



**MENOR
MUN**



HANDBOOK OF WHO

MENORMUN 2025



TABLE OF CONTENTS

Letter from the Presidency	3
Topic 1	4
Guiding Questions	8
Bibliography	9
Topic 2	10
Guiding Questions	13
Bibliography	14





COLEGIO MENOR

Model United Nations

SAMBORONDÓN, 2025

Letter from the Presidency

Dear Delegates,

It is my honor to welcome you to the World Health Organization (WHO) at the first edition of MenorMUN. I am thrilled to see your enthusiasm for addressing some of the most pressing global health issues of our time. As representatives of the international community, you will be challenged to balance national interests with the collective responsibility to protect public health.

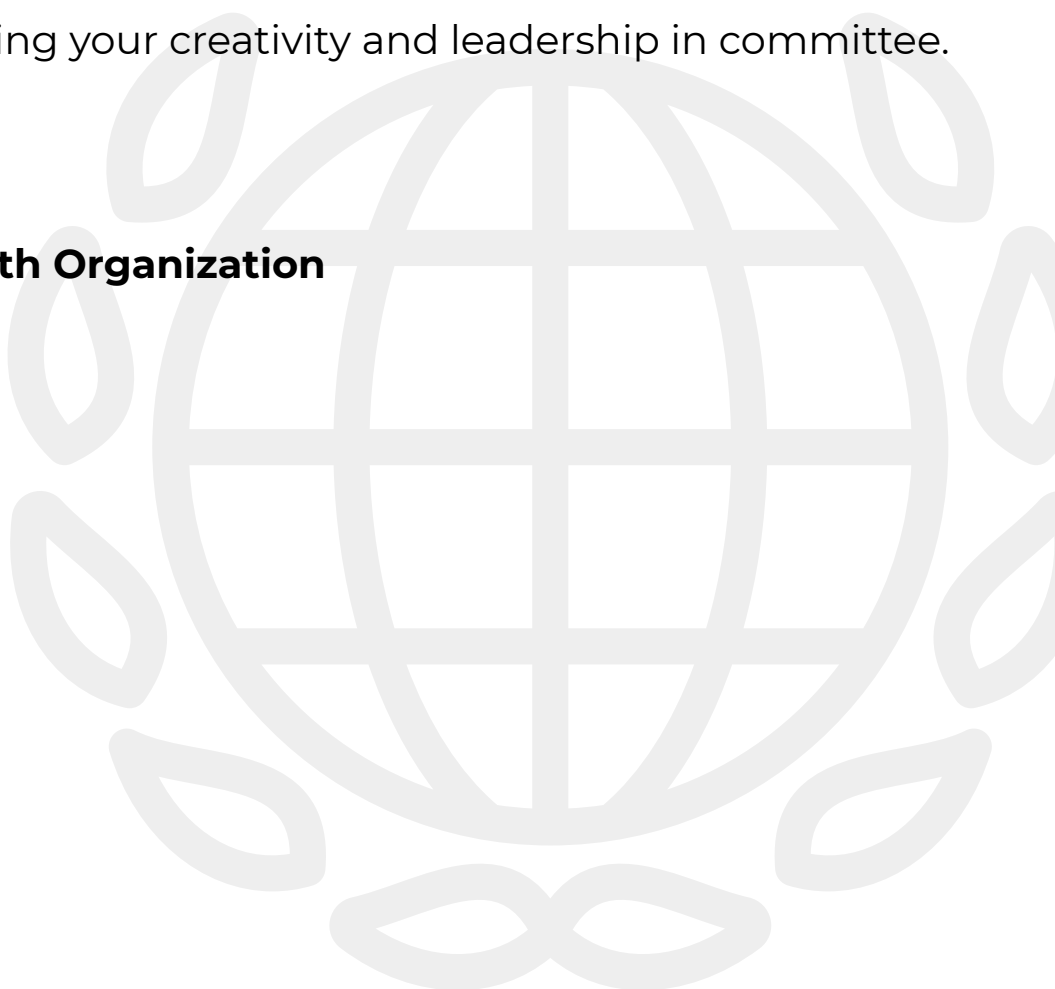
This conference will provide you with the opportunity to engage in meaningful debate, develop innovative solutions, and strengthen your understanding of diplomacy, ethics, and global cooperation. I encourage you to conduct thorough research, think critically, and participate respectfully and passionately.

I look forward to witnessing your creativity and leadership in committee.

Sincerely,

Isabella Fantoni Gomez

Chair of the World Health Organization





Topic 1: Implementation of the International Pandemic Treaty: equitable cooperation, vaccine access, and health sovereignty during global emergencies.

