

# The Sixth Iteration of **AIRMUNC**

September 18-21, 2025

## World Health Organization



**PREPARED BY**  
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## Letter from the Director General

Dear Delegates,

Welcome to AIRMUNC VI! My name is Laurel Holcomb and as Director-General I am thrilled to welcome you all to Tuscaloosa for the the sixth iteration of the Alabama International Relations Model United Nations Conference! I am a junior here at the University of Alabama majoring in International Studies with a minor in Chinese, and I just started graduate courses towards my Master of Arts in Political Science. It has been my pleasure to work alongside our senior staff and the rest of AIRMUNC VI secretariat to bring the concepts of our slate to life. Our staff has been working hard, and we are excited to bring you a diverse slate of General and Special Assemblies and crisis committees.

Our conference always hosts a wide variety of delegates in both background and experience, so my official school email is linked below and open for question; many of your chairs or crisis directors have chosen to do the same at the end of their respective letters. Please note that immediately following the closing of the conference all contact through this email will be closed for delegates. During the conference weekend there will be anonymous report forms available for any complaints or problems, and we encourage delegates to take advantage of them.

We are looking to make this our best conference yet, and I hope that each and every one of you leaves Tuscaloosa having had a fun, memorable, informative Model UN experience. Thank you for participating in AIRMUNC!

Roll MUN,  
Laurel Holcomb



## Letter from the Chair

Hi everyone and welcome to Tuscaloosa for AIRMUNC VI! My name is Audrey Faircloth and I am beyond excited to be chairing this year's World Health Organization GA! I am a sophomore studying Neuroscience and Latin with a minor in Political Science here at UA. Outside of Model UN I am a part of the culture desk for The Crimson White, Legal Research Club, UA Film Club, and Writer's Guild. In my free time you can definitely find me reading, listening to anything Charli XCX or Lana Del Rey, or at a yoga class. I'm always ready to talk about what I'm reading or watching and am constantly looking for new recs! This is my second year being a part of AIRC, and my favorite part of Model UN is definitely traveling with my fellow UA delegates. Beyond chairing this year's conference, I've worked as a staffer and co-chair at last year's AIRMUNC and ALMUN. I am especially excited to be chairing this year's WHO because GA will always have a special place in my heart, as I participated in a UNIDO GA at my first ever conference.

While we will certainly be discussing some heavy topics this weekend, my main priority is that everyone has a fun and valuable experience! As someone who is newer to the Model UN world, I'm always happy to stop for questions or clarifications. I want everyone to feel comfortable and excited about committee every session! That being said, I value respect for other delegates immensely. While I'm the first to understand that throwing a little shade at the plans of other delegates/blocs can be necessary, let's just always keep it classy and kind. Something about me is that I love puns and word play and will always appreciate a witty and flashy title in working papers.

I can't wait to meet all of you! Please feel free to reach out to me if you may have any questions prior to the conference! Roll tide!

Audrey Faircloth  
Chair | she/her  
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## Committee Premise

Global health encompasses the shared responsibility of all nations to not only halt the spread of disease in the face of crisis, but also prevent negative health outcomes and develop and strengthen healthcare systems internationally. Political conditions and cooperation play a vital role in promoting global health and shaping vulnerabilities in health. Global health must be viewed as a collective and unilateral effort to ensure equitable and adequate healthcare access and responses worldwide.

The World Health Organization has long served as the central coordinating body for international health security and access. WHO promotes guidance in technological innovation, implementation of policy, and international cooperation. Beyond mere health crisis response, WHO works to develop and establish international frameworks, such as the International Health Regulations, to promote long-term solutions and resilience. Within this assembly, WHO will work to unite member states with the common goal of advancing global health equity and preparedness.

In this assembly, it is significant to remain mindful of both technical and social determinants of health. Disparities between higher- and lower-income nations remain stark, with lower-income nations carrying the greatest disease burden with the least response resources. Domestic political instability, conflict, and migration are all exacerbators of health vulnerability and should be considered within this assembly.

