



World Health Organization

President: Fernando Roaro Montoya

Moderator: Ruth Mejía Salcedo

Conference Officer: Luis Emiliano
Delgado Guerrero



WELCOME LETTER FOR DELEGATES.

Delegates, it is our pleasure to be your chair for this Model United Nations; we are excited to build this committee together with you, many of you for the first time...

The objective of the MUN is to develop the abilities of delegates from different schools in teamwork, public speaking, leadership, and global knowledge. We are here to ensure you have an unforgettable experience. Not only because of what you learn, but also for the people you'll meet, the jokes you'll hear, and the memories you would make.

We want you to especially enjoy this model; we want all of you to grow and learn from new cultures, from new people, how to solve problems, and how to make important decisions. Understand the global situation and develop the skills needed to make a change.

We are here for every doubt or problem you may have, every inconformity, everything that annoys you; we will help you at all times.

Don't be shy to ask for help; we are here to make sure you are ready and comfortable for the model.

Sincerely,

President: Fernando Roaro Montoya

Moderator: Ruth Mejía Salcedo

Conference Officer: Luis Emiliano Delgado

Guerrero

ABOUT THE COMMITTEE.

The World Health Organization (WHO) is a specialized agency assigned to the coordination of international efforts in order to promote public health and respond to health emergencies by supporting the nations in strengthening their healthcare systems and improving overall health conditions. WHO acts as the directing entity on international health work, combining with the United Nations system; it aims to ensure all people have access to quality health services and protection from health threats.

With a large pathway between nations, followed since April 1945, a conference held in San Francisco proposed the establishment of an international health organization; later, a constitution was drafted at another conference convened by the Social Council and the UN.

Followed by a reunion that took place in Paris, the proposals for the constitution were made, which were presented to the International Health Conference in 1946, and eventually this conference adopted the constitution of the World Health Organization, getting signed on 22 July 1946 by the representatives of 51 Members of the UN and of 10 other nations.

WHO collaborates with centers that are institutions focused on research and parts of universities, which are designated by the Director General to fulfill activities in support of the programmes. Presently, there are over 800 collaborating centers in over 80 Member States working with WHO in leading areas like occupational health, infectious diseases, nursing, nutrition, mental health, chronic diseases, and health technologies, to provide an out-of-standard health care support.

Operating WHO's main office in Geneva, Switzerland, accompanied by six regional offices that are meant to cover the world, such as Africa, the Americas, South-East Asia, Europe, the Eastern Mediterranean, and the Western Pacific. The impact WHO holds goes beyond international health regulations, as it is the leading global health authority. WHO's work has overseen major health achievements like eradicating smallpox and advancing vaccination through campaigns. It continues to be crucial for global health security, advancing universal health coverage.

WHO's commitment persists in saving millions of lives and improving health worldwide, making it a vital leader for humanity.

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Topic A: Health consequences of environmental pollution and poor air quality in urban areas.

In the words of WHO, around 4.2 million fatalities per year happen because of air pollution; this just counts the outdoor air; if we add indoor air pollution, the number rises to more than 7 million deaths. Mainly due to cardiovascular diseases, strokes, chronic obstructive pulmonary disease, lung cancer, and acute respiratory infections. This is an important problem all around the world; WHO states that 99% of global humanity breathes polluted air, mainly in big cities in countries of medium or low resources where traffic, forest fires, and the burning of fossil fuels stand out.

WHO has a clear posture about the problem. In 2021 the global air quality guidelines were updated, with the result WHO decided to reduce 50% of the recommended annual PM2.5 limit (from 10 to 5 micrograms per cubic meter), in fact any level of pollution in the air is a high risk for human wellbeing, however these guidelines are not imposed, each country decided if they want to use them or not, in fact almost all the big cities in world continue surpassing this limit. This problem has historical and modern precedents. The Great Smog of London in 1952 was a huge cloud of pollution contained cause of different weather conditions; it caused more than 12,000 fatalities in less than 5 days. This event marked the precedent for modern laws of clean air, such as the Clean Air Act from the UK. 70 years later, cities like New Delhi continue to have similar problems; in 2025, their air quality levels reached severe levels; they needed to suspend classes, prohibit construction, and lots of people protested in favor of a solution. Otherwise, in 2022, a report from The Lancet documented more than 1.2 million deaths per year just because the outside air pollution. This committee's main dialogue should be about the solution WHO could implement so the countries eradicate the problem their own data shows. Before reaching a posture, there are lots of cases to be investigated all around the globe.

