

Committee: ECOSOC

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Issue: Providing medical services and supplies to Less Economically Developed Countries (LEDs)



Research report

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Forming a Dome of international peace



Forum ECOSOC

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Introduction

Throughout history, the wealthiest countries overwhelmingly controlled most of the monopoly on access to medicine, vaccines, diagnostics, and trained healthcare workers. In a quite different reality, in a less economically developed country, particularly in sub-Saharan Africa, a child born there is many times more likely to die before the age of five than anywhere in the world. Strangely, most of these deaths are caused by conditions that are cheap to prevent or treat: pneumonia, diarrhoea, malaria, complications at birth, and vaccine-preventable diseases. The problem is rarely that the medical knowledge does not exist. The COVID-19 era has accelerated the medical world's capabilities in all of these sub-departments, and economic interdependence is increasing with the rise of globalization.

Instead, the problem is that money, products, and trained people do not reach those who need them most. These countries often struggle because of weak domestic financing, economic fragility, and an overall volatile government. Since the greatest scientists are halfway across the globe, these LDCs must rely on importing almost all of their vaccines and medicine. However, the WHO has estimated that around one in ten medical products in LDCs are substandard, proving that prioritizing medical assistance in LDCs is key.

Real-world examples

These examples have already devastated a variety of LDCs around the whole globe.

In Malawi, legitimate doctor shortages are a problem of great risk, with there being a provision of 1 legitimate doctor for every 50,000 people. However, this crisis isn't caused by a lack of trained professionals, but rather by a government inability to afford public salaries for these jobs. The Malawians face several severe health issues amplified by cholera outbreaks and natural disasters. Many educational institutions produce hundreds of qualified medical professionals every year, but they remain unemployed as the government is not able to sustain their wages while already under strict economic constraints. Unemployment isn't solely an issue internally; outside of Malawi, countries like the UK have restricted the recruitment of healthcare workers to prevent the displacement of workers from less to more developed countries for improved salaries and standards of living. These workers in Malawi are stuck under this burden, without being able to help anyone.

In Haiti, widespread gang violence forces healthcare facilities to close and workers to frequently miss shifts. Medical providers are targeted and kidnapped so that they can be forced to treat injured gang members, further reducing the number of functioning doctors. Hospitals in the capital, Port-au-Prince, have been attacked and looted, and many medical staff have fled the country, leaving millions of people with very limited access to care. This sparks the necessity of controlled economic and security measures to ensure smoother transfer of medical resources.

In South Sudan, shortages of essential medical equipment and supplies are prominent in many regional hospitals around the country. Basic diagnostic and life-saving tools are almost entirely absent due to economic crises, power supply limitations, and years of conflict. Poor roads make it hard to transport supplies, especially in the rainy season when many areas are cut off completely.

The country also relies heavily on foreign aid to run its health system, making it one of the countries most exposed to recent aid cuts.

General Overview

While the world is growing at a blistering pace, many countries are focused on simply surviving and meeting basic human needs. They aren't able to put their efforts into catching up with medical technologies. Global interdependence lies at the root of this: these countries cannot afford the world's most powerful resources, from patented medicines to modern equipment. The COVID-19 pandemic showed this most strikingly, as wealthy countries bought up vaccines first while poorer countries waited months or even years.

The UN recognises 44 countries as Least Developed Countries (LDCs), home to roughly 1.2 billion people. Although being an LDC reflects deep poverty, it also gives these countries access to exclusive international support measures, preferential trade agreements, dedicated financial funds, and personalised dedication from the World Health Organization (WHO). Nonetheless, whenever these countries graduate from LDC status, they're stripped of their privileges. Commonly, economies see a quick decline in exports after having graduated, which can result in unstable societies. Therefore, the most pushed-for alternative is the necessity of specialization in economies.

Unfortunately, this support for the least economically developed countries is now shrinking. As aid from wealthy countries fell by 23.1% in 2025, the largest drop ever recorded, global humanitarian stability in these countries is declining drastically. Additionally, aid for health is expected to fall by 29-46% between 2024 and 2026.

Timeline

Year	Event
1978	The Declaration of Alma-Ata sets the goal for "Health for All" through basic primary health care.
1995	WTO changes the agreement to make patents on medicines mandatory, keeping many medicine prices high
2000-2003	Gavi, the Global Fund, and PEPFAR are launched, funding vaccines, HIV, TB, and malaria treatment. The 2001 Doha Declaration confirms countries can override patents to protect public health
2010	WHO Global Code of Practice asks rich countries not to actively recruit health workers from countries with severe shortages
2015	Sustainable Development Goals set the target of healthcare for everyone by 2030

2020-2023	COVID-19; rich countries secure vaccines first, while COVAX delivers to poorer countries much later.
2025	The US closes USAID, leaves the WHO, and cuts health aid. The WHO Pandemic Agreement is adopted.
2026	African leaders push for “health sovereignty” at the AU health summit and through Ghana’s Accra Reset.

Major Parties Involved

The United States used to be the biggest health donor in the world, but in 2025 it closed USAID, left the WHO, and stopped funding Gavi. It now makes short-term deals directly with individual countries, expecting them to pay more of the costs themselves over time.

China offers aid, sends medical teams, and builds hospitals without political conditions, expanding its influence as Western funding falls.

India is known as the “pharmacy of the developing world” because it produces cheap generic medicines for much of Africa and Asia.

South Africa pushes for looser patent rules so that poorer countries can make or buy medicines more cheaply.

European countries such as the UK, France and Germany have long supported international health funds, but are now also cutting aid, partly to spend more on defence. For instance, the UK has decreased its aid to the Global Fund from £1 billion to £850 million.

The African Union wants Africa to make its own medicines, buy them together and control its own health priorities, an idea often called “health sovereignty”. Countries that depend most on aid, such as **Malawi** and **South Sudan**, mainly want funding to continue and more time to become self-reliant, since they cannot replace lost aid overnight.

Contemporary Solutions

1. **Buying together:** Certain organisations such as Gavi and UNICEF already buy their medicines and vaccines in bulk for many countries, lowering the price per item. More countries must take advantage of this, as prices of vaccines have increased by more than half since it started. African countries have already started buying together, yet, however, their funds rely on underperforming donors.

2. **Local manufacturing:** the African Union aims for Africa to produce 60% of its own vaccines by 2040, reducing its reliance on imports. Gavi has set up a fund to reward African vaccine makers, and the WHO runs a centre in South Africa that shares vaccine technology with poorer countries. However, new factories struggle to compete with cheaper producers in India and China, and need guaranteed buyers to survive.

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