



# **BULLSMUN II**

## ***World Health Organization***

Topic I: Vaccine Distribution in Developing Countries

Topic II: Health Inequity and Reform

## **COMMITTEE FORMAT**

This committee will serve as a dual-delegate General Assembly. Though delegates have been given two topics in this background guide, they should expect to only debate one topic over the course of BULLSMUN weekend. Delegates on the Speakers List will advocate for the topic of their choice at the beginning of the committee. The topic of debate will then be decided via a majority vote.

## **COMMITTEE INTRODUCTION**

The World Health Organization (WHO) is the leading authority within the United Nations (UN) system for international health issues. Its mission is to promote the highest attainable standard of health for all people globally. WHO's work spans six key areas: supporting its 194 Member States in developing and strengthening their health systems, combating non-communicable diseases, promoting lifelong health, addressing communicable diseases through prevention, treatment, and care, ensuring preparedness and response to international health emergencies, and providing corporate services to its public and private partners. Guided by the principle that health encompasses complete physical, mental, and social well-being—not just the absence of disease or infirmity—WHO is dedicated to improving health outcomes and fostering global health equity.

## **Topic 1: Vaccine Distribution in Developing Nations**

### **Introduction**

Since the polio epidemic, vaccine distribution in developing nations has seen significant progress, marked by the successful implementation of large-scale immunization programs and global initiatives. For instance, the introduction of the Global Polio Eradication Initiative (GPEI) in 1988 has drastically reduced polio cases by over 99%, from an estimated 350,000 cases annually to fewer than 200 cases in recent years. Additionally, the expansion of vaccination campaigns has led to higher coverage rates for other vaccines; for example, the introduction of the Expanded Program on Immunization (EPI) has increased global coverage of childhood vaccines from less than 5% in 1974 to approximately 85% in 2022.

However, there remain large disparities between vaccination rates in low-income and high-income nations. Historically, vaccine distribution in developing nations has faced significant challenges due to infrastructure limitations, logistical issues, and socioeconomic factors. For instance, a 2022 report by the World Health Organization (WHO) highlighted that despite global advancements in vaccine technology, only 28% of low-income countries had achieved full vaccination coverage for routine childhood vaccines, compared to 85% in high-income countries (WHO, 2022; GAVI, 2021).

Infrastructure issues in vaccine distribution in developing nations are apparent from the fact that nearly 40% of health facilities in low-income countries lack reliable

electricity. This is a significant issue because many vaccines, especially against extremely dangerous diseases like Ebola or COVID-19, require quite stringent temperature conditions to achieve effectiveness. These temperature conditions are very difficult to fulfill in settings with highly unreliable power supplies and cold chain infrastructure. The 2014-2016 outbreak of Ebola in West Africa brought into focus all the challenges existing in the maintenance of vaccine effectiveness in such an environment.

Financial issues in vaccine distribution also continue to plague developing nations. As of 2022, low-income countries faced a funding shortfall of approximately \$2 billion annually for vaccine procurement and distribution, a gap that significantly impedes their ability to provide widespread immunization, according to estimates from the Global Vaccine Alliance (GAVI). Many developing nations struggle to afford the massive expenses incurred in obtaining vaccines on top of the cost of storing them, transporting them, and administering them. The COVID-19 pandemic serves as a glaring example of how most low-income countries faced delays in vaccine rollouts because they could not afford the logistics needed, hence portraying gaps in global vaccine equity. One significant financial barrier when it comes to obtaining vaccines are intellectual property rights to vaccines, as found in the Trade-Related Aspects of Intellectual Property Rights agreement (TRIPS). Products under patent are usually very expensive, which has led to calls to suspend TRIPS so that developing nations can manufacture generic versions of certain critical vaccines. The debate on TRIPS waivers following the COVID-19 pandemic exemplifies existing tensions between innovation and access in the medical world.

**Current Situation:**

The current situation of vaccine distribution in developing nations remains a significant global health concern, with disparities in access to vaccines continuing to affect millions of people. Despite coordinated efforts by international bodies such as the World Health Organization (WHO), GAVI, the Vaccine Alliance, and UNICEF, significant challenges persist in ensuring equitable distribution. The COVAX initiative, spearheaded by WHO, GAVI, and the Coalition for Epidemic Preparedness Innovations (CEPI), aims to address these inequalities by providing vaccines to low- and middle-income countries. However, many regions in Africa, Asia, and Latin America still face critical obstacles, including inadequate healthcare infrastructure, insufficient cold chain systems, and logistical difficulties in reaching remote populations. In countries like the Democratic Republic of Congo, Haiti, and Afghanistan, these challenges are compounded by political instability and ongoing conflict, which further hinder vaccination efforts. The international community continues to emphasize the need for stronger global cooperation, targeted funding, and innovative solutions to overcome these barriers and ensure that vaccines are accessible to all, regardless of geographic or economic constraints.