Delegates should approach all matters of debate with an understanding of the diverse challenges faced by different regions and nations and acknowledge the systematic barriers that limit resource access and influence healthcare quality. Respectful debate and collaboration means acknowledging historical inequalities and domestic expertise. Adequate resolutions will not impose one-size-fits-all solutions and will foster global solidarity.



## Topic A: Health Emergency Preparedness

### Introduction

Health emergency preparedness refers to the strategies and systems in place in order to effectively detect and respond to health crises, both global and domestic, including but not limited to pandemics, epidemics, disease outbreaks, and natural disasters. The World Health Organization (WHO) works to direct and coordinate the world's response to health emergencies.<sup>1</sup> As health emergency preparedness is constituted by more than merely direct medical countermeasures, such as biologics, drugs, and medical devices, effective health emergency plans include further consideration of global and domestic risk factors, preventative research, and the detrimental impacts on social and economic factors.<sup>2</sup> Risk factors, including poverty, gender, age, migration, health and nutritional status, displacement, and unplanned urbanization, contribute to vulnerabilities of global communities in the face of health crises.<sup>3</sup> The implementation of both preventative policy and global coordination is integral to the success of these emergency response plans. Disease-related health emergencies are significant contributors to global health detriment, with non-communicable diseases (NCDs) accounting for 38% of deaths in low-income nations and infectious diseases being among the top causes of death in several global regions.<sup>4</sup> Disease-related health emergencies are not confined by borders, and therefore global coordination is a necessity. Readiness is essential, as nations and global communities must act immediately in the face of health threats. Health emergencies have the capacity to detrimentally impact multiple sectors of society and therefore preventative measures and effective preparedness are of the utmost importance.

### Recent Events Exposing Gaps in International Preparedness

The Covid-19 pandemic and the Mpox outbreak in the Democratic Republic of Congo and its neighboring nations have both exposed gaps in the effectiveness of national and global emergency preparedness. The rapid spread of Covid-19 highlighted the gaps in global health security infrastructure in infectious disease detection and response.<sup>5</sup> The report of the review committee on the functioning of the international health regulations during the Covid-19 response concluded that national

<sup>1</sup> World Health Organization. 2025. "About WHO." 2025. <https://www.who.int/about>.

<sup>2</sup> Office. 2024. "What Are Medical Countermeasures?" U.S. Food and Drug Administration. 2024. <https://www.fda.gov/emergency-preparedness-and-response/about-mcms/what-are-medical-countermeasures>.

<sup>3</sup> World Health Organization. 2023. "Health Emergencies." Who. 2023. <https://www.who.int/our-work/health-emergencies>.

<sup>4</sup> World. 2024. "The Top 10 Causes of Death." Who.int. World Health Organization: WHO. August 7, 2024. [https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death?utm\\_](https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death?utm_)

<sup>5</sup> Lal, Arush, Salma M. Abdalla, Vijay Kumar Chattu, Ngozi Adaeze Erundu, Tsung-Ling Lee, Sudhvir Singh, Hala Abou-Taleb, Jeanette Vega Morales, and Alexandra Phelan. 2022. "Pandemic Preparedness and Response: Exploring the Role of Universal Health Coverage within the Global Health Security Architecture." *The Lancet Global Health* 0 (0). [https://doi.org/10.1016/S2214-109X\(22\)00341-2](https://doi.org/10.1016/S2214-109X(22)00341-2).



capacity to prevent, detect, and respond to public health risks is weak.<sup>6</sup> It highlighted the slow transmission detection time and global inability to foresee health, social, and economic impacts in the absence of effective pharmacological interventions as important factors of the global community's failure to efficiently detect and respond to the Covid-19 pandemic. Additionally, vaccine distribution, strain on healthcare systems and workers, and the spread of medical misinformation were and continue to be relevant challenges in global emergency preparedness highlighted by the Covid-19 pandemic.

