



# STUDY GUIDE

## World Health Organization

Realigning global efforts towards combating NCDs

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# 1. WELCOME LETTER

Dear delegates,

It is an honour to preside over you all in this simulation of the World Health Organization in GIMUN 2021. This agenda is very close to our hearts, and we look forward to seeing you discuss the various issues that constitute it.

We hope that you can walk away from this conference with new insights and perspectives on the widespread incidence of non-communicable diseases and what can be done to mitigate their disastrous impact on public health. We will be discussing the effects of NCDs on society as well as identifying the root causes that lead to such terrible rates of mortality. We will also be working to construct solutions that will work to spread awareness, improve lifestyle habits and the state of public health as well as facilitate early diagnosis and effective treatment.

During the two days of the debate, you will enhance not only your critical thinking skills but also your ability to persuade others and communicate ideas.

This study guide will introduce you to our agenda and the pressing issues related to it. We encourage you to do your research beyond the scope of this guide to gain a better perspective on events. Researching will help you construct better arguments and craft better policy. Your chairs have worked hard to make sure you have the best experience ever at GIMUN 2021.

We look forward to seeing you online in March.

If you have any questions or doubts regarding the committee or the topics, do not hesitate to contact us. We have left our email addresses at the end of this document.

Warm Regards  
Srilakshmi, Vaidehi and Verónica.

## 2. DESCRIPTION OF THE COMMITTEE

### 2.1 ABOUT WORLD HEALTH ORGANIZATION

Established under the United Nations in 1948, the World Health Organization (known as the *Organisation Mondiale de la Santé* in French) is a specialized agency that works to further international cooperation for the improvement of public health.

The original tasks of its predecessor - the Health Organization under the League of Nations (1923) and the International Office of Public Health in Paris (1907) included specific tasks such as epidemic control, quarantine regulations and the standardization of drugs. The WHO received a broader mandate with the ultimate aim of attaining the 'highest possible level of health' for all people. According to the agency, the absolute definition of health is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. Nowadays, it is responsible for informing member countries about the latest advancements in cancer research, disease prevention, vaccine usage, drug development, substance abuse control and the health hazards posed by chemicals and other dangerous substances. It also sponsors campaigns for epidemic and endemic disease control by promoting widespread vaccination programs, instructional information on the usage of antibiotics, improvement of lab facilities for early diagnosis, pure water supplies and sanitation systems as well as health education in rural or developing areas. These multiple campaigns have had a certain degree of success against AIDS, malaria, tuberculosis and a few other diseases.<sup>1</sup>

The World Health Organisation annually celebrates 7 April as World Health Day in commemoration of its establishment in 1948.

The WHO operates through the World Health Assembly, an annual meeting of the general policy-making body through an Executive Board composed of top-tier health specialists elected for three-year terms by the collective.

The Secretariat of the WHO is made up of staff, experts and field workers who are appointed at the central headquarters in Geneva or the six other regional offices around the world. The agency is headed by the director general (nominated by members of the Executive Board and officially appointed by the Assembly) and supported by a deputy director general and many assistant DGs. Each position specialises in specific framework areas such as child health, women's health, health systems, infectious diseases or public innovation<sup>2</sup>.

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<sup>1</sup> The Editors of Encyclopedia Britannica. "World Health Organization | History, Organization, & Definition of Health." *Encyclopædia Britannica*, 15 Feb. 2018, [www.britannica.com/topic/World-Health-Organization](http://www.britannica.com/topic/World-Health-Organization).

<sup>2</sup> The Editors of Encyclopedia Britannica. "World Health Organization | History, Organization, & Definition of Health." *Encyclopædia Britannica*, 15 Feb. 2018, [www.britannica.com/topic/World-Health-Organization](http://www.britannica.com/topic/World-Health-Organization).

The agency is financed through contributions made by the governments of member states on the basis of their ability to pay. Since 1951, the expanded technical-assistance program of the United Nations has been instrumental in allocating a sizable amount of resources.

