WHO Background Guide

AMBMUN ‘27

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Welcome Message

Dear Delegates,

Welcome to the World Health Organization (WHO) committee at AMBMUN 2027. You have been chosen to represent the international community in resolving one of the most pressing challenges facing global public health today: the production, circulation, and sale of falsified and counterfeit medicines.

Medicines play a crucial role in preserving human life, treating diseases, and safeguarding public health in general. However, when such products are falsified, inadequately produced, or improperly distributed, they put patients' lives in grave danger, undermine the integrity of healthcare systems, and erode public trust in medical institutions.

Throughout this committee session, delegates will examine the root causes and severe consequences of this illicit trade, while carefully considering the economic, political, technological, and regulatory factors that facilitate its global spread. Ultimately, it is your responsibility to formulate realistic, internationally coordinated measures that strengthen pharmaceutical legislation, enhance international cooperation, and guarantee the universal availability of safe, affordable medicines.

This document serves as the first step in your conference preparation. All delegates are strongly encouraged to thoroughly research your assigned country's foreign policy and national position, explore existing international initiatives, and arrive prepared to engage in rigorous, diplomatic debate.

We look forward to witnessing exceptional diplomacy, insightful discussions, and fruitful collaborations during the conference.

Best regards,

Mohammed Moawwad & Layan Kayali

Chairs, World Health Organization

AMBMUN 2027

Committee Overview

The World Health Organization (WHO) is a specialized agency of the United Nations established on April 7, 1948. The primary objective of the WHO is to achieve the highest attainable standard of health, protect global populations from public health emergencies, and continuously improve access to essential health services worldwide.

Operating alongside its 194 Member States, the WHO establishes rigorous international health standards, provides crucial technical assistance, and coordinates rapid responses to health emergencies in order to strengthen national healthcare systems globally.

In addressing the pervasive issue of falsified and counterfeit medicines, the WHO plays an indispensable role by coordinating international efforts to prevent, detect, and respond to incidents. Its core institutional functions include:

- Setting international quality and safety standards for medical products;
- Assisting Member States in strengthening national regulatory frameworks within the pharmaceutical sector;
- Collecting, verifying, and reporting on incidents involving substandard and falsified medical products;
- Providing targeted technical support and institutional capacity-building to national health authorities; and
- Fostering robust international cooperation among governments, pharmaceutical enterprises, and law enforcement organizations.

Through initiatives such as the Global Surveillance and Monitoring System (GSMS) and the Member State Mechanism, the WHO actively ensures that medical products circulating on the international market meet established safety benchmarks. Furthermore, it is essential to note that while the WHO provides vital technical guidance, coordination, and policy recommendations, direct criminal investigations and legal prosecutions remain the exclusive responsibility of sovereign national authorities.

Topic Overview

Understanding Counterfeit and Falsified Medicines

The proliferation of counterfeit and falsified medicines has escalated into a severe crisis for global public health. Such illicit pharmaceuticals are produced, distributed, and sold in a deceptive manner, completely failing to comply with official standards regarding identity, composition, origin, or authenticity. According to recent WHO data, at least one in ten medical products in Low- and Middle-Income Countries (LMICs) is estimated to be substandard or falsified, with nations collectively expending approximately US$30.5 billion annually on the acquisition of these dangerous products (WHO, 2024).

To effectively address this issue, delegates must understand the critical distinctions among three primary categories of compromised medical products:

1. Substandard Medicines: Authorized medical products that fail to meet official quality standards or specifications due to accidental manufacturing errors, poor quality control, or improper storage conditions.
2. Falsified Medicines: Medical products that deliberately or fraudulently misrepresent their true identity, composition, or source. These items may contain incorrect active ingredients, improper dosages, or toxic contaminants, often disguised within deceptive packaging.
3. Unregistered or Unlicensed Medicines: Pharmaceuticals that have not undergone evaluation or received marketing authorization from the relevant national or regional regulatory authority within the target market.

It is important to emphasize that these categories are distinct and should not be conflated. For instance, the presence of an unregistered medicine does not automatically imply that the product is intentionally falsified (WHO, 2019; WHO, 2024).

Historical Background

The international community's response to the circulation of falsified medicines has evolved over several decades. During the late twentieth century, the rapid globalization of the pharmaceutical industry intensified the urgent need for standardized regulations and cross-border collaboration.

- 1988: The World Health Assembly adopted Resolution WHA41.16, mandating the WHO to develop a dedicated program aimed at preventing and detecting the export, import, and illicit trafficking of falsely labeled, spurious, and counterfeit pharmaceuticals.
- 1994: Resolution WHA47.13 explicitly urged the WHO to provide proactive assistance to Member States combating counterfeit medications within their borders.
- 2012: A major institutional turning point occurred when the Sixty-fifth World Health Assembly adopted Resolution WHA65.19, establishing the *WHO Member State Mechanism on Substandard and Falsified Medical Products*, thereby providing a unified framework for member countries to coordinate their anti-counterfeiting strategies.
- 2017: The World Health Assembly officially adopted the unified terminology "Substandard and Falsified (SF) Medical Products" to clearly separate public health safety measures from intellectual property and trademark disputes.