WHO declared the Mpox epidemic a public health emergency of international concern in August of 2024, becoming the second time the disease has triggered this highest alert since 2022.<sup>7</sup> The emergence of a strain, Clade 1b, has led to over 17,000 detections and over 500 deaths in the Democratic Republic of Congo.<sup>8</sup> The crisis is not merely a medical outbreak, but also has highlighted how several outside factors, such as ongoing conflict, population displacement, and weak health infrastructure have exacerbated the issue.

### **Disparities among developed and developing nations**

The aforementioned global health crises among other global health emergencies have been crucial to the understanding of disparities among developed and developing nations in regard to healthcare access and infrastructure. Investment in international health emergency preparedness has been consistently low, despite being more cost effective than the high costs accompanying an uncontrollable pandemic.<sup>9</sup> In regard to the COVID-19 pandemic, nations such as South Korea, Canada, Norway, and New Zealand achieved rapid disease response and control by exercising disease surveillance systems, aggressive tracing and isolation practices, and testing contacts in addition to infected individuals.<sup>10</sup> It is worth noting that several of the aforementioned nations have had direct experience with disease outbreaks, such as South Korea with Middle East Respiratory Syndrome (MERS) in 2015. These nations, among others, were able to more rapidly contain the virus, in some cases even eliminating the need for strict lockdowns.

<sup>6</sup> "WHO's Work in Health Emergencies Strengthening Preparedness for Health Emergencies: Implementation of the International Health Regulations (2005)." 2021.

[https://cdn.who.int/media/docs/default-source/emergencies/a74\\_9add1-en.pdf?sfvrsn=d5d22fdf\\_1&download=true](https://cdn.who.int/media/docs/default-source/emergencies/a74_9add1-en.pdf?sfvrsn=d5d22fdf_1&download=true).

<sup>7</sup>World Health Organization. 2024. "Mpox." World Health Organization. World Health Organization: WHO. 2024. <https://www.who.int/news-room/fact-sheets/detail/mpox>.

<sup>8</sup>World Health Organization. 2024. "Mpox." World Health Organization. World Health Organization: WHO. 2024. <https://www.who.int/news-room/fact-sheets/detail/mpox>.

<sup>9</sup> "The U.S. Must Learn from COVID-19 to Prevent the next Disaster." 2020. Council on Foreign Relations. 2020. <https://www.cfr.org/task-force-report/improving-pandemic-preparedness/findings/>.

<sup>10</sup>"The U.S. Must Learn from COVID-19 to Prevent the next Disaster." 2020. Council on Foreign Relations. 2020. <https://www.cfr.org/task-force-report/improving-pandemic-preparedness/findings/>.



## Past and Potential Solutions

Historically, the World Health Organization has experimented with various strategies to both strengthen legal frameworks and multilateral initiatives in order to reinforce health emergency preparedness. Efforts such as the International Health Regulations (IHR) (2005) function to define the obligations and rights of member states in response to global health events.<sup>11</sup> WHO's focus on developing and providing tools for training and regional support is crucial to ensuring every nation upholds International Health Regulation standards.

Formed during the COVID-19 Pandemic, the Access to COVID-19 Tools (ACT) Accelerator is an organization which brought together national governments, scientists, and global health organizations to accelerate the development and access of vital COVID-19 vaccines, tests, and treatments.<sup>12</sup> High-income nations, such as the United States, Canada, and India, acted as Self-Financing Partners, ensuring vaccines for their own nations as well as the distribution of 2 billion doses to lower-income countries.<sup>13</sup>

The Global Health Security Agenda (GHSA), launched in 2014, is an alliance of over 100 nations, organizations, and non-government stakeholders.<sup>14</sup> GHSA is aimed at increasing the demonstrated capacity of nations in health security areas such as biosecurity, immunization, and sustainable financing for preparedness.<sup>15</sup> GHSA works to achieve and uphold the standards of the IHR and has facilitated the technical collaboration among members through a series of Action Packages and have successfully brought together both regional policy and technological experts to combat health crises.<sup>16</sup>

<sup>11</sup> "International Health Regulations (2005) – Third Edition." World Health Organization. Accessed August 27, 2025. <https://www.who.int/publications/i/item/9789241580496>.

