

Background Guide

Committee: World Health Organization (WHO)

Topic: *Preventing the Next Pandemic: Global Preparedness, Equity, and Governance in 2025*

I. Introduction to the Topic

In the five years since COVID-19, the world has seen both dramatic progress and glaring failures in pandemic preparedness. New funding mechanisms, data-sharing platforms, and vaccine technologies have emerged—but so have intensified geopolitical rivalries, uneven healthcare capacities, and mistrust in global institutions.

As of 2025, the threat of another pandemic looms large. Zoonotic spillover events, antimicrobial resistance, and emerging bioengineered pathogens remain real risks. Scientists warn that the “Disease X” scenario—a rapidly spreading, highly lethal, unknown pathogen—could hit within a decade.

The question before the WHO now is: *Are we prepared—and if not, how can we be?*

At the center of this question is a fractured world order. The United States, under a second Trump presidency, has returned to a nationalist and transactional foreign policy, casting doubt on multilateral frameworks. China, meanwhile, is expanding its global health influence, funding regional health initiatives across Africa and Asia. The European Union pushes for technocratic coordination and surveillance systems, while low- and middle-income countries demand vaccine equity and access to essential tools.

The WHO must now reconcile these tensions to forge a new, lasting global health compact.

II. Key Challenges to Preventing the Next Pandemic

A. Surveillance and Early Detection

- Fragmented global data-sharing networks remain a weakness.
- Many countries lack access to genomic sequencing or real-time surveillance tools.
- Sovereignty concerns prevent full transparency in early outbreak reporting.

B. Health System Inequity

- Many low-income nations still lack robust health infrastructure or pandemic response capacity.
- Vaccine distribution in the COVID-19 era revealed major failures of global solidarity.

- The WHO's COVAX program struggled to meet its goals due to funding shortfalls and hoarding by wealthy nations.

C. Global Coordination and Trust

- Public trust in global institutions—including WHO—has declined in some countries.
- The International Health Regulations (IHR, revised 2005) are outdated and poorly enforced.
- Pandemic treaties under negotiation are stalled amid geopolitical tension.

D. Political Obstacles

- Great-power rivalry increasingly shapes health diplomacy.
- Nationalistic policies threaten global responses (e.g., vaccine export bans, data secrecy).
- Climate change, migration, and food insecurity all intersect with pandemic risk but receive uneven international attention.

III. The WHO in 2025: Structure and Politics

- The WHO is formally a **technical health agency**, not a geopolitical one—but its influence is shaped by national funding, compliance, and global buy-in.
- It relies on **member states for data, surveillance, and response capacity**.
- Major reforms are under debate: a revised IHR framework, a **Global Pandemic Accord**, and new **emergency financing mechanisms** (e.g., the Pandemic Fund).

Recent shifts:

- The **U.S. has rejoined the WHO**, but with a combative stance under President Trump, pushing for “reforms” that align with sovereignty and cost-sharing demands.
- **China** has increased health diplomacy through its Belt and Road Health Initiative, positioning itself as a partner to the Global South.
- The **EU** and partners advocate for stronger central authority within WHO, including early intervention mandates.
- Many **African, South Asian, and Latin American states** argue for “pathogen equity” and **technology transfers** to prevent dependence in future outbreaks.

IV. Country Representation (30 Key Nations)

These countries are critical due to population size, healthcare infrastructure, global influence, or vulnerability to outbreaks. They should be prioritized for representation in the simulation:

Global Powers

- **United States** US
- **China** CN
- **Russia** RU
- **India** IN
- **United Kingdom** GB
- **France** FR
- **Germany** DE
- **Japan** JP
- **Brazil** BR

Global South / Regional Leaders

- **South Africa** ZA
- **Nigeria** NG
- **Kenya** KE
- **Indonesia** ID
- **Bangladesh** BD
- **Pakistan** PK
- **Mexico** MX
- **Egypt** EG
- **Vietnam** VN
- **Philippines** PH
- **Thailand** TH

- **Argentina** AR
- **Colombia** CO

High-Income Stakeholders / Donors

- **Canada** CA
- **South Korea** KR
- **Australia** AU
- **Italy** IT
- **Spain** ES
- **Norway** NO
- **Saudi Arabia** SA
- **United Arab Emirates** AE

V. Geopolitical Blocs and Alignments

Transatlantic Bloc (EU + G7-aligned democracies)

- **Members:** Germany, France, UK, Canada, Japan, Italy, Australia, Norway, Spain
- **Priorities:** Strong multilateralism, global early warning systems, binding pandemic agreements, equitable financing, technical cooperation

National Sovereignty Bloc (U.S. under Trump, Russia, Gulf States)

- **Members:** United States, Russia, Saudi Arabia, UAE, potentially others
- **Priorities:** Oppose intrusive global mandates, emphasize national preparedness, transactional cooperation, “health security” over equity

China + Belt & Road Health Network

- **Members:** China, Pakistan, Egypt, parts of Africa and Southeast Asia
- **Priorities:** Build South-South health infrastructure, promote Chinese surveillance tools, bilateral vaccine diplomacy, resist U.S.-led norms

Global South Solidarity Bloc

- **Members:** India, South Africa, Nigeria, Brazil, Indonesia, Bangladesh, Kenya, Philippines, Argentina, Mexico
- **Priorities:** Technology transfer, IP waivers, regional health autonomy, pandemic financing access, oppose “vaccine nationalism”

Note: Many countries (e.g., India, Brazil) float between blocs depending on issue and context.

VI. Key Issues for Debate

1. Global Pandemic Treaty

Should WHO be empowered to enforce health emergency compliance? Or is sovereignty paramount?

2. Funding Mechanisms & Vaccine Equity

How should a permanent Pandemic Fund be structured and governed? Who pays—and who gets access?

3. Data Transparency and Surveillance

Should outbreak data-sharing be mandatory under international law? What safeguards protect national interests?

4. Intellectual Property vs. Global Access

How do countries balance pharmaceutical innovation with global equity? Should IP waivers be automatic in pandemics?

5. Climate-Health Nexus

Should WHO integrate climate resilience into pandemic planning—especially in vulnerable, high-biodiversity regions?

6. Reforming the WHO

Does WHO need more power or less? Should emergency declarations be made by experts—or debated by states?

VII. Questions for Delegates

1. What are the political and economic limits to global pandemic cooperation today?
2. How can sovereignty concerns be respected while enabling fast, coordinated health action?

3. What new tools—financial, legal, or technological—are needed to prevent the next pandemic?
4. How do countries ensure trust in global health systems after the controversies of COVID-19?
5. What role does your country want WHO to play: coordinator, enforcer, or advisor?

IX. Final Chair's Note

The next pandemic is not a matter of if, but when. In this committee, you must balance national priorities with shared risk, and geopolitical rivalry with scientific urgency. This is a moment to rebuild trust—or to entrench division. The world is watching.