



TOBBMUN^{'26}

TURKIYE ODALAR VE BORSALAR BIRLIGI SCIENCE HIGH SCHOOL
MODEL UNITED NATIONS CONFERENCE

WHO

UNDER SECRETARIES GENERAL

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MERT SÜRÜCÜ

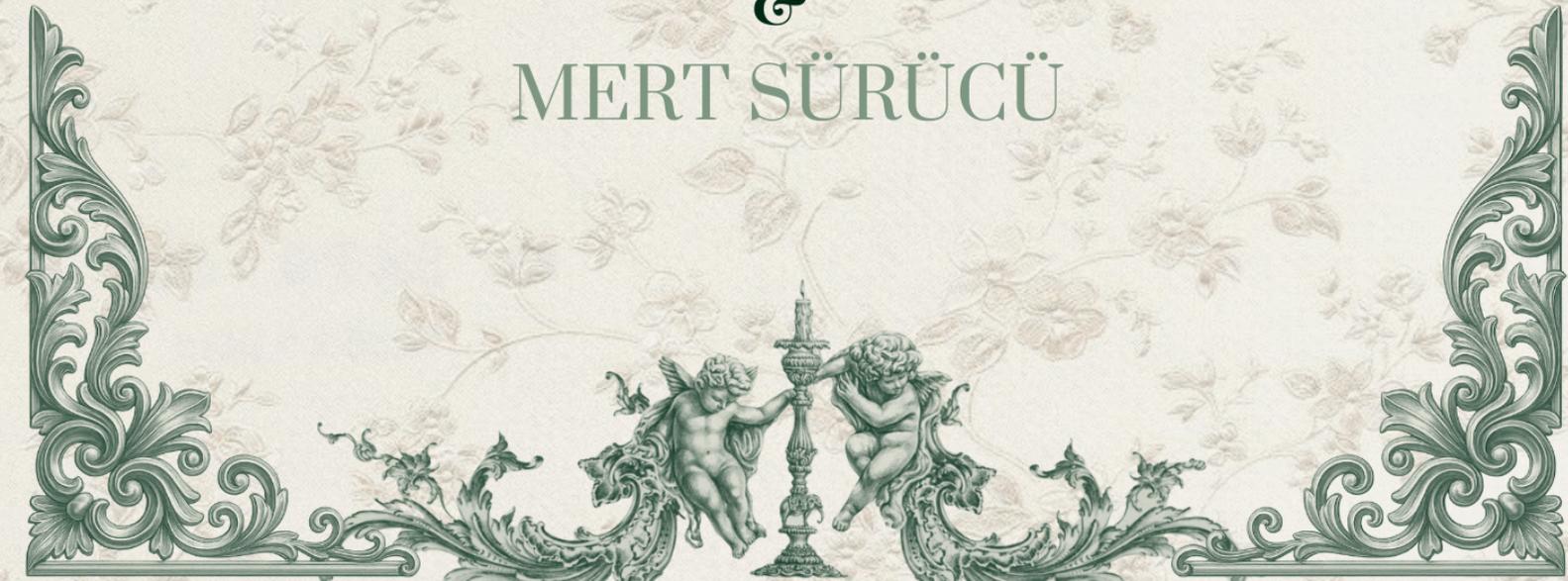


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- I. LETTER FROM SECRETARY GENERAL**

Honourable participants of TOBBMUN'26,

As the Secretaries-General of TOBBMUN'26, taking place from January 17th to January 20th, we would like to extend our warmest welcome to all participants of this prestigious conference. With its first official edition, and this year's first conference in Antalya, of TOBBMUN, we are proudly bringing together enthusiastic and passionate individuals eager to experience, witness the best instance of diplomacy, collaboration, and intellectual exchange at its finest. As the years and institutions first conference in Antalya, we are confident that we will not only achieve but we will even surpass our motto.

Throughout the path we took in the MUN circuit, we have worked hard and tirelessly to build this conference upon the foundation of experience, dedication, and innovation. With the knowledge and expertise we have gained, we want to shed light on your experience as well and help you feel the same joy we did while creating and attending such committees.

With a blend of experienced and new generation of academic members, we strongly believe that TOBBMUN'26 will provide an unparalleled MUN experience for all of its participants. The seasoned members of our academic team contribute their deep knowledge and insight, while the newer members bring forward creativity and fresh perspectives.

