

Report

Med-Model United Nations: Reimagining Global Response in Pandemic Preparedness

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Background

Asian Medical Students' Association (AMSA) is a representative organization established in 1985 at Manila, Philippines on 6th Asian Medical Students Conference for medical students across the Asia - Pacific region. It aims to train medical students, spread knowledge and wisdom, social services and undertake different activities [1]. AMSA Nepal, a subsidiary of AMSA international had organized Medical Model United Nations on "Reimagining Global Response in Pandemic Preparedness". Model United Nations is a depiction of UN assembly engaging students

to know about the fundamental working modalities of different UN agencies to achieve a sustainable development goals [2]. Med MUN 2024 was organized in Maharajgunj Medical Campus, Maharajgunj, Kathmandu. The institute was established in 1972 A.D. and is considered to be a pioneer of Medical education in Nepal [3]. The program was conducted from 26th Jan, 2024 to 27th Jan, 2024 in Yellow Building of MMC, IOM, Maharajgunj, Kathmandu.

The event aimed for researching, presenting and sharing data and information regarding the pandemic preparedness done in each nation. The feeling of competitiveness and urge to excel led to various brainstorming sessions among students of different medical colleges across the Nepal. Nevertheless, the program also encouraged camaraderie, compassion and commitment towards each other. The participants were treated as a delegate from various nations and it created a sense of responsibility for one's action. The Dias and the guest speakers were marvelous and were always opened to queries and doubts of diplomats. The inclusiveness of Dias was what kept all the participants tied in a single thread. Altogether, there were 6 guest speakers. All of the speakers and trainers were from different institutions. (Visit Annex

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2a and 2b). There were 2 members in Dias (Visit Annex 3). The total number of participants were 22 from various other medical college of Nepal. (Visit Annex 4).

Objectives of the workshop:

1. To enhance the researching abilities, speaking and presentation skills of medical students.
2. To learn the working modalities of WHO assembly
3. To discuss the problems in health sector, ideas and strategies to tackle pandemic in Global level.

Pre- MUN Online Workshops:

The organizing committee arranged a three-day online training on January 21, 22, and January 24, 2024, respectively, with an emphasis on the basics of MUN. It resolved the ambiguities regarding the complex functionality of MUN. The short workshop elicited the format to write a position paper which was submitted a day before the actual event. The proposition paper covered the following topics: the nation's history; health goals and strategies; international health policy and collaboration; and proposed measures for the WHO assembly.

Day 1: 26th January, 2024, Friday

At 7:30 a.m., the first day of MUN officially started. In a few minutes, the registration procedure was finished. Early on in the schedule, breakfast provided an opportunity to talk and interact with brilliant minds representing respective nations as a diplomat. After a little breakfast conversation, everyone was somewhat familiarized and comfortable with one another, which opened the floor to start an informal discussion.

Mock session

In order to familiarize the format of WHO assembly and discussion on the rules and regulations, a mock session was conducted. Our Chair Dr. Sumana KC, Dental surgeon at People's Dental Hospital and Raghav Poudel B.A. Psychology hosted the session. Since the mock session was a replica of the original MUN, it was an informal session. Here, the delegates were given arbitrary topics to discuss and overcome their hesitation and bring forth best of the each delegates.

Opening Ceremony

An inaugural address by the organizing committee, a cultural event, and an introduction round of guest speakers preceded the opening ceremony. Dr. Binod Prasad Gupta, National Professional Officer - PME at WHO Office Country of Nepal, was the chief guest and discussed COVID-19 planning and its execution from WHO. He also talked about the problem with Nepal's immunization program's quality. The guest speaker, Prof. Dr. Khem Karki, HOD of Community Medicine, MMC, additionally elaborated he importance of prompt action on recent pandemic that led to decreased number of casualties and morbidity. Following the panel of speakers, Dr. Sabin Thapaliya (Clinical Registrar at TU Teaching Hospital) discussed the roles of all medical personnel available during an outbreak, Prof. Dr. Paleswan Joshi (Clinical GI and HPB surgeon at TUTH) covered the significance of these programs for a medical student, and Mr. Sudhan Gnawali (Communication and Liaison officer, WHO office Country Nepal) addressed the financial impact and crisis during a pandemic. These insightful remarks from distinguished

dignitaries further improved the delegates' comprehension of pandemic management.

