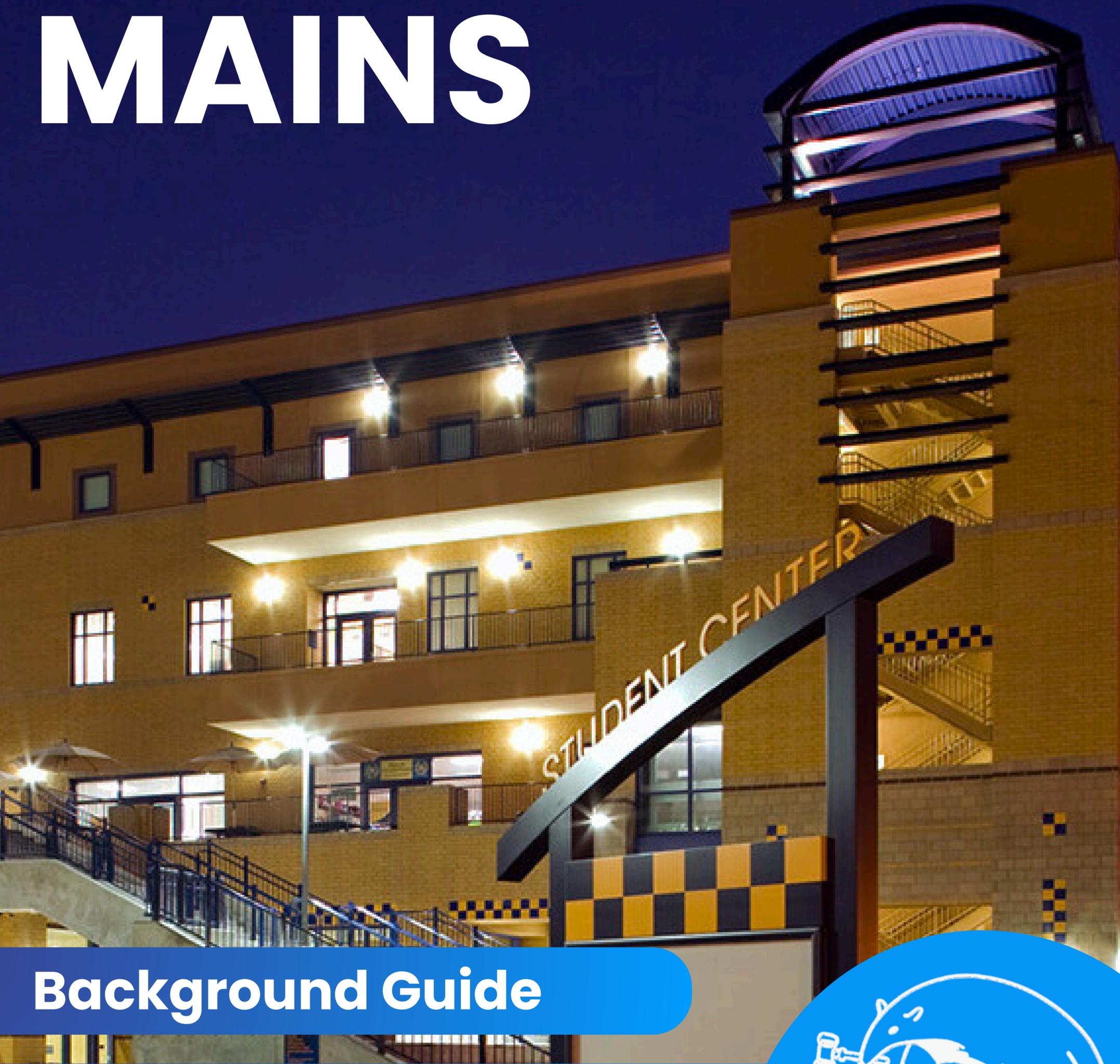


UCIMUN 2026 MAINS



Background Guide

WHO

Shreya Verma



Dear Delegates,

Welcome to the 34th annual UCIMUN conference! My name is Shreya Verma and I am honored to serve as your director for the World Health Organization (WHO) Committee. Although this is my second year with UCIMUN, I have been a part of Model United Nations for 6 years now. I also have had the privilege to serve as an Assistant Director at UCIMUN's 33rd annual conference. I was first introduced to MUN in middle school, not knowing much about it. Though my first conference was a unique experience, online due to the pandemic and an international, advanced conference, I tried my best to learn the most and succeed. In hindsight, I am extremely grateful for the opportunity to be a part of that conference as it gifted me with an interest in global issues and lifelong friendships. I can understand that for many of you this conference may be an introductory step in your MUN journey, but I want to assure you that I am here to assist you in any way possible.