These foundational milestones continue to underpin modern international legal frameworks and supply chain security measures (WHO, 2012; WHO, 2024).

How Did the Problem Develop?

The rapid international spread of falsified medicines is driven by several intersecting systemic vulnerabilities:

- Pharmaceutical Supply Chain Globalization: Modern medications frequently traverse multiple nations across complex pathways of manufacturing, packaging, transport, and wholesale distribution. This intricate globalization makes comprehensive oversight exceedingly difficult for individual national authorities.
- E-Commerce Expansion: The rapid growth of the Internet has expanded consumer access to healthcare products via online platforms; however, illicit websites and unregulated social media vendors routinely exploit this digital connectivity to sell dangerous counterfeit drugs without governmental oversight.
- Insufficient Regulatory Capacity: Many developing nations lack adequate financial resources, sophisticated testing laboratories, and trained pharmaceutical inspectors required to intercept illegal products at borders and domestic markets.
- Economic Inequality and Restricted Access: When legitimate, life-saving medicines are excessively expensive or locally unavailable, vulnerable populations are forced to seek cheaper alternatives from unregulated grey-market sources, significantly increasing their exposure to falsified goods.
- Organized Criminal Groups: Sophisticated transnational criminal organizations actively exploit systemic loopholes in customs inspections, weak regulatory controls, and fragmented international law enforcement to generate immense illicit profits through counterfeit drug distribution (WHO, 2024).

Previous Actions

Over the past decade, several international organizations and specialized bodies have established pivotal mechanisms to combat the global flow of falsified pharmaceuticals:

- WHO Member State Mechanism (2012): Created by the World Health Organization to foster international cooperation, information-sharing, and multi-lateral strategy development among member nations.
- Global Surveillance and Monitoring System (GSMS) (2013): Launched by the WHO to provide countries with a secure platform for reporting, tracking, and identifying suspicious or dangerous medical products globally.
- INTERPOL Operations (e.g., Operation Pangea): INTERPOL (the International Criminal Police Organization, a global network facilitating police cooperation across 196 member countries) regularly coordinates targeted international police operations, such as Operation Pangea, to crack down on the illegal online sale of counterfeit medicines and disrupt digital distribution rings.
- The MEDICRIME Convention: Introduced by the Council of Europe as the first binding international criminal law instrument obligating ratifying states to criminalize the intentional manufacturing, supply, and distribution of counterfeit medical products.

While these initiatives represent substantial progress, significant implementation gaps remain. Many countries still struggle to enact stringent local legislation, and urgent improvements are needed in institutional vigilance to completely block international trafficking routes.

Questions and Solutions for Committee Deliberation

When preparing position papers and debating solutions during committee sessions, delegates should carefully evaluate the following strategic areas:

1. Regulating Digital Pharmacies: Exploring how international bodies can establish unified protocols to monitor, trace, and shut down illegal online pharmacies and social media drug vendors.
2. Enhancing Customs and Border Control: Discussing the deployment of advanced digital tracking technologies (such as serialization, barcoding, and blockchain verification) alongside increased border inspections to prevent substandard goods from entering domestic markets.
3. Capacity Building and Technical Assistance: Identifying cost-effective measures to reinforce national health ministries, train healthcare workers in product authentication, and provide developing nations with the financial and technical resources necessary to secure their pharmaceutical supply chains.

Bibliography

- World Health Organization. (2024). *Substandard and falsified medical products Fact Sheet*. Retrieved from WHO Fact Sheets.
- World Health Organization. (2024). *Member State Mechanism on Substandard and Falsified Medical Products*. Retrieved from WHO Mechanism.
- World Health Organization. (2024). *WHO Global Surveillance and Monitoring System*. Retrieved from WHO GSMS.
- INTERPOL. (2024). *Pharmaceutical crime operations*. Retrieved from INTERPOL Operations.
- Council of Europe. (2024). *The MEDICRIME Convention*. Retrieved from Council of Europe MEDICRIME.
- Frontiers in Medicine. (2024). *Global perspectives on counterfeit pharmaceuticals*. Retrieved from Frontiers Research.
- World Health Organization. (2024). *WHO strategy to prevent, detect, and respond to substandard and falsified medical products*. Retrieved from WHO Training Toolkit.
- World Health Organization & UNODC. (2025). *WHO and UNODC release landmark report on contaminated medicines*. Retrieved from WHO News Release.
- World Health Organization. (2024). *Substandard and falsified: Questions and answers*. Retrieved from WHO Q&A.

Country List

- India
- China
- Singapore
- UAE
- Nigeria
- Indonesia
- Democratic Republic of the Congo (DRC)
- Brazil
- Syria
- Lebanon
- Turkey
- Iraq
- USA
- UK
- Germany
- France
- Canada
- Italy
- Australia
- Colombia
- Argentina

- Thailand
- Panama
- Burkina Faso
- Philippines