WHISMUN 2026

The Next Frontier

27th & 28th June, 2026.

STUDY GUIDE

UNITED NATIONS WOMEN

Agenda : Combating Gender Bias and Underrepresentation in Medical Research and Clinical Trials

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LETTER FROM THE EXECUTIVE BOARD

Dear Delegates,

It is my distinct pleasure to welcome you to the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) at WHISMUN 2026. As representatives of Member States, you will deliberate upon the agenda: “Combating Gender Bias and Underrepresentation in Medical Research and Clinical Trials.”

Healthcare systems across the world are built upon scientific research. However, for decades, women and other marginalized gender groups have remained underrepresented in clinical trials and biomedical studies. The resulting gaps in medical knowledge have contributed to disparities in diagnosis, treatment, and health outcomes. From cardiovascular diseases to pharmaceutical testing, gender-based inequities continue to influence healthcare delivery globally.

As delegates, you are encouraged to examine the historical, social, economic, and institutional dimensions of this issue. Beyond identifying challenges, this committee seeks innovative and practical solutions that advance gender-responsive healthcare systems and strengthen global commitments to equality.

We look forward to a stimulating debate marked by diplomacy, critical thinking, and meaningful collaboration.

Sincerely,

Pratham Golcha,

Chairperson
UN Women
WHISMUN 2026

INTRODUCTION TO THE COMMITTEE

Established in 2010 by the United Nations General Assembly, UN Women serves as the primary UN body dedicated to gender equality and the empowerment of women. The organization consolidates efforts previously undertaken by various UN agencies and works to eliminate discrimination, promote women's rights, and ensure equal participation in political, economic, and social spheres.

UN Women supports Member States through policy guidance, technical assistance, research initiatives, and advocacy campaigns. Its work aligns closely with international frameworks such as the Beijing Declaration and Platform for Action, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Sustainable Development Goals.

While traditionally associated with political and socioeconomic issues, UN Women increasingly addresses gender disparities within healthcare systems. Equal access to quality healthcare depends not only on service provision but also on the inclusivity of medical research itself. Through this committee, delegates will explore how gender-sensitive policies can improve health outcomes and ensure that medical advancements benefit all populations equitably.

INTRODUCTION TO THE AGENDA

Medical research serves as the cornerstone of modern healthcare, informing everything from pharmaceutical development and treatment protocols to public health policy and disease prevention strategies. However, despite significant scientific progress, the field has historically been characterized by persistent gender disparities. For much of the twentieth century, women were routinely excluded from clinical trials due to concerns surrounding reproductive health, hormonal variability, and perceived risks during pregnancy. Consequently, research findings generated from predominantly male populations were frequently generalized to women, creating substantial gaps in medical knowledge.

Gender bias in medical research extends beyond participant selection. It also manifests in research design, data analysis, funding priorities, and disease recognition. Conditions that primarily affect women, such as endometriosis and polycystic ovary syndrome (PCOS), have

often received comparatively limited research attention. Conversely, diseases traditionally viewed as affecting men have frequently been studied through a male-centric lens, resulting in inadequate understanding of how symptoms and treatment responses differ across genders.

The implications of these disparities are profound. Women are more likely to experience adverse drug reactions, face delayed diagnoses for several conditions, and encounter healthcare systems built upon incomplete scientific evidence. Furthermore, the issue increasingly intersects with concerns regarding transgender individuals, pregnant women, and other underrepresented populations whose health needs remain insufficiently studied.

As precision medicine and personalized healthcare become global priorities, ensuring equitable representation in medical research is no longer solely a matter of social justice. It is a scientific necessity essential for improving healthcare outcomes, strengthening public trust, and achieving Sustainable Development Goals related to health and gender equality.

PAST ACTIONS

The international community has undertaken several initiatives to address gender disparities in health research. In 1979, the adoption of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) established the principle of equal access to healthcare and scientific progress. The 1995 Beijing Declaration and Platform for Action further emphasized women's health as a critical area of concern.

At the national level, regulatory reforms have emerged to improve representation. The United States National Institutes of Health (NIH) introduced policies requiring the inclusion of women in federally funded clinical research. Similarly, the United States Food and Drug Administration (FDA) strengthened guidelines promoting diverse participation in clinical trials.

The World Health Organization has also advocated for sex-disaggregated data collection and gender-responsive health policies. More recently, the Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality), have reinforced global commitments to equitable healthcare systems. Despite these efforts, implementation remains inconsistent across regions, highlighting the need for stronger international cooperation.