WHO's leadership priorities from 2014-2019 aimed at assisting countries in progressing towards universal health coverage, helping countries adhere to International Health Regulations, increasing provision and access to essential medical products and equipment, addressing the various social and environmental factors of public health, coordinating responses to NCDs as well as promoting the importance of public health in relation to the Sustainable Development Goals set by the UNDP. We will be comprehensively covering the response to NCDs in our conference simulation in March<sup>3</sup>.

## 2.2 MANDATE AND INSTRUMENTS

According to Article 2 of Chapter II of the WHO Constitution, the agency has the power to act as the directing and coordinating authority on international health work. It can establish and maintain effective collaborations with the United Nations, other specialised agencies, government health administrations, professional groups and any other associated organisations<sup>4</sup>.

The WHO can assist governments in strengthening their health services upon request. They can provide technical assistance and necessary aid in case of emergencies upon request of governments<sup>5</sup>.

The agency can also provide or assist in the provision of health services and facilities to special groups such as the people of trust territories<sup>6</sup>.

The WHO has the power to establish and maintain administrative and technical services such as epidemiological and statistical services. It can simulate and improve work to eradicate epidemic, endemic, and other diseases. It can promote the prevention of accidental injuries in cooperation with other specialised agencies<sup>7</sup>.

The agency can also promote the improvement of nutrition, housing, sanitation, recreation, economic or working conditions as well as other aspects of environmental hygiene.

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<sup>3</sup> The Editors of Encyclopedia Britannica. "World Health Organization | History, Organization, & Definition of Health." *Encyclopædia Britannica*, 15 Feb. 2018, [www.britannica.com/topic/World-Health-Organization](http://www.britannica.com/topic/World-Health-Organization).

<sup>4</sup> "WHO's Mandate." *www.euro.who.int*, [www.euro.who.int/en/health-topics/health-emergencies/from-disaster-preparedness-and-response/policy/whos-mandate](http://www.euro.who.int/en/health-topics/health-emergencies/from-disaster-preparedness-and-response/policy/whos-mandate). Accessed 27 Feb. 2021.

<sup>5</sup> *CONSTITUTION of the WORLD HEALTH ORGANIZATION 1*, 2006. [https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf)

<sup>6</sup> *Ibid.*

<sup>7</sup> *Ibid.*

It may promote cooperation among scientific and professional groups which contribute to the advancement of health. It has the power to propose conventions, agreements and regulations and also make recommendations regarding international health issues<sup>8</sup>.

## 2.3 FUNCTIONS

The overall focus of the agency is declared in its constitution as the 'attainment of the highest possible health by all people'. The WHO aims to achieve this objective by the functions delineated in its constitution<sup>9</sup>.

The agency has taken responsibility for establishing consensus and providing leadership on issues of public health. It establishes research agendas and encourages the translation and dissemination of facts and valuable information<sup>10</sup>. It is also responsible for setting the norms and international standards for food, biological and pharmaceutical products, as well as promoting and checking their implementation. In a similar vein, the agency plays a huge role in establishing and revising international nomenclature for diseases, causes of death and public health practices. It also standardises laboratory investigative procedures and diagnostic tools.

The agency prides itself on the development of an informed public opinion regarding societal matters of public health. In recent years, it has prioritised the promotion of maternal health, child health and mental health awareness. It has also been instrumental in improving the standards in the teaching and training of medical and healthcare professionals.

Aside from these general functions, the agency also has some specialised public health agendas. These have been delineated below.

### 2.3.1 COMMUNICABLE DISEASES

within the 2012-2013 budget, two of the five areas identified for allocation of funds were related to communicable diseases. The first area was generalised and aimed to reduce the health, social and economic burden of communicable diseases. The second area focused on specifically combating HIV-AIDS, malaria and tuberculosis.

The WHO launched the global poliomyelitis eradication initiative to eradicate the disease in 1988. It has so far been successful in reducing case incidence by 99% after many

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<sup>8</sup> *CONSTITUTION of the WORLD HEALTH ORGANIZATION 1*. 2006.  
[https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf)

<sup>9</sup> "Twelfth General Programme of Work 2014–2019: Not Merely the Absence of Disease."  
*www.who.int*, [www.who.int/about/role/en/index.html](http://www.who.int/about/role/en/index.html). Accessed 27 Feb. 2021.