Introduction

The COVID-19 pandemic exposed profound global health inequities and systemic vulnerabilities: while some countries rapidly secured vaccines, diagnostics and therapeutics, many low and middle income nations (LMICs) were left far behind, prolonging the crisis and magnifying economic and social disruption.

Recognizing that pathogens do not respect national borders and that health-security depends on health equity, Member States of the World Health Organization (WHO) embarked on a new trajectory of cooperation.

In response after three years of intensive negotiation the world's first legally binding global instrument dedicated to pandemic prevention, preparedness and response the WHO Pandemic Agreement was adopted during the 78th World Health Assembly in Geneva on 20 May 2025.

The treaty aims to ensure that all nations, regardless of income or capacity, have fair access to life-saving vaccines, diagnostics and therapeutics in times of global health emergencies; to promote cooperation in surveillance, manufacturing, technology transfer and data sharing to respect the sovereign right of states to determine their own health policies.

By embedding equity, solidarity and accountability into a binding architecture the agreement signals a shift in global health governance from voluntary coordination to enforceable commitments and sets the foundation for a more resilient, inclusive and effective global health emergency system.

The COVID-19 pandemic exposed profound global health inequities and systemic vulnerabilities: while some countries rapidly secured vaccines, diagnostics and therapeutics, many low and middle income nations (LMICs) were left far behind, prolonging the crisis and magnifying economic and social disruption.

Recognizing that pathogens do not respect national borders and that health-security depends on health equity, Member States of the World Health Organization (WHO) embarked on a new trajectory of cooperation.



Topic 1: Implementation of the International Pandemic Treaty: equitable cooperation, vaccine access, and health sovereignty during global emergencies.

In response after three years of intensive negotiation the world's first legally binding global instrument dedicated to pandemic prevention, preparedness and response the WHO Pandemic Agreement was adopted during the 78th World Health Assembly in Geneva on 20 May 2025.

The treaty aims to ensure that all nations, regardless of income or capacity, have fair access to life-saving vaccines, diagnostics and therapeutics in times of global health emergencies; to promote cooperation in surveillance, manufacturing, technology transfer and data sharing to respect the sovereign right of states to determine their own health policies.

By embedding equity, solidarity and accountability into a binding architecture the agreement signals a shift in global health governance from voluntary coordination to enforceable commitments and sets the foundation for a more resilient, inclusive and effective global health emergency system.

History of the Topic

The idea of a global pandemic treaty originated in the aftermath of the COVID-19 pandemic, which exposed significant weaknesses in the international community's capacity to prevent, prepare for and respond to health emergencies.

Although frameworks like the International Health Regulations (IHR 2005) provided guidelines for disease surveillance and reporting, they lacked enforceability and global equity mechanisms.

In 2021, the World Health Assembly established the Intergovernmental Negotiating Body (INB) to draft a legally binding international agreement on pandemic prevention, preparedness and response.

Over three years, Member States negotiated the terms of what would become the WHO Pandemic Agreement, focusing on global coordination, equitable access to medical countermeasures, and the protection of national sovereignty in health decisions.



Topic 1: Implementation of the International Pandemic Treaty: equitable cooperation, vaccine access, and health sovereignty during global emergencies.

Finally in May 2025, during the 78th World Health Assembly, Member States formally adopted the WHO Pandemic Agreement, the world's first legally binding global framework for pandemic preparedness. This landmark treaty seeks to ensure that no country is left behind in accessing vaccines, diagnostics, and therapeutics during future pandemics.

Scope of the Problem

The COVID-19 pandemic laid bare the stark reality of health inequity: within the first year of vaccine roll-out, over 70% of available doses were administered in high-income countries, leaving many LMICs with minimal coverage.

This disparity not only caused preventable deaths and prolongation of pandemic waves, but also underscored that global health security cannot exist without global health equity. Beyond vaccines, diagnostics, therapeutics and medical counter-measures were similarly inequitably distributed, while many countries lacked robust surveillance systems, genomic sequencing capacity, regional manufacturing, trained health-workforces, and supply chain resilience.

In addition, tension over national health sovereignty complicated global coordination: countries wrestled with retaining authority over domestic health policies while participating in international regimes. To succeed, any new pandemic instrument must address structural deficiencies and do so in a way that respects the sovereign right of each State to define its health strategy.

The WHO Pandemic Agreement therefore embeds equity and solidarity as fundamental principles, while explicitly reaffirming that nothing in the treaty authorises the WHO Secretariat to mandate domestic health measures or override national policy. Implementation of the Agreement will require bridging the gap between ambition and operationalisation: how to translate treaty obligations into tangible supplies, coordinated logistics and strengthened national systems, especially for resource-limited countries.



