

# **COLUMUN 2025**

World Health Organization



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Organization**

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## **1. United Nations.**

### **1.1 What is the UN?**

The United Nations is an international organization founded in 1945. Currently made up of 193 Member States, the UN and its work are guided by the purposes and principles contained in its founding Charter.

### **1.2 What is the purpose of the UN?**

The UN purpose is to achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction.

### **1.3 What does the UN provide?**

Maintain international peace and security, protect human rights, deliver humanitarian Aid, support sustainable development, and climate action.

## **2. What is the COLUMUN's objective?**

The COLUMUN is a role-play activity in which you will have the opportunity to represent a State Member of the UN in solving problems along with other members in order to maintain peace around the world and improve life quality. There are three very important things to consider:

1. The goal of each committee within the MUN is to work collaboratively to come up with a solution for the topic discussed in response to the challenges presented against the world or humanity in a diplomatic form.
2. Participants must assume the role of that country's diplomats and each delegation represents the views of "their" country, reflecting its national interests, rather than their own personal opinions on an issue.
3. Delegates research their country's position on selected topics, paying particular attention to their country's perspective on the topics to be discussed at the MUN.

### **3. Committee (WHO).**

#### **3.1 What is the WHO and their objectives?**

WHO works worldwide to promote health, keep the world safe, and serve the vulnerable. Our goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.

#### **3.2 History of WHO.**

When diplomats met to form the United Nations in 1945, one of the things they discussed was setting up a global health organization. WHO's Constitution came into force on 7 April 1948 – a date we now celebrate every year as World Health Day.

In April 1945, during the Conference to set up the United Nations (UN), representatives of Brazil and China proposed that an international health organization be established and a conference to frame its constitution convened. A Technical Preparatory Committee met in Paris from 18 March to 5 April 1946 and drew up proposals for the Constitution which were presented to the International Health Conference in New York City. On the basis of these proposals, the Conference drafted and adopted the Constitution of the World Health Organization, signed 22 July 1946 by representatives of 51 Members of the UN and of 10 other nations. The preamble and Article 69 of the Constitution of WHO provide that WHO should be a specialized agency of the UN.

#### **3.3 Main Features.**

WHO is an organization of 194 Member States. The Member States elect the Director-General, who leads the organization in achieving its global health goals.

The locations can be hybrid or virtual during the day and with different circumstances.

### **3.4 Advantages and disadvantages of WHO.**

#### **Advantages:**

1. WHO works worldwide to promote health, keep the world safe, and serve the vulnerable.
2. Our goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.
3. The WHO helps countries work out how best to organise health services for their people and helps countries respond to infectious disease outbreaks. It adapts its responses to the circumstances of each country: this is not an easy task, given that each country has very different needs.

#### **Disadvantages:**

1. Public health specialists, non-governmental organisations and some of the WHO's biggest donors say the organization is unwieldy, poor at coordinating responses to epidemics, and too thinly spread. And increasingly it struggles to set its own priorities because many of its donors provide funding earmarked for specific projects.
2. For years the WHO has talked about streamlining its complex structure, governance and financing to make it more efficient. Critics say the organization needs deep reforms to allow it to show clear leadership in promoting health and to respond decisively to disease emergencies that may span many countries. But progress has been painfully slow.

## **4.Topics A and B.**

### ***Topic A: Pandemics and international response.***

#### **4.1 Introduction: What are the topics about.**

The number of high-threat infectious hazards continues to rise; some of these are re-emerging and others are new. Outbreaks of vaccine-preventable infectious diseases, such as meningococcal disease, yellow fever, and cholera, can have disastrous effects in areas with limited health infrastructure and resources, and where timely detection and response is difficult.

#### **4.2 Backgrounds.**

Throughout history, communities have seen significant and enduring impacts from sporadic infectious illness epidemics, which have shaped social, political, and economic facets of human civilization. Some of the fundamental concepts of contemporary medicine have been established by epidemic outbreaks, which have compelled the scientific community to create theories of epidemiology, prevention, vaccination, and antibiotic therapy. The most famous breakouts in human history are described in this chapter, beginning with religious writings that make frequent allusions to plagues.

A pandemic epidemic is among the worst disasters in history, if not the worst in human history. Even though pandemic breakouts have destroyed whole populations, devastated countries, and influenced the course of wars, they have paradoxically paved the way for breakthroughs in the fields of politics, economics, and science.

Throughout history, plague outbreaks have been extensively studied from a humanities perspective, including medical history. The impact of plagues on the individual and collective psychology of impacted cultures, as well as the unexplored ways in which pandemic outbreaks may have influenced the field of psychiatry, has received little consideration in the age of contemporary humanities.

