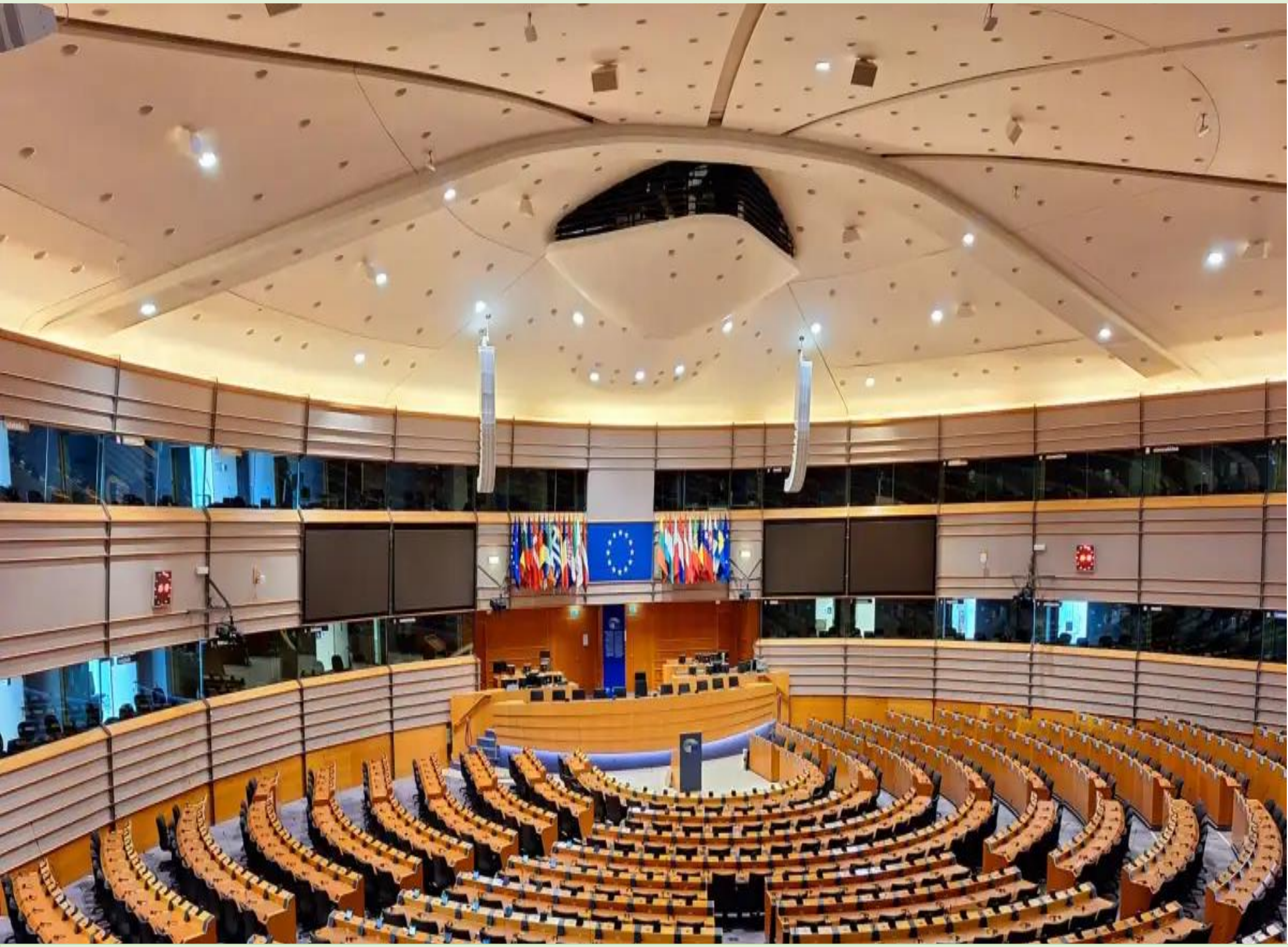

UNWomen

Topic 2: Addressing the Underrepresentation of Women in Medical Research.

President: Sersa Janbek

President’s Letter

Dear Delegates,

My name is Sersa Janbek, a student at the Modern Montessori School, serving as Secretary-General and President of the UN Women Committee for MontessoriMUN 2025 alongside my deputy Mira Sehwail, and my chairs, Alisha Zakarneh and George Musleh.

As MontessoriMUN 2025 approaches, I would like to take a moment to address you all. This conference holds a special place in my heart, as it marks the conclusion of my own MUN journey. For me, Model United Nations has always been more than just a conference. It has been a space of growth, learning, and transformation, and I hope that throughout this experience you will come to see it in the same way.

MUN is not only a forum for debate and diplomacy, but also a platform you can evolve, develop, and push beyond their comfort zones. It may sound like a cliché, but I truly mean it when I say that without MUN I would not be who I am today. The experiences I have gained are permanently engraved in my identity, and they are something I will always miss and cherish. Along this journey I have built lifelong friendships and met incredible people who shaped me into the person I have become.

