# IGC 2026 World Health Organization Summit

## Demographics & Population Change at the Midpoint of the 21st Century

*Student Background Guide and Country Research Sheet*

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| **Committee Type** | World Health Organization standard committee |
| **Format** | General debate and resolution-writing; no in-session crisis updates |
| **Simulation Year** | 2050 |
| **Topic** | Demographics, population change, health systems, and geopolitical consequences |
| **Intended Use** | Student preparation guide, country assignment sheet, and research starting point |

### Note to Students

This committee is set in 2050. Students should speak from the perspective of their assigned country as it might plausibly view population change at mid-century. The guide uses current demographic projections as a baseline, then provides hypothetical priors for the 2050 debate. Projections are not predictions; they are planning tools that can change with fertility, mortality, migration, policy, conflict, climate, technology, and economic shocks.

Unlike a crisis committee, this session will not introduce new information during debate. Your job is to use the background guide, country research, and negotiation to draft a realistic WHO-centered resolution addressing health, ageing, fertility, migration, workforce, climate, resources, and ethics.

- **This simulation is a Standard Committee, and it will follow the IGC Standard Committee Expectations and Rules as posted here.**

## 1. Committee Mandate and Scope

The World Health Organization has convened a special 2050 session on demographics and population change. The committee's health mandate is central, but students may also address food systems, climate adaptation, labor markets, migration, national security, and trade where they affect public health and health-system planning.

Students should avoid treating population change as a simple “too many people” or “too few people” problem. In 2050, the world faces simultaneous challenges: some countries are ageing and shrinking, while others are still growing quickly and trying to convert youth populations into health, education, and employment gains.

The committee should produce a resolution that helps countries adapt to demographic change while protecting human rights, bodily autonomy, health equity, and the principle that population policy should not rely on coercion.

## 2. Baseline Context: What the World Looks Like in 2050

The United Nations World Population Prospects 2024 projects a world population of roughly 9.6 billion in 2050 under its medium variant. Africa is projected to grow from about 1.5 billion in 2024 to roughly 2.47 billion in 2050, while Europe is projected to decline from about 745 million to about 703 million. Asia remains the largest region, but its share of world population falls as East Asia ages and parts of South and Southeast Asia transition to lower fertility.

By mid-century, the global health agenda is shaped by three simultaneous demographic realities: longevity, low fertility, and unequal growth. More people survive into old age; more countries have fertility below replacement; and the fastest population growth is concentrated in countries that often have fewer fiscal resources and greater climate exposure.

The WHO relevance is direct. Ageing changes disease burdens, care needs, disability patterns, and health financing. Youthful populations require maternal health, child health, vaccination, education, nutrition, sexual and reproductive health services, and job-linked health protections. Migration shifts health workforce capacity and raises ethical questions about recruitment from lower-income countries.

## 3. Hypothetical Priors for the 2050 Committee

For the purpose of this simulation, students should assume that no global demographic collapse has occurred by 2050. The world population is still larger than it was in 2026, but growth is much slower and increasingly concentrated in Africa and parts of South Asia.

High-income and upper-middle-income states face severe ageing pressures: elder care, pensions, dementia, loneliness, disability, smaller working-age cohorts, and shortages of nurses, doctors, caregivers, and allied health professionals.

Several countries with rapid population growth face a different stress profile: maternal mortality, youth unemployment, school and clinic capacity, food insecurity, urban crowding, and climate-related displacement.

Most governments have tried some combination of family-policy incentives, migration reform, automation, retirement-age adjustment, and health-system redesign. Very few have achieved large fertility rebounds. Coercive population measures remain politically controversial and legally suspect.

Climate change has become a routine health-system stressor. Heat exposure, vector-borne disease, water scarcity, malnutrition, displacement, and disaster response are now central demographic-health issues.