### **4.3 What is WHO doing to deal with the problem?**

WHO develops global strategies for the prevention and control of epidemic-prone diseases, such as yellow fever, cholera, and influenza. With partners from a wide range of technical, scientific, and social fields, WHO brings together all globally available resources to counter these high-threat infectious hazards and scale these strategies to regional and country levels.

### **4.4 Causes.**

Historically, pandemics were commonly associated with environmental exposures such as raw sewage. More recently, pandemics have tended to occur in a vastly unique way: as a result of spread from animals. Animals as the root cause of pandemics is nothing new. An outbreak of infection is considered a pandemic when it grows extremely fast. It starts out slowly at first and then takes off. Sometimes, people call this type of growth exponential. An outbreak of infection is considered a pandemic when it grows extremely fast. It starts out slowly at first and then takes off. Sometimes, people call this type of growth exponential.

### **4.5 Consequences.**

Findings of the study suggest that pandemics have been a cause of economic slowdown measured with a fall in gross domestic product (GDP) at the macro level. The reduced level of economic activity is found to be negatively related to an individual socio-economic status building their psychological distress.

## ***Topic B: Access to medicine and healthcare.***

### **4.1 Introduction: What are the topics about.**

Equitable access to health products is a global priority – all citizens should have affordable access to the essential medicines, vaccines, and health products that they need. The COVID-19 pandemic has focused attention on weaknesses and vulnerabilities in health-care systems including interruptions to supply chains and higher prices for essential health-care products.

## **4.2 Backgrounds.**

The World Health Organization (WHO) stresses that everyone's ability to achieve the best possible level of health depends on having fair access to safe and reasonably priced medications. The necessity of creating medications to fill in ongoing treatment gaps is emphasized in Sustainable Development Goals (SDG). However, almost two billion people worldwide lack access to necessary medications, especially in nations with lower and moderate incomes. States are required to guarantee timely, adequate, and reasonably priced health care because they recognize health as a human right. Although ATM is a natural Global Health Diplomacy (GHD) helps to resolve treatment disparities and satisfy the state's commitment to health as a human right by reducing them.

To fully achieve the right to health, it is imperative that the urgent problem of access to medications (ATM) be remedied. One Globally, equitable access to health and medical supplies is a top goal. Despite worldwide advancements, millions of individuals in underdeveloped nations lack access to ATMs because of barriers that prevent them from getting high-quality medications. ATM is inextricably tied to the human rights concepts of "equality and non-discrimination," "transparency," "participation," and "accountability." Globally, universal health coverage (UHC) guarantees that everyone has constant access to high-quality, necessary medical care.

## **4.3 What is WHO doing to deal with the problem?**

The Access to Medicines and Health Products (AMP) programme in the WHO Regional Office for Europe focuses on health system strengthening, and supports Member States in the development, revision and implementation of comprehensive pharmaceutical sector policies that underpin sustainable access to essential and affordable high-quality medicines and medical products. In addition to the technical work covering regulation of medicines and medical devices, pharmacovigilance, selection and responsible use of medicines, and developing medicine pricing and reimbursement policies, the AMP programme has a convening role, bringing together international experts to promote cross-country dialogue and share country experiences. The 2021 annual report of the AMP programme highlights some of the



work done by the Regional Office in collaboration with agencies and partners to improve access to safe, effective, quality, and affordable essential medicines and vaccines.

#### **4.4 Causes.**

The right to health as a basic human right- and access to medicine as a part of it- have been a matter of attention for several decades. Also, the responsibilities of different parties- particularly pharmaceutical companies- in realization of this right have been emphasized by the World Health Organization. This is while many companies find no incentive for research and development of medicines related to rare diseases. Also, some legal structures such as “patent agreements” clearly cause huge difficulties for access to medicine in many countries. High cost of brand medicine and no legal production of generics can increase the catastrophic costs- as well as morbidity-mortality of medication in lower income countries. Here we review the current challenges in access to medicine and critically assess its legal roots. How societies/governors can make the pharmaceutical companies responsible is also discussed to have a look on futures and actions that policy makers- in local or global level- can take.

#### **4.5 Consequences.**

Lack of access to medicines causes a cascade of misery and suffering, from no relief for the excruciating pain of a child's earache, to women who bleed to death during childbirth, to deaths from diseases that are easily and inexpensively prevented or cured.