<sup>10</sup> Hoffman, Steven, and John-Arne Rottingen. "Assessing Implementation Mechanisms for an International Agreement on Research and Development for Health Products." *Bulletin of the World Health Organization*, vol. 90, no. 11, 1 Nov. 2012, pp. 854–863, 10.2471/blt.12.109827. Accessed 30 Nov. 2020.

collaborations and partnerships with organisations such as Rotary International, CDC, UNICEF among others<sup>11</sup>.

### **2.3.2 NON-COMMUNICABLE DISEASES**

Many of the WHO priority areas are focused on reducing disease, disability and mortality from chronic NCDs, mental disorders, violence, injuries and trauma.

### **2.3.3 ENVIRONMENTAL HEALTH**

WHO estimates that around 1 in 4 global deaths are caused by unhealthy working environments. Environmental risk factors include air, water and soil pollutants as well as exposure to chemicals and toxins such as lead, mercury and other heavy metals. Climate change and ultraviolet radiation have also been cited as sources of health issues<sup>12</sup>.

The first conference to discuss the implications of pollution on health took place in 2018 in collaboration with UN Environment, the World Meteorological Organisation and the secretariat of the UNFCCC.

### **2.3.4 NUTRITION AND LIFESTYLE**

The agency offers advice and recommendations to improve health during key stages of life such as pregnancy, infancy, childhood and puberty. It emphasizes the conscious reduction of risk factors such as chronic substance abuse (alcohol, drugs and other psychoactive substances), unhealthy diets, physical inactivity and unprotected sex<sup>13</sup><sup>14</sup>.

WHO works to improve standards of nutrition, food safety and food security. It actively combats malnutrition and lends a helping hand to nations suffering from famine or food scarcity.

### **2.3.5 SURGERY AND TRAUMA CARE**

The WHO promotes road safety measures in an effort to scale down the widespread incidence of road traffic accidents<sup>15</sup>. It is also working on initiatives and campaigns in the practice of

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<sup>11</sup> "WHO | Global Polio Eradication Initiative Welcomes the Organization of the Islamic Conference Decision to Step up Effort to Eradicate Polio." *WHO*, [www.who.int/mediacentre/news/releases/2003/pr78/en/](http://www.who.int/mediacentre/news/releases/2003/pr78/en/).

<sup>12</sup> World. "An Estimated 12.6 Million Deaths Each Year Are Attributable to Unhealthy Environments." *who.int*, World Health Organization: WHO, 15 Mar. 2016, [www.who.int/news-room/detail/15-03-2016-an-estimated-12-6-million-deaths-each-year-are-attributable-to-unhealthy-environments](http://www.who.int/news-room/detail/15-03-2016-an-estimated-12-6-million-deaths-each-year-are-attributable-to-unhealthy-environments).

<sup>13</sup> "Tobacco." *World Health Organization*, 30 Dec. 2018, [www.who.int/topics/tobacco/en/](http://www.who.int/topics/tobacco/en/), [/topics/tobacco/en/index.html](http://www.who.int/topics/tobacco/en/index.html).

<sup>14</sup> Preventing Noncommunicable Diseases." *www.who.int*, [www.who.int/dietphysicalactivity/en/](http://www.who.int/dietphysicalactivity/en/).

<sup>15</sup> "Decade of Action for Road Safety 2011-2020." *World Health Organization*, 10 Dec. 2018, [www.who.int/roadsafety/decade\\_of\\_action/en/](http://www.who.int/roadsafety/decade_of_action/en/), [/entity/roadsafety/decade\\_of\\_action/en/index.html](http://www.who.int/roadsafety/decade_of_action/en/index.html).

safe surgery, trauma care and advanced life support<sup>16</sup>. The WHO Surgical Safety Checklist is used to ensure and improve patient safety.

### **2.3.6 EMERGENCY WORK**

The WHO's primary goal is to coordinate with member states and stakeholders to reduce avoidable mortality and the burden of disease in both natural and man-made emergencies. This has been seen in the case of outbreaks such as MERS, Ebola, SARS and COVID-19. Many efforts for reform have been put in place following the original Ebola outbreaks in West Africa when the agency came under fire for its inefficient structure, insufficient funding and rampant bureaucracy<sup>17</sup>.

