





Forum: G20

Issue: Strengthening Global Health Systems and Pandemic Preparedness in LEDCs

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Letter From the Chairs

Hello everyone! In this conference I will be your deputy chair. My name is Mareva Christodoulidi, I am 17 years old and I am in the 12th grade. The opportunity to chair this conference for the first time brings me such joy. My involvement in many conferences has strengthened my commitment to MUN. The fact that all delegates bring fresh perspectives and their unique approaches to discussions makes the conference sessions both exciting and meaningful. You can always reach out to me at any time for assistance. I will be very happy to help. We need to unite our efforts to create an unforgettable and valuable conference experience for all participants. You can reach me at: marevachristo@gmail.com or raquelchristo111@gmail.com.

Introduction

In preparing for health crises, health systems face the probability of multiple hazards, limited resources for dealing with them, and high expectations with regard to their performance. While the world appears to have transitioned out of the COVID-19 pandemic, its impact on society and health systems has been profound. Thus revealing significant weaknesses in health systems globally, such as inadequate supply chains and inadequate access to healthcare. By focusing on key areas such as health infrastructure, workforce training, public health communication, and technology integration, we can build more resilient health systems capable of responding to future health emergencies effectively. The Least Developed Countries account for 13% of the world population. The following country profiles include essential economic data and a wide range of internationally relevant statistics to evaluate and compare countries. Health access is one of the basic rights and freedoms that belong to every person in the world, from birth until death. The LDCs are the battleground on which the 2030 Agenda will be won or lost. The central role of access to modern energy in achieving the other SDGs means that meeting SDG 7 will be central to the success or failure of the 2030 Agenda as a whole. Approximately 1 billion people lack access to basic healthcare services due to insufficient infrastructure, such as unreliable electricity in healthcare facilities, and a significant proportion of the global population, particularly in low- and middle-income countries (LMICs), cannot afford essential healthcare. Factors contributing to this include financial barriers, with millions pushed into poverty by out-of-pocket health spending, and lack of access, particularly in rural areas.



Definition of key terms

Global Health:

The study and practice of improving health and achieving health equity for all people worldwide. It focuses on problems that cross borders, like pandemics, rather than only local health issues.

Health System:

All the people, organizations, and resources that work together to provide health care services. This includes hospitals, clinics, health workers, medicines, technology, and government policies.

Health System Strengthening (HSS):

Efforts to make health systems more effective, fair, and sustainable. Examples include training more doctors, improving hospitals, or building stronger supply chains for medicines.

Pandemic:

An outbreak of a disease that spreads across many countries or continents, affecting large numbers of people. For example, COVID-19 was declared a pandemic by WHO in March 2020.

Pandemic Preparedness:

Planning and building systems in advance to detect, respond to, and recover from a pandemic. This includes surveillance, stockpiling medicines, training health workers, and communication strategies.

Less Economically Developed Countries (LEDC):

Countries with lower income, weaker infrastructure, and limited access to healthcare, education, and technology. These countries often struggle more during pandemics due to fewer resources.

Least Developed Countries (LDC):



A UN classification for the world's poorest and most vulnerable countries. They often depend on international aid and face higher risks from health crises.

Universal Health Coverage (UHC):

A health goal where all people can access quality health services without financial hardship. It is considered a foundation for stronger health systems and pandemic readiness.

Public Health Surveillance:

Continuous monitoring and collecting of health data to detect and track diseases. This helps governments act quickly to control outbreaks.

Health Systems Resilience:

The ability of a health system to prepare for, respond to, and recover from shocks like pandemics or natural disasters.

Vaccine Equity:

Fair and equal access to vaccines for all countries and communities, regardless of wealth or location.

Global Health Security

Actions taken by countries and international organizations to prevent, detect, and respond to cross-border health threats.

Timeline of events:

Date	Description of event
7 April 1948	The World Health Organization (WHO) was established as a United Nations specialized agency. Its goal was to coordinate global health, set standards, and help countries improve healthcare systems.



8 May 1980	The WHO officially announced that smallpox has been eradicated worldwide, showing the power of global cooperation and vaccination programs.
23 May 2005	The International Health Regulations (IHR 2005) were adopted by WHO Member States. They created mandatory rules for reporting disease outbreaks and health threats across borders.
March 2014 – June 2016	The Ebola outbreak in West Africa (primarily in Guinea, Liberia, Sierra Leone) killed over 11,000 people. It highlighted severe weaknesses in health systems of low-income countries and led to calls for global health system strengthening.
September 2016	Creation of the Coalition for Epidemic Preparedness Innovations (CEPI) at the World Economic Forum. Its goal is to fund and coordinate vaccine development for emerging infectious diseases, especially in low and middle-income countries.
30 January 2020	The WHO declared the COVID-19 outbreak a “Public Health Emergency of International Concern (PHEIC),” the highest level of alarm under the International Health Regulations.
27 May 2022	The WHO agreed to start negotiating a global pandemic treaty (WHO CA+), which aims to improve pandemic preparedness and ensure equity.
September 2022	The Pandemic Fund (hosted by the World Bank) was launched, designed to finance preparedness projects in low- and middle-income countries.
5 May 2023	The WHO officially declared the end of COVID-19 as a global health emergency, though it remained a health threat
22 January 2025	The WHO launched a multi-country initiative in the South-East Asia Region to strengthen surveillance, workforce, and community preparedness in eight countries, using the One Health approach.