I am a second year student majoring in Political Science, pursuing the pre-law track. Outside of MUN, I am interested in a variety of different activities such as travelling, spending time with friends, staying active, and going to the beach! I also love exploring new cafes and restaurants.

Our first topic is "Implementing Sanitation Systems in Urban Transport to Mitigate the Spread of Infectious Diseases". It is extremely important to understand that urban transportation plays a leading role in the spread of infectious diseases. Contaminated surfaces, infected passengers, and even unsanitary protocols can impact the lives of many people, beyond public transportation users. After COVID 19, public health safety has been a prioritized concern on a global level. Our second topic, "Providing Equitable and Quality Medical Support to Developing Countries to Decrease the Disparity Among Developed/Developing Nations" aims to explore and address one of the most significant issues in the lack of medical care. This issue poses a disadvantage to selected countries across the world (often third world countries), further creating a negative impact on the lives of many who seek urgent medical support.

Although this topic synopsis is a guide for you to use, it is only intended to serve as a starting point for your research. I cannot emphasize enough the importance of thorough research. These topics are extremely complex and in order to do well in committee, and understand every aspect of the topic, it is critical to analyze this topic from multiple perspectives.

I am incredibly excited to be a part of your MUN Journey and eager to meet you all in April 2026! Until then, good luck to all of you and as always, if you have any questions or concerns please do not hesitate to reach out.

Best,
Shreya Verma

Topic A - Implementing Sanitation Systems in Urban Transport to Mitigate the Spread of Infectious Diseases

Introduction:

Public transportation systems are a significant contributor to the spread of infectious diseases. Often, unsanitized surfaces such as handrails, seats, and belts can unknowingly transmit diseases. As urbanization continues to grow rapidly, it is clear that many cities will adopt practices more commonly found in urban areas. Although certain actions have been taken in the past by the World Health Organization, it is important to collectively work harder to sanitize public transportation systems, especially after the COVID-19 crisis.

In the United States, approximately 7.8 million people utilized the public transportation system before the COVID-19 pandemic. This included 2 million people in the New York City Region and one-third of workers in the San Francisco Bay Area. While ridership has recovered post-pandemic to nearly 70% of its previous numbers, concerns about sanitation are preventing a full rebound (Woodhouse 2023). This skepticism about using public transportation can mainly be attributed to people's fear of public transportation causing infections. There is no doubt that people correlated public transportation systems with increased infections. Additionally, in some cities, up to one-third of people have completely stopped using public transportation systems (Fleming 2021). This further exemplifies the doubts people have about public transportation systems.

Currently, over 55% of the world's population lives in urban areas. By 2050, this number is expected to increase to nearly 68% (World Health Organization). Since public transportation systems are more common in urban areas, more cities will likely shift to a heavier reliance on public transportation systems, given their transformation to urban societies. This highlights the severity of this issue, suggesting a need for urgent action.

Public transportation systems are composed of dry surfaces that serve as hosts for many bacteria and microorganisms. Often, pathogens are transmitted to humans directly through hand contact with these surfaces. Due to the volume of people who go on and off public transportation systems every day, it is evident that surfaces in the public transportation systems would be highly contaminated (CDC 2024). Disinfecting and cleaning these handrails, seatbelts, and seats can be a viable solution to stop the spread of many infectious diseases, especially during rush hour. Recent studies have shown that people who are ill can shed nosocomial pathogens at concentrations that are enough for transmission. Furthermore, despite the sanitation efforts, many of these pathogens can persist for long periods of time, days, and even months. Often, these pathogens can be transmitted through the hands of the workers who try to sanitize the dry surfaces (French, Otter, and Yezli, n.d). Though there are sanitation efforts ongoing to mitigate the spread of infectious diseases in public transportation systems, the efforts may not be enough. Higher advancements of sanitation may be needed in order to completely stop the spread.

The World Health Organization has taken many actions to ensure public health safety. In 2005, the International Health Regulations (IHR) agreement was adopted, which requested member states to uphold health standards in airports to prevent cross-border disease spread. Under IHR 2005, states needed to maintain capacities at airports and ground crossings to protect the travelers. Furthermore, the WHO's guide to hygiene and sanitation in aviation and ships in 2009 and 2011 established basic sanitation standards to protect aviation and ship crew as well as travellers (US National Library of Medicine, n.d). Lastly, the Sustainable Development Goals aim to push for a sustainable environment in multiple aspects, including sanitation by 2030 (United Nations, n.d).