## **2.4 RECENT HISTORY<sup>18</sup>**

1948

The constitution of the World Health Organisation comes into force. The WHO takes over the International Classification of Diseases.

1950

The start of the era of modern-day antibiotic discovery. The WHO issues advisories on their proper use.

1951

The regional office for Europe is established, built upon the work of the WHO Temporary Special Administrative Office for Health Rehabilitation of War-Devastated Countries.

1952-1957

The discovery of the polio vaccine kickstarts WHO led campaigns for the eradication of poliomyelitis in the developing world.

1963

The vaccine for measles becomes commercially available.

1969

The World Health Assembly (WHA) establishes the first set of International Health Regulations. It is a formal agreement between member states to work together and control cholera, bubonic plague, yellow fever, smallpox, relapsing fever and typhus.

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<sup>16</sup> "WHO | WHO Global Initiative for Emergency and Essential Surgical Care." *WHO*, [www.who.int/surgery/globalinitiative/en/](http://www.who.int/surgery/globalinitiative/en/). Accessed 27 Feb. 2021.

<sup>17</sup> Hoffman, Steven J., and John-Arne Røttingen. "Split WHO in Two: Strengthening Political Decision-Making and Securing Independent Scientific Advice." *Public Health*, vol. 128, no. 2, Feb. 2014, pp. 188–194, 10.1016/j.puhe.2013.08.021. Accessed 30 May 2020.

<sup>18</sup> "Milestones for Health over 70 Years." *www.euro.who.int*, [www.euro.who.int/en/about-organization/who-at-70/milestones-for-health-over-70-years](http://www.euro.who.int/en/about-organization/who-at-70/milestones-for-health-over-70-years).

1972

Special programmes for research, development and training in human reproduction are created with the initiative to conduct research into sexual health and reproductive health rights.

1974

The WHO establishes the Expanded Programme on Immunization, allowing the provision of vaccines to children all over the world.

1975

The WHO starts the Special Programme for Research and Training in Tropical Diseases (TDR).

1977

The first list of essential medicines is published. It details the medicines that every fundamental healthcare system needs. List entries are based on efficacy, safety and monetary value.

1978

The International Conference on Primary Health Care in Kazakhstan declares the official goal of 'Health for All', a historic moment at the time. This was instrumental in aligning the WHO's focus on the achievement of universal health coverage.

1979

Smallpox is declared formally eliminated after an extensive global vaccination run.

1983-1987

The discovery of the Human Immunodeficiency Virus prompts the licensure of the first antiretroviral medication to control infections and prevent progression towards full blown AIDS.

1995

The launch of the directly observed treatment strategy for controlling and reducing the toll of tuberculosis becomes a historic milestone in the field of public health. It will soon be responsible for saving almost 37 million people through early diagnosis and effective treatment.

2002

The European administrative region of the WHO is formally declared free of poliomyelitis.

2003

The first framework on tobacco control (WHO's first treaty on public health) is adopted by member states.

2005

The WHA carries out a full revision of the International Health Regulations originally written in 1969.

2006

Child mortality before the fifth year of birth drops below 10 million.

2008

Statistics of the WHO notices a significant shift from the global prevalence of infectious diseases to non-communicable diseases.

2009

The emergence of a new strain of the influenza virus (H1N1) prompts WHO collaboration for the development of new influenza vaccines.

2012

WHO member states work to set goals to control and prevent cardio-vascular diseases, diabetes mellitus, cancer and other notable NCDs.

2014

The WHO sends thousands of field workers, technical staff and medical equipment to West Africa to quell the rapid spread of Ebola, the largest outbreak of the disease seen at the time.

2015

The European administrative region of the WHO is formally declared free of malaria.

2016

The emergence of infections from Zika virus becomes a public health emergency of international concern.

2019-present

A rash of unusual infections (originally thought to be a kind of atypical pneumonia) in the city of Wuhan in the Hubei province prompts the discovery of a novel coronavirus that manifests concerning respiratory symptoms. The disease is labelled COVID-19. Within the space of a few months, it is declared a pandemic. It is responsible for the strain and collapse of healthcare systems worldwide and has had undue influence on education, work and economy till present day.