Committee session 1:

Our Chair, Mr. Raghav Poudel, opened the floor to discuss on the theme of "Reimagining global response for pandemic preparedness" to begin the session. Following the registration of interested nations for GSL-1 (Guest Speakers List), the motion was approved. The significance of integrating the public and private sectors was emphasized in the GSL review.

The globe has learned that a single institution cannot control the catastrophe. Unanimous effort of both public and private hospital is needed. There is a lot of work to be done, for example, at public and private hospitals, as well as with equipment like PPE, PCR testing, vaccine development, etc. Moroccan delegate provided an idyllic example: an app called "Wiqaytna," developed in collaboration with the public and private sectors, was utilized by the nation to trace contacts during COVID-19 pandemics.

The next seconded motion in moderated caucus was Post pandemic revival of economy. The conclusion of discussion shaded a light on the effect of these outbreaks on the financial state of country. This directly effect the health standards of nation. The strategic implication requires a strong and stable economy. The organizations like USAIDS, World Bank, European Union has been amid to aid in revive the deteriorating health status of developing countries like Nepal, Congo, Morocco, Mexico, Vanuatu, Ghana etc. While some nations have reaped significant benefits, the majority remain extremely vulnerable and may not be able to

endure future pandemics. The first Committee session 1 ended with this discussion. Key topics addressed were:

- Importance of Public and Private sector incorporation in Health care for pandemic preparedness
- Post pandemic revival of economy

Committee Session 2:

The session continued with moderated Caucus, with the next seconded motion i.e. Integration of IT system in Health Care. This system was basically targeted for people of chronic illness especially those who are in a vulnerable and elderly population. However, the delegate of Congo raised a question regarding lack of support from African countries for digitalization and hacking leading to violation of privacy. The diplomat of Morocco mentioned African Health Organizations itself supports this idea. The government itself has increased its annual budget for 2024 by 55% in health care as compared to Budget of 2022/23. The ethical privacy was topmost priority. These data and information proved to be very useful at times of outbreak. The delegate of Indonesia supported further by giving example of India. How the information was not available at times of COVID 19 and large number of mortality was experienced by country itself despite being one of the top countries to make its own vaccine. The next topic of discussion was Inter-sectorial collaboration and Health Management. It explains the chains of system within a country can become a weapon against pandemics. It's not the sole responsibility of Ministry of Health to combat, rather other ministries should come hand in hand manner. To give an overview, diplomat from Nepal mentioned how a Ministry of communication and broadcasting can play a

vital role spreading right awareness among public at right time. Larger portions of population can be addressed in a very short span of time which is what we seek in catastrophes. The High quality Health facilities in affordable price. The motion itself is self-elaborative. The insurance system in American and European countries have been immensely benefiting and gives a description of affordability along with quality. It becomes a field of interest for a developing and underdeveloped countries like Nepal, Congo, Morocco, and Ghana etc. The government of Nepal had recently launched an insurance system in Nepal making possible for its people to grasp the benefit of it. "Health for All" a motto of WHO is what the basis of this motion is. The major areas of discussion were:

- Integration of IT system in Healthcare
- Inter sectorial Collaboration and Health Management
- High quality Health facilities in affordable price

Day 2: 27th January, 2024, Friday

The next morning followed a similar ritual with a slight change in reporting time at 8:45 am.

Expert session:

An expert session was conducted by Prof. Dr. Arun Kumar Govindakarnavar, Technical Officer (Public Health Laboratories) and Lead-Laboratory Support (IMS-COVID-19) WHO Office Country Nepal. Expert session gave us a background of establishment of WHO, it's purpose and fundamental working system. World Health Organization is an advisory agency of UN works effectively in Health sector established in 7 April, 1948 A.D.