We hope and believe that this conference will grant all participants a platform and an opportunity for all attendees to develop and acquire skills, learn how the dynamics of different specialized committees work, and engage in a constructive way. By organizing TOBBMUN'26, we are not only trying to create something remarkable but also to inspire and contribute to the growth of new members and delegates within the MUN community.

To achieve this, we have brought an academic team of unparalleled intellect and proven capability, supported by an organization team marked by its commitment and strength. When you attend TOBBMUN'26, you will start your MUN year at the very peak of excellence and in the rest of the year, you will continue striving to reach even higher summits.

Welcome to TOBBMUN'26,

With our warmest regards,

Secretaries – Generals of TOBBMUN'26,

Kuzey Karlık & Mustafa Aslan.

III. LETTER FROM UNDER SECRETARIES GENERAL

Most Esteemed Participants,

We, as your Under-Secretaries General responsible for the World Health Organization Committee, are pleased to welcome you all to this conference.

The study guide you will review contains detailed information on all the topics that will be covered in your debates. Therefore, we strongly recommend that you thoroughly review the study guide before researching the agenda. Even if this is your first time, we want to see all of you actively participating in the debate on the committee, so be confident and study thoroughly.

If you have any questions about the study guide or process, please do not hesitate to contact us via

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Under-Secretaries General responsible for F-WHO

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IV. PREPARING FOR THE CONFERENCE

This section is primarily aimed at delegates with little to no Model United Nations experience, but it also includes helpful advice for delegates with experience.

1. Assess your Allocation

Once you receive your allocation, research your country's policies and its position on the committee's agenda. The study guide includes some of the key countries relevant to the agenda. Even if your country is not included as a key one, each delegate is expected to read the study guide.

2. Read the Study Guide

In addition to researching your allocation, it's important to read all of the study guide. The guide not only includes essential information on your committee and agenda but also provides different viewpoints into the history of the issue, current events and key concerns, helping you to understand what you'll be debating about at the committee. Even if you have knowledge about the topic, skipping the study guide will leave you unaware of what the chairboard expects. This can lead you to make a misunderstood speech or prevent you from participating effectively, potentially disturbing the committee's flow.

3. Choose your research sources carefully

While the study guide provides you with the needed information, it's perfectly normal for you to do more research on your country or the agenda item. While doing your research, make sure to use official sources to maintain accuracy and avoid making any incorrect statements during the committee. Be picky with your research sources to prevent misinformation. Try to use official sources such as government websites, United Nations documents, and established international organizations. This will help you avoid misinformation and strengthen your position in the committee and also support productive discussions.

4. Read the Rules of Procedure (ROP)

Standard rules are essential for maintaining a professional environment during the meeting. To ensure that all actions align with proper Model United Nations protocol, the Secretariat of each conference presents a document outlining the *Rules of Procedure*. This document allows the chairboard to effectively guide the committee and ensure orderly conduct throughout the session. Before the first official sessions start, the chairboard will inform you about the procedure.

V. INTRODUCTION TO WHO

The World Health Organization (WHO) is responsible for directing and coordinating international health within the UN system. Founded in 1948, WHO's ultimate goal is to improve health, keep the world secure and serve the most vulnerable populations across the globe. WHO defines itself as "the directing and coordinating authority on international health within the United Nations system" and is responsible for driving the scientific research agenda, setting norms and standards, articulating evidence-based policy options, monitoring health trends, identifying health research priorities and establishing partnerships across multiple organizational contexts.

In the Model United Nations (MUN) context, the WHO committee provides an interactive space for delegates to discuss pressing global health issues. These issues might include response protocols to infectious disease outbreaks, procedures to mitigate non-communicable diseases, access to mental health support, and questions of health equity in the context of international development. One thing delegates can expect is to look at these issues through a public health policy perspective, as well as engage in ethical considerations and international collaboration.

VI. INTRODUCTION TO AGENDA ITEM: Solving ongoing medical problems and public health risks in third world countries

A. Definition of Third World Countries

Historically, the term "Third World" referred to economically underdeveloped countries that were not aligned with the world superpowers during the Cold War. This classification, now considered outdated, divided countries into First, Second, Third, and Fourth World categories based on their economic status. Currently, terms like "developing," "underdeveloped," or "low- and middle-income country (LMIC)" are favored to describe these nations' economic conditions more accurately.