Background information



Weak Healthcare Infrastructure

LDCs are low-income countries suffering from structural impediments, vulnerability to shocks, and low human asset development. The situation is worsened by factors like economic instability, including reliance on unstable agriculture, high debt, and external terms-of-trade shocks; environmental vulnerability, such as the impacts of climate change, extreme weather, and lack of access to safe water and energy; and human capital deficits, including low literacy, poor educational access, and unequal distribution of resources. These interconnected challenges create a cycle of poverty and underdevelopment.

Low Health Funding

People living in rural areas face additional challenges in accessing medical services and treatments. Access to vaccines, medicines, and other essential health supplies is often limited and uneven, hardening the solutions. Rural residents face challenges accessing medical services, vaccines, and supplies due to factors like geographical isolation, fewer healthcare facilities and specialists, and poor infrastructure. This limited and uneven access is important because it negatively impacts health outcomes by hindering disease prevention, treatment, and management, leading to poorer health literacy, worse health behaviors, and reduced quality of life compared to urban populations.

Unequal Access to Healthcare

These factors make LEDCs highly vulnerable to pandemics and other major health emergencies. Weak coordination between government agencies and health organizations is slowing the emergency responses. Lastly, limited laboratory capacity makes it difficult to diagnose new diseases quickly.

Weak Coordination and Governance

Public awareness about hygiene and disease prevention is often low in a lot of communities. Addressing this requires community-specific public health campaigns that focus on simple measures like regular handwashing and vaccination, as well as providing access to healthcare services and fostering environments where healthy choices are possible. Poor transportation and inadequate infrastructure create significant obstacles in delivering medical supplies on time, as exemplified by inadequate roads and a lack of essential infrastructure like electricity and stable internet connectivity in remote clinics. Reliance on inconsistent international aid creates supply chain vulnerabilities, especially when aid fluctuates or is



redirected. Additionally, fragmented health information systems hinder disease surveillance, making it difficult for health officials to effectively track and respond to disease outbreaks.

Environmental and External Challenges

Climate change and environmental factors increase the risk of disease outbreaks in vulnerable regions. Also, economic inequality means that marginalized groups are most affected during health crises. This creates a dual threat, as those with the fewest resources are most exposed to environmental hazards and least equipped to respond to them, leading to a disproportionate burden of illness and suffering.

Stakeholders

There are some very important stakeholders in LEDCs that we have to pay attention to.

External Stakeholders

International Organisations

The World Health Organization (WHO), which is the central coordinator of international actions.

The United Nations Development Programme (UNDP) is responsible for funding and supporting LEDCs.

Non-Governmental Organisations

It is really crucial to understand that NGOs, such as Doctors Without Borders provide direct medical assistance for LEDCs by raising awareness and by creating advertisements on the internet and on television to encourage people to donate money to support LEDCs.

More Economically Developed Countries

Countries in Europe like France are major contributors to Official Development Assistance (ODA), particularly focused on Least Developed Countries (LDCs) and other vulnerable nations through various initiatives.

Saudi Arabia, with the Saudi Fund for Development (SFD) and the King Salman Humanitarian Aid and Relief Center (KSRelief), is supporting least developed countries (LDCs) through loans, humanitarian aid, and projects focused on trade, health, and food security, aligning with its national Vision 2030 and the broader UN 2030 Agenda for Sustainable Development. The Kingdom contributes to



international development systems, finances priority projects in LDCs and low-income countries, and is committed to helping these countries integrate into the global economy and overcome poverty.

Internal Stakeholders

National governments

Play a crucial role in developing national strategies, aligning resources, and ensuring effective coordination among all stakeholders. LEDCs' governments, while they are responsible for national health policy, cannot fully fulfill the health needs their people have and usually ask for help from more economically developed countries (MEDCs) like the USA, China, etc. Countries like the USA, for example, outside of their country play a huge role through aid and technology transfer that the rest of the world cannot provide that easily.

Core Strategies

Emergency Preparedness:

Strengthening national and regional mechanisms for health emergency prevention, preparedness, detection, and response to build global health security.

