

COMMITTEE: WORLD HEALTH ORGANISATION

AGENDA: MEDICAL TRAINING IN THE DEVELOPING WORLD

LETTER FROM THE EXECUTIVE BOARD:

Dear Delegates,

Greetings! At the outset, let us congratulate you upon your allotment in WORLD HEALTH ORGANISATION and thereafter extend you all a very cordial welcome. It is a privilege and honor for us to be a part of the Executive Board for WHO in Fairgaze model United Nations, We look forward to being your executive board and making this experience something you will cherish. It is our delight that you have chosen to represent some of the most important countries and you have committed to tackling the most pertinent issues of the world right now. As said before, you delegates will be representing the stakes and interests of the most powerful countries in the world, you will battle against your fellow delegates in getting the best conditions possible for your nations.

WHO is one of the essential and paramount international forums and an integral part of the HEALTH ORGANISATION, discussing the medical training, in the spectrum of agendas concerning not only the past and the present but also the future. The agenda for WHO is “Medical Training in the Developing World”. As a delegate, all of you need to realize that this is an agenda with many layers and a lot of substantial points, which the executive board expects you to discuss during the span of the conference. Talking of the agenda, we have tried to come up with an agenda that in the present scenario, is fresh, imperative, and holds high potentials of intense levels of debate. Also, the agenda is quite generalized and thus, we expect full-scale participation from the delegates of our committee.

The UNA-USA rules of procedure will be followed in this committee. We would appreciate the enthusiasm of delegates but any violation of the decorum of the committee would be seriously dealt with to keep the committee in order. We have tried our best to give you a comprehensive and elaborate background guide, which will help you understand the basic nuances about the agendas. That being said, kindly note, that we would appreciate a creative and judicious approach to the issues at hand. The following pages intend to guide you with the nuances of the

agenda as well as the Council. The Guide chronologically touches upon all the different aspects that are relevant and will lead to a fruitful debate in the Council. It will provide you with a bird's eye view of the gist of the issue. We encourage you to go beyond this background guide and delve into the extremities of the agenda to further enhance your knowledge of an ardent global issue.

Finally, something should be borne in mind by you all during your participation in this MUN is “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood”.

Warmest regards,

CHAIRPERSON - Om Fartale

VICE CHAIR - Daksh Bhatia

Feel free to contact at omfartale@gmail.com for clearing any doubt.

INTRODUCTION TO THE WHO

The World Health Organization (WHO), is a specialized agency in the United Nations established in 1948 to improve global health conditions internationally. The First World Health Assembly met in Geneva and established their priorities for the organization as a whole: malaria, tuberculosis, venereal diseases, maternal and child health, sanitary engineering, and nutrition. The organization was also involved in disease prevention and control efforts, including mass campaigns against diseases like yaws, endemic syphilis, leprosy, and trachoma. WHO has been extremely successful with many of their activities; for instance, in 1958, the USSR proposed a WHO- led smallpox eradication programme, and by 1977, the last confirmed case of smallpox was identified in Somalia. WHO's programme has successfully eradicated the existence of smallpox by 1979.

WHO's responsibilities and functions include assisting governments in strengthening health services, establishing and maintaining technical and administrative services (statistical services), promoting cooperation between scientific groups, stimulating eradication of diseases (through the improvement of nutrition, housing, sanitation, hygiene, and working conditions, proposing international conventions, developing international standards for food, biological, and pharmaceutical products, and developing public opinions among people regarding general health.

WHO's leadership priorities are currently aimed at the following six goals over the period of 2014-2019, according to Britannica:

1. Assisting countries that seek progress towards universal health coverage
2. Helping countries establish their capacity to adhere to the International Health Regulations
3. Increasing access to essential and high-quality medical products
4. Addressing the role of social, economic, and environmental factors in public health
5. Coordinating responses to noncommunicable diseases.
6. Promoting public health and well-being in keeping with the Sustainable Development Goals, set forth by the UN.

CREDIBLE SOURCES FOR RESEARCH

Research plays a crucial role in an MUN, as a representative of a country's government, you are free to look at all types of sources for your reference or preparation. However, it is advised that you cross-check facts from at least one of the following –

News Sources

1. Reuters: www.reuters.com
2. State operated News Agencies

RIA Novosti (Russia)

IRNA (Iran)

Xinhua News Agency and CCTV (People's Republic of China)

3. Government Reports

State Department of the United States of America

Website: www.state.gov

Ministry of Foreign or External Affairs of various countries like India

Website: www.mea.gov.in

4. Permanent Representatives to the United Nations

Source Link: www.un.org/en/members/

(Click on a particular country to get the website of the Office of its Permanent Representative.)