As a result, the concept of "third world countries" came to be used for the third leg of a tripod that could be called developed countries, communist countries, and others; that is, other less developed countries.

First world countries: The USA and its allies (Western Bloc)

Second world countries: The Soviet Union, China, and its allies (Eastern Bloc)

Third world countries: The Non-Aligned Movement

B. Overview of Global Health Inequality

Global health inequality refers to systemic differences between and within countries in terms of individuals' access to health, disease burden, life expectancy, and quality of health services. These inequalities stem not only from individual behaviors but also from

macro-level factors such as economic development, political governance, education levels, infrastructure, and social justice. Health inequality is considered a fundamental concern of the international community in the context of human rights and social justice.

In 2023, the global maternal mortality rate (MMR) is estimated to be approximately 197 deaths per 100,000 live births. This rate is almost three times the SDG target of being below 70. In low-income countries, this rate rises to 346, while in high-income countries it falls to just 10, highlighting a serious income-group inequality.

Approximately 87% of maternal deaths occur in Sub-Saharan Africa and South Asia, regions where health systems are among the most vulnerable.

Although MMR decreased by approximately 40% globally between 2000 and 2023, the annual rate of decrease required for the SDG target has not yet been achieved.

While birth rates supported by healthcare professionals are as high as 97% in high-income countries, they only reach 73% in Sub-Saharan Africa. This inequality is directly reflected in maternal and infant health outcomes.

Vaccination is one of the most effective interventions for protecting child health. However, vaccination coverage remains lower in low- and middle-income countries compared to developed countries due to inadequacies in cold chain and logistics. The WHO's health inequality database also shows significant disparities in vaccine access based on education, income, and regional differences.

Low-income countries suffer from a shortage of qualified healthcare professionals such as doctors, nurses, and midwives. Furthermore, the brain drain of healthcare workers to developed countries exacerbates this imbalance. The shortage of healthcare personnel seriously impacts the sustainability of services, particularly in rural areas.

According to UNICEF data, more than 400 million children worldwide do not have simultaneous access to basic services such as health, nutrition, or sanitation. This increases both acute and chronic health risks and deepens inequalities.

Low levels of education reduce knowledge of hygiene and awareness of disease prevention, which in turn increases the spread of infectious and preventable diseases. These social factors, which fuel health inequality, increase the burden on health systems.

The COVID-19 pandemic exposed structural vulnerabilities in health systems and further complicated access to essential healthcare in low-income countries. Post-pandemic recovery has been faster in high-income countries and slower in low- and middle-income countries, exacerbating global health inequalities.

Global health inequality creates dramatic differences in life outcomes, even for treatable and preventable diseases. Addressing these inequalities requires not only economic growth but also equitable health policies, strong health infrastructure, adequate healthcare personnel, education, and social support systems. Organizations such as the WHO, UNICEF, and the UN monitor countries' progress and develop policy recommendations by providing detailed health indicators and targets (e.g., SDG 3).

VII. ONGOING MEDICAL PROBLEMS IN THIRD WORLD COUNTRIES

A. Communicable Diseases

Communicable diseases remain one of the most significant public health challenges in many third world countries. These illnesses spread rapidly due to insufficient medical resources and environmental and socioeconomic factors that limit effective prevention and treatment. In many third-world countries, communicable diseases account for a large proportion of morbidity and mortality. Especially among children, the elderly and immunocompromised populations. Some of the most common and deadly communicable diseases in developing regions include Malaria, Tuberculosis, HIV/AIDS, Measles, Schistosomiasis and Cholera. In third world countries, almost all of these diseases are difficult to prevent and treat due to the factors that will be explained later in the guide.

B. Non-Communicable Diseases

Non-communicable diseases have become a growing public health concern in many third world countries. These conditions develop gradually and are strongly influenced by demographic, behavioral and socioeconomic factors that hinder effective prevention, early diagnosis and long term management. In most third world countries, non-communicable diseases now account for an increasing share of disability and premature mortality especially among adults, the elderly and individuals with limited access to continuous healthcare. Some of the most widespread and effective non-communicable diseases in developing regions include cardiovascular diseases, diabetes, chronic respiratory diseases, cancers and hypertension. In third world countries, addressing these illnesses remains challenging due to limited healthcare infrastructure, inadequate screening programs, low health literacy and the burden of coexisting infectious diseases. These factors, which will be further discussed in later sections of the guide, continue to place significant strain on public health systems.