Topic 1: Implementation of the International Pandemic Treaty: equitable cooperation, vaccine access, and health sovereignty during global emergencies.

Past Actions

Global efforts to bolster pandemic preparedness precede the 2025 treaty. The International Health Regulations (2005), adopted in 2005 and brought into force in 2007, created a framework for states to notify and respond to public-health events of international concern, yet lacked binding equity provisions. Following the COVID-19 pandemic's devastating impact, the WHO Member States in December 2021 authorised the INB to negotiate a new instrument.

The INB held its first session on 24 February 2022, and multiple rounds of negotiation ensued. In May 2024 the World Health Assembly adopted Decision WHA77(20) to reaffirm commitment and extend the INB's mandate, given the complexity of negotiations. Upon reaching consensus on the draft text in April 2025, Member States proceeded to adopt the Agreement in May 2025. The treaty sets out mechanisms such as the Pandemic Supply Chain & Equity Mechanism (PSCem), Pandemic Technology Access Pool (PTAP) as well as financing and workforce arrangements. Implementation steps include drafting of the Pathogen Access and Benefit-Sharing (PABS) annex via an Intergovernmental Working Group (IGWG) and preparation for opening the Agreement for signature and ratification. These past actions reflect a clear evolution towards binding international cooperation in pandemic governance rather than purely voluntary frameworks.

Conclusion

The adoption of the WHO Pandemic Agreement in May 2025 marks a historic milestone in global health governance. It shifts the international community from voluntary coordination toward a legally binding framework grounded in equity, solidarity and the right of every country to protection. If effectively implemented, the treaty holds the promise of enabling faster data-sharing, fairer distribution of vaccines, diagnostics and therapeutics, enhanced regional manufacturing, integrated One Health surveillance and stronger global response coordination. Yet its success is not guaranteed: continuous political will, transparent governance, sustained financing, regional capacity-building and inclusive stakeholder participation will be essential. The treaty must not remain symbolic and global health security becomes real rather than aspirational.



Topic 1: Implementation of the International Pandemic Treaty: equitable cooperation, vaccine access, and health sovereignty during global emergencies.

Guiding Questions

1. How can the WHO ensure that all countries implement the Pandemic Agreement equitably?
2. What mechanisms are needed to guarantee fair vaccine and technology distribution during health crises?
3. How can global cooperation respect national sovereignty while promoting rapid and coordinated responses?
4. What strategies can strengthen pandemic preparedness in low- and middle-income countries?
5. How can the “One Health” approach be effectively integrated into national and global policies?
6. What role should international financial institutions play in sustaining long-term pandemic preparedness?
7. How can accountability and transparency be maintained to ensure compliance with the treaty?





Topic 1: Implementation of the International Pandemic Treaty: equitable cooperation, vaccine access, and health sovereignty during global emergencies.

Bibliography

- CEPI. (2025, mayo 22). *The pandemic agreement: What it is—and what it is not*. Coalition for Epidemic Preparedness Innovations. <https://cepi.net/pandemic-agreement-what-it-and-what-it-not>
- House of Commons Library. (2025, mayo 15). *The WHO pandemic agreement*. UK Parliament. <https://commonslibrary.parliament.uk/research-briefings/cbp-9550/>
- Katz, R., & Moon, S. (2025, junio 17). *The WHO pandemic agreement: An essential catalyst for global health equity and preparedness*. PLOS Speaking of Medicine. <https://speakingofmedicine.plos.org/2025/06/17/the-who-pandemic-agreement-an-essential-catalyst-for-global-health-equity-and-preparedness/>
- ScienceOpen. (2025). *The WHO pandemic agreement and global preparedness*. ScienceOpen. https://www.scienceopen.com/document_file/404f6bd1-276e-43dc-9c67-d8d91ed7367c/PubMedCentral/404f6bd1-276e-43dc-9c67-d8d91ed7367c.pdf
- World Health Organization. (2024). *Pandemic prevention, preparedness and response accord: Questions and answers*. <https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord>
- World Health Organization. (2025, mayo 20). *World Health Assembly adopts historic pandemic agreement to make the world more equitable and safer from future pandemics*. <https://www.who.int/news/item/20-05-2025-world-health-assembly-adopts-historic-pandemic-agreement-to-make-the-world-more-equitable-and-safer-from-future-pandemics>
- World Health Organization. (2025). *A78/10 Add.1: Draft WHO Pandemic Agreement*. Seventy-eighth World Health Assembly. https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10Add1-en.pdf
- Zhang, L., & Lee, M. (2025). *Global health governance and the WHO pandemic agreement*. National Library of Medicine (PMC). <https://pmc.ncbi.nlm.nih.gov/articles/PMC12228423/>



Topic 2: International response to the fentanyl epidemic: from public health to global security.