## 4. Core Issues Before the Committee

| Issue | Questions for Students |
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| **Healthy ageing and long-term care** | How should states finance elder care, dementia care, palliative care, home care, and disability support without overwhelming younger workers? |
| **Fertility, family policy, and rights** | Can governments encourage births through childcare, housing, leave, and gender equity without violating bodily autonomy or reproductive rights? |
| **Youth bulges and demographic dividends** | How can fast-growing states turn large youth cohorts into healthier, better-educated, employed populations rather than unemployment, instability, or migration pressure? |
| **Migration and health workforce ethics** | Should ageing states recruit health workers from younger countries, or does this worsen shortages in countries with fewer resources? |
| **Climate, food, and resource allocation** | How do population shifts interact with heat, water scarcity, agricultural stress, urbanization, and displacement? |
| **Military and strategic capacity** | Should demographic decline be treated as a national-security concern, and should the WHO address the health consequences of militarized demographic policy? |
| **Urbanization and megacity health** | How should countries build clinics, surveillance systems, sanitation, and heat protections for massive mid-century cities? |
| **Noncommunicable disease burden** | Ageing and urbanization both increase the importance of cardiovascular disease, diabetes, cancer, dementia, and mental health. |
| **Children, women, and reproductive health** | How can states reduce maternal mortality, adolescent pregnancy, unmet contraceptive need, and child malnutrition while respecting choice? |

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| **Technology and automation** | Can AI, robotics, telemedicine, and assistive technology offset workforce decline without deepening inequality? |

## 5. Major Debate Tensions

### Rights vs. demographic targets

Students may debate whether states should promote higher or lower fertility, but the committee should distinguish voluntary, rights-based policy from coercive measures such as forced sterilization, pregnancy restrictions, or punitive birth quotas.

### National interest vs. global health equity

Ageing countries may want migrants and health workers; younger countries may need those same workers at home. A realistic resolution must address ethical recruitment, training partnerships, and compensation.

### Population growth vs. consumption

Climate pressure is not only a function of population. A smaller high-consuming population can create more emissions than a larger low-consuming one. Students should connect population policy to consumption, technology, adaptation, and equity.

### Aging as success and stress

Longer life expectancy is a public-health achievement, not a failure. The policy challenge is making longer lives healthier, less isolated, and financially sustainable.

### Security framing vs. health framing

Some countries will treat fertility and population size as matters of national power. WHO students should ask when security arguments support health planning and when they threaten rights.

## 6. Possible Resolution Priorities

### Healthy ageing package

Long-term care systems, dementia strategies, age-friendly cities, palliative care, fall prevention, social isolation reduction, and caregiver support.

### Voluntary reproductive health package

Universal access to contraception, maternal health, infertility care where appropriate, adolescent health, family leave, childcare, and protection against coercion.

### Health workforce compact

Ethical recruitment standards, training pipelines, cross-border credential recognition, retention incentives, and partnerships between ageing and youthful states.

### Climate-demography adaptation package

Heat-health plans, resilient clinics, nutrition systems, water and sanitation, displacement health services, and climate-sensitive disease surveillance.

### Youth dividend package

Primary health care, vaccination, nutrition, girls' education, mental health, job-linked health services, and digital health access.

### Data and forecasting package

Better civil registration, demographic surveillance, health workforce projections, age-disaggregated data, and transparent planning models.

## 7. Negotiating Blocs Students May Encounter

### Ageing high-income states

Japan, South Korea, Germany, Italy, Spain, Singapore, Canada, Australia, and others may prioritize elder care, workforce shortages, migration, and technology.

### Rapid-growth and youth-dividend states

Nigeria, DRC, Niger, Tanzania, Ethiopia, Pakistan, and others may emphasize maternal health, education, primary care, job creation, climate adaptation, and development finance.

### Migration-dependent states

United States, Canada, Germany, UAE, Singapore, Australia, and Gulf states may focus on labor mobility, health workforce ethics, and migrant health rights.

### Rights-first states

Many democracies and civil-society-oriented delegations may insist that family policy must protect bodily autonomy, reproductive rights, and gender equality.

### Sovereignty-first states

Some states may resist global standards that appear to interfere with national family policy, migration policy, abortion law, or domestic security planning.

### Climate-vulnerable states

Bangladesh, Pakistan, Egypt, Kenya, Spain, Australia, and others may connect demographics to heat, food systems, water, displacement, and disaster response.

## 8. Country Assignments and Research Bios

Each delegation should research its country's projected age structure, fertility trends, migration policy, health-system capacity, climate exposure, and likely position on coercive versus voluntary population policy. The bios below are starting points, not substitutes for research.

