



Background Guide

World Health
Organization

1 | Addressing Equitable and Inclusive Healthcare to
Strengthen Response to Future Airborne Disease
Breakout

SDG: 3. Good Health and Well-being, 10. Reduced Inequality, 11. Sustainable Cities and
Communities

Authored by Geunyoung Lee, Yoohyun Emma Lee, Gaon Kang

Last updated Oct 12, 2025

Table of Contents

Table of Contents	2
Committee Introduction	3
Agenda Introduction	4
Letter from the Chairs	5
Key Terms	6
Past Actions / Policies	10
Current State of Affairs	12
Stances of Parties	14
Possible Solutions	21
Questions to Consider	22
Bibliography	23

Committee Introduction

The World Health Organization, or the WHO is a specialized committee within the United Nations that specifically addresses global health issues. The committee acts as the main international forum for cross-nation healthcare and collaboration, while tackling numerous issues in individual countries such as outbreaks and healthcare regulation. Founded in 1948, the WHO's primary goal is to build a world where basic healthcare is accessible, the vulnerable are not disadvantaged and scientific research and policies can thrive.

In the past, the WHO has addressed various issues, one of the most recent and major issues being the COVID-19 pandemic. The COVID-19 pandemic was a period of international mass panic and healthcare system reforms. During the pandemic, the WHO played a critical role in supporting healthcare systems, promoting vaccine efficacy, and encouraging international collaboration.

In this committee, delegates will examine the root causes of healthcare inequalities revealed by the previous pandemics, as well as the socio-political aftermath of the airborne disease crisis on humankind and the environment. Certain emphasis could be placed on formulating both global and regional policies aimed at addressing issues such as workforce shortages, underrepresented minorities, and lack of healthcare access in rural areas. Delegates are encouraged to collaborate actively so that they establish comprehensive solutions that include inclusive and equitable policy-making and strengthening international cooperation to build a resilient healthcare system worldwide.

Agenda Introduction

The global COVID-19 pandemic exposed significant gaps in healthcare systems, especially in inclusive and equitable aspects. This highlighted how disparities in access, infrastructure, and resources can severely hinder effective responses to airborne disease outbreaks. Equitable healthcare assures that every individual, regardless of nationality, socioeconomic status, or demographic background, can access necessary medical measures and preventive protocols to save their lives from tragedy. Inclusivity consolidates the integration of marginalized and vulnerable communities and individuals into healthcare services and mechanisms, ensuring that no group or person is disproportionately disadvantaged by discriminatory societies or policies.

Not only mentioning the recent COVID-19 crisis, but there were notorious diseases throughout human histories, such as the 1918 Spanish flu, Influenza, Chickenpox, and Measles; most of them resulted in millions of casualties and devastation of infrastructure. Since the existence of airborne diseases is inevitable, the significance of constructing a system of equitable healthcare can not be emphasized enough. Therefore, discussing equitable and inclusive healthcare systems is not just a moral imperative, but also a strategic necessity to protect humanity against future airborne disease outbreaks.

Letter from the Chairs

Dear esteemed delegates,

Hi everyone! We are Geunyoung Lee, Yoohyun Emma Lee, and Gaon Kang from Branksome Hall Asia, and we are honored to serve as your chairs for GECMUN XII. As your Head Chair, Deputy Chair, and Associate Chair, we are thrilled to welcome you to this conference and look forward to guiding you through an engaging and inspiring MUN experience.

MUN is more than just debate. It is a platform to explore diverse perspectives, develop your confidence in public speaking and writing, and collaborate with others to solve global issues. Whether it is your first MUN or your tenth, we encourage you to take this as an opportunity to challenge yourself. You will also make meaningful connections with people from diverse backgrounds and exchange ideas that could consolidate your skills and knowledge. Many of us once shared the fear of speaking or writing formally, but those hardships helped us grow into stronger, more confident individuals.

As a team, we are committed to ensuring that this committee becomes an enjoyable and intellectually rewarding experience for every delegate. We hope you approach this conference with an open mind and enthusiasm for problem-solving, teamwork, and global citizenship. Please remember that we are here to help you, so do not hesitate to reach out to us if you have any questions about the background guide, procedures, or anything else. We are happy to support you every step of the way.

We can't wait to see you all at the conference and witness your passion and insight. Let's work together to make this conference memorable for everyone.

Wishing you all the best in your preparations and an amazing conference ahead!

Best Regards,

Geunyoung Lee | Head Chair | leegeunyoung05081@branksome.asia

Yoohyun Emma Lee | Deputy Chair | leeyoohyun03991@branksome.asia

Gaon Kang | Associate Chair | kanggaon04054@branksome.asia

Key Terms

Airborne Disease

Airborne disease is defined as bacteria or viruses commonly transmitted through the air. The examples include COVID-19 and Influenza (flu).

Health Equity

Health equity is a concept that focuses on providing tailored resources and support based on specific circumstances. It aims to eliminate disparities and ensure everyone has opportunities for public healthcare.

Health Equality

Health equality is a concept that prioritizes sameness when everyone is provided with the same resources, regardless of their individual needs. It contrasts with health equity and may not address existing disparities or barriers in healthcare.

Health System Resilience

Health System Resilience refers to the ability of a specific health system to effectively prepare for, or respond to various shocks(e.g. Limited resources, pandemic, natural disaster), while, at the same time, maintaining essential services.

Health Policy and Systems Research (HPSR)

HPSR stands for Health Policy and Systems Research, an interdisciplinary field focused on understanding how societies govern, finance, and organize to achieve collective health goals, analyzing the interactions between policies, health systems, and their broader determinants.

Non-Pharmaceutical Interventions (NPIs)

NPIs stands for Non-Pharmaceutical Intervention, a public health measure excluding medications or vaccines. It is focused on mitigating the spread of infectious and contagious diseases and reducing transmission through various means like hygiene, social distancing, and environmental controls.