Description

Issues Regarding Waste Management and Hygiene in Public Transportation Systems

Although regular cleaning and sanitation are critical in public transportation systems, there is almost always a stigma associated with the sanitation of public transportation systems. A lack of public sanitation not only leads to harmful diseases, but it can also be a leading cause of unwanted odors, pest infestations, and a disturbing environment (Payne 2025). Even though these public transportation systems get sanitized sometimes, it is not just the responsibility of the people who clean the systems. Everyone needs to collectively take responsibility to prevent the spread of diseases. For example, some steps that public transportation users can take include carrying a hand sanitizer, avoiding touching one's face, wearing a mask, and advocating for change in the cleaning routines of public transportation systems (Payne 2025). Advocating for change can start from smaller-scale campaigns and move forward to more complex social protests.

The sanitation of public transportation systems is strategically performed, but the volume of public transportation systems makes in-depth sanitation impossible. For example, the Metro Transit has merely 100 employees who help sanitize 1000 buses and 86 light rail vehicles. In this situation, there are far more buses and light rails combined than employees to clean them, suggesting that each transportation system may not be thoroughly cleaned. Additionally, buses are thoroughly cleaned at least every 45 days, and trains are cleaned at 6000 mile intervals, further exemplifying how they are cleaned in gaps, leaving room for bacteria to build up (Metro Transit 2020). At this time, public transportation systems and the surfaces in them become breeding grounds for germs and spreading bacteria (Payne 2025).

Many public transportation systems also lack facilities that can promote sanitation, such as hand-washing stations, gloves, and access to wipes. Specifically, in a sample of 100 stations in the greater Accra region of Ghana, only 13% of bus stations and 5% of train stations had proper hand washing facilities. Moreover, more than 80% of stations do not provide people with information about effective sanitation and hand washing practices (Frazid, Wuhyumi, and Yahmani 8, n.d). Hand-washing facilities can limit the spread of diseases and can help people during rush hour, when stations are not being cleaned as frequently. The lack of information posters also suggests a lack of awareness about this issue. These information posters could emphasize the importance of taking precautionary measures such as washing hands and wearing masks.

Ventilation and air purification are also critically important for mitigating the spread of infectious diseases in public transportation systems. In January 2020, in the Huanan province of China, a COVID-19 outbreak was observed. A 24-year-old man was traveling on two buses, B1 and B2, on the same afternoon. He was infected with COVID-19, and when the situation was analyzed, seven passengers on B1 were infected, while only two were infected on B2. It was later found that the time-averaged ventilation rates of B1 and B2 were 1.7 and 3.2 L/s per person, respectively (Ou et al. 2021). It is clearly evident that a more ventilated system likely led to a lower number of infections passed on. This highlights the importance of a properly ventilated system and ensures that there is air purification within a transportation system.

Looking at these cases, it is clear that sanitation is not only about the appearance and cleanliness of the public transportation system, but also consists of a proper ventilation and air purification system.

The Rapid Spread of Infectious Diseases

Public transportation systems are often interconnected, which makes it easier for diseases to spread across various widespread locations. These pathways can connect major cities and even smaller rural areas. To understand the spread of infectious diseases through public sanitation issues on transportation systems, it is critical to note how widespread these diseases can get through what may seem like “small connectivity”. For example, the early cases of COVID-19 were noted in Wuhan, China, where public transportation was extremely popular. Quickly after the confirmation of COVID-19 cases, Wuhan shut down its public transportation systems to contain the spread of the virus (Thomas, Mohammadi, Taylor 2022).

In order to understand and contain the spread of infectious diseases, Castillo-Chavez et al. performed a study to discover the direct impact of public transportation systems on the spread of infectious diseases. To perform his study, he modeled the dynamics of chickenpox and its control while assuming that the disease was purposefully released in a large city that was reliant on public transportation. This study consisted of the use of many mathematical epidemic models, including SIS (Susceptible-Infectious-Susceptible), SIQS (Susceptible-Infectious-Quarantine-Susceptible), SEIS (Susceptible-Exposed-Infectious-Susceptible), and SIRS (Susceptible, Infectious, Recovered, Susceptible). These models helped them keep track of the public transportation spread and mitigate ways the diseases were spread. (Cressman, McCluskey, and Xu 2013).