Introduction

The surge of synthetic opioids has become one of the most serious public-health and security crises of the 21st century. Originally developed in the 1960s for medical use as a powerful anesthetic, fentanyl is now widely trafficked, typically illicitly manufactured, and deeply implicated in overdose deaths across multiple continents. Its extreme potency and its infiltration into counterfeit pills, drug mixes, and online markets have made it both highly lethal and difficult to detect.

The crisis lies at the intersection of health and security: addiction and overdose deaths combine with organized crime, corruption, global precursor chemical networks, and transnational trafficking. To respond effectively, the international community must balance ensuring legitimate medical access to opioids for pain treatment while preventing illicit manufacture and diversion of synthetic opioids. The evolving nature of synthetic drug markets, the proliferation of new analogues and the broadening geographic reach beyond North America underscore the urgent need for coordinated global action. This topic explores how the world is responding and what remains to be done to halt the spread of synthetic opioids while preserving access for legitimate medical use.

History of the Topic

The opioid epidemic has unfolded in three major waves, each with distinct causes and consequences. The first wave began in the 1990s, primarily in the United States, when pharmaceutical companies aggressively marketed opioid painkillers (such as oxycodone and hydrocodone) as safe and effective treatments for chronic pain; opioid prescriptions soared and addiction followed.

The second wave emerged in the early 2010s, when tighter regulations on prescription opioids drove many people with opioid use disorder to cheaper, more accessible alternatives such as heroin. The third and current wave, from around 2013 onward, is driven by synthetic opioids especially illicitly-manufactured fentanyl and its analogues.

These synthetic opioids are exponentially more potent and trafficked in smaller, easier to conceal quantities. Countries such as the United States report dramatic increases in synthetic-opioid-involved deaths: in 2023 roughly 105,000 people died of a drug overdose and nearly 80,000 of those involved opioids.



Topic 2: International response to the fentanyl epidemic: from public health to global security.

Moreover, the global dimension deepened: precursor chemicals often originate in China, are shipped to Mexico or other production hubs for conversion and trafficking across borders. A Brookings report emphasises China's role and the shift in trafficking routes. In response, the United Nations Office on Drugs and Crime (UNODC) launched its global opioid strategy in June 2018, aimed at integrating public-health, law-enforcement and international cooperation aspects. This history reveals how what began as a domestic public-health crisis has morphed into a global challenge involving illicit supply chains, digital commerce, chemical precursors and weak governance in some regions.

Scope of the Problem

The scale and severity of the synthetic-opioid epidemic are striking. According to the UNODC World Drug Report, in 2023 synthetic opioids including fentanyl were the second most seized group of synthetic drugs worldwide. In the United States alone, about 105,000 people died from drug overdoses in 2023, and roughly 76% of those deaths involved opioids.

The potency of fentanyl and its analogues means that even extremely small quantities can cause fatal outcomes, contributing to dramatic overdose counts. On the supply side, precursor chemicals are shipped globally, manufacturing hubs operate in Mexico and elsewhere, and new analogues such as nitazenes have begun appearing in markets outside North America. The epidemic's impact extends beyond health: it involves organised crime, cross-border trafficking, cyber-enabled markets, and the destabilization of communities and law-enforcement systems.

Moreover, while ensuring legitimate medical access to opioids is necessary, many low- and middle-income countries still suffer from inadequate pain management access, creating a dual challenge of ensuring access and prevention.

The globalised nature of synthetic-opioid production and distribution means that no country is immune; without coordinated international action, the epidemic is likely to spread or intensify in regions with weaker capacities for detection, treatment, and enforcement.



Topic 2: International response to the fentanyl epidemic: from public health to global security.

Past Actions

International efforts to respond to synthetic-opioid threats have grown significantly. In June 2018, the UNODC launched its Integrated Opioid Strategy a five-pillar framework built on early warning/trend analysis, rational access for medical use, prevention and treatment of opioid use disorders, law-enforcement cooperation, and capacity-building for counternarcotic operations.

The strategy coordinates with the World Health Organization (WHO), International Narcotics Control Board (INCB), and other agencies to promote holistic responses. On the enforcement side, U.S.-Mexico cooperation through the 2021-present U.S.-Mexico Bicentennial Framework for Security, Public Health, and Safe Communities emphasises disruption of fentanyl trafficking, precursor chemical controls, and public-health prevention programmes.