## 3. AGENDA

Noncommunicable diseases are chronic diseases that are the result of various genetic, physiological and environmental factors. Main types include cardiovascular diseases (CVD), chronic diseases of respiratory origin (COPD and asthma) as well as metabolic disorders such as diabetes mellitus. According to the latest WHO factsheets, NCDs are responsible for killing around 41 million people every year and account for nearly 71% of all deaths worldwide.

### 3.1 DISEASES

The most prevalent NCDs include types of cardiovascular disease (CVD), chronic obstructive pulmonary disease (abbreviated as COPD, usually caused by tobacco), cancer, chronic kidney disease and diabetes mellitus type II.

They can either be classified as environmental (usually caused by external factors such as pollution, toxins and lifestyle choices) or genetic (disorders manifested by errors in genetic code). Examples of genetic NCDs would include Down syndrome (caused by trisomy of autosome 21), cystic fibrosis (caused by gene mutation that affects sodium channels, triggering the production of atypically thick mucus) or conditions such as heterochromia or chimerism (caused by an increase in the amount of genetic information encoded).

Inherited genetic disorders can either be dominant or recessive based on the allele that is expressed. Dominant genetic diseases (like Huntington's) manifest due to the inheritance of one erroneous gene that dominates (masks or overrides the effects) the other. Recessive genetic conditions occur when the allele genotype is heterozygotic.

#### 3.1.1 CANCER

The term cancer refers to a group of diseases that manifest due to abnormal and unchecked cellular growth that usually has the capacity to spread or invade other areas of the human body. Cancers are considered the most preventable NCD since most of the risk factors are environmental or related to lifestyle<sup>19</sup>. Risk factors for cancer include smoking, obesity, physical inactivity, alcohol consumption, air pollution, toxins or environmental contamination<sup>20</sup>.

#### 3.1.2 CARDIOVASCULAR DISEASE (CVD)

CVD comprises a class of diseases of the heart and circulatory system. Examples include coronary artery disease, atherosclerosis and angina. Research is still being done to identify the exact causes and risk factors of CVD, but many studies have been done to show that there

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<sup>19</sup> Danaei, Goodarz, et al. "Causes of Cancer in the World: Comparative Risk Assessment of Nine Behavioural and Environmental Risk Factors." *The Lancet*, vol. 366, no. 9499, Nov. 2005, pp. 1784–1793, 10.1016/s0140-6736(05)67725-2.

<sup>20</sup> "Cancer." *www.who.int*, [www.who.int/mediacentre/factsheets/fs297/en/](http://www.who.int/mediacentre/factsheets/fs297/en/). Accessed 27 Feb. 2021.

is a relationship between the consumption of fast food and an increase in heart disease. Many fast food chains have protested against the studies and tried to develop relatively healthier menu options.

### **3.1.3 DIABETES MELLITUS (DM)**

Diabetes mellitus or DM constitutes a group of metabolic disorders defined by prolonged levels of high blood glucose. Symptoms include frequent micturition, increased thirst and an increase in appetite. If the condition is left untreated, it often leads to many complications such as diabetic ketoacidosis, diabetic neuropathy, diabetic nephropathy and diabetic retinopathy.

DM is somewhat preventable and manageable but difficult to care for given its chronic nature. Management mostly consists of maintaining euglycemia (normal or near normal blood sugar levels) while regulating dietary intake, exercise and suitable medication (insulin in the case of T1DM, a combination of insulin and oral medication in the case of T2DM). Various risk factors related to DM include smoking, elevated cholesterol, obesity, physical inactivity, sedentary lifestyle and elevated blood pressure.

### **3.1.4 CHRONIC KIDNEY DISEASE (CKD)**

Though it is not one of WHO's main global targets for NCD control, CKD is not only a common condition but also a contributing factor to 3 major NCDs currently targeted by the WHO - diabetes, hypertension and CVD. All three of these NCDs are causes of chronic kidney disease and the risk factors of these formerly mentioned diseases are known to exacerbate CKD<sup>21</sup>.

It can clearly be seen that these conditions coexist and share common risk factors, so prioritising the control of CKD is also an important decision the WHO should consider.