The airlines and aviation models are also a part of the public transportation system. The airline network across the globe consists of local airports (nodes) and hubs (airline hubs). The connection of a local airport and a major airline is known as a hub-and-spoke connection. These transfers are major places where infection spreads as people are rapidly moving around to

different destinations. As people move from nodes to larger and more populated airports, they are transferring diseases from smaller cities to the rest of the world. This is how global crises and pandemics arise from smaller epidemics. Often, at these hub-spoke connections, there is little sanitation, which contributes to the spread of infectious diseases (Cressman, McCluskey, and Xu 2013). Based on real-world examples, it was evident that COVID-19 also spread from travelling. For instance, many smaller countries that did not have many COVID-19 cases were exposed to COVID-19 from larger countries where COVID-19 was prevalent. Epidemics often become pandemics due to travel, unsanitary conditions, and proximity in nodes and airline hubs. Small countries such as Malta, Cyprus, and San Marino often had fewer cases compared to larger countries like France due to their size. These countries had fewer entry ports, which contributed to less international travel, slowing the spread of COVID-19 (Calleja et al, 2022)

Diseases and infections caused by the same pathogen can often impact people in different ways. For instance, men and women respond to infections differently “because different parts of their immune systems are enhanced” (Crawford 2024). In public transportation systems, vulnerable people such as young babies, pregnant women, and elderly individuals may be more susceptible to catching infections due to their weakened immune system. This prompts an urge to reform the sanitation efforts of the public transportation systems. Additional factors such as race, weight, and pre-existing conditions can all impact the severity of the disease (Crawford 2024). This was specifically seen in COVID-19, as many people were asymptomatic. This meant that they were infected with COVID-19 and were able to pass it on without feeling any symptoms (ADA). Asymptomatic people could potentially contribute to the spread of infectious diseases in public transportation systems, as they would unknowingly pass on infections in the systems.

Unsanitary public transportation systems are not only a threat to people's health and well-being, but they also can indirectly impact the global environment. For example, 50% of public transit users are going to and from work, while only 37% are going shopping and for other recreational activities (APTA 2024). More trips are made for work purposes rather than recreational ones, suggesting that trips to work are more of a priority. Many people are largely skeptical of using public transportation systems due to concerns about public health safety. If people are unsure about using these transportation systems, they may have a harder time commuting to work. Furthermore, if people are not going to work, they will not be able to carry out the duties necessary to benefit the economy. 87% of transit trips directly benefit the local economy, further showing the importance of transit for economic growth. Given the large volume of employees who travel on public transportation systems, it is understandable that if they get infected, they would pass it on to their coworkers. Though they pick up the infection in the public transportation systems, they are likely to spread it beyond these systems, such as homes, workplaces, and schools. This rapid growth in infections suggests an increase in the demand for medical facilities and healthcare institution availability. For example, in COVID-19, the surge of infections created a challenge for medical facilities as their capacities were quickly reaching maximum. In the most recent and largest wave in Japan, hospital beds were almost fully occupied in large cities. In Tokyo, the medical system was very close to collapsing (Kokudo and Sugiyama 2021). Rapidly spreading infections from public transportation systems likely will lead to similar challenges if not controlled.

Public Transportation Sanitation in Relation to WHO

According to the World Health Organization, “the WHO works worldwide to promote health, keep the world safe, and serve the vulnerable” (WHO, n.d). They try to prevent health emergencies and keep people around the world safe. Additionally, they also try to provide people with access to medical support and equal healthcare for everyone. The topic of sanitation in public transportation systems directly relates to the goals of the WHO, as this committee aims to mitigate the spread of infectious diseases. It is needed to do this on a global level, and this effort must start from local levels and then build its way to higher levels. As seen, unsanitized public transportation systems are not only a threat to people’s health, but they also affect the demand for medical facilities and the economy. Essentially, the sanitation in public transportation is a chain effect that is a combination of the efforts of public institutions and public transportation users.

Bloc Positions

Developed countries with advanced sanitation methods

Countries that are developed often have more funding and resources that can help them maintain their public sanitation. For example, Denmark, the United Kingdom, Finland, Sweden, Luxembourg, Austria, and Switzerland have been on the list of top 10 cleanest countries since 2020 (World Population Review). These countries are all large countries with the ability to allocate their resources towards maintaining a clean environment. Many times, these developing countries also have larger medical facilities available in case of any health emergency. These developed countries may be able to assist developing nations by transferring resources such as sanitation devices and even financial funds.

Developing nations that are trying to improve their sanitation facilities

These nations are typically those that may still be in the process of developing and progressing forward. Many third-world countries may fall into this category, seeking to improve their public sanitation facilities. As of 2023, nearly 1.7 million people lack access to basic sanitation facilities, and many of these people are young girls. In schools, proper WASH facilities are required for girls, and without this, girls may face barriers in attending schools (CDC 2025). Given that these developing countries lack basic sanitation, many questions may be raised regarding the deep sanitation issues rooted in public transportation systems. In order to alleviate this issue, many third-world countries can work with larger and developed countries to get aid and support.