### **Past International Actions**

The WHO has been at the forefront of efforts over the last several decades to bridge gaps in vaccination rates. In 1974, the World Health Organization launched the Expanded Program on Immunization (EPI). The EPI aimed to increase vaccine coverage for diseases such as measles, diphtheria, and tetanus. As previously mentioned, this initiative significantly improved immunization rates, helping to reduce childhood mortality from vaccine-preventable diseases globally. More than a decade later, in response to the global

polio epidemic, the WHO collaborated with UNICEF, the United States Center for Disease Control and Prevention (CDC), and Rotary International to establish the Global Polio Eradication Initiative (GPEI). The GPEI has led to a dramatic reduction in polio cases worldwide, with polio-endemic countries decreasing from 125 in 1988 to just a few in recent years. This program has facilitated mass vaccination campaigns and improved surveillance systems.

In low-income nations, specifically, the WHO and partner international organizations have been pivotal in improving vaccination rates over the last two decades. In 2000, the Global Alliance for Vaccines and Immunization (GAVI) was established by WHO, UNICEF, the World Bank, and various governments and private sector partners. Focused on increasing vaccine access in low-income countries, GAVI has helped introduce new vaccines and expand coverage, significantly increasing immunization rates for diseases such as pneumococcal and rotavirus.

## **Conclusion:**

Addressing vaccine distribution in developing nations requires a multifaceted strategy that combines improved infrastructure, financial resources, and international cooperation. Despite technological advances in vaccines, persistent barriers such as geographic disparities, high costs, and inadequate healthcare infrastructure continue to hinder equitable access. Key issues to address include reducing economic barriers and overcoming political and social resistance to vaccine distribution. Member States must build on existing international initiatives and collaborate with organizations like UNICEF,

GAVI, and NGOs to address these challenges and ensure that vaccines are distributed fairly and effectively. This approach will help bridge gaps in access and strengthen global health resilience.

### **Guiding Questions**

1. How will innovations in vaccine technology and distribution systems impact global health equity?
2. How could technological advancements in vaccine delivery reshape global health?
3. What are the potential consequences if intellectual property rights are not adjusted to address global health needs?

## **Topic 2: Health Inequality and Reform**

### **Introduction**

Health inequality is a serious global issue marked by significant differences in health resources, access, and outcomes among various populations. These disparities are influenced by factors such as socioeconomic status, geographic location, ethnicity, and political conditions. For example, in many low-income countries, like those in sub-Saharan Africa, inadequate healthcare infrastructure leads to lower vaccination rates and higher mortality from preventable diseases compared to wealthier nations. In rural India, limited access to healthcare professionals and medical facilities forces residents to travel long distances for care. Similarly, in the United States, racial and ethnic disparities are evident as African American and Hispanic communities experience higher rates of chronic

diseases such as diabetes and hypertension, partly due to socioeconomic factors and unequal access to healthcare.

Health inequality around the world has deep historical roots. Colonialism and economic exploitation entrenched inequities, as colonial powers often neglected the health needs of indigenous populations in favor of their own interests. In the post-colonial era, structural inequalities continued to perpetuate disparities, with low-income and developing nations grappling with challenges such as inadequate healthcare infrastructure, limited access to essential medicines, and poor sanitation.

Efforts to address these issues began gaining momentum in the late 20th and early 21st centuries through initiatives like the Global Fund to Fight AIDS, Tuberculosis, and Malaria, established in 2002, and the Millennium Development Goals, which aimed to improve global health outcomes by 2015. Despite significant progress, disparities remain, as highlighted by the World Health Organization's 2023 report, which notes that life expectancy in low-income countries is still over 15 years lower than in high-income countries. This ongoing disparity, driven by inequitable health financing, uneven distribution of resources, and systemic barriers, underscores the need for continued global efforts to achieve health equity.

### **Current Situation:**

Health inequity remains a universal issue. Across all six inhabited continents, Member States have struggled to close wealth and regional gaps in health infrastructure and access to treatment.