C. Maternal and Child Health Problems

Maternal and child health problems remain a critical public health issue in many third world countries. These problems are caused by structural, medical and socioeconomic factors that limit access to essential maternal care, safe childbirth services and sufficient child health interventions. In many third-world countries, complications related to pregnancy, childbirth and early childhood development contribute significantly to preventable morbidity and mortality. Women of reproductive age, infants and young children are affected especially in communities lacking trained healthcare personnel and emergency obstetric services. Some of the most common maternal and child health problems in developing nations include maternal hemorrhage, infections, unsafe deliveries, neonatal sepsis, low birth weight, malnutrition and preventable childhood illnesses such as pneumonia and diarrhea. In third world countries, addressing these issues is difficult due to weak health systems, limited prenatal and postnatal care, cultural barriers and insufficient vaccination and nutrition programs. These underlying factors, which will be further expanded upon in the guide, continue to place a significant burden on public healthcare infrastructures.

D. Malnutrition and Food Safety Issues

Malnutrition and food safety issues represent a big part of the public health problem in many third world countries. These problems are caused by economic instability, insufficient food systems and environmental conditions that restrict access to sufficient, safe and nutritious food. In many third-world countries, malnutrition contributes heavily to both acute and long-term health complications especially among infants, children and pregnant women. Malnutrition deficiencies remain widespread, while emerging challenges such as obesity and diet-related non-communicable diseases are also becoming more visible. At the same time, unsafe food practices and weak contamination environments increase the risk of food-caused illnesses. Addressing malnutrition and food safety in third world countries remains difficult due to limited resources, poor infrastructure,

climate-related disruptions and inadequate public health education. These underlying factors, which will be explored further in the guide, continue to obstruct the process of ensuring reliable nutrition and safe food for vulnerable populations.

VIII. PUBLIC HEALTH RISKS IN THIRD WORLD COUNTRIES

A. Vaccine Inequality and Gaps in Medicine Access

Vaccine inequity and gaps in medicine access are arguably the two largest barriers to health equity in many third-world countries. These two barriers are caused by financial constraints, a fragile health infrastructure and global inequities in access to essential medicines. Vaccination levels remain below targets across many third-world countries, leaving a significant amount of the population at risk for preventable diseases. Furthermore, limited cold chain capacity, personnel shortage and other logistical insufficiencies in administering vaccinations in hard-to-reach communities leave health access gaps. At the same time, access to essential medicines, from antibiotics to antivirals to chronic disease treatment, remains fragile and often expensive. Patent restrictions, limited local production capacity, lack of reliable supply chains and reliance on foreign donations all contribute to chronic shortages of essential medicines. As a result, these precarious access mechanisms mean chronic suffering, delays in effective treatment, and increased mortality rates for millions of people in developing countries. These systemic gaps, outlined in this guide, require stronger collaboration at the global level.

B. Poor Sanitation and Limited Access to Clean Water

Poor sanitation and limited access to clean water remain major public health challenges in many third world countries. These problems are closely linked and significantly affect health, development and overall quality of life. The lack of clean water forces most of the population of third world countries to rely on contaminated water sources like rivers, lakes or handmade wells. These water sources often contain waste, pathogens and chemicals. As a result, many people who use the water that comes from these sources get waterborne diseases such as diarrhea, cholera, typhoid fever, hepatitis and parasitic infections. It's important to know that diarrheal diseases alone are one of the leading causes of death among children in these regions.

Poor sanitation infrastructure, such as the absence of toilets, sewage systems and proper waste disposal, worsens the problem. Open defecation is still common in many third world countries, leading to contamination of soil and water supplies. This creates a continuous cycle of infection and reinfection, especially in highly populated communities and informal settlements.

The limited availability of sanitary facilities and clean drinking water has major impacts on society and the economy. Children regularly miss school because of illnesses brought on by a lack of clean drinking water; adults do not achieve their full productivity because they continue to become ill from infections related to the lack of access to clean water. Additionally, women and girls experience most of the burden of collecting water and are often required to walk a long distance to do so, which places them at higher risk for physical exertion and safety concerns.

