



WORLD HEALTH ORGANIZATION

Hello Delegates!

My name is Sofia Jamiolkowski, and I'm thrilled to introduce myself as your Chair for the World Health Organization. I'm seventeen years old and currently a junior at the International American School of Cancun. During my free time, I enjoy listening to music, playing my guitar, reading, and practicing volleyball. For my future, my plan is to study fashion design in Italy.

This would be my sixth MUN conference, but this is my first time as a Chair. My first conference was in ninth grade in which I participated as a delegate in WHO. Ever since, I have won two awards for best position paper and honorable mention for best delegate. The World Health Organization committee is vital for delegates to debate and collaborate on solutions surrounding topics of world health issues, such as pandemics, access to healthcare, and disease prevention.

This year, I truly hope our delegates come well-prepared and approach this conference with a sense of dedication and professionalism. I also encourage delegates to conduct extensive research to ensure a smooth and engaging debate. Remember, background guides should not be your only source of information. Having extra research on both your country and other countries will strengthen your contribution to the debate.

If you have any questions, feel free to contact me at @sofia.jamiolkowski.ciac.edu.mx

Sofia Jamiolkowski, Chair
World Health Organization

Welcome Delegates,

My name is Camila Bolaños, and I am so excited to have the pleasure of being your Co-Chair of the World Health Organization this year. I am 17 years old and a junior at International American School. In my free time I enjoy going out with friends and family and I love art and am naturally drawn to all aspects of art; I love music, drawing, reading and being creative. In the future, I see myself somewhere abroad studying marketing and something related to psychology.

This would be my 5th experience participating in a Model UN conference, but my first time as co-chair. My most memorable experience was at GUAMUN, a conference I had the opportunity to go to, thanks to the school's organization and encouragement. I was a delegate in WHO and immediately fell in love with the committee. The reason I love this committee is because it deals with global health issues and possible solutions and I feel that in this conference we are actually helping little by little with those global issues; you can feel part of the solution.

This year, as your co-chair, I expect professionalism, respect, and for my delegates to feel prepared. We remind you that it is necessary for you to research profoundly on your topics from various sources. You can rely on our background guide for your basic research. It is most important for my delegates to have fun and enjoy the conference; hopefully this will be your most memorable conference. After the conference it is a great feeling, to have created new connections and to feel like you have made a difference. I'm eager to meet all of you!!

For any additional doubts or comments please feel free to contact me
camila.trejo@ciac.edu.mx

Camila Bolaños, Co-Chair
World Health Organization



COMMITTEE MISSION

The World Health Organization is a specialized agency of the United Nations, founded on April 7, 1948. Its goals include promoting worldwide public health, ensuring global security, and providing assistance to those in need. According to its Constitution, "the attainment by all people of the highest possible level of health" is its main goal. The organization has its headquarters in Geneva, Switzerland. It has 194 member states, and operates through six regional offices to address health problems globally while also finding solutions for regional needs.

WHO works by setting international health standards, helping countries improve their response to health emergencies, guiding research, and providing technical expertise. It plays a key role in coordinating global responses to pandemics, eradicating diseases, and addressing issues such as mental health and access to healthcare for everyone. The World Health Organization collaborates with governments and non-governmental organizations to ensure that health remains a top priority worldwide. Every year, the World Health Assembly brings member states together to discuss and set policies and strategies regarding health topics.

Topic A: Regulation of Alcohol Advertising and Marketing That Targets Minors

Introduction:

In an environment where social media is incredibly accessible for any person; no matter the age, gender or race, the advertising of alcohol becomes a dangerous tool, especially for young people who are the most vulnerable and most often targeted in advertisements related to alcohol consumption. The increasing exposure of minors to alcohol advertising is a worldwide crisis that cannot be solved by any single nation alone, it is more prevalent in regions like North America and Europe thanks to the widespread advertising from digital media and in regions like Latin America and Asia where there is a lack of strict regulations that allows the problem to only grow.