SOURCES OF INFORMATION

Delegates are encouraged to consult a variety of credible and balanced sources while conducting research. Primary resources include reports published by UN Women, the World Health Organization (WHO), the United Nations Development Programme (UNDP), and the United Nations Population Fund (UNFPA). Official UN resolutions and General Assembly documents can provide insight into existing international commitments.

Academic journals such as The Lancet, Nature Medicine, BMJ, and the Journal of Women's Health offer valuable evidence regarding gender disparities in research and healthcare outcomes. Government health agencies, including the NIH, FDA, and European Medicines Agency (EMA), also publish extensive data on clinical trial participation and regulatory reforms.

Delegates should additionally examine country-specific healthcare policies, national gender equality frameworks, and demographic data. While media reports may provide useful examples, reliance on peer-reviewed studies and official publications is strongly recommended to ensure accuracy, objectivity, and a comprehensive understanding of the agenda.

CASE STUDIES

Several notable cases illustrate the consequences of gender bias and underrepresentation in medical research. One of the most prominent examples concerns cardiovascular disease, the leading cause of death among women globally. Historically, research on heart disease relied heavily on male participants, resulting in diagnostic criteria centered around symptoms more commonly experienced by men. Women often present with different indicators, including fatigue, nausea, and shortness of breath, leading to delayed diagnoses and higher mortality rates.

Another significant case involves the prescription sleep medication Ambien (zolpidem). Following its approval, evidence emerged demonstrating that women metabolized the drug more slowly than men, causing higher concentrations to remain in the bloodstream the following morning. This increased risks of impaired driving and accidents. Regulatory authorities

subsequently reduced the recommended dosage for women, highlighting the consequences of insufficient sex-specific analysis during drug development.

Research surrounding endometriosis presents a further example. Affecting an estimated 10% of women of reproductive age worldwide, the condition has historically received limited funding and scientific attention. As a result, diagnosis often takes several years, significantly affecting quality of life and economic productivity.

More recently, the COVID-19 pandemic underscored the importance of inclusive clinical research. While vaccine trials achieved greater gender representation than many previous studies, pregnant women were initially excluded from several phases of testing. This created uncertainty regarding vaccine safety and efficacy for a population particularly vulnerable to severe health outcomes.

Collectively, these examples demonstrate how gender disparities in research can influence patient safety, treatment effectiveness, healthcare accessibility, and public confidence in medical institutions.

POSSIBLE SOLUTIONS

Addressing gender bias in medical research requires a comprehensive, multi-stakeholder approach involving governments, international organizations, research institutions, pharmaceutical companies, and civil society. A primary step involves strengthening regulatory frameworks that require equitable representation across all phases of clinical trials. Governments may establish mandatory inclusion targets, while regulatory agencies can require sex-disaggregated data reporting before approving new medical products.

Funding mechanisms also play a critical role. International organizations and national governments should allocate greater resources toward research on conditions disproportionately affecting women and historically neglected populations. Dedicated grant programs can incentivize studies examining sex-based differences in disease progression, treatment outcomes, and pharmaceutical efficacy.

Institutional reforms within the scientific community are equally important. Universities, research centers, and ethics committees should integrate gender-sensitive methodologies into study design and evaluation processes. Academic journals can further promote accountability by requiring researchers to disclose participant demographics and justify any significant disparities in representation.

Technology may also contribute to more inclusive research. Digital recruitment platforms, telemedicine-based trials, and decentralized clinical studies can expand participation among individuals who face geographical, financial, or social barriers to enrollment. Such approaches are particularly valuable for reaching women in rural and underserved communities.

Finally, public awareness campaigns and community engagement initiatives can help address mistrust and misconceptions surrounding clinical research. Through education, transparency, and collaboration, Member States can foster greater participation while ensuring that future medical advancements are informed by diverse populations and equitable scientific practices. Long-term monitoring mechanisms and international reporting frameworks will be essential to evaluating progress and maintaining accountability.

QARMAS (QUESTIONS A RESOLUTION MUST ANSWER)

1. How can Member States ensure equitable representation of women and marginalized gender groups in clinical trials?
2. What mechanisms can be established to improve the collection and reporting of sex-disaggregated health data?
3. How should international organizations support low- and middle-income countries in conducting gender-inclusive medical research?
4. What role should pharmaceutical companies and private research institutions play in addressing underrepresentation?
5. How can ethical concerns related to pregnancy, reproductive health, and vulnerable populations be balanced with the need for inclusive research?

6. What incentives or penalties should governments consider to encourage compliance with gender-inclusive research standards?
7. How can existing international frameworks, including CEDAW, the Beijing Platform for Action, and the Sustainable Development Goals, be leveraged to address this issue?
8. What measures can be implemented to ensure long-term monitoring, transparency, and accountability in clinical research practices?