Nations that have highly innovative technologies

Many nations that have highly innovative technologies can support nations that are not as technologically advanced. For example, the United States is highly innovative in the fields of Artificial Intelligence (Davis 2025), which can help aid the ongoing crisis of public sanitation in transportation systems. Many countries that are advanced can use their technology to further create innovations within the sanitation sector.

Nations that are highly dependent on public transportation systems

Countries that are highly dependent on public transportation systems may need to pay more attention to the sanitation system. South Korea, Chile, and Japan are some of the countries that are very reliant on public transportation systems (International TEFL Academy). Given the volume of people who use these transportation systems, more frequent cleaning would be

necessary. In order to do this, these countries would benefit from being more innovative or getting assistance from those who are technologically advanced.

Committee Goals:

By the end of this committee session, I expect delegates to be thorough with their understanding of the criticality of sanitation in public transportation systems. Delegates need to understand that a failure in sanitation systems not only affects the health of people but can also lead to devastating impacts on the demand for medical facilities and the global economy. It is also important to understand the connection between the public transportation sanitation system and the decrease in the spread of infectious diseases. Apart from individual countries and their own transportation systems, delegates may look at this issue from the perspective of other countries as well. This is because many public transportation systems are interconnected through transfer points, nodes, and airline hubs. Therefore, cooperation is highly encouraged in this committee. In order to succeed, thoroughly understanding the perspectives of fellow countries will help with the unmoderated and moderated Caucasus.

Apart from preliminary research and preparation in this committee, active listening, participation, and decorum are expected. Essentially, this is a complex and intricate topic that can be analyzed from multiple perspectives, which is why it is necessary to respect fellow delegates. Disrespect to other delegates and insensitivity of any kind will not be tolerated under any circumstances.

Research Questions:

1. What are some ways that unsanitary conditions on public transportation systems impact aspects of life beyond healthcare and public safety? How might these affect the daily lives of people, and in which ways are these connected from country to country?
2. What are some ways developed countries with access to technological advancements would see this as a feasible solution when taking into consideration the dynamics of different countries with each other?
3. What are some of the leading causes of insanitary conditions on public transportation systems, and how are these issues addressed by nations and other governmental institutions?
4. What has the WHO done specifically to address this issue, and why does the issue of public sanitation matter so much to the WHO? What have been some past actions that have been taken by the WHO?
5. How is public sanitation in daily life similar to that on public transportation, and do any of these affect more people? If yes, how? Think about this in great detail from the perspective of your country's potential relations and connections to many others.

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Topic B: Providing equitable and quality medical support to developing countries to decrease the disparity between developed/developing nations.

Introduction:

Equal and accessible healthcare does not simply mean getting basic medical support; rather, it is defined by quality. Collins dictionary defines quality as “any of the features that make something what it is; characteristic element; attribute, and the degree of excellence which a thing possesses” (Collins Dictionary, n.d). In terms of medical support, quality healthcare is defined as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with evidence-based professional knowledge” (Peabody et al., n.d). It is essential for healthcare services to address multiple aspects of wellbeing, such as prevention, treatment, rehabilitation, and palliation (Peabody et al., n.d).

Many people in developing countries face struggles regarding obtaining quality medical care and support, leading to worsening conditions and possibly death. In low and middle-income countries, nearly 15% of the deaths (around 5.7 to 8.4 million deaths) are due to poor quality care. In fact, four in ten patients with chronic illnesses have little to no trust in their healthcare system. This raises concerns about the reliability of medical services in lower and middle-income countries, as patient satisfaction is often associated with their personal experience in these healthcare facilities (Fact Sheet: Quality Health Services, 2025). Largely, this discrepancy in medical support can be attributed to knowledge barriers, a gap in applications of available technology, and the rigidity of change within these nations. It is extremely important for many nations to come together in order to address the issue of medical disparities. Furthermore, race, sex, and ethnicity can even have an impact on this, as many marginalized groups, along with

women, do not get access to medical care (Mheidly et al, 2022). This issue directly relates to the WHO, as the WHO supports countries for development and oversees national policies and strategies with regard to patient safety and quality healthcare services (Fact Sheet: Quality Health Services, 2025). In recent times, the issue of medical disparities between developed and developing countries has become more relevant. Since the COVID-19 pandemic, the demand for medical care has risen to unmatched levels. In fact, COVID-19 vaccines have also been a source of unequal medical care. For example, many larger and wealthier countries have been accused of “hoarding” vaccines, leaving none for lower-income countries. This poses threats to the health of those who reside in third-world countries, as they would be more vulnerable to COVID-19 (Tatar, 2021).