### **3.1.5 CHRONIC RESPIRATORY DISEASE (CRD)**

CRDs constitute pathological conditions affecting the lung and airways involved in breathing and gaseous exchange. Common conditions include asthma, pulmonary hypertension, occupational lung disease and COPD. Despite the fact that CRDs are not completely curable, treatments for symptom control are often found to improve quality of life. Treatments usually involve the dilation of airways to counter shortness of breath. Major risk factors include smoking, air pollution, occupational hazards and allergens such as dust and pollen<sup>22</sup>.

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<sup>21</sup> Zhang, Qiu-Li, and Dietrich Rothenbacher. "Prevalence of Chronic Kidney Disease in Population-Based Studies: Systematic Review." *BMC Public Health*, vol. 8, no. 1, 11 Apr. 2008, 10.1186/1471-2458-8-117. Accessed 30 Nov. 2019.

<sup>22</sup> "Chronic Respiratory Diseases (CRDs)." *World Health Organization*, 24 Jan. 2019, [www.who.int/respiratory/en/](http://www.who.int/respiratory/en/), /entity/respiratory/en/index.html.

## 3.2 POPULATIONS AT RISK

NCDs are found to affect people of all age groups, regions and countries. The conditions are mostly related to older populations but around 15 million of all mortalities attributed to NCDs occurred between 30-69 years. Many of these premature deaths were observed in developing low- and middle-income nations<sup>23</sup>.

The widespread incidence of NCDs has been driven by surging globalisation, rapid unplanned urbanisation, population ageing and unhealthy lifestyle habits such as physical inactivity, smoking and drinking which may manifest as elevated levels of blood glucose and blood lipids, high blood pressure and obesity. Many of these metabolic risk factors lead to CVD, the leading NCD in terms of premature mortality<sup>24</sup>.

## 3.3 RISK FACTORS

### 3.3.1 MODIFIABLE RISK FACTORS<sup>25</sup>

Modifiable risk factors refer to the risk factors that are under our control. Many modifiable behaviours are responsible for the increase in incidence of NCDs. Tobacco is the cause of nearly 7.2 million deaths every year. This includes people who are not smokers, but passively exposed to tobacco smoke.

Around 4 million annual deaths have been connected to dangerous excess in sodium intake, mostly found in fast food items. More than 3.3 million deaths have been attributed to excessive alcohol intake leading to NCDs such as liver cancer.

### 3.3.2 METABOLIC RISK FACTORS<sup>26</sup>

These risk factors cause metabolic changes such as raised blood pressure, obesity, hyperglycaemia (high levels of blood glucose) and hyperlipidaemia (high levels of blood lipid). Out of all of these, raised blood pressure is the leading metabolic risk factor with around 19% of deaths attributed to the condition.

### 3.3.3 ALCOHOL

The consumption of alcohol is one of the most problematic risk factors for NCDs. Alcohol is considered a psychoactive substance with chemical properties that make it easily addictive.

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<sup>23</sup> WHO. "Noncommunicable Diseases." *who.int*, World Health Organization: WHO, 1 June 2018, [www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases](http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases).

<sup>24</sup> WHO. "Noncommunicable Diseases." *who.int*, World Health Organization: WHO, 1 June 2018, [www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases](http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases).

<sup>25</sup> WHO. "Noncommunicable Diseases." *who.int*, World Health Organization: WHO, 1 June 2018, [www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases](http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases).

<sup>26</sup> WHO. "Noncommunicable Diseases." *who.int*, World Health Organization: WHO, 1 June 2018, [www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases](http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases).

It creates a large socio-economic burden in society and is also the cause of the aggravation of many diseases<sup>27</sup>.

### **3.3.4 OBESITY**

Obesity is related to an increased risk of cardiovascular disease, diabetes mellitus, and other chronic health conditions and NCDs. The current upsurge seems to be related to the flood of junk food people are consuming in lieu of fresh produce and healthy meals.

Junk food constitutes food that is very high in fats and calories with very little nutritional value. Proteins, vitamins, minerals and dietary fibre are scarce or not found in these products. These products are also referred to as HFSS food (high in fat, salt and sugar). Most of them are also highly processed. Examples would include most of the food made in fast food chains, breakfast cereals (made of mostly sugar and high fructose corn syrup), clarified fruit juices, potato crisps, biscuits, carbonated beverages, sweet desserts, candy, chocolate and salty snack food.