<sup>12</sup> Affairs (OGA), Office of Global. 2016. "Global Health Security Agenda." HHS.gov. March 23, 2016. <https://www.hhs.gov/about/agencies/oga/global-health-security/agenda/index.html>.

<sup>13</sup> COVAX: A roadmap - global commission for post-pandemic policy. Accessed August 28, 2025. <https://globalcommissionforpostpandemicpolicy.org/covax-a-roadmap/>.

<sup>14</sup> Affairs (OGA), Office of Global. 2016. "Global Health Security Agenda." HHS.gov. March 23, 2016. <https://www.hhs.gov/about/agencies/oga/global-health-security/agenda/index.html>.

<sup>15</sup> Affairs (OGA), Office of Global. 2016. "Global Health Security Agenda." HHS.gov. March 23, 2016. <https://www.hhs.gov/about/agencies/oga/global-health-security/agenda/index.html>.

<sup>16</sup> "Action Packages – Global Health Security Agenda." n.d. <https://globalhealthsecurityagenda.org/action-packages/>.



## Topic A: Questions to consider

1. What health capacities and resources (medical personnel, surveillance systems, etc.) should be prioritized at the international level for emergency preparedness plans?
2. How can member states ensure the continuity of emergency healthcare in conflict-afflicted nations and areas?
3. What equitable funding mechanisms should be utilized to support preparedness in limited-resource nations?
4. How can member states ensure public trust and compliance with emergency measures by combating pervasive health-related misinformation?



## **Topic B: Ensuring Equitable Healthcare Access in Low/Middle Income Nations**

### **Introduction**

Equitable healthcare access refers to the distribution and availability of healthcare services to all individuals, regardless of geographical location or socioeconomic class. As lower and middle-income nations (LMINs) often struggle with constraints of resources and infrastructure integral to healthcare systems, global health challenges create significant impact and detriment to public health outcomes. The burden of ensuring access to vital healthcare services falls disproportionately onto LMINs, as they only obtain 15% of global health spending, despite experiencing 70% of the world's disease burden.<sup>17</sup> This significant gap in healthcare funding allocation hinders the access of safe and effective healthcare within these nations, ultimately also hindering global health initiatives. The World Health Organization recognizes that addressing social determinants of health equity is vital for improving global health. Research has proven that the lower the socioeconomic position, the worse the health of a given nation.<sup>18</sup> Even prior to the global health detriment inflicted by the COVID-19 pandemic, global health gains have been consistently slowing. In 2021, global life expectancy experienced its largest drop in recent history, further highlighting gaps in access and investment in healthcare.<sup>19</sup> Consideration of the COVID-19 pandemic's significant derailment of global health progress is essential as nations continue to recover from its aftermath.

### **Recent Events and Statistics Exposing Gaps in Equitable Healthcare Access**

In 2025, The World Health Organization warned that 70% of LMINs reported experiencing severe healthcare service disruptions due to reduced international official development assistance.<sup>20</sup> Aid cuts and reduction of international support services have disrupted essential healthcare services, especially in vulnerable and developing

<sup>17</sup>“Access to Healthcare and the Role of an Accord for a Healthier World | Pfizer.” 2022. Pfizer.com. 2022. [https://www.pfizer.com/news/articles/an\\_accord\\_for\\_a\\_healthier\\_world\\_working\\_together\\_to\\_help\\_address\\_unmet\\_healthcare\\_needs\\_in\\_lower\\_income\\_countries](https://www.pfizer.com/news/articles/an_accord_for_a_healthier_world_working_together_to_help_address_unmet_healthcare_needs_in_lower_income_countries).

