2030, mainly in LMICs.
- For instance, Malawi has only 2 doctors per 100,000 people, compared to 253 per 100,000 in the U.S.

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4.) Health Outcomes and Disease Burden

- Communicable diseases (malaria, tuberculosis, HIV/AIDS) dominate in low-income nations.
- Non-communicable diseases (diabetes, heart disease, cancer) are increasing even in developing regions due to urbanization and lifestyle changes.

5.) COVID-19's Lasting Impact

- Vaccine inequality led to slower recovery in LMICs.
- WHO's COVAX delivered 2 billion doses, but many nations still face fragile supply chains.

6.) International Work and Progress

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2.4 Key Issues at Stake

1.) Inadequate Governance and Health Systems

- Corruption, weak oversight, and underfunding in health ministries lead to inefficient systems.
- Example: During the 2014 Ebola outbreak, weak governance in West Africa delayed emergency response and intensified spread.

2.) Environmental Health Risks and Climate Change

- Regions like Bangladesh and the Horn of Africa face recurring floods and droughts, worsening malnutrition and disease.
- Climate change expands the range of vector-borne diseases such as dengue and malaria.

3.) Inequality in Global Health Governance

- Wealthy nations dominate decision-making in funding priorities.
- For example, vaccine patent waivers proposed by India and South Africa during COVID-19 faced resistance from high-income nations, delaying equitable production.

2.5 Actions Taken by WHO

1.) Promotion of Universal Health Coverage (UHC)

- WHO supports over 100 countries in reforming national insurance systems to achieve UHC by 2030.
- Example: Thailand's Universal Coverage Scheme (UCS) reduced household health expenditure by 35% since 2002.

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2.) Strengthening Health Systems

- The Health Systems Strengthening Framework assists countries in building resilient systems through better financing, data, and workforce management.

3.) Global Health Partnerships

- Gavi, the Vaccine Alliance – over 1 billion children vaccinated since 2000.
- Global Fund – 59 million lives saved since 2002.
- COVAX Facility – coordinated equitable vaccine delivery during COVID-19.

4.) Addressing Health Emergencies

- Through its Health Emergencies Program (WHE), WHO coordinates rapid response under the International Health Regulations (IHR 2005).
- Example: WHO-led containment of the Ebola outbreak in the Democratic Republic of Congo (2018–2020).

5.) Combating Communicable and Non-Communicable Diseases

- Global Action Plan for NCDs (2013–2030): targets a 25% reduction in premature deaths.
- Polio Eradication Initiative reduced global cases by 99.9% since 1988.

6.) Maternal, Child, and Reproductive Health

- Programs such as Every Woman Every Child and Global Strategy for Women's, Children's and Adolescents' Health reduced global maternal mortality by 34% between 2000–2020.

7.) Data, Innovation, and Health Equity

- Health Inequality Data Repository (HIDR, 2023) provides detailed metrics on health disparities.
- WHO promotes telemedicine and digital health tools to reach remote populations in Africa and Asia.

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Conclusion

Global health inequality remains one of the most pressing humanitarian and development challenges. While high-income nations advance in biotechnology and public health coverage, millions in developing regions continue to die from preventable causes. The WHO, through multilateral cooperation, data-driven policymaking, and advocacy for Universal Health Coverage, remains at the forefront of addressing these disparities.