Why This Matters for WHO:

In WHO's mandate center, it's the air quality. WHO cannot impose any restrictions on all affected states; however, it's really important to quickly regulate this problem if not we would suffer many more fatalities all around the world. In order to solve this, WHO can use its global view and data to establish the limits of what would be affordable, but it needs from the states to make the final decision of taking real action on the problem.

Key Questions

1. How should WHO enforce all the member states to take action on the problem?
2. Which posture should WHO take in urgent crises such as New Delhi smog?
3. How should WHO balance the health urgency of reducing pollution with the development of human infrastructure and technology?
4. What can be learned from the Great Smog of London and applied to modern times?

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Topic B: Authorization of artificial intelligence for unsupervised medical diagnosis in the absence of a doctor.

The Pan American Health Organization reports that 14 out of 39 countries in the Americas lack enough doctors, nurses, and midwives to attend to the health needs of their population. If there is any change for 2030 the Americas would suffer a decrease of around 600 000 and 2 million health workers; this is a threat to the world's universal health access and coverage. The main affected countries are Haiti that has 6.38 health workers per each 10,000 people, and Honduras, that as well have 7.13 per each 10,000. Today, this is not an imaginary problem; it really happens, and it could be solved by AI. This is why regulators have already started approving autonomous diagnostic tools. IDx-DR was approved in 2018 by the Food and Drug Administration; it was the first AI permitted to give a final decision about diabetic retinopathy without a specialist reviewing the result. It shows 89.5% accuracy within 900 patients in 10 different places. This began as an exception, and now it is used in dermatology, radiology, and mental health; now it would only continue.

The main issue with AI isn't whether it is useful on average or not; the main problem is that AI is based on the information it's designer have, meaning it refers to an environment with advanced technology, advanced infrastructure, and clinic history of each patient. Otherwise, when this same model is supposed to be used in the environment it is needed, it won't work for those who don't even have registered the past medical history of the patient, this reducing considerably reduces accuracy and results. This real problem becomes really important when we realize that in places like Haiti, where medical support is crucial, but it's the same place where the AI program won't work and cause an error, were the responsibility would be of who? The designer of the program, the hospital that used or the state that approved it? This transforms into a much more complicated problem.

In 2021, WHO established in their Ethics and Governance of Artificial Intelligence for Health six main ethical principles for AI usage in medical aspect, these are: Protect human autonomy, Promote human well-being and safety, Ensure transparency, Foster accountability, Guarantee inclusivity and equity, and Promote responsiveness and sustainability. At the same time, WHO Director-General, Dr Tedros Adhanom Ghebreyesus, said: "Like all new technology, artificial intelligence holds enormous potential for improving the health of millions of people around the world, but like all technology it can also be misused and cause harm" (World Health Organization, 2021). As well, they warning about the difference in behavior between AI trained into high resources environment and extremely low-resource settings, which this topic focuses.

Worldwide, the response to this possible solution is very pragmatic, while the European Union categorizes AI as dangerous and demands human supervision. And a lot of other states, including those who strictly need help, are in a league of their own. Delegates are requested to design what WHO hasn't done yet; they have the mission of implementing regulatory and structural limits in order to decide where AI can be used for autonomous diagnosis and when a human is supposed to be in the process.

Why This Matters for WHO:

Even though WHO cannot impose or prohibit anything, that would be the work of each nation. WHO is the only global organization that can promote a regulatory guide that each State's regulators can adopt or adapt to each specific country. WHO has already established six ethical base principles that haven't been proven in real practice; are the humans autonomy really compatible with AI diagnosis that no medical worker ever check, is the best idea to maintain in limit AI diagnosis in rural areas, only until the technology is perfect, or is it the best idea to implement it to solve the need for medical help. This forum is the exact place where WHO can help the world improving the AI, helping states that urgently need the help to sustain the lack of medical workers, as well as advance in Artificial Intelligence diagnosis in order to avoid any errors without solution just because there was no medical worker to corroborate the diagnosis.

Key Questions:

1. Should WHO implement one single regulation for the world, or should there be a difference between environments with limited resources and those with abundant resources?
2. Under which conditions, taking into consideration medical specialty, diagnosis risk, and regional availability of medical workers, should AI be authorized to diagnose without human validation?
3. What specifications would perform informed consent for a patient? Should the patient have the right to ask for human review?
4. How could WHO ensure that an AI program has the correct accuracy to work outside the environment it was programmed?
5. What minimum accuracy, validation, and post-deployment review should WHO recommend in order for a state to authorize the use of AI, especially where no human medical workers are available?

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Upload your position paper via the following link:

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