5. Other Multilateral or Inter-Governmental Organizations

South Asian Association for Regional Cooperation (SAARC)

Website: www.saarc-sec.org

The North Atlantic Treaty Organisation (NATO)

Website: www.nato.int/cps/en

6. United Nations and Affiliated Bodies

Website: www.un.org

Organs such as,

UN Security Council

Website: www.un.org/Docs/sc/

UNGA

Website: www.un.org/en/ga/

UN Affiliated bodies such,

The International Atomic Energy Agency (IAEA)

Website: www.iaea.org

The World Bank (WB)

Website: www.worldbank.org

7. Documents from Treaty Based Bodies

The Antarctic Treaty System

Website: www.ats.aq/e/ats.htm

The International Criminal Court

It is based on an agreement known as the Rome Statute.

Website: www.icc-cpi.int

8. Note - you may use sources like wikipedia only for a better understanding of the agenda, but refrain from taking any news/facts etc from there as it will not be counted as a credible source in the committee.

DISCUSSION OF THE PROBLEMS

The demographic and epidemiological landscapes of the emerging market economies (EMEs) are rapidly changing. The twin burden of infectious diseases—both new and old—and lifestyle-associated disorders poses a danger to the population's health in the majority of these nations. The question is whether the medical training provided to healthcare practitioners in these nations is adequate to prepare a workforce to address these health concerns and the evolving demands of EMEs. This chapter describes the two separate phases of evolution—the establishment phase and the development phase—of medical education in the EMEs by examining the traits, difficulties, and successes of each. The following are some of the major issues facing medical education in EMEs:

- A curriculum that does not fit the demands of the population % of the populace
- issues with appropriate accreditation and standardisation of medical education in the ever-increasing number of medical schools
- a continued focus on specialist-oriented education at the expense of family medicine and public health
- inadequacy of current educational programmes, which primarily involve didactic, classroom-based teaching and encourage rote learning.

Major healthcare problems in developing countries –

1. The weak institutional capacity and infrastructure, inadequate health information systems, lack of comprehensiveness, ingrained injustice and discrimination in the provision of services, and a lack of community all affect the health systems of developing nations.
2. Health care structures in lots of growing international locations have shared characteristics. Government costs in bad international locations are low for fitness care. The majority of human beings can not without difficulty attain a present day fitness facility.
3. Most spending is for high-price healing medicine, e.g., hospitals. Programs are regularly inefficient of their use of funds. The tragedy of disorder in growing countries is that the various maximum extreme troubles are both preventable or curable via way of means of simple, inexpensive, secure methods. About sixteen million kids below age five died in 1979 in growing international locations; five million of those deaths might have been avoided via way of means of immunization in opposition to measles, polio, tetanus, diphtheria, whooping cough, and typhoid.

4. Many international locations are setting up network-degree fitness care centers that use network medical experts in place of doctors. A 3-tiered application is being followed in a few areas: the network hospital, the agricultural or city polyclinic, and the referral hospital. The network hospital seeks to offer two-thirds of the wished services, together with supervision of pregnancy, midwifery, care of new-born kids, remedy of endemic diseases, and emergency take care of injuries. Early enjoy has taught that it's miles greater vital for the network medical expert to have sensible enjoy and the honour of the human beings he serves than formal education. Improvements in nutrition, hygiene, and sanitation are had to attain the whole fitness ability of maximum communities

WFME has published a paper setting out an expert consensus on the criteria for the establishment of a new medical school. The criteria provide a seven-point framework outlining the key points for decision-making when considering if a new medical school is needed and is feasible. The guidelines are intended to promote the development of only essential and high-quality medical schools.

1. **Establishing the need** - the future demand for medical graduates and for medical research
2. **Programme outline** - the type of institution, the number of students, the characteristics of the programme, the planned assessment system
3. **Clinical facilities** - a sufficient number of patients, clinical training in both primary and secondary care, for the duration of the course
4. **Economic resources and business plan** - initial start-up costs and the running costs including buildings, equipment, staff salaries and benefits, student support
5. **Physical facilities** - including teaching facilities, research laboratories, clinical skills laboratories, library and IT facilities, local infrastructure including roads, transport, power and sewerage
6. **Staffing, including academic, clinical, administrative and leadership** - recruitment and retention, training, support and development
7. **Students** - student numbers and recruitment pool, availability of student resources and student support.