WHO can only advise the nations, but cannot bound them legally to follow its guidelines. Only 2 regions, Tobacco Control and International Health Regulations (2005) are only two legal agreements between 196 countries. The challenges faced by WHO were discussed majorly to follow its guidelines

- The discussion with expert brought a spot light, how a country to protect its global image doesn't provide the correct data and at times it also leads to no reporting of cases.
- Funding of WHO and its utilization becomes another liability. Funding system of WHO works on Voluntary Funds and Conditional funds. An example was given by expert how powerful countries blocked vaccine distribution to those countries that weren't the allies during COVID-19.
- In the race of making vaccines and wanting a global domination, information sharing among nations was a big issue.
- WHO being very distant to Civil Society
- Absence of legally binding mechanisms leads WHO to compromise

The further interaction with Prof. Dr. Arun Kumar Govinda karnavar brought us to the page where diplomats themselves seek for solution. The following strategies and suggestions were given which are listed below:

- For last 2 years, members of WHO are drafting a legally binding Cord. This will enable WHO to create a legally binding mechanism which was a major drawback in the past.
- Combating with the present diseases and future diseases but not forgetting

the arrival of eliminated / eradicated diseases with genetic drift and/or shift.

- “Health for all” is what WHO stands for. Hence, affordability of vaccines during outbreaks must be there by taking consideration of all nations.
- Prequalifying vaccines before launching it among normal public must be strictly done. This was a major problem seen in past pandemics and epidemics as in Swine Flu, Spanish flu, Asian flu, SARS, MERS, COVID19, Ebola Outbreak.
- Sharing of information, data and technologies must be there. New technologies like Genomic sequencing technique, CRISPR- Casp 9 being one of the achievements, must be available for all countries.
- Global alert mechanisms like Epidemic Intelligence HUB must be there.
- Works must be done in Bio informatics field to access the huge data and its analysis.

Immediate strategy of WHO for upcoming pandemics:

- Understanding the patterns of outbreaks in recent times
- Digitalization of Healthcare
- Manual equipment
- Funds
- Surge plans
- Economic support to vulnerable countries for critical and emergency care

Committee Session 3:

The program continued with Dr. Sumana K.C. opening the unmoderated caucus for GSL-2. The GSL was continued where the similar expert session topics were reformulated and presented. Equitable vaccine allocation, a

topic of moderated caucus grabbed the attention of delegates. Vaccines allocated by WHO must be approved and prequalified. The cases of vaccines being not tested adequately and given to public has caused disastrous effects like cardiac arrest, disseminated intravascular coagulation, etc. The disparity in a nation itself was seen regarding the quality of vaccines used. The pre-ordering system of vaccines became a huge problem. The system rather be changed to giving vaccines as per need. Non – communicable diseases, a next silent pandemic. Deaths from NCD is more than that of communicable diseases in today’s world. 1 in 8 people are considered to be obese in the world contributing it to diseases like Diabetes, Hypertension, Heart failure, Hypercholesterolemia etc. This brought us to an end of a committee session 3 giving major pointers like:

- Equitable Vaccine allocation
- NCD is a next silent pandemic

Committee Session 4:

Investment to Public Health Infrastructure to Monitor and Respond the pandemic, the motion given on the floor created a buzz among delegates. The overall increment in countries budget in Health, public awareness along with training and epidemiological surveillance, medical independence and collaborative research were fields to be focused on. Building factories for PPE, medicines, Ventilators, large storage system etc. can be done with international cooperation. The final discussion was done on topic “Anti-Microbial Resistance, threat for new pandemic”. This motion was brought by Delegate from Ghana. The delegate mentioned how the country belonging to African belt suffers from AMR. The AMR rate

being 70% is one of the major problem of Ghana. 5,900 deaths were reported solely because of AMR. With this, the issues addressed were:

- Investment to Public Health Infrastructure to Monitor and Respond the pandemic.
- Anti- Microbial Resistance is being a threat for new pandemic.

Resolution paper Submission:

The two day intensive sessions came to an end with submission of resolution paper amendments were made with majority voting of the chosen leaders to vote. The leaders were:

- a) United States of America
- b) United Kingdom
- C) Germany
- d) Russia

The amendments aimed for:

- Transparency timeliness of reporting out breaks and risk majors of catastrophes
- Increasing investment in health sector and globalization of right to access information by the authorized section of every nation must be there.
- Fair and equitable distribution of vaccines and other medical equipment.
- Targeted vulnerable populations and countries must be prioritized first.

- Reaffirms the commitment and draws attention to impact of Pandemics on GDP of nations
- Strict regulations and rules regarding Anti-microbial products and drugs to counteract the AMR.