### 1. China - Rapid ageing and population decline

China enters 2050 with one of the world's largest older populations, a shrinking workforce, and serious pension and elder-care pressures. It will likely resist foreign criticism of past population policy while defending national control over fertility, migration, and family policy. Students should research China's ageing strategy, health-system reforms, AI and automation, rural elder care, and the political legacy of the one-child era.

### 2. India - Largest population and uneven demographic transition

India is the world's most populous country and remains younger than East Asia, but its states diverge sharply: some face ageing and low fertility while others still require major investments in maternal health, jobs, and education. India should emphasize demographic diversity, health workforce expansion, climate resilience, and development financing. Students should research interstate fertility differences, urbanization, health insurance, and India's role as a supplier of health workers and medicines.

### 3. United States - Ageing, immigration, and health-cost politics

The United States faces low fertility and a larger older population but has more demographic flexibility than many high-income states because of immigration. It is likely to oppose coercive population measures while promoting innovation, healthy ageing, biotechnology, and global health security. Students should research Medicare, immigration policy, reproductive rights debates, care labor shortages, and the role of technology in health delivery.

### 4. Japan - Super-aged society and longevity policy leader

Japan is the clearest case of an advanced society built around very low fertility, long life expectancy, and a shrinking workforce. It will prioritize healthy ageing, robotics, long-term care, and protection of older persons while seeking lessons for other countries. Students should research Japan's elder-care insurance system, rural depopulation, pronatalist incentives, dementia policy, and labor-market reforms.

### 5. Republic of Korea - Ultra-low fertility and national-security anxiety

South Korea's extremely low fertility makes it a key voice on population decline, school closures, military recruitment, and intergenerational inequality. It may support family-friendly labor reform but resist any language that forces childbirth. Students should research housing costs, work culture, gender inequality, fertility incentives, conscription pressures, and elder poverty.

### 6. Russia - Depopulation, health inequality, and strategic manpower

Russia faces ageing, low fertility, migration dilemmas, and health inequalities, all with direct implications for military capacity and regional development. It will defend sovereignty and oppose outside interference in national family policy. Students should research mortality trends, pronatalist policy, migration from Central Asia, rural health access, and demographic security rhetoric.

### 7. Germany - Older society dependent on migration and care systems

Germany combines low fertility, long life expectancy, high health spending, and dependence on immigration to sustain its labor force. It may advocate rights-based migration, long-term care reform, and workforce training. Students should research pensions, care-worker shortages, integration policy, ageing infrastructure, and EU demographic cooperation.

### 8. France - Relatively strong family policy but ageing pressures

France has historically had higher fertility than many European neighbors but still faces ageing, health-system stress, and migration politics. It may support generous family benefits, reproductive autonomy, and universal health coverage. Students should research childcare policy, pension reform, migration debates, and France's role in Francophone Africa.

### 9. United Kingdom - Ageing, regional inequality, and health-service strain

The UK faces a larger older population, chronic disease burdens, and workforce pressure in the National Health Service. It may prioritize health workforce planning, migration ethics, and climate-health adaptation. Students should research NHS staffing, social care finance, ageing in rural/coastal regions, and fertility trends.

### 10. Italy - Population decline and elder-care stress

Italy is one of Europe's clearest examples of very low fertility, youth emigration, and ageing. It will likely argue that family support, migration management, and elder-care reform are essential to health security. Students should research regional depopulation, pensions, intergenerational housing, migrant care workers, and pronatalist policy experiments.

### 11. Spain - Low fertility, longevity, migration, and heat risk

Spain faces low fertility and high life expectancy while also becoming more exposed to extreme heat, water stress, and climate-sensitive health threats. It may support climate-adapted elder care, migration cooperation, and urban health planning. Students should research heat mortality, rural depopulation, immigration, public health systems, and family-policy debates.

### 12. Poland - Ageing, emigration, and eastern European health equity

Poland faces low fertility, ageing, and labor migration dynamics, while security concerns in Eastern Europe shape its demographic thinking. It may emphasize family support, national resilience, and health-system modernization. Students should research pension pressure, migration from Ukraine, rural health access, and debates over reproductive policy.