At the regional level, Europe's EUDA and national agencies monitor the spread of synthetic opioids and strengthen harm-reduction, treatment and overdose-prevention measures. On the policy side, countries have enhanced scheduling of fentanyl precursors and increased border and postal inspection regimes. Research efforts have expanded, with a growing body of academic work reviewing new psychoactive synthetic opioids and analogues highlighting how the landscape is shifting rapidly.

Despite these efforts, the pace of adaptation by illicit networks and the emergence of novel substances continue to challenge enforcement and health systems.

Conclusion

The synthetic-opioid crisis is more than a conventional drug epidemic: it sits at the intersection of public health, global security, human rights and international governance.

The evolution of the epidemic from prescription painkillers to heroin to ultra-potent synthetics underscores how adaptive illicit networks and weak regulatory frameworks can exacerbate harm. International cooperation has matured but significant gaps remain. The complexity of the threat demands that the epidemic be treated both as a health issue and a security issue, since diversion of precursors, transnational trafficking, online markets and corruption undermine global stability while directly harming individuals and communities.



Topic 2: International response to the fentanyl epidemic: from public health to global security.

Going forward, success will hinge on enhancing global early-warning systems, strengthening treatment and harm-reduction access improving regulatory oversight of precursor chemicals, refining online-market detection, and ensuring that access to opioids for legitimate medical use is protected. Only through a sustained, multidisciplinary, globally-coordinated approach can the intertwined threats of synthetic opioids, organised crime and overdose deaths be effectively addressed.

Guiding Questions

1. How can international cooperation be strengthened to control the production and trafficking of fentanyl and its precursors?
2. What measures can balance access to opioids for medical purposes with preventing their illicit use?
3. How can developing nations enhance their capacity to detect and prevent the spread of synthetic opioids?
4. What role should technology companies and social media platforms play in curbing online drug sales?
5. How can the WHO and UNODC better coordinate public health and security approaches to the crisis?
6. Should the fentanyl epidemic be treated primarily as a health issue, a security issue, or both?
7. What frameworks can be implemented to support addiction treatment and harm reduction internationally?



Topic 2: International response to the fentanyl epidemic: from public health to global security.

Bibliography

- Brookings Institution. (2022, noviembre 7). *Drug trafficking and U.S. foreign policy*. Brookings. https://www.brookings.edu/wp-content/uploads/2022/03/FP_20221107_drug_trafficking_felbab_brown.pdf
- Centers for Disease Control and Prevention. (2024). *Understanding the opioid overdose epidemic*. U.S. Department of Health and Human Services. <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>
- Council on Foreign Relations. (2024). *Fentanyl and the U.S. opioid epidemic*. <https://www.cfr.org/backgrounder/fentanyl-and-us-opioid-epidemic>
- Felbab-Brown, V. (2022). *Drug trafficking and U.S. foreign policy*. Brookings Institution. https://www.brookings.edu/wp-content/uploads/2022/03/FP_20221107_drug_trafficking_felbab_brown.pdf
- Think Global Health. (2023, agosto 10). *Fentanyl and foreign policy*. Council on Foreign Relations. <https://www.thinkglobalhealth.org/article/fentanyl-and-foreign-policy>
- United Nations Office on Drugs and Crime. (2018, junio). *Responding to global opioid crisis: UNODC launches strategy to protect public health*. <https://www.unodc.org/unodc/en/frontpage/2018/June/responding-to-global-opioid-crisis-unodc-launches-strategy-to-protect-public-health.html>
- United Nations Office on Drugs and Crime. (2021). *The opioid strategy: Factsheet*. https://www.unodc.org/res/opioid-crisis/the-strategy_html/OpioidStrategy_factsheet-generic_WEB_updated_202111.pdf
- United Nations Office on Drugs and Crime. (2025). *World Drug Report 2025, Booklet 1: Key findings*. https://www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_B1_Key_findings.pdf
- United Nations Office on Drugs and Crime. (n.d.). *UNODC opioid strategy*. https://www.unodc.org/pdf/opioids-crisis/UNODC_Opioid-Strategy-Flyer_WEB.pdf
- U.S. Global Leadership Coalition. (2024, julio 5). *Combatting the rise of fentanyl and synthetic drugs through U.S. foreign policy*. <https://www.usglc.org/resources/combating-the-rise-of-fentanyl-and-synthetic-drugs-through-us-foreign-policy/>