The absence of clean water and sanitation also creates additional barriers to the success of already struggling healthcare systems. Diseases that could have been prevented result in added hospitalizations for patients and greater costs for the healthcare system, which takes away from other

necessary services due to the lack of available resources. With repeated infections occurring among children, there is a high association between malnutrition and the inability to absorb nutrients due to the presence of repeated infections in children.

Improving access to clean water and sanitation will be one of the best means of reducing the diseases that people in developing nations suffer from, increasing the number of children who survive to adulthood and providing for sustainable development in the developing world.

C. Inadequate Healthcare Infrastructure

Inadequate healthcare infrastructure is a significant problem throughout the majority of third world countries and creates constraints on health systems' abilities to effectively prevent, diagnose and treat disease.

In many areas, especially in rural and remote locations, there are simply not enough hospitals, clinics and primary healthcare centers. As a result, many of these facilities are overcrowded and poorly equipped and cannot accommodate the needs of rapidly growing populations. Supplies of the equipment, medications, diagnostic tools, and basic supplies (e.g. clean beds, oxygen, sterile instruments, etc.) needed are often in short supply.

A major contributor to inadequate healthcare infrastructure is the lack of trained healthcare professionals. Many countries have few doctors, nurses and specialists per population due to both limited capacity for training and skilled workers migrating (brain drain) to higher-income countries, resulting in long waiting times, decreased quality of care and limited access to specialized treatment.

The inadequate healthcare infrastructure also impedes the ability to prevent the onset and detect infectious disease in its early stages. The inability to identify outbreaks through the use of laboratory studies and to monitor disease trends through inadequate health surveillance systems makes it virtually impossible for public health systems to respond to an emergency quickly. As a result, infectious diseases, maternal/child health and preventable chronic diseases contribute significantly to morbidity and mortality.

Lastly, financial constraints further exacerbate the problem. Most individuals cannot afford to seek medical attention until their conditions become critical because of insufficient government funding (leading to using out-of-pocket expenses), which results in preventable deaths and additional strains placed on health care services.

Overall, inadequate healthcare infrastructure perpetuates health inequalities and slows socioeconomic development. Strengthening healthcare systems through increased investment, workforce training, improved supply chains, and expanded primary healthcare services is essential to improving health outcomes and achieving long-term sustainable development.

D. Misinformation and Public Distrust

Misinformation and distrust in public healthcare present major challenges for social stability in public health in developing countries, where individuals may experience difficulty in accessing dependable information sources.

Misinformation spreads quickly on social media as well as through informal channels. Individuals lack the ability to discern credible sources from unreliable ones due to their low level of health literacy, inability to access credible sources, and insufficient regulatory oversight of social media platforms for the distribution of false information. Individuals may reject evidence-based medical evidence (e.g., vaccines or modern medical treatments) that is effective.

A further challenge to the fight against misinformation and distrust in public healthcare is distrust by the public towards healthcare systems and government institutions. Past incidents of government corruption involving medical practices and insufficient services have resulted in people questioning the motivations and competence of their local authorities. Additionally, some communities developed a level of distrust towards international organizations and governmental campaigns due to their historical exploitation or poor leadership practices from past public health campaigns.

Consequences resulting from misinformation and distrust include an increase in vaccine reluctance as evidenced by the return of preventable diseases such as measles, polio, and diphtheria, as well as increases in morbidity and mortality associated with health care seeking behavior and the use of ineffective traditional remedies during pandemics.

To combat misinformation and restore public trust, it is necessary to build transparent lines of communication and build trusting relationships with local leadership, provide culturally appropriate knowledge about health and involve the communities in which the healthcare providers operate in order to build trust with healthcare providers.

IX. UN AND INTERNATIONAL INVOLVEMENT

The United Nations (UN) and the international community play a critical role in addressing ongoing medical problems and public health risks in developing countries. The transnational nature of global health challenges necessitates multilateral cooperation in this area. Epidemics, inadequate health infrastructure, lack of access to clean water, and inequalities in access to health services directly affect not only the countries involved but also the global community. Therefore, the UN system considers strengthening the health capacity of member states and developing sustainable solutions a fundamental priority.

The World Health Organization (WHO), as the UN's main specialized agency for global health, undertakes the task of developing policies, providing technical guidance, and coordinating efforts to address public health challenges in developing countries. WHO sets international standards for disease prevention, early detection, and control, and also supports member states in strengthening their national health policies. In particular, combating infectious diseases, vaccination programs, maternal and child health, nutrition, and expanding basic health services are among WHO's priority areas of work.