### 13. Turkey - Young-to-ageing transition and migration hub

Turkey is moving from a relatively youthful profile toward a more ageing society while serving as a major migration and refugee hub. It may balance national sovereignty, family policy, and regional health diplomacy. Students should research Syrian refugees, fertility decline, urbanization, earthquake resilience, and health coverage expansion.

### 14. Ukraine - War, displacement, fertility collapse, and reconstruction

Ukraine's demographic future is shaped by war losses, displacement, low fertility, disability, trauma, and postwar reconstruction. It will likely argue for health reconstruction, rehabilitation, mental health, refugee return, and protection of children. Students should research displacement, veteran health, demographic recovery, maternal care under conflict, and European integration.

### 15. Saudi Arabia - Youthful workforce transition and Vision 2030 health planning

Saudi Arabia remains younger than many high-income states but is transitioning rapidly as fertility declines and chronic diseases rise. It may emphasize modernization, women's workforce participation, noncommunicable disease prevention, and migrant labor health. Students should research Vision 2030, obesity and diabetes, migrant workers, and family-policy change.

### 16. United Arab Emirates - Migration-heavy population and health-system modernization

The UAE's demographic profile depends heavily on expatriate labor, making migration, occupational health, and long-term residency central issues. It may support innovation, medical tourism, climate adaptation, and global workforce mobility. Students should research migrant health rights, heat exposure, health technology, and demographic imbalance between citizens and residents.

### 17. Iran - Fertility reversal efforts and ageing concerns

Iran experienced one of the fastest fertility declines in modern history and has pursued policies to raise birth rates. It may defend national family policy while resisting coercive labels. Students should research reproductive health policy, sanctions and health access, population ageing, youth unemployment, and migration of skilled workers.

### 18. Israel - High fertility, security, and health inequality

Israel has higher fertility than most high-income countries but also faces sharp demographic differences among communities. It may emphasize child health, innovation, emergency medicine, and national resilience. Students should research community fertility differences, health equity, military manpower, maternal-child health, and regional conflict effects.

### 19. Egypt - Large youth population, water stress, and family planning

Egypt has a large and still-growing population facing Nile water stress, food import dependence, and youth employment challenges. It may support voluntary family planning, women's education, climate adaptation, and urban health planning. Students should research population policy, Cairo megacity pressures, maternal health, and food security.

### 20. Nigeria - Rapid growth, youth bulge, and health-system capacity

Nigeria is projected to be among the world's most populous countries by mid-century, with enormous implications for jobs, education, health systems, and regional influence. It should advocate investment in primary care, maternal health, vaccines, youth employment, and climate resilience. Students should research fertility differences by region, urbanization, malaria, maternal mortality, and health financing.

### 21. Ethiopia - Large growing population and development-health nexus

Ethiopia's population growth, climate exposure, and development goals make it central to debates over health, food security, and migration. It may emphasize development finance, women's education, nutrition, and conflict recovery. Students should research fertility transition, drought risk, health extension workers, food security, and internal displacement.

### 22. Democratic Republic of the Congo - Fast growth, resource politics, and fragile health systems

The DRC's population is projected to grow dramatically while its health system faces conflict, infrastructure gaps, and disease risks. It may argue that demographic growth can be an asset only if matched by health, education, peace, and resource governance. Students should research maternal health, Ebola experience, mineral supply chains, urban growth, and humanitarian access.

### 23. Niger - One of the world's youngest populations

Niger is a key case for rapid population growth, high fertility, climate vulnerability, and limited health infrastructure. It may resist coercive population-control language while supporting voluntary family planning, girls' education, and food security. Students should research child marriage, Sahel security, drought, fertility, and health access.

### 24. Tanzania - Growing population and health-development opportunity

Tanzania enters mid-century as a major East African population center, with opportunities in youth employment and risks in health-system capacity. It may support primary care, reproductive health, education, and climate adaptation. Students should research fertility trends, Dar es Salaam urbanization, malaria control, maternal health, and regional trade.

### 25. South Africa - Ageing earlier than neighbors and inequality burden

South Africa faces a mixed demographic picture: lower fertility than much of Africa, high inequality, chronic disease, HIV legacy, and migration pressures. It may emphasize universal health coverage, regional labor mobility, and noncommunicable disease control. Students should research HIV treatment, ageing, unemployment, migration from neighboring states, and health inequality.