This medical discrepancy is not just seen in physical healthcare, but it is also observed in key cases of mental health. The WHO defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (Mental Health, 2021). Mental health is a basic human right and should be treated just as important as physical health. A primary reason for this gap in medical assistance for mental health can be due to the negative stigma associated with it in many developing nations. Oftentimes, along with physical barriers such as staff shortages and non-advanced technology, there can also be cultural differences and many differing views besides the Western view (Mental Health, 2021).

One of the major progress points that has been made is the Universal Health Coverage (UHC) by 2025. The main goal of the UHC is to ensure that people, regardless of their financial status, have access to a full range of medical services. The UHC has led to improvement in the

healthcare system since 2015. However, this is just the beginning of change in the healthcare system (Universal Health Coverage (UHC), 2025).

Description:

The Issue of Measuring Quality Healthcare

As previously mentioned, healthcare services are not expected to just be easily accessible, but they also should be at par with some of the medical support systems in wealthier and developed nations. In other words, healthcare services should be equal around the world, regardless of developmental status. Quality comprises three major elements: structure, process, and outcomes. Structure refers to the material characteristics within medical institutions, such as the infrastructure, equipment, and technology. This aspect can also consist of the level of advancements in the institution, along with finances such as payments, staffing, and funding. Process is the communication and understanding between the medical respondent and the patient. Their skill level, ability, and performance style can all be classified as process. Lastly, it is critical to understand the outcome as the final result of the preceding steps. The outcome can be measured in varying measures such as post medical care health, status of ongoing health conditions, and life expectancy (Peabody, et al., n.d).

In developing nations, healthcare services can be measured and monitored through these three elements. By tracking these indicators, observers are able to make correlations between the resources available and outcomes in healthcare. Structural measures are convenient to obtain and are the most common type of indicators used to compare healthcare in developing and developed countries. Many developed nations have access to advanced tools and larger facilities due to financial aspects. After many observations, it became evident that there was a shortage of

medications, tools, facilities, and even medical staff within developing nations. For instance, the WHO determined that 50-80% of medical supplies in developing countries are not functional. This further contributes to the idea that medical systems in developing countries are not entirely reliable. (Sunilkumar, Hicks, and Suresh 2024). Regardless, studies show that better physical material in medical facilities does not always promise higher performance levels and attributes. In fact, they mainly assist countries when these physical characteristics expand accessibility in areas that are rural or isolated (Peabody, et al., n.d). This depicts how having structural components in the medical field may only help in extremely poor settings or major clinical surgeries. It suggests that while structural components may help to a certain extent, there are other factors that strongly influence the outcomes of healthcare services and medical care (Peabody et al., n.d). Process, in contrast to structure, can be hard to measure due to the confidentiality of each medical visit and the lack of a standardized way to quantify "beneficial visits" (Peabody et al., n.d). In developing nations, it is particularly harder to obtain data on this variable. The measurement of process is seen as a preferred way to decide the outcome of healthcare due to recent advancements in ways to measure process. For instance, many developed countries utilize health charts on large platforms and surveys to obtain information on patient satisfaction. Patient satisfaction and interactions are also directly linked with better outcomes. This indicates the need for strengthening patient and medical provider relations within developing nations. Lastly, positive outcomes in healthcare are the main goals of medical providers as they are the final results that are often used to dictate the success of a medical service. However, it is critical to note that not all outcomes can accurately reflect the healthcare support provided. For example, people who received poor medical support may still have a great health outcome if they contracted a less severe and threatening disease. On the contrary, those

who received well above average medical support may have a worse result due to the severity of their condition (Peabody, et al., n.d).

Analyzing these three preliminary factors has shown that quality healthcare cannot be categorized in three simple terms. Each factor has setbacks in terms of either measuring it or the reliability of it regarding health outcomes. Understanding this, it is evident that the core concept of quality healthcare can be subjective depending on each country and its personal circumstances (Peabody et al., n.d). In order to expand on the discussion of factors that contribute to quality healthcare, the WHO adds to the ongoing discussion of measuring quality healthcare by stating that it should be effective, safe, people-centered, timely, equitable, integrated, and efficient (Fact Sheet: Quality Health Services, 2025).