Risk Communication and Community Engagement (RCCE)

RCCE (Risk Communication and Community Engagement) is a strategic sharing of accurate, timely information during health emergencies, crucial for fighting misinformation and building trust in diverse communities. It combines risk communication—the exchange of opinions, advice, and information between officials and public—with community engagement—the process of building relationships to develop effective emergency response solutions.

Global Health Diplomacy

Global Health Diplomacy is the process of shaping international policies and responses to global health issues. It focuses on health issues that require the cooperation of many countries to address issues of common concerns related to health, well-being, and safety.

Intersectional healthcare

Intersectional healthcare examines how various social categories (e.g. race, gender, class, and disability) lead to either advantages or disadvantages in healthcare, influencing patient outcomes and experiences. Acknowledging intersectionality in healthcare can prompt equity and reduce disparities,

Decentralized health system

A decentralized health system refers to a system where responsibilities for health care services are distributed to a lower level, such as regional or local government, away from a central authority.

Global Burden of Disease (GBD)

GBC (Global Burden of Disease) is a research program that quantifies the impact of diseases, injuries, and risk factors on global health. It often assesses mortality and disability, which provides crucial data to improve health systems and reduce health disparities.

Historical Background

1918-1920 Spanish Flu pandemic

The Spanish Flu pandemic was a global outbreak caused by the H1N1 subtype of the influenza A virus. Between 1918 and 2020, this disease infected about an estimated 500 million people, or one-third of the world's population. According to estimates, Mortality toll of the disease was estimated to be 17 million to presumably 100 million people, making it one of the most fatal pandemics in recorded history. The pandemic consistently occurred on multiple occasions and the second wave, in late 1918, killed a disproportionate number of young adults aged 20 to 40. That said, the only ways to curb its spread were public health initiatives and social distancing, due to the absence of vaccines and effective treatments. Consequently, its severity and hazardous consequences led to abrupt changes in public health systems and policies around the world.

1957 Asian Flu Pandemic

The 1957 Asian Flu pandemic was caused by a new influenza A (H2N2) virus, first discovered in China's Yunnan Province in February 1957. As a result of the virus's rapid spread, 1-2 million people were estimated to be dead, which included countries—like Singapore, Hong Kong, India, and the United States. This disease was prevalent among all age groups, however, a second wave, which hit the Northern Hemisphere in late 1957 and early 1958, specifically struck children, elderly, and pregnant women. Nonetheless of its mild symptom, it was one of the three deadliest influenza pandemics of the 20th century due to its quick spread and enormous worldwide impact. It led to important shifts in the world healthcare system. International cooperation was strengthened for highlighting the necessity of efficient vaccine production and distribution, especially through the World Health Organization's role of influenza monitoring and response efforts.

1968 Hong Kong flu Pandemic

The 1968 Hong Kong flu pandemic was a global outbreak brought on by a influenza A (H3N2) strain that was initially discovered in Hong Kong in July of 1968. The airborne virus spread rapidly worldwide, causing mortality rate between 1 to 4 million citizens, the majority of whom were elderly. Due to the better acknowledgement of medical care and some cross-immunity from earlier flu pandemics, the pandemic's death rate was lower than that of previous influenza pandemics. In response to Hong Kong flu pandemics, the government extended clinic hours and recommended social distancing with patients, highlighting the need for more equitable and inclusive healthcare systems. Public health response included the development of vaccines, enhanced surveillance, and targeted immunization campaigns for vulnerable groups in order to better prepare for future outbreaks of airborne diseases.

2002-2004 SARS outbreak

The Severe Acute Respiratory Syndrome (SARS), caused by the SARS coronavirus

(SARS-CoV), triggered a global epidemic. The outbreak began on November 16, 2002, in Foshan, Guangdong province, China, and quickly spread to other regions. It was marked as the first major pandemic of the 21st century. From November 2002 to July 2003, SARS impacted over 8,000 people in more than 30 countries, resulting in 774 deaths, with a global fatality rate of approximately 9.6%. During the crisis, the government healthcare systems, particularly in China, faced significant challenges. In the early stage of the outbreak, the Chinese government failed to exchange information between local and national authorities, delaying detection and response. This disproportionately affected vulnerable populations who had less access to alternative sources of information and healthcare services. The exposure of the systematic limitation led the Chinese government to invest heavily in improving public healthcare and workforce development in subsequent years.

2009 H1N1 Swine Flu Pandemic

Starting from April 2009, the H1N1 Swine Flu Pandemic led to a global outbreak, stemming from a new strain of influenza A virus. The virus was initially identified in Mexico and rapidly spread worldwide, lasting until August 2010. The global infection rate was approximately 11% to 21% since the official death toll varies from 150,000 to 575,000, particularly in Africa and Southeast Asia, where healthcare access is often limited. Compared to the general seasonal flu, which most severely affects the elderly, this pandemic significantly impacted children, young adults, pregnant women, and people with chronic health conditions. Each country implemented several policies and measures to mitigate the repercussions, with particular emphasis on distributing vaccines and antiviral medications globally.

2020-2023 COVID-19 Pandemic

The COVID-19 Pandemic was a global health crisis caused by the novel coronavirus SARS-CoV-2, first identified in Wuhan, China, in late 2019. Millions of people were infected—from nearly every country in the world—and millions of people died. Particularly, the elders and people who were suffering from underlying health conditions were extremely vulnerable. To mitigate the devastating situation, the countries implemented strict measures such as lockdowns, travel restrictions, mask mandates, and social distancing. However, the majority of the healthcare systems still faced unprecedented difficulties in eliminating the inequality that the social minorities face. For example, the overwhelmed capacity of hospitals and governmental health centers resulted in the shortages of medical resources; the people who could not afford expensive vaccinations and health services were neglected, worsening the existing socio-political disparities. These challenges highlighted the chronic weaknesses of the current healthcare system, further urging the government to greatly invest in public health infrastructure, workforce support, and sufficient resource allocation.