### 26. Kenya - Demographic dividend and climate-health stress

Kenya has a growing but gradually transitioning population, with opportunities for youth-led growth and risks from drought, urbanization, and health inequity. It may support digital health, family planning, maternal care, and climate adaptation. Students should research Nairobi urban growth, community health workers, refugees, fertility decline, and tech-enabled health systems.

### 27. Ghana - Moderate growth and health-system consolidation

Ghana represents a middle path between rapid growth and emerging ageing, with strong interest in health financing, youth employment, and regional migration. It may advocate pragmatic investment in primary care, maternal health, and noncommunicable disease prevention. Students should research national health insurance, fertility transition, urbanization, and West African migration.

### 28. Brazil - Ageing, inequality, and Amazon-linked climate health

Brazil faces declining fertility, rapid ageing, regional inequality, and major climate-health stakes linked to the Amazon. It may promote universal health coverage, climate-health policy, and protection of Indigenous communities. Students should research SUS health system, ageing, dengue, Amazon deforestation, and urban inequality.

### 29. Mexico - Ageing, migration, and North American integration

Mexico is moving from youth bulge toward ageing while remaining deeply connected to migration and labor markets in North America. It may support migrant health protections, chronic disease prevention, and family support without coercion. Students should research remittances, U.S.-Mexico migration, diabetes, ageing, and health-system fragmentation.

### 30. Argentina - Low fertility, ageing, and economic volatility

Argentina faces low fertility, ageing, periodic economic crisis, and health financing challenges. It may emphasize social protection, reproductive rights, mental health, and equitable access. Students should research public-private health fragmentation, migration, pension pressures, and fertility trends.

### 31. Canada - Immigration-led growth and Indigenous health equity

Canada relies heavily on immigration to offset ageing and labor shortages, while also facing major health-equity issues for Indigenous communities and remote regions. It may support rights-based migration, elder care, climate adaptation, and workforce planning. Students should research immigration targets, long-term care, rural health, wildfire smoke, and Indigenous health.

### 32. Australia - Ageing, migration, and climate exposure

Australia faces ageing, dependence on migration, and severe climate-health risks including heat, fires, and Pacific displacement. It may support migrant health, healthy ageing, and regional health security in the Pacific. Students should research aged care reform, skilled migration, Aboriginal and Torres Strait Islander health, and climate adaptation.

### 33. Indonesia - Large population, archipelagic health systems, and ageing transition

Indonesia remains one of the world's largest countries, with a growing older population and major geographic challenges in health delivery across islands. It may emphasize universal health coverage, disaster resilience, maternal health, and workforce development. Students should research fertility decline, Jakarta relocation, climate displacement, and rural health access.

### 34. Philippines - Migration, care labor, and disaster health

The Philippines is central to global health workforce debates because its nurses and care workers serve around the world. It also faces climate disasters, urbanization, and a still-growing population. Students should research health-worker migration, remittances, typhoon resilience, reproductive health law, and ageing policy.

### 35. Vietnam - Rapid ageing after fast fertility decline

Vietnam is ageing quickly as fertility falls and life expectancy rises, while still building social protection systems. It may support healthy ageing, rural health, and climate adaptation in the Mekong Delta. Students should research elder care, fertility policy, manufacturing workforce needs, and climate-related displacement.

### 36. Thailand - Aged society and medical-tourism hub

Thailand is one of Southeast Asia's most aged societies, with low fertility and a need for care-system reform. It may emphasize elder care, health tourism, migrant labor, and NCD prevention. Students should research universal health coverage, Myanmar migrant workers, rural ageing, and family-policy efforts.

### 37. Malaysia - Ageing transition and managed migration

Malaysia faces declining fertility, urbanization, and growing need for long-term care while relying on migrant labor in some sectors. It may support moderate family policy, migrant health protections, and public-health preparedness. Students should research ageing, migrant workers, health financing, and ethnic/regional disparities.