Digital Innovation:

Adopting and integrating digital technologies into health systems to improve data collection, surveillance, and healthcare delivery, capitalizing on widespread mobile technology.



Relevant UN resolutions, treaties, and events (Previous attempts)

COVAX Initiative (COVID-19 Vaccines Global Access)

COVAX, or COVID-19 Vaccines Global Access, is a global program led by the World Health Organization. This initiative's goal was to ensure that during the COVID-19 outbreak, every nation, regardless of income level, had enough access to vaccines. In fact, COVAX was able to distribute more than a billion doses to countries with low or intermediate incomes, which was a big step toward reducing vaccine inequality. However, serious difficulties arose, including production delays, affluent nations purchasing large supplies of vaccines directly from manufacturers, and logistical issues with vaccine delivery. COVAX was unable to fully achieve its goal of assuring timely and fair access for all countries due to these issues.

Global Fund to Fight AIDS, Tuberculosis, and Malaria

The Global Fund to Fight AIDS, Tuberculosis, and Malaria was created in January 2002 as an international financial vehicle. It is a cooperative public-private program that raises and allocates funds to fight malaria, TB, and HIV/AIDS in over 100 countries. Millions of lives have been saved thanks in large part to the Global Fund's support of treatment, prevention, and the development of the health system in LEDCs. However, reliance on foreign funding, unequal resource distribution, and the requirement for more robust national health infrastructures to support long-term progress have occasionally restricted its efficacy. Overall, the Global Fund demonstrates how sustained international cooperation and funding can significantly advance global health while also highlighting the challenges of maintaining equity and sustainability.

WHO's 2025 Pandemic Agreement (WHA78.1)

A legally binding international agreement to improve global health security, the Pandemic Prevention, Preparedness, and Response Accord (WHA78.1) was adopted by the World Health Assembly on May 20, 2025. Its primary objective during pandemics is to ensure equitable access to drugs, vaccines, and other essential medical supplies for all countries, especially LEDCs. A clear framework for global cooperation, information sharing, and capacity building is provided by the Accord. Even while it represents a major advancement in committing governments to shared responsibility, its success depends on steady funding, fair execution, and the willingness of wealthier nations to support LEDCs in practice.

International Health Regulations (2005)



The International Health Regulations (2005), which were adopted on May 23, 2005 and have been in effect since June 15, 2007, are a legally binding framework recognized by 196 countries, including all WHO Member States. Their mission is to enhance global health security by aiding states in recognizing, exposing, and responding to public health concerns that may cross national borders. The IHR is especially significant for LEDCs since it specifies the standards and recommendations for emergency response capabilities and building surveillance systems. However, because many countries still lack the financial and technical resources to carry out their responsibilities, the IHR's effectiveness has been unequal in practice.

OECD Report on Strengthening Health Systems During a Pandemic

The OECD paper Building Health Systems During a Pandemic: The Role of Development Finance highlights how international finance mechanisms can help states respond to global health disasters. It emphasizes collaborations, donor assistance, and development funding as ways to build healthcare systems during times of crisis. This report is especially important for LEDCs since it recognizes the importance that outside funding plays in sustaining pandemic preparation. Although the OECD emphasizes the importance of money and makes insightful policy recommendations, the study has done little to drive practical action because member states' monetary commitments and political will are required for execution.

Possible solutions

The world at present is seeking solutions to finally solve the problems that the LEDCs are facing.

Loans and Grants for Global Health:

One possible solution is to provide funding mechanisms like loans, grants, or public-private partnerships, etc., to build health infrastructure. Investing in scholarships, salaries, and international funds to train and retain medical staff could also be a strong solution to the problem of LEDCs.

Affordable Health and Digital Access:

Furthermore, creating sustainable financing mechanisms, pooled procurement, and subsidy programs to guarantee affordable access to essential medicines and vaccines in LEDCs are indeed really important actions. Funding digital infrastructure projects (telemedicine platforms, internet expansion) through focused investment plans and collaborations with private tech companies is another pressing solution to the issue.

Joint Funding for Global Health:

The expanding contributions from international financial institutions, global health funds, and international organizations to establish stable and predictable healthcare financing models. Finally, but just as importantly, MEDCs and LEDCs should establish financial frameworks for collaborative research projects, emergency response funds, and technology-transfer initiatives.



Further reading

- [WHO Publications](#)
- [Global Health Security Index](#)
- [World Bank – Health Systems](#)
- [The Lancet Global Health Journal](#)
- [COVAX Initiative](#)
- [UN SDG Goal 3: Good Health and Well-Being](#)
- [Global Fund to Fight AIDS, Tuberculosis and Malaria](#)
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