Past Actions / Policies

1. Global Health and Peace Initiative (GHPI) – WHO

A framework for incorporating health services into peacebuilding initiatives in vulnerable and conflict-affected regions was promoted by the World Health Organization's Global Health and Peace Initiative (GHPI), introduced in 2019. It encourages the use of health systems as a neutral entry point to increase community resilience, promote communication, and ease local tensions via its six workstreams that include advocacy, capacity building, and evidence building. This strategy has been applied in nations where access to basic healthcare has been seriously limited by conflict, such as Syria and Yemen. Similarly, GHPI's aim on community involvement and the strategic implementation of the healthcare system to reconnect two opposing groups is one of its main strengths. Nonetheless, the program is still primarily conventional, necessitating local cooperation and political will for its longevity.

2. Advanced Partnerships in Health (APiH) – ICRC & Canadian Red Cross

The International Committee of the Red Cross (ICRC) launched the Advanced Partnerships in Health (APiH) in collaboration with the Canadian Red Cross. As part of their 2020-2024 strategy, it seeks improvement of healthcare delivery in conflict-affected communities. Utilizing mobile clinics, field hospitals, and enhanced local healthcare systems, it offers a range of care in vulnerable countries like South Sudan and the Central African Republic from first community level to hospital-level medical treatment. This program's ability to integrate healthcare into local communities builds trust and allows consistency in treatment, even those in unstable situations. Still, for this partnership to operate, it requires a large amount of funding, coordination, and logistical capacity, which can be restricted by the challenge of securing safe access in areas of active conflict. Thus, it is desirable to prioritize sustained investments and facilitate secure access in local healthcare infrastructure to ensure the continuity and expansion of service delivery of APiH.

3. Doctors Without Borders - Establishment of Medical Centers

An international Non-Profit Organization (NGO), Doctors Without Borders, deployed emergency mobile clinics and medical centers in communities that suffer from a lack of resources to ensure vulnerable groups could access healthcare. The policy greatly supported people who were neglected or overlooked by the government, especially in the conflict areas. Through the support from the medical professionals in their respective fields, the marginalized populations were able to receive aid and care without any financial burden. However, due to the nature of the organization being an NGO, the operations heavily depended on donor funding and volunteer

capacity, which were insufficient to fulfill the global demand. Moreover, it couldn't pressure the local government to resolve the problem; it only functioned as a short-term solution to cure desperate people.

4. Gavi & CEPI & WHO & UNICEF - COVAX Facility

As a multilateral joint among NGOs and the United Nations, the four organizations cooperated in order to accelerate the development and manufacturing of COVID-19 vaccines to ensure equitable distribution of healthcare access for every country around the globe. The programme was named COVAX facility, which delivered over 240 million vaccines to 139 countries by the end of 2021, supporting the most vulnerable populations in low middle-income countries. Through the collaboration between influential corporations, it allowed access to urgent operational funding as well as transferring technology and political engagement to monitor the progress in the long term. However, it experienced vaccine shortfalls due to the bilateral contracts with high income countries, undermining the COVAX allocations.

Current State of Affairs

Airborne diseases have always been an issue, as they are easily transmitted by clinging to airborne dust particles or water droplets. After the Covid-19 pandemic, the world has become even more conscious of airborne disease prevention and treatment. Currently, the US is experiencing the worst measles outbreak in 30 years, with 1,309 cases reported from over 40 states and 29 outbreaks recorded in 2025. 88 percent of all cases were related to outbreaks. Influenza, though common with seasonal outbreaks, has low and decreasing reports overall. Another serious airborne disease is tuberculosis(TB). TB has been the cause of death for 1.25 million individuals worldwide in 2023, possibly returning to being the leading cause of death due to a single infectious agent.

Countries with weaker healthcare systems are more vulnerable to quickly transmitting airborne diseases. The main challenges that LEDCs often encounter is poor infrastructure, lack of resources and inadequate financing. For example, Bangladesh is ill equipped with human resources, with less than one doctor per 3000 citizens. This is far under the recommendation of the WHO of having 2.3 health workers(physicians, nurses and midwives) per 1000 of the population.

Inequities have always existed in healthcare, whether between countries, patients or within the healthcare workforce itself. In the recent COVID-19 pandemic, with most of the healthcare system's focus on the said disease, these inequities were amplified. An example of this is the racial discrimination faced by many non-white citizens of the US. 87% of White patients received treatments for Covid-19 within 2 days of hospitalization, while Black, Asia and Other patients were 81%, 85% and 84% respectively. In addition, White patients were more likely to receive corticosteroids and all supplemental oxygen requirements. These inequalities existed before the pandemic, but the sudden shift in focus towards the healthcare system made them more apparent.

One of the most effective methods of disease prevention is vaccination. However, the WHO has revealed that an estimated 107,500 children under the age of 5 died due to measles in 2023, even though vaccinations are often safe and cheap. In addition, the percentage of children receiving their first measles vaccine decreased from 86% of 2019 to 83% in 2023. In addition, studies have uncovered that the lack of vaccination coverage for socio-economically disadvantaged populations have led to the increase of child mortality rates in children under the age of 2. Such statistics uncover the risk of having an unequal or weak healthcare system, and emphasizes the need for universal healthcare.

There is currently no universal standard for equitable healthcare. The pre-existing resolutions from various sectors of the UN's attempt at tackling the issue has been vague, with emphasis on individual country's respective methods. This lack of universal and specified guidelines result in disparity between countries and the quality of healthcare.