### 38. Pakistan - Large youth population, climate vulnerability, and maternal health

Pakistan remains one of the world's largest populations by 2050, with major needs in maternal health, education, jobs, and climate adaptation. It may resist coercive fertility limits while supporting voluntary family planning and health-system financing. Students should research floods, fertility trends, polio, maternal mortality, and youth employment.

### 39. Bangladesh - Dense population, climate migration, and ageing transition

Bangladesh has achieved a major fertility decline but remains densely populated and highly exposed to sea-level rise, floods, and heat. It may advocate climate-health financing, migrant protections, and continued reproductive health investment. Students should research coastal displacement, garment labor, urban health, family planning, and ageing.

### 40. Singapore - Ultra-low fertility and high-capacity health governance

Singapore faces very low fertility, long life expectancy, and dependence on foreign labor, but has strong state capacity. It may advocate evidence-based ageing policy, health technology, and non-coercive family support. Students should research fertility incentives, elder-care design, migrant worker health, and urban resilience.

## 9. Research Questions for Students

- What is your country's projected population size, median age, and share of older adults in 2050?
- Is your country worried more about too few births, too many dependents, rapid growth, youth unemployment, migration, or climate displacement?
- What health burdens will matter most: maternal mortality, child health, infectious disease, NCDs, dementia, disability, mental health, or heat stress?
- Does your country need migrant labor or does it lose health workers to richer countries?
- What population policies has your government tried, and were they voluntary, incentive-based, restrictive, or coercive?
- How should the WHO discuss fertility without violating reproductive rights or national sovereignty?
- What financing, technology, or partnerships would your country request from the international community?
- Which countries are natural allies for your delegation, and which are likely opponents?

## 10. Suggested Resolution Architecture

### A. Principles

Affirm health equity, human rights, bodily autonomy, non-coercion, and the need for demographic planning.

### B. Healthy ageing

Create standards and financing models for long-term care, dementia care, disability support, age-friendly cities, and caregiver protection.

### C. Reproductive and maternal health

Expand voluntary contraception, maternal care, infertility care where appropriate, adolescent health services, and protection from coercive fertility policies.

### D. Youth and demographic dividend

Invest in primary care, nutrition, vaccination, education, mental health, job-linked health, and gender equality.

### E. Health workforce and migration

Develop ethical recruitment rules, training partnerships, circular migration pathways, and compensation mechanisms for source countries.

### F. Climate-demography resilience

Coordinate heat-health plans, climate-sensitive disease surveillance, displacement health protocols, food and water security, and resilient clinics.

### G. Data and accountability

Improve civil registration, demographic projections, age-disaggregated health data, and progress reporting to WHO and partner agencies.

## 11. Glossary

| Term | Meaning |
|---|---|
| **Total fertility rate (TFR)** | The average number of children a woman would have over her lifetime if current birth rates persisted. |
| **Replacement fertility** | The fertility level at which a population replaces itself over time without migration; often approximated at 2.1 births per woman, but it varies by mortality and sex ratio. |
| **Median age** | The age that divides a population into two equal halves, one younger and one older. |
| **Dependency ratio** | A measure comparing dependents, usually children and older adults, to the working-age population. |
| **Demographic dividend** | Potential economic growth from a large working-age population when paired with education, jobs, and health investment. |
| **Population ageing** | A rising share of older people, usually caused by longer life expectancy and lower fertility. |
| **Coercive population policy** | A policy that pressures or forces people to have more or fewer children, including forced sterilization, forced abortion, punitive birth limits, or birth mandates. |
| **Healthy ageing** | Policies that help people maintain functional ability, health, dignity, and participation throughout longer lives. |

## 12. Source Note for Student Research

This preparation guide is grounded in public demographic and health sources available before the simulation, especially the United Nations World Population Prospects 2024, WHO materials on ageing and health, WHO climate-

and-health estimates, and UNFPA principles on reproductive health and non-coercion. Because the committee is set in 2050, country positions include plausible extrapolations rather than fixed predictions.

Starting sources: United Nations Department of Economic and Social Affairs, World Population Prospects 2024; World Health Organization, Ageing and Health; World Health Organization, Climate Change and Health; United Nations Population Fund, reproductive rights and population policy materials; World Bank population and health indicators; national statistical agencies; regional development banks; and peer-reviewed demographic research.