UoBDMUN 2026

PER AD ARDUA ALTA

Background guide

World Health Organization (WHO)

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Welcome Letter

Dear delegates,

It is with great pleasure that we welcome you to the World Health Organization (WHO) at UOBDMUN. We are Nour Malkat and Joury Sahrij, and it is our honorto serve as your Chairs throughout this conference. We are genuinely excited to meet all of you and to guide you through a meaningful, challenging, and memorable experience.

Over the next three days, we hope you will approach the committee with both curiosity and confidence. We expectdelegates to demonstrate thorough preparation, activeparticipation, and diplomatic conduct. Whether you are delivering speeches, drafting working papers, or negotiating behind the scenes, every contribution you make will shape the direction of our debate. We encourageyou to advocate passionately for your country's stance while remaining open to compromise, one of the most valuableskills in any MUN setting.

Being part of the WHO committee comes with its own set of challenges, including navigating diverse perspectives and aligning national interests with global responsibilities. However, the growth, confidence, and insight gained through this process are truly unmatched. We hope you make the most of this experience: take initiative, ask questions, challenge ideas respectfully, and enjoy the journey

We look forward to anengaging and productive committee, and we wish you all the very best as you prepare for your role in the World Health Organization.
Warm regards,

Nour Malkat and Joury Sahrij

Committee Introduction

There is a difference between production of regular consumer goods and medicines. In most instances, the production and distribution of consumer goods is regulated by the laws of supply and demand. In contrast, the production of medicines is impacted by the laws of patents and intellectual property rights. These laws serve to protect the monetary investment put into research and development, as well as the investments made to discoverthe best mode of delivery for a final medicine, the best methodfor testing the safety, efficacy, and cost-effectiveness of the new medicine, obtaining regulatory approvals, and the production of the medicine on an appropriate scale.

When demand is high for a particular good, legal exclusivity to produce and supply that good may protect the production of that good. This scenario is often seen in timesof pandemics where the focus shifts from protecting competitors to the question of whether the existing policies can achieve justice in times of great need.

This scenario exists in the case of access to effective therapy for HIV infection, and most recently, in the case access to therapy for COVID-19 infection. In times of restricted available healthcare resources, trust in the global health system drastically decreases. Until a solution is found, health care resources, such as medicines, vaccines, diagnostic tools, personal protective equipment, ventilators, and oxygen systems,as well as the raw materials and the components to build them, will continue to be in high demand.

Topic Introduction

Balancing Intellectual Property Rights and Global Access to Essential Medical Supplies

Important concepts in this area include: patents, compulsory licensing, voluntary licensing, patent pools, data exclusivity, trade secrets, and technology transfer. As a legalright, patents, for a limited time, shield the owner's invention from being made, used or sold by others (without permission) and provide exclusive rights to the owner to exploit the invention (World Trade Organization [WTO], n.d.-b). Data exclusivity, on the other hand, protects the owner's clinical trial data from being accessed and used by competitors (even in the absence of a patent on the

product). Trade secretsprovide protection to the owner'sproprietary information particularly in relation to the processes of production and manufacturing.
TRIPS (The Agreement on Trade Related Aspects of Intellectual Property Rights), applies to all members of the WTO (World Trade Organization) and contains minimum standards for patent and other intellectual property rights (WTO, n.d.-b). Generally, patents provide exclusive rights for a period of twenty years. When TRIPS came into being in the mid-1990s, many governments were concerned that the imposition of uniform patentstandards would lead to increased costs and result in restricted access to the markets of low-income countries.

The Doha Declaration on theTRIPS Agreement and Public Health established the orientation of the trade rules to be in defense of public health and expanding the availability of essential medicines to all in 2001 (WTO,n.d.-a). It acknowledged the flexibility of WTOmembers to use and implement the rights to implement compulsory licensing.

In the case of licensing, a government is ableto permit the production of a patented item without the approval of the patent owner, as long as certain conditions are met. This is meant to be a legal mechanism to address public health crises and other utilitarian national circumstances, but in practice, it is very difficult to implement. A government needs to have the legal, regulatory, and, most importantly, the political capacity to do so. This applies to the necessaryand sufficient conditions for manufacturing, raw materials, and a reliableand accessible qualitycontrol system.

