The United Nations World Bank

Intermediate Committee

Chair: Jai Singhal

Topic 1: Agricultural Development in Developing Countries

Introduction

Agricultural development is a cornerstone of economic growth and poverty reduction in developing nations, yet it remains one of the most challenging and conflict-ridden sectors in global development. Even though agriculture employs nearly 27% of the world's workforce and serves as the primary livelihood for over 2.5 billion people, millions of farmers—particularly smallholders in low-income countries—struggle with limited access to modern technology, financial resources, and stable markets. These challenges contribute to persistent food insecurity, rural poverty, and economic stagnation. As delegates in this Model United Nations session, it is crucial to assess the role of international financial institutions like the World Bank in agricultural development, weighing the benefits of large-scale agricultural investment against the need for equitable, sustainable, and smallholder-friendly policies.

How can developing nations modernize their agricultural sectors without deepening inequality? What financial and policy mechanisms are necessary to ensure food security while promoting fair economic development?

These questions lie at the heart of the global agricultural development conflict and require innovative, balanced solutions.

History

Before colonization, agricultural systems in many developing regions were diverse, subsistence-based, and deeply tied to local ecosystems. Small communities practiced farming techniques adapted to their specific climates, including crop rotation, terracing, and communal land management. However, these systems were often vulnerable to environmental fluctuations, and technological advancements were limited to local innovations. Following independence, many developing nations sought to regain control of their agricultural sectors. Governments implemented land reform policies, nationalized farms, and promoted food self-sufficiency. However, these efforts were often hindered by poor governance, lack of infrastructure, and continued economic dependence on former colonial powers. In some cases, land redistribution failed due to a lack of resources, leading to underutilized farmland and declining productivity. The Green Revolution marked a turning point in agricultural development, introducing high-yield crop varieties, chemical fertilizers, irrigation systems, and mechanized farming techniques. While this revolution significantly boosted food production and reduced famine in many regions (especially in Asia and Latin America), it also had negative consequences:

- Small farmers were often unable to afford expensive inputs, widening economic inequality.
- Environmental degradation increased due to heavy fertilizer and pesticide use.
- Many countries became dependent on multinational agribusinesses for seeds and chemicals.

Most African nations saw limited benefits from the Green Revolution, as many lacked the necessary infrastructure and funding to implement large-scale modernization. During the 1980s, the World Bank and International Monetary Fund (IMF) imposed Structural Adjustment Programs (SAPs) on indebted developing nations. These programs required governments to reduce subsidies for farmers, privatize agricultural services, and open markets to international competition. While intended to improve efficiency, these policies often harmed small farmers, who could not compete with heavily subsidized agricultural imports from wealthier nations. Many countries became more reliant on food imports, deepening economic instability and rural poverty.

Current Situations

1) How can the World Bank and other international institutions promote agricultural development while ensuring that smallholder farmers are not marginalized in favor of large-scale agribusiness?

2) What role should governments, private investments, and foreign aid play in developing sustainable and climate-resilient agricultural systems?

3) To what extent should trade policies and subsidies in wealthier nations be reformed to create a more level playing field for farmers in developing countries?

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Topic 1: Managing Healthcare disparity around the world

Introduction

Healthcare disparity is one of the most pressing and persistent challenges facing the global community. Around the world, access to essential medical services is deeply unequal, with billions of people, particularly in low and middle-income countries (LMICs)—struggling to afford or even reach adequate healthcare. According to World Bank data, nearly half of the global population lacks access to essential health services, while financial hardship due to medical expenses drives approximately 100 million people into extreme poverty each year. Addressing healthcare disparities requires urgent global cooperation, innovative financing mechanisms, and policy-driven interventions. The World Bank has committed to advancing Universal Health Coverage (UHC) by mobilizing international funding, strengthening healthcare infrastructure, and promoting cost-effective solutions that ensure all individuals receive essential medical services without facing financial ruin. However, tensions remain between economic priorities, government spending limitations, and the need for large-scale investment in public health systems.

History

Healthcare disparities have existed for centuries, shaped by economic, political, and social structures that have determined who receives medical care and who does not. The evolution of these disparities is closely linked to broader patterns of colonialism, industrialization, economic inequality, and global health governance. By the late 19th and early 20th centuries, many industrialized nations established public health policies to combat infectious diseases, leading to the first universal healthcare models in some European countries (e.g., Germany's social health insurance in 1883). However, colonial rule in Africa, Asia, and Latin America continued to limit healthcare access for native populations, prioritizing services for European settlers and economic elites. The aftermath of World War II marked a turning point in global health governance. The founding of the World Health Organization (WHO) in 1948 and the World Bank's increasing role in development finance placed healthcare disparities on the international agenda. During the Cold War, global health efforts were often tied to ideological competition, with the U.S. and Soviet Union funding health projects in allied nations. However, disparities persisted, particularly in conflict zones, rural areas, and marginalized communities. The COVID-19 pandemic (2020–2022) further exposed these inequalities. Wealthier nations secured vaccines through advanced purchase agreements, while low-income countries struggled with limited vaccine supply, overwhelmed healthcare systems, and economic fallout. Many developing

nations faced setbacks in routine immunization programs, maternal health, and chronic disease management due to pandemic-related disruptions.

Current Situation

Today, healthcare disparity remains a major obstacle to global development, with key challenges including:

- Financial barriers: Over 100 million people fall into poverty annually due to healthcare costs.
- Geographical inequalities: Rural and remote areas lack healthcare infrastructure, leading to high maternal mortality rates and preventable diseases.
- Workforce shortages: Many low-income countries suffer from a lack of trained healthcare professionals.
- Climate change & health crises: Rising temperatures, natural disasters, and new pandemics threaten global health security.

The World Bank and other international institutions are working to close these gaps through innovative financing mechanisms, public-private partnerships, and investment in health infrastructure. However, tensions remain between economic priorities and the urgent need to ensure equitable access to healthcare worldwide.

Questions to consider

1) How can international financial institutions, such as the World Bank, balance economic growth and fiscal responsibility with the urgent need to fund equitable healthcare systems in low- and middle-income countries?
2) What role should governments, private sector investments, and international aid play in reducing healthcare disparities, and how can they work together to create sustainable, long-term solutions?
3) To what extent should wealthier nations and global financial institutions be responsible for addressing healthcare disparities in developing countries, and what policies can ensure fair and effective resource distribution without fostering financial dependency?

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