Stances of Parties

Australia

Australia is a steady supporter of healthcare equality and has made many measures to ensure that patients receive adequate care no matter their socio-economic background. A prime example of Australia's support is Medicare, a universal healthcare scheme that provides citizens (and sometimes temporary visitors) with a vast range of healthcare services with low to no costs. Australia's healthcare system is regarded as one of the world's best, maintaining a low cost for patients and working towards improving equality. However, Australia is still challenged with socio-economic and geographical (urban vs suburban) disparities that interfere with patient treatment. During the COVID-19 pandemic, the Victorian government (state-level government of Victoria, Australia) created worker-support payments and test-isolation payments for the duration of isolation in order to assist the lower class.

Bangladesh

Bangladesh is a country that experiences significant challenges in creating healthcare equality within its system. The issue lies in the high barrier for low-income groups to accessing healthcare. Though Bangladesh makes efforts to improve their healthcare system, for example subsidization of treatments by the government, 64.3% of health expenditures come from the citizens. Bangladesh only spends 2.64% of its GDP on healthcare financing, with health insurance, national or private, being practically non-existent. In conclusion, Bangladesh has yet to establish a strong base for healthcare equality.

Brazil

Brazil is an advocate for healthcare equality, but faces challenges reaching such goals. The Unified Health System(SUS) was established in 1990, focusing on primary care, specialized care, and pharmaceutical coverage. As an extension, healthcare was declared a right in Brazil, attempting to guarantee equal access to healthcare. However, the SUS's distribution of infrastructure and support varies heavily depending on the location, especially for the poorer areas of the country. Though the inequality between the wealthy and poor sectors has decreased over time, the disparities are still large. In addition, even though Brazil spends around 9.6% of its GDP on healthcare, most of such spending is private, leaving the SUS underfinanced.

Canada

Canada is a country that aims to provide universal healthcare without any inequalities. However, Canada's healthcare system has shown disparities between racial groups and people of different socio-economic statuses. To tackle these challenges, Canada uses the Health Inequalities Data Tool, a database that holds information regarding the healthcare inequalities for Canadian citizens and specific demographics of racial and socio-economic groups. With 12.1% of Canada's GDP invested in healthcare, the country is a steadfast supporter of healthcare equality.

Chile

Chile's healthcare system consists of two tiers, public and private. Citizens use different facilities depending on the insurance type they use, where public insurance users receive lower quality care than private insurance users. This system causes a huge disparity between the quality of care for lower-income to higher-income populations. In 2023, 8 pioneering municipalities assessed the social determinants of health in Chile and implemented strategies to improve equal access to healthcare. The country aims to expand its universal healthcare coverage to 187 municipalities by the end of 2027.

China

China experiences severe healthcare inequalities, whether it be regional or economic. The Chinese insurance system is split into two, one supporting employed members of society, and the other for citizens who are not qualified for the former. Though insurance is subsidized by the government, the patient must pay for the treatment most of the time and receives a reimbursement later. This structure creates a barrier for poorer citizens from receiving adequate treatment and services. In addition, China scored a 0.745 on the Gini index, showing a disparity in the quality and number of available healthcare facilities between the North and West versus the South and East parts of the country. Though China has attempted to mitigate the issue, the challenge still persists.

Colombia

Colombia is an avid advocate for healthcare equality. The country has made strides in improving its healthcare system since 1990, and has seen many successes. Colombia's system requires all citizens to apply for one of two public insurances. Similar to China, it consists of insurance for employed workers that is contributory and a subsidized one for low income workers or unemployed members of society. The system relies on a principle of universality, where the coverage should extend to all demographics.

Cuba

Cuba is well known for its strong support towards equal access to healthcare. Cuba's healthcare system shines through its emphasis on healthcare equity, with all services provided to citizens free of charge. The healthcare system was established on the belief that health is a right. Cuba has been seen as a model country for healthcare, with spending over 10% of their GDP for healthcare expenditures and targeted policies for groups that may be vulnerable against potential healthcare inequalities.

Democratic Republic of the Congo

Congo faces significant challenges regarding healthcare inequities, particularly between rural and urban areas and socio-economic disparities. The cause of such inequalities lies in the lack of infrastructure and healthcare workers. Congo has a ratio of 1.2 healthcare workers for every 1000 people, which is much below the WHO's recommendation of 4.45 healthcare workers per 1000 people. This combined with the disproportionate distribution of infrastructure amplifies

healthcare inequality. However, Congo is working to improve their healthcare system, aiming for universal healthcare by 2030.

Egypt

Though Egypt has a universal healthcare policy, coverage isn't universal, leading to low income groups being unable to access some basic healthcare services. The public and private sectors of healthcare in Egypt creates disparities, with the private sector providing better facilities and services for a more expensive price. Egypt's healthcare system has been judged as one of the worst, however, the country puts a priority on improving the inequalities through many new legislations. Such initiatives include increased investment in public healthcare and working towards implementing universal healthcare insurance.

Ethiopia

Ethiopia is a country that highlights equitable healthcare through the implementation of its Health Extension Program (HEP), deploying over 38,000 community health workers nationwide. Between 2015 and 2024, it scaled up Community-Based Health Insurance (CBHI), expanding coverage to over 56 million people. During COVID-19 pandemic, Ethiopia decentralized care, trained 1,300 workers, and improved access through WHO-supported outreach. Moreover, its 2025 Collaborative Advocacy Action Plan set 108 national commitments for maternal and child health. Ethiopia continues to emphasize on rural health equity, financial protection, and inclusive policy implementation with global partnerships.

France

France is a strong advocate of a universal healthcare system. It invests heavily in global health, allocating over €2 billion to WHO, Gavi, and the Pandemic Fund, following its 2023-2027 Global Health Strategy. France also leads the PREZODE—one healthcare initiative, uniting more than 220 organizations to prevent zoonotic outbreaks. Domestically, France handles disease surveillance and equity-focused outreach. France promotes equitable access to vaccines, regional health data tools, and inclusive emergency planning. Furthermore, France seeks to ensure global health responses through strong leadership and legal frameworks, while prioritizing vulnerable and marginalized communities.