COVID-19 and the Continuing Concerns of Distributing Healthcare Materials Equally

During the COVID-19 pandemic, many developing nations faced challenges as diseases spread. In seven developing countries (Afghanistan, Bangladesh, Democratic Republic of Congo, Haiti, Nepal, Senegal, and Tanzania), a study estimated that less than a third of the healthcare centers had access to masks before the pandemic. Furthermore, many developed nations, such as the US, had around 33 ICU beds per 100,000 people, while developing countries such as India, Pakistan, and Bangladesh had merely 2 ICU beds per 100,000 people. In fact, the number of ICU beds available dropped to as low as 0.6, 0.4, and 0.1 beds per 100,000 people in Zambia, Gambia, and Uganda, respectively (Voituriez and Chancel, n.d). Largely, this can be attributed to the lack of finances or domestic income inequality in these nations. Understanding that COVID-19 spreads to many people within a country, often to the extent that the hospital demands exceeded the available facilities, it is clear that developing nations with a low number

of ICU beds would face struggles when treating patients. In other words, they would not be able to provide everyone who needed a bed with access to one, leading to higher mortality rates (Voituriez and Chancel, n.d).

Inequality in healthcare was also present when COVID-19 vaccines became available. To analyze the COVID-19 vaccine distribution, observers mainly utilized two inequality indices, Lorenz Curves and Gini Coefficients. Data was collected on 178 countries, accounting for 98% of the total population. The Lorenz Curve is a straight diagonal 45-degree line plotted on a graph where curves above it indicate equality, whereas curves below it suggest inequality (Tatar, 2021). When the data was plotted on the curve, it was significantly below the Lorenz Curve, which suggests extreme healthcare inequality. To translate this into numbers, “80% of the population only had approximately 5% of the total COVID-19 vaccines in the world, and the rest of the population (20%) accounted for around 95% of the COVID-19 vaccines” (Tatar, 2021). This suggests that the majority of the population in the world had access to a small proportion of the vaccines available, whereas only selected and high-income countries had most of these vaccines. The Gini Coefficients are also another index that shows inequality as they range from 0 to 1, where 0 represents an equal distribution, whereas 1 represents a highly unequal distribution. In fact, for COVID-19 vaccines and GDP, the Gini Coefficients were 0.88 and 0.86. These numbers are extremely close to one, which suggests a massive inequality in vaccine distribution (Tatar, 2021).

Inequalities within healthcare services are not only limited to different countries, but they are also present within each country individually. For example, health equity can be determined by a variety of factors, including race/ethnicity, age, medical ability, socioeconomic status, sex/gender, digital literacy, geographic location, immigration status, political affiliation, and

employment status (Mheidly et al, 2022). During the COVID-19 pandemic, the mortality rate was five times higher for those who were in a lower socioeconomic group than for wealthier individuals. In particular, Hispanic males had a mortality rate that was 27% higher (Mheidly et al, 2022). Furthermore, the pandemic led to a high unemployment rate, especially for people in the Black and Latinx communities (Mheidly et al, 2022). In order to sustain their livelihood, these people often got long-hour jobs in high-risk zones, further exposing them to the virus (Mheidly et al, 2022).

Beyond the pandemic, it is still evident that minorities face discrimination and inequality when obtaining medical services. On a global scale, one in five people report experiencing inequality and segregation within healthcare and other professional grounds, and this is disproportionately high in lower-income developing countries. Due to inadequate healthcare and insufficient support, many people who belong to these developing nations face severe unattended health-related illnesses, potentially leading to death (Reduce Inequality within and among Countries, n.d).

The Gap In Medical Support For Mental Health-Related Issues

Along with discrepancies regarding medical support in physical wellbeing, mental health is also impacted by this issue. A study was conducted with a total of 20 participants (10 male and 10 female) to discover attitudes and beliefs of Asian international students over the age of 18 regarding their mental health and access to help (Kopinak 2015). The purpose of the study was to learn more about the perception that many minorities had about the topic of mental health. The study utilized interviews with open-ended questions that these participants had to answer. The results found out how many students had a negative connotation about this topic as participants

incorporated words such as “weakness”, “taboo”, “failure”, “bad emotions”, and “shameful”. In fact, many of these participants also did not seek help due to the fear of their society looking down upon them (Kopinak 2015). This study strongly supports findings in a previous study that found that people who belong to minority groups were less likely to seek support for mental health issues (Kopinak, 2015). Overall, this sheds light on the global crisis of mental health and suggests why many people may have hesitations about bringing up this topic. Not only that, but due to this issue constantly being suppressed and hidden, developing countries (which often consist of minority groups) may not accept mental health openly. This could also be a barrier when trying to obtain adequate mental health services. Furthermore, people who face struggles with their mental health may not speak up, which could lead to their issues worsening over time (Lopez, 2023). Nearly 50% of issues related to mental health go unnoticed, which causes them to exacerbate (Cordial Psychiatry 2024). This could be due to a lack of knowledge and awareness in developing countries, along with different perspectives. Although mental health is largely accepted in developed countries, this may be due to the Westernized view and mindsets of many people. It is critical to understand that many countries, which have not been exposed to these issues, may have a harder time adapting to this view. This change is not only a lifestyle change, but it is a change that may take time and effort for the developing countries to adopt (Andine, 2023).