Closing ceremony:

After the end of MUN, a small celebration program was conducted along with prize distribution. The organizing committee along with the Mr. Aramva Bikram Adhikari, regional Chairperson of AMSA Nepal giving a closing speech.

Acknowledgement

I am deeply grateful to AMSA Nepal for organizing a medical based Model United Nations. This shaped me as an individual and taught a critical thinking.

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3. Website: <http://iom.edu.np/organization/>

Appendix 1a: Day 1 Itinerary Jan 26th, Friday, 2024

Time	Events
7:30am – 8:00am	Registration
8:00am – 8:30am	Break fast
8:30am – 10:45am	Mock session
10:50am – 12:00pm	Opening Ceremony
12:00pm – 12:45pm	Lunch
12:50pm – 3:00pm	Committee session 1
3:00pm – 3:20pm	Snacks
3:25pm – 5:30pm	Committee session 2 and Wrap Up

Appendix 1b: Day 2 Itinerary Jan 27th, Saturday, 2024

Time	Events
8:45am -9:00am	Registration
9:00am – 11:00am	Expert session
11:00am – 11:45am	Lunch
11:50am – 2:00pm	Committee session 3
2:00pm – 2:10pm	Break
2:15pm – 4:15pm	Committee session 4
4:15pm – 4:30pm	Snacks
4:30pm – 5:30pm	Closing Ceremony

Appendix 2a: List of Speakers in Day 1: Jan 26th, Friday, 2024

S.N.	Name of Speaker	Designation	Event	Topic
1.	Dr. Binod Prasad Gupta	National Professional Officer – PME at WHO Office Country of Nepal	Opening Ceremony	Planning and implementation from WHO during COVID-19
2.	Prof. Dr. Khem Karki	HOD of Community Medicine, MMC	Opening Ceremony	Importance of prompt action on pandemics
3.	Dr. Sabin Thapaliya	Clinical Registrar at TUTH	Opening Ceremony	Roles of Every Medical Personnel at times of outbreak
4.	Prof. Dr. Paleswan Joshi	Consultant GI and HPB Surgeon at TUTH	Opening Ceremony	Importance of these programs for Medical students
5.	Mr. Sudhan Gnawali	Communication and Liaison officer WHO office Country Nepal	Opening Ceremony	Financial impact and crisis during pandemic

Appendix 2b: List of Speakers in Day 2: Jan 27th, Saturday, 2024

S.N.	Name of Speaker	Designation	Event	Topic
1.	Prof. Dr. Arun Kumar Govindakarnavar	Prof. Dr. Arun Kumar Govindakarnavar, Technical Officer (Public Health Laboratories) and Lead-Laboratory Support (IMS-COVID-19) WHO Office Country Nepal	Expert session	Overview of World Health Organization

Appendix 3: Members of Dias

S.N.	Name of Speaker	Designation	Event
1.	Mr. Raghav Poudel	B.A. Psychology	Mock Session and Committee Session 1,2,3 and 4
2.	Dr. Sumana KC	Dental Surgeon at Peoples' Dental Hospital	Mock Session and Committee Session 1,2,3 and 4

Appendix 4: List of Participants

S.N.	Name	Qualification	College	Country Representation	Email Address
1.	Nitesh Shainchury	MBBS	JMCTH	Morocco	sumansen2257@gmail.com
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4.	Sarah Javed Khan	MBBS	Devdaha Medical College	Indonesia	sarah26khan2002@gmail.com
5.	Dr. Rupam Sah	Intern Doctor	Nobel Medical College	United Kingdom	sahrupam00@gmail.com
6.	Aarya Adhikari	MBBS	PAHS	China	doocaarya080@gmail.com
7.	Ranjita Dhital	MBBS	KIST Medical College	Bangladesh	dhitalranjita3@gmail.com
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9.	Krupa Katarmal Laljibhai	MBBS	MMC	Mexico	krupakatarmal1429@gmail.com
10.	Suruchee Dhital	MBBS	GMCTH	Thailand	suruceedhital2@gmail.com
11.	Samrat Pandey	MBBS	MMC	India	samratico@gmail.com
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Appendix 5: Photographs