Germany

Germany has consistently offered statutory health insurance covering approximately 89% of the population, with universal access to comprehensive service via statutory or private insurers. In 2022, Germany spent 12.7% of its GDP on the healthcare system—the highest in the EU (€8,166 per capita) with relatively low out-of-pocket payments. Germany further launched its Global Health Strategy to pursue “One Health” policies, strengthen health systems, and reinforce WHO's coordinating role in pandemic preparedness. Since 2021, Germany has applied an electronic patient record (ePA), automatically assigned to all statutory-insured citizens, aiming to enhance equity via digital continuity of healthcare.

India

India has expanded universal health coverage through Ayushman Bharat, covering approximately 500 million people with ₹5 lakh (~USD 6,000) hospitalization benefits per family annually, and over 117,000 Health & Wellness Centres for primary care delivery. India also leads in digital infrastructure, the Ayushman Bharat Digital Mission (ABDM), supporting telemedicine, surveillance, and outreach in both rural and urban populations. In addition, India is a founding donor and active member of the Pandemic Fund, using merely \$25 million to strengthen its One Health surveillance, labs, and animal health workforce.

Indonesia

Indonesia has boosted prevention, surveillance, and pandemic resilience with the donation of a \$25 million grant from the Pandemic Fund. Similarly, The World Bank supports increased procurement and access to essential medical and lab equipment in public healthcare in Indonesia. In February 2025, Indonesia launched a free health screening for 100 million people, which aims to detect early disease risk at over 20,000 centers. It further strived to reduce medical disparities through collaboration, such as strengthening rural infrastructure, digital health, and equitable deployment of health workers.

Iran

Iran is an advocate for timely humanitarian carve-outs and financial channels to safeguard healthcare regardless of its political restrictions. During COVID-19 pandemic, Iran's banking restrictions limited vaccine and medical imports and it further increased costs for diagnostic and drugs, prompting calls for full suspension of health-related sanctions. In 2020, human rights groups once asked for the US to ensure equitable vaccine access for Iran. By 2024, survivors of thalassemia and cancer faced shortages of life-saving medicines, with over 1,100 thalassemia deaths since 2018.

Italy

Italy calls on collaboration and equitable pandemic preparedness. Italy coordinated Health and Finance ministries during COVID-19 and supported global resilience through the One Health approach. Italy's National Institute of Health has contributed to integrated surveillance frameworks, linking epidemic intelligence and outbreak response via One Health platforms. Likewise, Italy prioritizes shared global stockpiles, early warning systems, and regional cooperation to ensure fair and inclusive response capacity.

Japan

Japan has enhanced digital continuity, linked to health insurance via microchip-enabled "MyNumber" cards. Japan's Universal Health Coverage is backed by global initiatives. In the 2024 Spring Meetings, Japan announced a UHC Knowledge Hub for 2025, putting emphasis on surveillance and system resilience. Japan contributed \$5 million to PAHO's Pan-American

digital health initiatives. Japan's Global Health Strategy (PDF) further elaborates on equitable, sustainable UHC and international pandemic prevention by strengthening information systems and health product distribution.

Kenya

Kenya aims to prioritize vulnerable and rural groups in outbreak preparedness through the digital and community-driven systems. Kenya's Ministry of Health, with ICAP and CDC, developed the All-Disease Outbreak Module (ADaM) to enable real-time surveillance. Community Health Volunteers expanded disease detection, including sexual and reproductive health services during the 2020-2023 period, in order to reinforce national capacities for early detection and response.

Mexico

Mexico focused on inclusive financing, workforce, and legal frameworks to ensure pandemic preparedness across social groups. Mexico's Strategic Health for Well-Being Program and IMSS-BIENESTAR prioritize universal care for uninsured populations under a human-rights framework. By mid-2022, 61% of the population completed COVID-19 vaccination Health in the Americas. WHO credits Mexico for equitable health finance reforms and workforce.

Nepal

Nepal has been a strong supporter of constructing an equitable healthcare system. In 2018, Nepal became a signatory to the Astana Declaration, making efforts to reinforce its primary healthcare system as the cornerstone of resilient governmental structures and universal health coverage. From 2015 to 2020, they also emphasized equitable access by providing healthcare services to marginalized groups such as women, indigenous people, the disabled, and sexual minorities. Especially during the COVID-19 Pandemic, Nepal took a step to decentralize basic health-service delivery to municipalities and provinces, enhanced surveillance capacity, and augmented public health infrastructure to manage an overwhelming number of patients.

Nigeria

Nigeria has been putting its efforts into establishing a public healthcare structure while facing widespread poverty and a weak economic status. In 2014, they established a legal framework for a basic healthcare package, targeting the minority groups such as children, pregnant women, and elders by passing the National Health Act. In 2017, they deployed a digital surveillance and outbreak response management system for laboratory data storage and community engagement during epidemics. Nigeria underscores the importance of protecting its most vulnerable communities by strengthening universal healthcare access and the digital system to ensure no population is left behind in pandemic situations.

Norway

Norway is a leading country that aims to create an inclusive and equitable healthcare system. In 2021, they committed 240 million to a new financing mechanism to strengthen outbreak response and support low-resource countries. From 2023 to 2024, Norway also established

flexible health services to minimize the disadvantages and health inequalities of sparsely populated regions and the High North. The country should advocate for easily accessible health systems and an equitable structure for all, funding global preparedness initiatives to support inclusivity and equity.

Pakistan

Pakistan is a country that aims to support low-income households in receiving sufficient healthcare, although they suffering from high inflation and debt. In 2015, they initiated the Sehat Sahulat Program, which is a social health protection project that provides free insurance cards to certain households. They aim to cover hospitalization, surgeries, and diagnostics for over 190 million people. Moreover, starting from 2016, Pakistan set universal health coverage as its ultimate goal through establishing essential health services at the primary care level and using evidence-based prioritization. Pakistan stresses the need for social protection mechanisms through a legitimate procedure to ensure that the poorest households receive constant care and support during emergencies.