WHO's work is not limited solely to emergency responses. The organization aims to increase the long-term resilience of health systems by providing support in areas such as training health personnel, data collection, and the establishment of disease surveillance systems.

Global early warning systems, created to detect and prevent the spread of infectious diseases at an early stage, are vital, especially for countries with limited resources.

In addition to the WHO, the United Nations Children's Fund (UNICEF) plays a significant role in improving public health in developing countries. UNICEF is particularly active in maternal and child health, vaccination campaigns, combating malnutrition, and access to clean water. Protecting children from infectious diseases and reducing infant mortality are directly linked to the sustainable development goals. UNICEF's field-based work ensures the grassroots level of health services by reaching local communities directly.

The United Nations Development Programme (UNDP) addresses health issues from a development perspective. UNDP aims to create long-term solutions by linking the strengthening of health systems to economic development, poverty reduction, and governance reforms. Sustainable investments in health infrastructure depend not only on medical resources but also on stable governance structures and adequate funding mechanisms. In this context, UNDP provides support to member states through capacity-building programs and policy advice.

International financial institutions also make indirect but significant contributions to improving public health in developing countries. The World Bank and the International Monetary Fund (IMF) establish loan and funding mechanisms for strengthening health infrastructure, building hospitals and clinics, providing medical equipment, and reforming health systems. However, ensuring that this financial support is sustainable in the long term and appropriate to national needs is a frequently discussed topic in MUN (Movement for the United Nations) discussions.

In addition to the UN system, international NGOs and humanitarian organizations also play an active role on the ground. Organizations such as Doctors Without Borders (Médecins Sans Frontières – MSF) and the Red Cross and Red Crescent Movement provide emergency medical intervention, particularly during conflict zones, natural disasters, and epidemics. These organizations fill a vital gap by enabling access to basic health services when state capacity is insufficient.

However, the effectiveness of international interventions faces various challenges. State sovereignty, lack of coordination, unequal distribution of funds, and insufficient consideration of local needs can limit the success of international health initiatives. Therefore, the UN and its affiliated agencies have adopted close cooperation with local governments and strengthening local capacity as a fundamental principle.

Consequently, addressing ongoing medical problems and public health risks in developing countries cannot be achieved through national efforts alone. The United Nations and the international community need to adopt a coordinated, inclusive, and sustainable approach. Multilateral cooperation, led by the WHO, plays a crucial role in safeguarding global public

health by both responding to immediate health crises and strengthening long-term health systems.

X. Difficulties Encountered in Implementation

National and international initiatives aimed at improving public health in developing countries, while well intentioned and with comprehensive goals, face numerous structural and systemic challenges in implementation. These challenges limit the effectiveness of health policies and hinder the realization of long term solutions. Below, the key obstacles negatively impacting this process are examined in detail.

A. Economic Constraints and Dependence on Foreign Aid

Many developing countries are unable to allocate sufficient resources to the health sector due to limited national budgets and low economic capacity. Health spending is often secondary to defense, debt repayments, or urgent humanitarian needs. This leads to serious shortages in essential areas such as hospital construction, medical equipment procurement, drug supply, and healthcare personnel salaries.

Many countries have become dependent on international donations and foreign aid to close this gap. However, excessive reliance on foreign aid weakens the sustainability of health systems. The irregular nature of aid, its linkage to political conditions, or its focus on short-term projects prevents long-term planning. Furthermore, the fact that foreign-funded projects do not always align with local priorities can lead to inefficient use of resources.

B. Weak Infrastructure and Logistics

The effective delivery of healthcare services requires a strong physical infrastructure and a functioning logistics system. However, in developing countries, hospitals, clinics, and laboratories are often inadequately equipped or completely inaccessible to rural areas. Power outages, lack of clean water, and weak transportation networks disrupt even basic healthcare services.

Logistical deficiencies pose a major obstacle, particularly in vaccination campaigns and emergency medical interventions. The inability to maintain the cold chain leads to vaccines becoming ineffective, while poor road conditions and security issues hinder the timely delivery of medical supplies to areas in need. This significantly delays the containment of public health risks.

C. Shortage of Skilled Healthcare Personnel

One of the biggest problems facing healthcare systems in developing countries is the lack of sufficient and qualified healthcare personnel. There is a widespread shortage of doctors, nurses, midwives, and public health specialists. Existing healthcare workers are often overwhelmed, which reduces the quality of service.