<sup>18</sup> World Health Organization. 2025. “Social Determinants of Health.” World Health Organization. 2025. <https://www.who.int/health-topics/social-determinants-of-health>.

<sup>19</sup>World. 2025. “WHO Warns of Slowing Global Health Gains in New Statistics Report.” Who.int. World Health Organization: WHO. May 15, 2025. <https://www.who.int/news/item/15-05-2025-who-warns-of-slowing-global-health-gains-in-new-statistics-report>.

<sup>20</sup> World. 2025. “Countries Are Already Experiencing Significant Health System Disruptions – WHO.” Who.int. World Health Organization: WHO. April 10, 2025. <https://www.who.int/news/item/10-04-2025-countries-are-already-experiencing-significant-health-system-disruptions---who>.



nations, have caused the WHO to call for immediate action and international response. These cuts will disproportionately impact women, as reduction to vital maternal and newborn services have already been in progress. This puts women at increased risk for death in pregnancy and birth.<sup>21</sup> This calls into question the quality and durability of these instituted healthcare systems, especially in the face of global health events.

A 2025 study into international antibiotic access uncovered that individuals with drug-resistant infections living in LMICs received the antibiotics they required in less than 7% of cases.<sup>22</sup> This gap in antibiotic access is projected to cause nearly 2 million deaths per year by the year 2050 and warrants urgent and immediate action.<sup>23</sup>

The COVID-19 pandemic demonstrated the disproportionate impacts these events can create in terms of healthcare access, vaccine distribution, and healthcare personnel. The goal of ensuring equitable healthcare access revolves around ensuring the standing of healthcare infrastructure under the weight of both global and domestic health emergencies and disasters.

## Key Nuances and Discrepancies of the Issue

National poverty and the absence of universal healthcare systems and standards are social determinants which reinforce the cycle in which individuals living in LMICs continue to have limited, if any, access to essential healthcare services. Underlying social and economic contributors must be addressed in tandem with immediate healthcare needs in order to better health outcomes.<sup>24</sup> National poverty remains both a cause and consequence of inadequate healthcare infrastructure and resources within these LMICs. Low national health levels perpetuate a cycle in which citizens, due to poor health, are limited in their ability to work, gain an education, and prosper economically.<sup>25</sup>

The absence of universal healthcare coverage systems can cause impoverished citizens to be burdened with financial detriment or ruin due to even minor illness or injury. Over 1.3 billion people do not have access to affordable and adequate healthcare.<sup>26</sup> Financial barriers in funding serve as a significant hindrance in healthcare access. Equitable health financing is a central pathway to ensuring universal access to safe healthcare.

<sup>21</sup> Aid cuts could leave more women dying in pregnancy and birth, Un says | Reuters. Accessed August 28, 2025.

<https://www.reuters.com/business/healthcare-pharmaceuticals/aid-cuts-could-leave-more-women-dying-pregnancy-birth-un-says-2025-04-06/>.

<sup>22</sup> Lay, Kat. 2025. "Lack of Access to Antibiotics Is Driving Spread of Superbugs, Finds Research." The Guardian. The Guardian. April 30, 2025. <https://www.theguardian.com/global-development/2025/apr/30/access-antibiotics-superbugs-research-drug-resistant-infections>.

<sup>23</sup> Lay, Kat. 2025. "Lack of Access to Antibiotics Is Driving Spread of Superbugs, Finds Research." The Guardian. The Guardian. April 30, 2025. <https://www.theguardian.com/global-development/2025/apr/30/access-antibiotics-superbugs-research-drug-resistant-infections>.

<sup>24</sup> "5 Steps towards Health Equity in Low- and Middle-Income Countries through Tailored Innovation." World Economic Forum. Accessed August 27, 2025. <https://www.weforum.org/stories/2024/05/health-equity-low-middle-income-countries/>.

<sup>25</sup> World Health Organization. 2025. "Social Determinants of Health." World Health Organization. 2025. <https://www.who.int/health-topics/social-determinants-of-health>.