Philippines

The Philippines strongly attempts to support both an inclusive and equitable healthcare system through several mechanisms. In 2019, they legislated the Universal Health Care Act, which mandated medical coverage for all Filipinos under PhilHealth through establishing an equity fund for marginalized populations. To better consolidate the Act, the government employed the Build UHC Program through a partnership with the Asian Development Bank, which strengthened the health system financing and infrastructure for equitable access. The Philippines believes that robust primary care networks and strong social infrastructure are necessary to accomplish equity and inclusion for all.

Republic of Korea

The Republic of Korea is consistently showing its commitment to building an inclusive and equitable healthcare system. From 2010 to 2015, the congress repeatedly amended the Infectious Disease Control and Prevention Act to define governmental and regional roles and ensure legal support for quarantine, surveillance, and public health interventions. Moreover, they also introduced the 3rd Master Plan for Infectious Disease Control, which aims to enhance workforce capacity and laboratory networks with special attention to underserved regions and communities. South Korea puts great emphasis on combining legal mandates, digital tools, and mass testing in order to provide equitable access to urban populations.

South Africa

South Africa, with its extreme gap between rich and poor, aims to support the underserved population through ensuring access to healthcare. In 2021, they selected regional hospitals to initiate NHI implementation, addressing equity in infrastructure and service delivery. From 2024 to 2029, the government presented the Second Presidential Health Compact, which accelerates the supply chain optimization and increases the availability of essential products and services for

all citizens. South Africa firmly supports strong public healthcare services, especially highlighting the needs for marginalized populations.

Sweden

Sweden provides universal coverage for most of its citizens, aiming to eliminate inequalities. In 2020, they strengthened digital platforms to support immigrant and social minorities, consolidating appropriate measures during COVID-19. The country also divided the healthcare system into levels, promoting specialized care for patients in different fields of need. However, Sweden currently faces workforce shortages and maldistribution, which is particularly evident in rural areas. Sweden approaches the healthcare systems in a cultural aspect for minorities, positioning these equity measures as the central foundation of its pandemic preparedness framework, but needs to strengthen their effort on resolving lack of medical resources for the rural areas.

United Kingdom

Through operating the public healthcare system called the National Health Service (NHS), the United Kingdom provides medical care for all UK residents. In 2020, they allowed the use of emergency powers for quarantine, social distancing mandates, and regulatory flexibilities. However, the country has been suffering from a great amount of deficit, being 6.6million euros; it forces them to take less focus on certain medical areas. They also face chronic under-investment in social care for adults, often leading to bed shortages and lack of financial support for some groups. The UK government continues to support people in need, especially the social minorities such as the elderly, low-income families, and children, through governmental funds and programs.

Vietnam

Vietnam mostly provides health care coverage for its citizens, but the country suffers from overpopulation and limited modern equipment. As a response, in 2008, the Law on Health Insurance was passed, which included supporting social health insurance for 93% of their whole population as well as fully subsidizing the ethnic minorities, elders, and children. Vietnam also promoted pro-vaccine campaigns through the media, ensuring its citizens could be protected from airborne diseases. Thus, Vietnam should aim to resolve the resource shortages and continue to support communities that are often neglected.

Possible Solutions

Strengthening international collaboration on equitable access to medical services

Though there are numerous efforts to ensure fair access and distribution to medical supplies and services, inequalities still exist all around the world. By creating a global vaccine-sharing mechanism, people would be able to receive appropriate aid and services regardless of their financial status. Furthermore, the Member States could also cooperate with scientists and professionals in the medical field to allow more sophisticated policy building. The local production of essential vaccines and aids would also enhance emergency preparedness, giving the opportunity to the developing countries so that they could expand their economy.

Establishment of a joint fund in order to support LEDCs

Monetary challenges are likely the biggest obstacle in achieving global health equality. Establishing a joint fund would support less economically developed countries with forming the foundation for a universal healthcare system. The joining of such funds would be optional, however, would bring benefits to both MEDCs and LEDCs. This is because in addition to assisting LEDCs build a foundation for a future independent healthcare system, the fund would also act as a backup for any future emergency situations such as sudden outbreaks such as the Covid-19 pandemic. This solution tackles the large obstacle of finance, creating opportunities for LEDCs to invest in their healthcare system without burdening the economy.

Questions to Consider

1. What structural barriers (e.g., legal, financial, and cultural) improve equitable healthcare access during airborne disease outbreaks?
2. How can global cooperation be enhanced to ensure the inclusive and impartial distribution of essential healthcare resources, such as vaccines, medical equipment, and personnel, particularly in low-income countries?
3. In what ways can governments legislate health policies that incorporate intersectional perspectives to better support marginalized groups during pandemics?
4. What roles should technology and digital infrastructure play in promoting inclusive health services, especially in remote or rural areas, during and beyond airborne disease emergencies?
5. How can existing international frameworks (e.g., WHO International Health Regulations, COVAX) be improved or expanded to better enforce equitable healthcare standards across all member states?

Bibliography

Tuberculosis. 14 Mar. 2025, www.who.int/news-room/fact-sheets/detail/tuberculosis.

Racial and Ethnic Disparities in COVID-19 Treatments in the United States." *Journal of Racial and Ethnic Health Disparities*, Feb. 2024, <https://doi.org/10.1007/s40615-024-01942-0>.

BBC Bitesize, 17 Jan. 2024,

www.bbc.co.uk/bitesize/guides/z6qxvk7/revision/6#:~:text=There%20is%20still%20inequality%20of,in%20the%20south%20and%20east.