Brain drain exacerbates this problem. Healthcare professionals migrating to developed countries offering better working conditions and higher salaries create significant staffing shortages in countries with already limited resources. Furthermore, inadequate education systems make it difficult to train new and qualified healthcare professionals.

D. Cultural and Educational Barriers

Cultural beliefs, traditions, and low levels of education can significantly impact the implementation of public health policies. In some communities, distrust of modern medicine, anti-vaccination sentiment, or excessive reliance on traditional treatments reduces the effectiveness of health programs.

Lack of education leads to misinformation about the causes and prevention of diseases. Particularly in rural areas, insufficient awareness of hygiene, nutrition, and infectious diseases contributes to the spread of preventable illnesses. This situation requires not only medical but also social and educational solutions.

E. Coordination Gaps Among Stakeholders

Numerous actors operate in the field of public health: national governments, the WHO, UN agencies, international NGOs, and local organizations. However, a lack of coordination among these actors hinders the effective use of resources. The implementation of similar projects in the same region, or the complete neglect of certain areas, is a common problem.

This lack of coordination is further exacerbated by issues such as insufficient data sharing and unclear task assignments. This can lead to delays in emergency responses and the failure of long-term health strategies.

F. Sustainability Problems

Many health initiatives focus on short-term goals and lose their impact once the project duration ends. Insufficient development of local capacity leads to projects being unable to continue when external funding ceases. This makes it difficult to achieve lasting improvements in health systems. The sustainability problem is directly linked to deficiencies in funding, human resources, and governance. Unless long-term policies tailored to local needs are developed, gains in public health remain temporary.

Sustainability is one of the most critical challenges facing public health initiatives in developing countries. Goal 3 of the United Nations' Sustainable Development Goals (SDG 3: Health and Well-being) aims to ensure healthy lives and promote well-being for individuals of all ages. However, the implementation of this goal on the ground faces significant challenges due to numerous structural obstacles.

SDG 3 encompasses not only the treatment of diseases but also preventive health services, universal health coverage, reduction of maternal and child mortality, combating infectious and non-infectious diseases, and increasing the resilience of health systems. Nevertheless, a large proportion of health projects implemented in developing countries are short-term and dependent on external funding, thus failing to adequately align with the long-term goals of SDG 3.

For example, emergency health projects such as vaccination or epidemic response are often carried out with international funds and donations. While these projects may produce positive results in the short term, they become unsustainable when funding ceases if they are not

integrated into local health systems. As envisioned by SDG 3, to create lasting impact, such programs need to be integrated into national health policies and supported by local capacity.

Another significant challenge is the difficulty in implementing the Universal Health Coverage (UHC) goal. SDG 3.8 aims for all individuals to have access to basic health services without financial hardship. However, in many developing countries, health services are still reliant on out-of-pocket payments. This limits access to health services for the poor and weakens the inclusive approach of SDG 3.

Sustainability issues are also directly related to human resource shortages. SDG 3.c aims to increase and train the health workforce. Despite this, insufficient investment in training and brain drain prevent the long-term sustainability of health projects. Health centers established with international support may lose functionality if there is insufficient local staff.

Furthermore, although SDG 3 emphasizes areas such as non-communicable diseases, mental health, and environmental health risks, many health initiatives neglect these topics. The fact that short-term projects primarily focus on immediate crises makes it difficult to strengthen health systems holistically and sustainably.

Consequently, the sustainability of health policies in developing countries depends on developing long-term strategies that strengthen local capacity and are aligned with the goals of SDG 3. It is crucial that the WHO and other UN agencies treat health projects not merely as temporary solutions, but as tools to permanently strengthen national health systems. Otherwise, progress achieved under SDG 3 will remain far from sustainable.

XI. COUNTRIES OF IMPORTANCE

The countries discussed under this agenda item are affected differently by global public health crises and play different roles in the resolution processes. Some countries require direct intervention due to inadequate health infrastructure and chronic humanitarian crises, while others are key actors in terms of funding, technology, and policy making. The following 20 countries are of particular importance to the WHO.

Nigeria

Nigeria, being the most populous country on the African continent, is one of the countries where public health risks are most acutely felt. Infectious diseases such as malaria, tuberculosis, and polio are widespread. Inequality in health services between rural and urban areas is quite pronounced. Furthermore, rapid population growth and insufficient health personnel increase pressure on the existing system.