<sup>26</sup> Asante, Augustine, Jennifer Price, Andrew Hayen, Stephen Jan, and Virginia Wiseman. 2016. "Equity in Health Care Financing in Low- and Middle-Income Countries: A Systematic Review of Evidence from Studies Using Benefit and Financing Incidence Analyses." Edited by Yuan-Soon Ho. *PLOS ONE* 11 (4): e0152866. <https://doi.org/10.1371/journal.pone.0152866>.



Workforce and healthcare facility shortages also contribute to these inadequate systems. Brain drain, lack of training of medical personnel, and shortages of medical equipment all are contributors to this detriment in healthcare facilities. Resolving significant gaps in healthcare working personnel could eradicate up to 7% of the global disease burden.<sup>27</sup> The World Health Organization projects there to be a shortage of over 10 million healthcare workers by the year 2030, severely limiting vital healthcare services and treatments.<sup>28</sup>

## Past and Potential Solutions

The World Health Organization has striven to foster a global community aimed at combating healthcare disparities between high- and low-income nations by strengthening international healthcare frameworks.

In 2014, the World Health Organization adopted the Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH).<sup>29</sup> This strategy, aimed at working towards universal healthcare coverage and ensuring equitable healthcare access, works to implement effective healthcare policies at national, regional, and international levels.<sup>30</sup> Major goals of GSHRH include instituting mechanisms on the national and international level to coordinate an intersectoral health workforce agenda.<sup>31</sup>

WHO endorsed the Global Action Plan on Antimicrobial Resistance (AMR) in 2015, a plan outlining five objectives in order to resist the growing problem of antimicrobial resistance, including improving awareness of AMR, reduce incidence of infection, and optimize the use of antimicrobial agents.<sup>32</sup> AMR is recognized as a critical and growing health problem worldwide and the Global Action Plan is projected to be effective within 5-10 years in combatting AMR.<sup>33</sup>

<sup>27</sup> Kumar, Pooja, Tania Holt, and Yenli Wong. 2025. "Heartbeat of Health: Reimagining the Healthcare Workforce of the Future." McKinsey & Company. May 14, 2025. <https://www.mckinsey.com/mhi/our-insights/heartbeat-of-health-reimagining-the-healthcare-workforce-of-the-future>.

<sup>28</sup> Kumar, Pooja, Tania Holt, and Yenli Wong. 2025. "Heartbeat of Health: Reimagining the Healthcare Workforce of the Future." McKinsey & Company. May 14, 2025. <https://www.mckinsey.com/mhi/our-insights/heartbeat-of-health-reimagining-the-healthcare-workforce-of-the-future>.

<sup>29</sup> WHO. 2016. "Global Strategy on Human Resources for Health: Workforce 2030." <https://iris.who.int/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1>.

<sup>30</sup> WHO. 2016. "Global Strategy on Human Resources for Health: Workforce 2030." <https://iris.who.int/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1>.

<sup>31</sup> WHO. 2016. "Global Strategy on Human Resources for Health: Workforce 2030." <https://iris.who.int/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1>.

<sup>32</sup> "Global Action Plan on Antimicrobial Resistance." World Health Organization. Accessed August 27, 2025. <https://www.emro.who.int/health-topics/drug-resistance/global-action-plan.html>.

<sup>33</sup> "Global Action Plan on Antimicrobial Resistance." World Health Organization. Accessed August 27, 2025. <https://www.emro.who.int/health-topics/drug-resistance/global-action-plan.html>.



## Topic B: Questions to Consider

1. What financing mechanisms should member states utilize in order to ensure progress towards universal health coverage in LMICs?
2. How can member states enforce protection and compliance of health facilities in conflict-afflicted nations and areas?
3. What accountability frameworks and standards should be implemented to ensure equity and alignment with national health priorities?
4. What incentives and strategies should member states implement in order to reduce brain drain and build local capacity?

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