"What We're Doing About COVID-19." *Australian Government Department of Health, Disability and Ageing*, 10 July 2025,

www.health.gov.au/topics/covid-19/what-we-are-doing-about-COVID-19.

"The Australian Health System." *Australian Government Department of Health, Disability and Ageing*, 7 Apr. 2025, www.health.gov.au/about-us/the-australian-health-system.

"31st International Conference 2011: Resolution 6 - Health Inequities." *International Committee of the Red Cross*, 25 June 2024,

[www.icrc.org/en/document/31st-international-conference-2011-health-inequities-resolution#:~:text=1\)%20scale%20up%20efforts%20to%20bridge%20gaps,would%20otherwise%20have%20limited%20or%20no%20access;](http://www.icrc.org/en/document/31st-international-conference-2011-health-inequities-resolution#:~:text=1)%20scale%20up%20efforts%20to%20bridge%20gaps,would%20otherwise%20have%20limited%20or%20no%20access;)

About WHO. www.who.int/about.

"Accelerating Health System Strengthening and National Health Insurance (NHI) Implementation." *2nd PRESIDENTIAL HEALTH COMPACT*. PDF.

Al Hajjar, Sami, and Kenneth McIntosh. "The first influenza pandemic of the 21st century." *Annals of Saudi medicine* vol. 30,1 (2010): 1-10. doi:10.4103/0256-4947.59365

Australian Government Department of Health, Disability and Ageing. "The Australian Health System." *Australian Government Department of Health, Disability and Ageing*, 7 Apr. 2025,

www.health.gov.au/about-us/the-australian-health-system#:~:text=Medicare%20is%20available%20to%20Australian,makes%20some%20prescription%20medicines%20cheaper.

Azam, Golam Md., and Abdul Md. Mazid. "Health Equity in Bangladesh: A Comparative Review and Recommendations for Policy and Practice." *Addaiyan Journal of Arts Humanities and Social Sciences*, <https://doi.org/10.36099/ajahss.6.1.2>.

"CDC Museum COVID-19 Timeline." *David J. Sencer CDC Museum*, www.cdc.gov/museum/timeline/covid19.html. Accessed 26 July 2025.

Cherry, James D, and Paul Krogstad. "SARS: the first pandemic of the 21st century." *Pediatric research* vol. 56,1 (2004): 1-5. doi:10.1203/01.PDR.0000129184.87042.FC
Chile.

www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/work-in-who-regions/amro-paho/chile#:~:text=In%20Chile%2C%20action%20on%20the,the%20social%20determinants%20of%20health.

"Chinese Government Response to Health Inequality - Effectiveness of Chinese Government Response to Inequality - Higher Modern Studies Revision - BBC Bitesize." *BBC Bitesize*, 17 Jan. 2024,
www.bbc.co.uk/bitesize/guides/z6qxvk7/revision/6#:~:text=There%20is%20still%20inequality%20of,in%20the%20south%20and%20east.

- Coube, Maira, et al. "Persistent Inequalities in Health Care Services Utilisation in Brazil (1998-2019)." *International Journal for Equity in Health*, vol. 22, no. 1, Feb. 2023, <https://doi.org/10.1186/s12939-023-01828-3>.
- "COVAX." *World Health Organization*, www.who.int/initiatives/act-accelerator/covax. Accessed 26 July 2025.
- "COVID-19 Action for Access." *Access Campaign*, msfaccess.org/covid-19-action. Accessed 26 July 2025.
- "COVID-19 Emergency Response and Preparedness Project." *The World Bank*. PDF.
- "Democratic Republic of the Congo." *Exemplars in Global Health*, [www.exemplars.health/emerging-topics/epidemic-preparedness-and-response/essential-health-services/democratic-republic-of-the-congo#:~:text=DRC%20has%20a%20ratio%20of,\(167%20out%20of%20204\)](http://www.exemplars.health/emerging-topics/epidemic-preparedness-and-response/essential-health-services/democratic-republic-of-the-congo#:~:text=DRC%20has%20a%20ratio%20of,(167%20out%20of%20204)).
- "DoHS." *National Health Policy, 2019*. PDF.
- Ducharme, Jamie. "COVAX Was a Great Idea, but Is Now 500 Million Doses Short of Its Vaccine Distribution Goals. What Exactly Went Wrong?" *Time*, time.com/6096172/covax-vaccines-what-went-wrong/. Accessed 26 July 2025.
- Dumka, Neha, et al. "Understanding Key Factors for Strengthening Nepal's Healthcare Needs: Health Systems Perspectives." *Journal of Global Health Reports*, vol. 8, 5 Apr. 2024, <https://doi.org/10.29392/001c.94931>.
- "Evolution of a Pandemic A(H1N1) 2009." *World Health Organization*. PDF.
- "The Future of the NHS in England." *Ipsos*. PDF.

Glossary | DataBank.

databank.worldbank.org/metadataglossary/health-nutrition-and-population-statistics/series/SH.MED.PHYS.ZS.

Hasan, Syed Shahzad et al. "'Sehat Sahulat Program': A Leap into the Universal Health Coverage in Pakistan." *International journal of environmental research and public health* vol. 19,12 6998. 7 Jun. 2022, doi:10.3390/ijerph19126998

"Health and Social Care Act 2012." *Legislation.gov.uk*,
www.legislation.gov.uk/ukpga/2012/7/contents. Accessed 26 July 2025.

How Is WHO Responding to COVID-19? 28 Feb. 2025,
www.who.int/emergencies/diseases/novel-coronavirus-2019/who-response-in-countries.

Ilesanmi, Olayinka Stephen, et al. "Driving the Implementation of the National Health Act of Nigeria to Improve the Health of Her Population." *Pan African Medical Journal*, vol. 45, 2023, <https://doi.org/10.11604/pamj.2023.45.157.37223>. Accessed 26 July 2025.