Countries employ a variety of accessibility methods. Some go with tiered pricing, voluntary licensing, patent pooling, and philanthropic collaborations. Some countries explore compulsory licensing when publichealth calls for increased access.During the COVID-19pandemic, global initiatives tried to increase access to vaccines. COVAX worked to integrate and coordinate the supply, financing, and distribution of vaccines (WorldHealth Organization [WHO], n.d.-a). The Medicines Patent Pool worked on licensing treatments (Medicines Patent Pool, 2026), and the WHO started the COVID-19 Technology Access Pool to encourage sharing of patents and proprietary information (WHO, n.d.-b).

At the same time, countries placedexport restrictions on the inputs,competed for glass vials, syringes, personal protective equipment, active pharmaceutical ingredients, and specialty components for diagnostics. Vaccinenationalism and supply chain disruptions illustrated that patents and proprietary information are just a small piece of the puzzle.

Effective manufacturing relies on a variety of components such as sufficient technical expertise, data, and trained personnel, along with robust quality control and regulatory compliance mechanisms. Where such resources are insufficient, leveraging intellectual property rights will not result in meaningful access. This is the reason for the emphasis on capacity-building: countries that are able tobuild robust regulatory frameworks, secure financing, and solid supply chains are able to assimilate and utilize new technologies for rapid scale production.

Topic Analysis

Access to products globally depends on three components: rules, resources, and trust. Rules include everything from intellectual propertyand licensing to export controland procurement and regulation of products. Resources are about money, raw materials, supply chains,and production capacity. Trust is about transparency, quality assurance, and equity (WHO, n.d.-c).

This committee will discuss trade-offs.

Stronger protections may incentivize innovations. In competitive markets, companies claim that strong IP returns are necessary to justify large bets in R&D. This is not only the case for big pharma, even small biotech companies need IP to attract funding.

Access may equal lives saved, but may also mean tech transfer, licensing, and funding from reluctant private actors. Technology transfer is not just a contract. It includes training, process control, planning of logistics, regulatory control, and engineering assistance. High-tech products (e.g., mRNA vaccines) have supply requirements such as lipids, enzymes, and controlled temperature storage, each of these is a potential bottleneck.

Diverse blocs focuson different aspects.Most low-to-middle incomecountries place emphasison price, supply, and sustainable domestic production. They argue that relying on a few providers creates delays and vulnerabilities. They also note that certain innovations were developed with public funding and thus should be more readily available during crises.

Several high-income countries focus on innovation, strong patents, and voluntary licensing. They also tend to characterize access issues more as supply and funding problems rather than patent ones, and argue that a weakened IP system would be detrimental to innovation over a more prolonged horizon.

Certainty, IP protection, and global collaboration are the focal points of pharmaceutical companies. They cite predictable markets and the high cost of failure in research and development. On the other hand, several civil society groups and public health advocates have been calling for greater transparency surrounding pricing and for establishing stronger access conditions in publicly funded research and procurement.

The main challenge is to find a way to bridge all these differences. The committee is tasked with the creation of new mechanisms. The delegates may also considerpathways for price transparency and advance purchase agreements, which may influence how supply is allocated, a combination of voluntary licensing with strong access conditions, use of patent pools, support for regional manufacturing hubs, negotiated cooperation among regulators on interoperability, and improved procurement.

Questions for the Resolution

1. How can WHO encourage wideraccess to essential medical supplies without undermining incentives for research and development?

2. What models of licensing and technology transferare realistic for Member States,and how should quality standards be preserved?

3. Should therebe clearer triggersfor compulsory licensing during health emergencies, and what safeguards are necessary?

4. How should financing and procurement be structured to reduce relianceon a single supplier or a single manufacturing region?

5. What information should Member Statescommit to sharingto improve transparency on pricing, supply, and manufacturing capacity?

6. How should WHO support regionalmanufacturing without creatingunsafe or low quality products?

7. What role should patent pools and global accessinitiatives play in future

Starter Sources

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