Many young people start drinking, as they start maturing. It is normal to assert dominance, to look for new challenges, or maybe even engage in risky behaviors, commonly encouraged by friends and others their age. In addition to the desire for alcohol consumption at an early age there is also the accessibility of purchasing alcohol, as many adolescents have easy access to it, either acquiring it from friends or from family members. The majority of teens who drink claim to get alcohol without having to pay for it.

The consumption of alcohol from mid-adolescence to early adulthood has major harmful effects to the human body, both physically and mentally, where it can lead to structural changes to parts of the brain.

Drinking in adolescence is heavily associated to road accidents, suicide, depression, decreased academic performance, memory loss and health related issues. It is important to acknowledge the issue firstly because of the current increase in minor alcohol consumption and most importantly because of the serious exposure and normalization of the abuse by young audiences.

History:

During the early 20th century, the United States entered the Prohibition Era, which consisted of the initial awareness and nationwide ban on alcohol production, sale, and advertising. Later, claims emerged that banning alcohol advertising violated the First Amendment, leading to a resurgence of alcohol marketing. In the mid to late 20th century, the rapid



growth of television, radio, and print media worldwide, particularly in the US and some European countries, provided a new platform for communication and information dissemination.

Over the years, health issues related to early alcohol consumption increased, becoming a growing concern in the medical field for the community's health. In 1991, an American surgeon general criticized alcohol companies for targeting younger audiences and highlighted the need for change and awareness.

Many countries, such as Sweden and Norway, began introducing bans on alcohol advertising, and the World Health Organization made it its mission to emphasize the dangers of underage drinking.

In the 2000s, the rise of digitized media began, with online personas



of significant influence collaborating with alcohol companies, which led to a surge in demand, particularly among young audiences. The total number of alcohol-related ads increased by 39% in 2001. As a result of the sudden success of alcohol companies, they started investing more economically and eventually normalized the idea of underage drinking.

In 2010, WHO produced a global strategy around this urgent matter; the strategy was structured on three pillars: the protection of the population through normative setting; protection of vulnerable populations, especially young people, against alcohol, and providing support for those who do not wish to drink. Countries have attempted various protections of young people from alcohol marketing using different arrangements. Others are tighter, while some are based on voluntary rules adopted by the alcohol sector. Despite this, research indicates that self-regulation (industry rules) are ineffective, and the government needs to play a larger role in enforcement.

The Pan American Health Organization (PAHO) developed a plan to assist countries in implementing the World Health Organization (WHO) strategy. It aims to prevent underage drinking and to reduce harmful and high-risk alcohol consumption by the following:

- Assisting nations to establish science - based policy and program.
- Governments holding marketers and alcohol businesses accountable and restricting alcohol advertising (e.g., clarity on marketing and sales).
- Keeping an eye on compliance of companies with these rules.

PAHO also established an intercountry network of health lawmakers to collaborate on alcohol policies. The 2012 meetings in Mexico and the 2014 meetings in Colombia led to the formulation of recommendations, including a universal set of public health measures in the area of alcohol marketing that could be adopted by all governments.

Current Situation:

As of 2025, minors are targeted by advertisements and marketing fueled by alcohol, and controlling that forms an enduring global public health issue. While there have been a number of approaches taken to prevent these problems, recent news shows that there is more work to be done as well as some improvements that have been made. Despite stricter regulations in many countries, enforcement gaps, changing marketing strategies, and pushback from the industry are major roadblocks.

Unfortunately, young people these days are still exposed to a lot of alcohol advertisements, especially with social media being so accessible to young children. Just on Instagram and Facebook alone, there are over 4,000 ads on social media, and the reality is that in many countries, alcohol advertising is not regulated on social media. For example, in Australia, alcohol advertising is "self-regulatory and voluntary," meaning that it is up to the companies to ensure they meet their own Advertising Code. A more recent example that stirred controversy in Poland was a vodka brand selling its product in fruity pouches that look like those children's fruit purées, marketing alcohol to younger audiences. This and many more examples illustrates the loopholes in alcohol marketing

regulations that enables companies to bypass them. Another current form of advertising that is growing in concern due to its strong influence among young audiences is through sports sponsorships and event marketing companies. The fact that this promotion is indirect makes it extremely dangerous, as there is little to no evidence of intentional targeting, which hampers organizations that specialize in regulating advertisements from taking action.