"Infectious Disease Control and Prevention Act." *Korean Law Translation Center*,
elaw.klri.re.kr/eng_mobile/ganadaDetail.do?hseq=37239&key=INFECTIOUS-20DISEASE-20CONTROL-20AND-20PREVENTION-20ACT¶m=I&type=abc. Accessed 26 July 2025.

International Labor Office. *Universalizing Health Protection: Colombia*.
www.social-protection.org/gimi/Media.action;jsessionid=RxMcyRuyQt_SuB_UUGjzIkrTPBBB3H86gJGeyyefxUDkV_KnLSZD!1905679859?id=14450.

Joarder, Taufique, et al. "Universal Health Coverage in Bangladesh: Activities, Challenges, and Suggestions." *Advances in Public Health*, vol. 2019, Mar. 2019, pp. 1?12.
<https://doi.org/10.1155/2019/4954095>.

- Keck, C. William. "Health Equity, Cuban Style." *The AMA Journal of Ethic*, vol. 23, no. 3, Mar. 2021, pp. E258-264. <https://doi.org/10.1001/amajethics.2021.258>.
- Kien, Vu Duy, et al. "Trends in Childhood Measles Vaccination Highlight Socioeconomic Inequalities in Vietnam." *International Journal of Public Health*, vol. 62, no. S1, Oct. 2016, pp. 41-49. <https://doi.org/10.1007/s00038-016-0899-4>.
- "Law on Health Insurance." *The Socialist Republic of Vietnam*,
vss.gov.vn:3535/File_Server_BHXXH/documents/LawonHealthInsurancehopnhat.pdf.
Accessed 26 July 2025.
- "Lessons Learned and Recommendations to Ensure Access to Vaccines, Medicines and Diagnostics in the COVID-19 Pandemic Response and beyond." *Medecins Sans Frontiers*. PDF.
- Ludvigsson, Jonas F et al. "The healthcare system in Sweden." *European journal of epidemiology* vol. 40,5 (2025): 563-579. doi:10.1007/s10654-025-01226-9
- "Measles Cases and Outbreaks." *Measles (Rubeola)*, 16 July 2025,
www.cdc.gov/measles/data-research/index.html.
- Mozaffari, Essy, et al. "Racial and Ethnic Disparities in COVID-19 Treatments in the United States." *Journal of Racial and Ethnic Health Disparities*, Feb. 2024,
<https://doi.org/10.1007/s40615-024-01942-0>.
- Mukwena, Ntsibeng Valerie, and Zodwa Margaret Manyisa. "Factors influencing the preparedness for the implementation of the national health insurance scheme at a selected hospital in Gauteng Province, South Africa." *BMC health services research* vol. 22,1 1006. 6 Aug. 2022, doi:10.1186/s12913-022-08367-7

Nkengasong, John. "China's Response to a Novel Coronavirus Stands in Stark Contrast to the 2002 SARS Outbreak Response." *Nature Medicine*, vol. 26, no. 3, 27 Jan. 2020, pp. 310-11, <https://doi.org/10.1038/s41591-020-0771-1>. Accessed 26 July 2025.

"Norway Strengthens Global Pandemic Preparedness Efforts." *Government.no*, 9 Dec. 2022, www.regjeringen.no/en/aktuelt/pandemic_preparedness/id2927048/. Accessed 26 July 2025.

Oleribe, Obinna E., et al. "Identifying Key Challenges Facing Healthcare Systems in Africa and Potential Solutions?" *International Journal of General Medicine*, vol. Volume 12, Nov. 2019, pp. 395-403. <https://doi.org/10.2147/ijgm.s223882>.

"Pakistan 2016-2025." *National Health Vision*. PDF.

"Philippines : Build Universal Health Care Program." *Solving Complex Challenges Together*, www.adb.org/projects/55105-001/main. Accessed 26 July 2025.

Public Health Agency of Canada. "Social Determinants of Health and Health Inequalities." *Canada.ca*, 18 July 2024, www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html.

"Seeing Health Care Disparities Firsthand in Chile | Penn Today." *Penn Today*, 28 Jan. 2019, penntoday.upenn.edu/news/seeing-health-care-disparities-firsthand-chile#:~:text=What's%20the%20difference%20between%20the,have%20a%20lot%20more%20benefits.

"Severe Acute Respiratory Syndrome (SARS)." *World Health Organization*, www.who.int/health-topics/severe-acute-respiratory-syndrome#tab=tab_1. Accessed 26 July 2025.

Stobart, Anika, and Stephen Duckett. "Australia's Response to COVID-19." *Health Economics Policy and Law*, vol. 17, no. 1, July 2021, pp. 95-106.

<https://doi.org/10.1017/s1744133121000244>.

"Tuberculosis." *The Global Fund to Fight AIDS, Tuberculosis and Malaria*,

www.theglobalfund.org/en/tuberculosis.

Valeriani, Giuseppe, et al. "Addressing Healthcare Gaps in Sweden during the COVID-19 Outbreak: On Community Outreach and Empowering Ethnic Minority Groups in a Digitalized Context." *Healthcare*, vol. 8, no. 4, 1 Nov. 2020, p. 445,

<https://doi.org/10.3390/healthcare8040445>.

WebMD Editorial Contributor. "What Are Airborne Diseases?" *WebMD*, 8 May 2025,

www.webmd.com/lung/what-are-airborne-diseases.

"When Did the Pandemic Start and End?" *Northwestern Medicine*, Apr. 2025,

www.nm.org/healthbeat/medical-advances/new-therapies-and-drug-trials/covid-19-pandemic-timeline. Accessed 26 July 2025.

World Health Organization: WHO and World Health Organization: WHO. *Measles*. 14 Nov. 2024, www.who.int/news-room/fact-sheets/detail/measles.

Public Health Weekly Report, vol. 16, no. 48, 8 Nov. 2023, pp. 1668-81,

<https://doi.org/10.56786/phwr.2023.16.48.2>.