To my delegates in UNWomen, I can promise you that this conference will be an unforgettable experience filled with meaningful debate, collaboration, and of course, moments of joy. To make the most of it, do not allow the conference to come to you unprepared. The success of your experience depends on the effort you put into it beforehand. Arrive fully prepared, and you will find yourself excelling not only as delegates but also as individuals.

I look forward to seeing all of you bring your passion, dedication, and energy to MontessoriMUN 2025.

Sersa Janbek,
Secretary General and President of UNWomen

Terminology

- **Underrepresentation:** The insufficient inclusion of women in medical studies compared to their share of the population, which leads to gaps in knowledge and biased outcomes.

- **Medical research:** The systematic study of health, illness, and treatment, carried out to improve prevention, diagnosis, and care.

- **Clinical trials:** Research studies involving human participants that test the safety, effectiveness, and side effects of medical treatments, drugs, or procedures before they are approved for general use.

- **Gender bias:** Favoring one gender over another in research design, recruitment, or analysis, resulting in incomplete or distorted findings.

- **Sex-disaggregated data:** Research data that is collected and analyzed separately for men and women, to reveal differences in how diseases and treatments affect each gender.

- **Informed consent:** The process by which participants are fully informed about the purpose, risks, and potential benefits of a study before agreeing to take part.

This ensures ethical participation, particularly for groups historically excluded from research.

Background

In medical research, women often face disparities in representation and in the allocation of funding and resources. Many studies fail to include female participants, which results in women’s health concerns being overlooked on a global scale. Although physiological, metabolic, and hormonal differences between men and women are well established, women continue to face exclusion and bias in research. These differences directly influence the effectiveness and safety of treatments, yet most studies are still designed around male bodies. This has led to medications and procedures that are less effective for women, with side effects that are often unknown.

Overall, gender bias in medical research has a serious impact on women’s health and reduces the overall quality of medical care worldwide. Long-standing biases in research institutions, funding agencies, and trial design limit women’s opportunities both to lead research and to benefit from it equally.

History

The underrepresentation of women in medical research is not a recent issue, but rather one that has been shaped over decades by historical, cultural and social biases across many regions. Men have always been considered the default test subjects for medical research while women were always frequently excluded due to assumptions that they are not good enough due to many different presumed factors such as their hormonal cycles, reproductive potential or other perceived "complexities" that women have that would compromise their research abilities.

This led to an abnormal and unfair imbalance in knowledge and results as drug dosages, diagnostic tools and other medical tests were developed and only done on men which completely disregards important biological and physiological differences. Additionally, even ethical concerns which follow medical disasters, such as the harmful effects of certain drugs prescribed to pregnant women, further reinforced restrictive policies that excluded women from clinical research under the justification of protection. However, this stance came at the cost of leaving critical gaps in understanding how diseases occur completely differently in women, how specific medications react to female bodies, and how health outcomes vary across gender.

Over time, this exclusion created a long-lasting cycle of inequality in medical knowledge, where research findings were generalized to all people despite being based largely on one gender. The lack of data on women not only limited the accuracy of scientific conclusions, but also contributed to ineffective or even harmful treatments for women all across the world. As awareness of these gaps grew, global health advocates and researchers began to stress the importance of viewing women's health as more than just a subset of men's health. The recognition that gender is an essential variable in medical science has since reshaped the topic of highlighting the need for equal participation, fair representation and comprehensive studies.

Current situation

Today, women remain underrepresented in many areas of medical research. Heart disease studies, for example, often include fewer women, despite the fact that cardiovascular disease is the leading cause of death for women worldwide. Diseases that disproportionately affect women, such as autoimmune disorders, still receive comparatively less funding and attention.

Even when women are recruited for trials, data is not always analyzed separately by sex, which means key differences in outcomes are overlooked. Additionally, women remain underrepresented in leadership positions within research institutions, making it harder to shift priorities toward inclusive science. The COVID-19 pandemic exposed these gaps again, as early vaccine and treatment trials often failed to account for sex differences despite evidence that immune responses and side effects varied significantly between men and women.

Parties involved

- **Women:** The group most directly affected by underrepresentation in research, as gaps in studies impact their health outcomes and access to effective treatment.

- **Medical researchers and scientists:** Responsible for designing and conducting studies, ensuring research is inclusive, and analyzing sex-disaggregated data.

- **Research institutions and universities:** Provide the environment, infrastructure, and leadership that shape study priorities and trial design.

- **Funding agencies and regulatory bodies:** Organizations such as the NIH, WHO, and national ethics boards that determine which studies are funded, approve research protocols, and set rules for participation.

- **Pharmaceutical and biotech companies:** Conduct and finance a large portion of clinical trials, make decisions about drug development, and influence study design and participant selection.

- **Advocacy groups and NGOs:** Highlight gaps in women's health research, raise awareness, and pressure institutions and governments to prioritize gender equity.

- **Patients and study participants:** Volunteers whose inclusion in trials directly shapes the accuracy, applicability, and generalizability of research findings.

Citations

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