On a more positive note, there are many countries currently trying to combat and actively impose new measures and policies to help restrict alcohol advertising to minors. For example, In Ireland, there was a new law implemented in 2018 where alcohol advertising is completely prohibited on television from 3am to 9pm, with this law, Ireland hopes to reduce the exposure of alcohol promotion to minors, especially since alcohol consumption in Ireland is 40% higher than the recommended guidelines. In order to close loopholes that once allowed alcohol brands to target younger audiences through social media, the European Union's Audiovisual Media Services Directive from the European Union has now included serious restrictions on alcohol advertising restrictions.

Protecting children from alcohol marketing is a current battle. New regulations have proven effective in restricting traditional media exposure, but with digital advertising and indirect marketing strategies being employed, additional measures will need to be taken. To protect minors from targeted alcohol advertising, continuous monitoring, stricter digital regulations, and enforcement mechanisms will be necessary.

Points to consider:

- Where should the line be drawn between regulation and censorship?
- Should all alcohol marketing be banned, or just those that explicitly appeal to young audiences?
- Should alcohol be treated as strictly as illegal drugs in terms of marketing restrictions?
- What alternative strategies could limit youth exposure without harming businesses?

Useful Links:

<https://globalgapa.org/about-us/history-and-the-globe/global-alcohol-policy-alliance-early-history/>

https://iris.paho.org/bitstream/handle/10665.2/28424/PAHONMH16001_eng.pdf?utm_

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<https://preventionactionalliance.org/resources/how-alcohol-companies-target-young-people/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC5941256/>

COUNTRY BOX

Argentina
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Peru
Qatar
Russia
Saudi Arabia
South Africa
South Korea
Spain
Sweden
Thailand
Turkey
Uganda
United Kingdom
United States of America



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National Institute on Alcohol Abuse and Alcoholism. "Underage Drinking | National Institute on Alcohol Abuse and Alcoholism (NIAAA)." *Nih.gov*, Dec. 2024, www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking.

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"Stopping Teens' Easy Access to Alcohol." *Consumer Information*, 23 Sept. 2013, consumer.ftc.gov/articles/0389-stopping-teens-easy-access-alcohol.

Topic B: Integration of Alternative and Traditional Medicine in Modern Healthcare

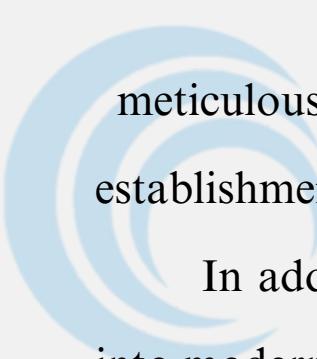
Introduction:

The integration of alternative and traditional medicine into modern healthcare is a vital topic that has been increasing its importance in global healthcare discussions. These types of practices and medicines are directly linked with a wide range of cultural and indigenous groups. They have been used for centuries as a primary tool for healthcare. In many places, these practices remain used for community health, mainly where access to modern medicine or conventional medical services is severely limited. The integration of alternative and traditional medicines into modern healthcare represents a significant shift towards more inclusive and culturally sensitive health practices. This integration focuses on combining the different characteristics of alternative, traditional, and modern medicine, offering a more comprehensive approach to health and wellness. International bodies like the World Health Organization have recognized the importance of integrating alternative and traditional medicine to achieve health coverage and improve health outcomes globally.

The importance of integrating traditional and alternative medicine into modern medicine depends and varies across different countries. In nations with a big respect for their culture and traditions regarding traditional or alternative medicine, like China and India, the incorporation has been more advanced, with Traditional Chinese

Medicine and Ayurveda being successfully incorporated into national health policies. In Africa, traditional healers are mostly the ones that first serve for healthcare, especially in rural areas. Also, in North America, the indigenous groups follow their traditional practices with different healing methods. Due to growing patient demand and awareness of its potential advantages, alternative medical treatments have become increasingly popular in Western nations. About 42% of Americans, for example, frequently use some kind of complementary and alternative medicine; similarly high usage percentages have been noted in Australia (48%), France (49%), and Canada (70%).