In Africa, despite some advancements in healthcare infrastructure, disparities persist. Sub-Saharan Africa, for example, has the highest child mortality rate in the world and suffers from uneven access to essential vaccines and medicines, although initiatives like the African Union's Health Strategy 2016-2030 and the Africa CDC are making strides. Similarly, in Asia, a wide gap exists between high-income countries like Japan and South Korea, with their high life expectancies, and lower-income nations such as India and Bangladesh, which face significant healthcare access issues, particularly in rural areas. Europe also displays significant health inequalities between Western and Eastern regions and between urban and rural areas, with life expectancy differences and access issues addressed through the EU's Health Programme and the European Pillar of Social Rights.

In the eastern hemisphere, Latin America shows pronounced disparities with high health standards in countries like Chile and Argentina contrasting sharply with lower standards in Haiti. Reforms such as Brazil's Unified Health System (SUS) and the Pan American Health Organization's (PAHO) Regional Health Strategy aim to mitigate these inequalities. Meanwhile, in North America, the U.S. exhibits stark health disparities despite high overall spending, with significant gaps in life expectancy and health outcomes among racial and ethnic groups.

Finally, Oceania faces a striking contrast between developed nations like Australia, with high life expectancy, and developing regions like Papua New Guinea, reflecting significant healthcare access and outcome disparities. Initiatives like Australia's Closing the Gap and New Zealand's Whānau Ora program aim to improve outcomes for Indigenous and Pacific communities.

Overall, the global landscape of health inequality is marked by persistent gaps in access and outcomes that require comprehensive, coordinated efforts and systemic reforms to ensure equitable health for all populations.

### **Past International Actions**

The World Health Organization (WHO) and partner UN organizations have played a pivotal role in addressing global health inequities through several key initiatives. One major effort is the Global Fund to Fight AIDS, Tuberculosis, and Malaria, established in 2002. This fund has provided crucial financial support to countries struggling with these diseases, disbursing over \$50 billion by 2023, which has significantly reduced the disease burden in low- and middle-income countries and improved access to essential treatments.

The Millennium Development Goals (MDGs), adopted in 2000, further advanced global health equity by setting targets for reducing child mortality, improving maternal health, and combating diseases like HIV/AIDS and malaria. Achievements during this era included a 50% reduction in child mortality rates and increased access to antiretroviral therapy. Building on these successes, the Sustainable Development Goals (SDGs) replaced the MDGs in 2015, with a broader agenda that includes ensuring healthy lives and promoting well-being for all ages. SDG 3 specifically focuses on reducing maternal and child mortality, combating epidemics, and achieving universal health coverage, aiming to address health disparities and promote global equity.

Additionally, the WHO has championed Universal Health Coverage (UHC) initiatives, emphasizing the importance of providing essential health services without financial hardship. The WHO's 2010 World Health Report highlighted the need to

strengthen health systems to achieve UHC, influencing global health policy and reform. Through these efforts, the WHO has made significant strides in reducing health inequalities worldwide.

## **Conclusion**

Addressing health inequalities requires a multifaceted approach that tackles both systemic and localized challenges. The disparities observed across different regions—such as Africa’s severe healthcare access issues, Asia’s wide gaps between high and low-income countries, Europe’s urban-rural health divides, Latin America’s stark contrasts in health standards, and North America’s racial and ethnic health disparities—highlight the complexity of the issue. Effective reform requires a focus on several key areas: improving healthcare infrastructure, expanding access to services, and addressing the underlying social determinants of health, such as poverty, education, and environmental conditions.

Strategies must be tailored to the specific needs of each region while being supported by global and regional initiatives. Continued investment in health systems, such as the African Union’s Health Strategy and Thailand’s Universal Health Coverage, and comprehensive policies like Brazil’s Unified Health System and the European Union’s Health Programme are critical. Additionally, international cooperation and targeted funding, exemplified by global efforts like the Global Fund to Fight AIDS, Tuberculosis, and Malaria, are essential for bridging these disparities. By applying these strategies and adapting reforms to local contexts, we can advance towards more equitable health outcomes and address ongoing gaps in healthcare access and quality.

## **Guiding Questions**

1. What are the most effective ways to involve local communities in the design and implementation of health reforms to ensure they meet the specific needs of the population?
2. What role does international cooperation play in bridging gaps in healthcare access and improving health outcomes globally?
3. How can the underlying social determinants of health, such as poverty and education, be effectively addressed to achieve health equity?

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