Democratic Republic of Congo

The Democratic Republic of Congo has become a critical country for global public health due to recurring Ebola outbreaks. Ongoing internal conflicts hinder the development of health

infrastructure and threaten the safety of health workers. The WHO and other UN agencies play an active role in outbreak control and emergency responses in the country.

Ethiopia

In Ethiopia, malnutrition, maternal and child mortality, and infectious diseases are significant problems. The high rural population and limited access to health facilities reduce the effectiveness of health services. Droughts linked to climate change also increase public health risks.

Somalia

In Somalia, the weakness of central government authority has led to the health system being heavily reliant on international aid organizations. Cholera, measles, and malnutrition are widespread. Prolonged internal conflict and displacement severely affect the continuity of health services.

South Sudan

South Sudan, a newly established state, has one of the world's most fragile health systems. Many health facilities are inadequately equipped, and there is a widespread shortage of qualified healthcare personnel. Armed conflict and internal displacement increase the risk of infectious disease outbreaks.

Afghanistan

In Afghanistan, decades of conflict have hindered the development of health infrastructure. Access to healthcare services, particularly for women, is severely restricted. Maternal mortality and childhood diseases remain serious public health problems.

Yemen

Yemen is experiencing one of the greatest humanitarian crises in modern history. Much of its health system has collapsed. Preventable diseases like cholera and diphtheria are widespread. Lack of access to clean water further increases the risk of epidemics.

Bangladesh

Bangladesh is a country where infectious diseases can spread rapidly due to its high population density. Floods and natural disasters frequently disrupt its health infrastructure. Furthermore, the Rohingya refugee crisis places additional pressure on the country's health capacity.

Haiti

Haiti frequently faces health crises following natural disasters such as earthquakes and hurricanes. Cholera outbreaks have highlighted the fragility of its health infrastructure. Political instability and poverty make the sustainability of health services difficult.

Pakistan

In Pakistan, infectious diseases, particularly polio, remain a serious problem. Community resistance to vaccination programs and security issues complicate public health efforts. Access to health services is limited in rural areas.

India

India is a critical country due to both its large population and its status as a major producer of pharmaceuticals and vaccines. While the country still faces health problems stemming from poverty, it contributes to global health solutions through the production of affordable medicines.

China

China has rapidly developed its health infrastructure and increased its international health aid. It provides hospital construction and medical equipment support in Africa and Asia. It is also a significant actor in global pandemic management.

United States

The US is a decisive actor due to its contributions to the WHO budget and the resources it allocates to global health research. It has a high technological and scientific capacity in combating infectious diseases.

Germany

Germany is one of the leading countries in global health governance and financing. It provides both financial and technical support to WHO projects.

United Kingdom

The United Kingdom has played an active role in international health aid for many years. It is particularly influential in health projects in Africa and South Asia.

France

France is implementing programs aimed at strengthening health systems, particularly in Francophone African countries. It has field experience in combating infectious diseases.

Japan

Japan stands out with its health technologies, post-disaster responses, and health infrastructure projects. It places importance on long-term development-based health projects.

Turkey

Turkey provides support in the form of field hospitals, medical equipment, and healthcare personnel as part of its humanitarian diplomacy. It plays an active role, especially in crisis regions.

Brazil

As a developing country, Brazil both addresses its own public health problems and plays a role in regional health collaborations. It has significant experience in combating HIV/AIDS.

South Africa

South Africa, with its extensive experience in combating HIV/AIDS, is an important actor in WHO discussions. It assumes a regional leadership role in the African continent.

XII. QUESTIONS TO BE ADDRESSED

1. What are the most pressing ongoing medical problems and public health risks in developing countries, and what factors contribute to them?
2. How do inadequacies in health infrastructure and inequalities in access to health services exacerbate public health crises?
3. What is the role of vaccination, early warning, and surveillance systems in the prevention and control of infectious diseases?
4. How should the impact of lack of access to clean water, sanitation, and hygiene services on public health be addressed?
5. How can cooperation between national governments, the World Health Organization, and relevant international stakeholders be made more effective?
6. How can the sustainability of health policies be ensured in countries with limited financial resources?
7. How can the resilience and crisis response capacity of health systems be strengthened during epidemics, natural disasters, and humanitarian crises?

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