Particularly, the World Health Organization has recognized the importance of this topic by creating the Global Centre for Traditional Medicine in the country of India. This was created to share knowledge of the importance of combining different types of healthcare treatments, which is crucial for preserving cultural heritage, improving healthcare accessibility, and offering holistic treatment options. Therefore, exploring the integration of these different medicines is essential for enhancing global health outcomes. Firstly, it highlights the limitations of conventional medicine in treating chronic diseases and promoting overall wellness. Secondly, it creates a civil environment in which it respects cultural diversity and individual preferences regarding healthcare choices. Thirdly, it aims to reduce healthcare costs and improve accessibility, especially in areas where access to conventional medicine is limited. Nevertheless, this integration also has challenges, such as the need for

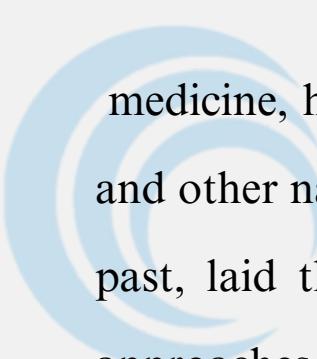


meticulous scientific validation, standardization of practices, and the establishment of worldwide policies to ensure safety and efficacy.

In addition to this, integrating traditional and alternative medicine into modern healthcare systems is also linked with economic implications. An outstanding example is in the Western Pacific Region, where traditional and alternative medicine is a significant portion of the health sector's economy. This integration can lead to cost-effective healthcare solutions, particularly in rural areas where the use of traditional medicine is higher. For instance, China's "barefoot doctors" methods are effective in reducing healthcare costs while providing primary care to rural populations. This is an outstanding example regarding the main topic, therefore, understanding the economic impact of this interaction is vital for creating policies to improve healthcare for everyone.

History:

The integration of alternative and traditional medicine into modern healthcare systems has roots that extend back centuries, though formal efforts to integrate these practices have gained importance over the past several decades. Traditional medicines date back centuries and are deeply rooted in the cultural practices of many groups of people. In ancient civilizations such as China and India, systems like Ayurveda, Unani, and Traditional Chinese Medicine emerged, which used natural products and holistic approaches to treat illnesses or diseases. These types of practices drew on indigenous knowledge, skills, and beliefs focused on curing people. Additionally, in Europe, before the widespread use of modern



medicine, healing traditions employed herbal remedies, spiritual healing, and other natural therapies were used. These practices, heavily used in the past, laid the foundation for many contemporary alternative medicine approaches, influencing modern healthcare systems around the world.

In the early 20th century, the advent of biomedicine led to a decrease in the use of traditional medicine in many parts of the world. However, traditional practices continued to be used alongside modern medicine in many cultures. During the 1970s, the World Health Organization began to recognize the importance of traditional medicine, which led to the creation of strategies for the integration of these practices into national health systems. The Alma-Ata Declaration presented in 1978 highlighted primary healthcare as a human right and included traditional medicine as a strategy to achieve universal health coverage. Moving forward, from the 1980s to the 1990s, interest in the integration of these types of medicine increased in Western countries, leading to more research and integration efforts. In 2002, a major turning point in global health policy was reached when WHO approved a global strategy to support the integration of traditional medicine into health systems. WHO also launched the first strategy to support states in integrating traditional medicine into national health systems. The WHO updated its Traditional Medicine Strategy from 2014 to 2023 to support the integration of traditional and complementary medicine (T&CM) into healthcare systems. The new strategy focuses on developing knowledge, quality and safety assurance, and universal health coverage. Finally, in 2023, India

hosted the First Global Summit on Traditional Medicine, which highlighted effective approaches from other nations and emphasized the significance of incorporating traditional medicine into health systems.