#### **4.6 Official members of the committee.**

##### **A**

Afghanistan, Albania, Algeria, Andorra, Angola, Antigua and Barbuda, Argentina, Armenia, Australia, Austria, Azerbaijan

##### **B**

Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Belize, Benin, Bhutan,

Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi

## **C**

Cabo Verde, Cambodia, Cameroon, Canada, Central African Republic, Chad, Chile, China, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Cote d'Ivoire, Croatia, Cuba, Cyprus, Czech Republic

## **D**

Democratic People's Republic of Korea, Democratic republic of the Congo, Denmark, Djibouti, Dominica, Dominican Republic

## **E**

Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Eswatini, Ethiopia

## **F**

Fiji, Finland, France

## **G**

Gabon, Gambia, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guinea, Guinea-Bissau, Guyana

## **H**

Haiti, Honduras, Hungary

## **I**

Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy

## **J**

Jamaica, Japan, Jordan

## **K**

Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan

## **L**

Laos People's Democratic Republic, Latvia, Lebanon, Lesotho, Liberia, Libya, Lithuania, Luxembourg

**M**

Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia, Monaco, Mongolia, Montenegro, Morocco, Mozambique, Myanmar

**N**

Namibia, Nauru, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Niue, North Macedonia, Norway

**O**

Oman

**P**

Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal

**Q**

Qatar

**R**

Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda

**S**

Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovakia, Slovenia, Solomon Islands, Somalia, South Africa, South Sudan, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic

**T**

Tajikistan, Thailand, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu

**U**

Uganda, Ukraine, United Arab Emirates, United Kingdom, United Republic of Tanzania, United States of America, Uruguay, Uzbekistan

## **V**

Vanuatu, Venezuela, Vietnam

## **Y**

Yemen

## **Z**

Zambia, Zimbabwe

### **4.7 Links of information about the topics.**

#### **Topic A:**

[https://www.pfizer.com/news/articles/where\\_do\\_pandemics\\_come\\_from#:~:text=Historically%2C%20pandemics%20were%20most%20commonly,Global%20Medical%20Affairs%20at%20Pfizer.](https://www.pfizer.com/news/articles/where_do_pandemics_come_from#:~:text=Historically%2C%20pandemics%20were%20most%20commonly,Global%20Medical%20Affairs%20at%20Pfizer.)

<https://www.who.int/activities/preparing-and-preventing-epidemics-and-pandemics>

#### **Topic B:**

<https://www.webmd.com/cold-and-flu/what-is-pandemic>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4855755/>

### **5.How to research your country.**

It is important for you to find out information about your country on your own, always keep in mind that. The origin and purpose of your source are important. The COLUMUN is an opportunity for you to see what cooperation between states could achieve, and also figure out why the international community has not solved all the world's problems.

#### **Information about your country.**

To know about your country, investigate the following aspects:

ASPECT	CHECK
Where is it in the world and what are its neighbors? Which countries are powerful in its region?	
What system of government does it have and who is its leader?	
Is its economy industrialized or mostly agricultural? What are the main sources of income?	
What is the role of religion in the state? How tolerant of different religions and beliefs is its government? Are its laws based on religion or is it secular?	
Are there minority groups? Are these groups treated differently to the majority?	
Are there civil conflicts? What is the government response to this?	
Are there any groups that are fighting to be independent or autonomous?	
What is the country's history?	
Is it a developed or developing country? Does it have adequate infrastructure? Does it struggle to feed its population? Does it owe money to other countries or is it able to be a lender?	
What is the state of its environment?	
What is the social and political position of women and girls?	
Has the country been guilty of human rights violations? What kinds and to what extent?	
Is it open to contacts with other countries? (tourism, business, schools, etc.)	
How does the government get on with other countries? Does it cooperate with or is it a member of international groups such as NATO, the EU, the African Union, etc.?	
Are there individual countries with which it has especially strong ties? Who are its competitors and allies? Major trading partners? Aid donors or recipients? Has it ever fought against another country?	

## **6. References.**

<https://unis.unvienna.org/unis/en/topics/the-un-in-general.html#:~:text=The%20United%20Nations%20is%20an,living%20standards%20and%20human%20rights.>

<https://www.who.int/activities/preparing-and-preventing-epidemics-and-pandemics>

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7807-47575-70022>

<https://www.who.int/about/what-we-do#:~:text=WHO%20works%20worldwide%20to%20promote,better%20health%20and%20well%2Dbeing.>

<https://www.who.int/about/history>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10257564/>

<https://www.who.int/countries.>

<https://www.reuters.com/investigates/special-report/health-who-future/#:~:text=Public%20health%20specialists%2C%20non%2Dgovernmental,epidemics%2C%20and%20too%20thinly%20spread.>

<https://www.who.int/about/what-we-do>

[https://www.pfizer.com/news/articles/where\\_do\\_pandemics\\_come\\_from#:~:text=Historically%2C%20pandemics%20were%20most%20commonly,Global%20Medical%20Affairs%20at%20Pfizer.](https://www.pfizer.com/news/articles/where_do_pandemics_come_from#:~:text=Historically%2C%20pandemics%20were%20most%20commonly,Global%20Medical%20Affairs%20at%20Pfizer.)

<https://www.webmd.com/cold-and-flu/what-is-pandemic>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4855755/>