Past Actions and Initiatives for Achieving Healthcare Equality

Numerous steps have been taken to ensure equality in the healthcare system, yet individual initiatives may only help to a certain extent. It is important for countries to come together to spread awareness and work together through structural transfers to minimize this

global issue. Particularly, in the US, initiatives have been taken that are assisting minorities with obtaining easier access to medical services. For example, in 1984, an investigation took place that documented the distressing healthcare inequalities in a report known as the Taskforce Report. This report shed light on the inequalities that minority groups faced, which prompted the creation of the Office of Minority Health in 1987 (Williams, 2016). This office primarily focused on mitigating the large gap in medical support for minorities by collecting racial data in healthcare and developing policies to ensure that people of all backgrounds have access to medical support. In 1999, Congress mandated an annual National Discrepancies Healthcare Report. This was an attempt to increase the transparency in data collected on healthcare inequalities and access to medical assistance (Williams, 2016). Consequently, in 2010, the United States passed the Affordable Care Act, which ensured that healthcare was more accessible and easily affordable. Though these initiatives are a step toward equality, they are not enough. These initiatives are specific to the US, which is a developed country. It is critical for developing nations and developed nations to work together to come up with solutions (Williams, 2016).

On a more global scale, the Sustainable Development Goals (SDGs) often work to promote progress in various aspects of life. Among these aspects are healthcare and wellness. SDG Target 3.8 argues for universal health coverage, access to safe and quality healthcare, and quality medicines and vaccines for all (SDG Target 3.8, n.d). During the pandemic, the COVAX initiative was launched, which aimed to supply equal vaccines to different countries (Tatar, 2021).

Bloc Positions

Developed Countries that can offer Financial Assistance

Many countries that are wealthier and have more resources may be willing to transfer some of these resources and fund the healthcare sector of those countries that are not able to do so. For example, funding developing countries' healthcare can help them expand their structural aspects in institutions such as medical tools, facilities, advanced technologies, and the number of medical professionals available. This would result in many people in developing nations having basic access to healthcare forms.

Developing Countries Wanting to Expand Their Healthcare

Just as many developed countries have initiatives that promote equality in healthcare, developing countries can also try to launch national policies that mitigate the ongoing inequality of medical services. In addition, these countries can work with other developed countries to form partnerships and alliances, which would help them receive resources and guidance during the reformation process.

Countries that Emphasize Spreading Awareness

As a preliminary step, many countries may want to address the root of this issue by spreading awareness and educating people within the nation. These countries may be more receptive to the Western view regarding mental health and anti-racism, and can try to combat these issues before proceeding to policy initiatives. These countries would want to focus on perspective change and deep-rooted issues before the complex logistics of expanding healthcare.

Countries with Transitioning Economies

These countries would find themselves in an obscure position as they are transitioning their economies, which may mean that they are not fully developed. It might be beneficial for these countries to focus on transitioning and provide resources to those countries that are developing, while also getting assistance to expand their development process from developed countries.

Committee Goals:

In this committee, it is expected that you do thorough research that can assist you with addressing the global concern about inequality in healthcare. While your country may fit into only one category depending on development status, it is critical that you research his topic from multiple perspectives. You should research ways your country can help other countries, get assistance from others, and even spread awareness. I encourage all of you to work through this topic with an open mind and engage with various sources that can give you a range of information. Think about equality in healthcare through the lens of multiple factors, as mentioned in the description. For example, I encourage you all to think about factors beyond structure, process, and outcomes, and think in directions beyond what was described in the topic synopsis.

Apart from the research required for this topic, I also want to remind you all of the decorum and professionalism I expect from you. This topic deals with complicated and sensitive topics that must be properly addressed. When discussing these topics, it is important to remember that others may have different views from you and use an appropriate tone/language when talking about these issues. Disrespect of any kind will not be tolerated, and insensitivity is strictly prohibited.

Research Questions

1. How might factors such as structure, process, and outcomes work together to form an inclusive and equal healthcare environment, and what factors beyond these can also affect this issue?
2. What are some ways that developing nations can address sensitive issues that may not be widely accepted, and how can developed nations assist in this?
3. Overall, what does healthcare inequality mean, and is it only present in large medical institutions like hospitals and clinics?
4. What might be some barriers for developed countries when trying to offer support to those who are developing?
5. Why might some people be against the idea of reforming healthcare systems, and how can that impact the overall progress of a nation?

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