Even though there have been a lot of positive results, the process of integration has faced many challenges. If we talk about the positive side, there has been an increase in the recognition of traditional medicine's value, which led to policy making that improved access to healthcare in rural areas. Also, advancement in research that validates certain traditional practices has been taken into account. However, several challenges still make it challenging to fully integrate traditional medicine into modern healthcare. Many countries have policies or regulations which makes it hard to develop a standard system for traditional medicine. In many cases, there are no clear guidelines to ensure the safety and quality of traditional treatment. Also, the hesitation of some doctors or professionals trained in modern medicine makes it difficult to accept the traditional practices. While research has proven that there are benefits in traditional and alternative treatments, many still lack scientific evidence, which makes it more difficult to include them in mainstream medicine. Finding successful solutions to combine traditional and modern treatment requires more work because of barriers caused by cultural differences and current healthcare systems.

Current Situation:

As of 2025, the integration of alternative and traditional medicine into modern healthcare systems has continued to grow with a big increase

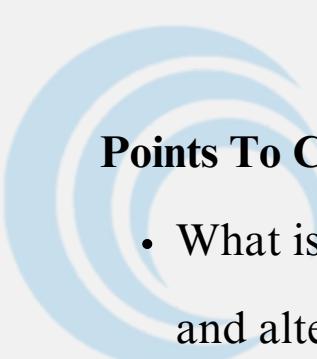
in recent years. The use of these types of medicine has grown worldwide with many countries accepting it. In Denmark, the usage increased from 10% to 24% in 2021, especially in therapies like reflexology, massages, and acupuncture. In the European Union, countries have established the European Medicines Agency which supervises the use of herbal and homeopathic medicines in EU countries. Additionally, to teach professionals both modern and traditional medicine, universities are adding CAM courses into their curricula, which helps to increase a better knowledge and understanding.

With the extension of its Traditional Medicine Strategy 2014-2023 until 2025, WHO has continued evolving other plans for 2025-2034, promoting traditional systems of medicine. Several countries such as China and India have improved their policies on Traditional Chinese Medicine (TCM) and Ayurveda for enhancing integration into their national healthcare systems. Others like Japan have also passed laws requiring licensing for practitioners of traditional medicine to ensure safety and professionalism of alternative medical practices. Campaigns are aiming to raise awareness to communities regarding the benefits and proper use of traditional medicine for informed health decision making. Growth is being seen in the combination of traditional medicine with digital platforms, as manifested in ongoing development of apps and online resources where information can be consulted and shared with a far wider audience. Many training programs are being put in place to directly develop the skills of healthcare professionals in traditional

medicine practices, by that means strengthening their ability to provide integrated care. Well-coordinated efforts have also begun toward alignment of the integration of traditional medicine with the Sustainable Development Goals (SDGs) of the United Nations, particularly with achieving Universal Health Coverage.

Such initiatives, therefore, reflect a global drive toward the realization of a much more inclusive and holistic healthcare system where traditional medicine can be used as a therapeutic addition to conventional medical practice. With continued advancement in research, policy development, and technology, it is anticipated that traditional medicine integration will continue to play a significant role in enhancing access to healthcare, thus improving health outcomes around the world.





Points To Consider:

- What is my country's official stance on the integration of traditional and alternative medicine into modern healthcare?
- What traditional or alternative medicine practices are commonly used in my country, and how are they currently integrated (or not) into the national healthcare system?
- What laws, policies, or regulatory frameworks does my country have regarding traditional medicine?
- How does my country collaborate with international organizations, such as the WHO, regarding traditional medicine?
- What are the key challenges my country faces in integrating traditional medicine into modern healthcare?
- How does my country balance the economic and cultural significance of traditional medicine with the need for scientific evidence and patient safety?

Useful links:

[https://pmc.ncbi.nlm.nih.gov/articles/PMC11204987/](https://PMC11204987/)

https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1

<https://www.paho.org/en/news/6-9-2023-who-global-summit-traditional-medicine-highlights-scientific-evidence-and-integration>

[https://pmc.ncbi.nlm.nih.gov/articles/PMC10645034/](https://PMC10645034/)

<https://www.who.int/news-room/feature-stories/detail/traditional-medicine-has-a-long-history-of-contributing-to-conventional-medicine-and-continues-to-hold-promise>

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works worldwide to give
everyone an equal chance at a
safe and healthy life.**