The problem has become inflated in recent years due to various issues such as:

- increased consumerism;
- food fads;
- unregulated advertising;
- ready availability of junk food in the market;
- relative cheapness of junk food in comparison to fresh produce;
- lack of healthy alternatives to junk food;
- government lobbying leading to concentration of power in the hands of multinational corporations who produce junk food;
- lack of awareness regarding nutrition;
- fast food culture;
- increased areas with 'food deserts' (areas where fresh produce is unavailable or too expensive for the average consumer, leading them to rely on packaged items and prepared food products);
- food insecurity and famine;
- privatisation of school meals;
- unreliable food labelling; and
- use of preservatives and chemical substances whose long-term effects on the human body have not thoroughly studied.

These are just a few of the many root causes of obesity. Factors vary from country to country. The most common reason for high rates of obesity amidst low-income groups is the fact that processed and unhealthy food products are cheaper to consume in comparison to fresh produce.

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<sup>27</sup> "Alcohol." *www.who.int*, [www.who.int/news-room/facts-in-pictures/detail/alcohol](http://www.who.int/news-room/facts-in-pictures/detail/alcohol). Accessed 27 Feb. 2021.

### **3.3.4.1 CASE STUDY: MEXICO<sup>28</sup>**

Obesity has always been seen as a largely American problem. In recent years, it has started to spread this problem to its neighbours, so much so that Mexico surpassed the USA in 2013 to be listed as the most obese country in the world at the time. Even now, Mexico ranks highly in the list of countries by obesity rate.

The primary reason for the ready availability of such obesogenic foods in the country is not just a result of increased globalisation, but a treaty called NAFTA - the North American Free Trade Agreement. NAFTA's objectives clearly reflect intent to eliminate all trade barriers between Canada, Mexico and the USA as well as increase potential investment opportunities between them<sup>29</sup>.

The terms of NAFTA offer governments limited regulatory capacity over trade items. They concentrate power in the hands of American transnational corporations. Many of these companies have brought fast food into the country, creating a disastrous and long-lasting impact on Mexico's public health.

Though there are provisions for regulation in terms of public health interests, these restrictions are not enough to combat the incidence of NCDs such as obesity<sup>30</sup>.

### **3.3.4.2 CASE STUDY: NAURU**

WHO figures estimate that around 95% of the population of Nauru is either overweight or obese. There are many factors contributing to this situation.

The original sources of food for the inhabitants of Nauru were fishing and small garden plots, since the island has never been suitable for large scale agricultural production. The average Nauruan diet constituted fish, local fruit, root vegetables and coconuts.

After gaining independence in 1968, Nauru derived a lot of profit and economic growth from local mining activities. The profits were distributed amongst the population. This led to a decline in fishing and gardening activities. Most of the land rich in phosphate deposits was strip-mined and rendered non-arable. The citizens began to rely on the import of highly

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<sup>28</sup> Siegel, Alana. *NAFTA Largely Responsible for the Obesity Epidemic in Mexico* *NAFTA Largely Responsible for the Obesity Epidemic in Mexico Recommended Citation Recommended Citation*. Vol. 50, 2016,

[openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=www.ecosia.org/&httpsredir=1&article=1916&context=law\\_journal\\_law\\_policy](https://openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=www.ecosia.org/&httpsredir=1&article=1916&context=law_journal_law_policy). Accessed 27 Feb. 2021.

<sup>29</sup> Siegel, Alana. *NAFTA Largely Responsible for the Obesity Epidemic in Mexico* *NAFTA Largely Responsible for the Obesity Epidemic in Mexico Recommended Citation Recommended Citation*. Vol. 50, 2016,

[openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=www.ecosia.org/&httpsredir=1&article=1916&context=law\\_journal\\_law\\_policy](https://openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=www.ecosia.org/&httpsredir=1&article=1916&context=law_journal_law_policy). Accessed 27 Feb. 2021.

<sup>30</sup> Siegel, Alana. *NAFTA Largely Responsible for the Obesity Epidemic in Mexico* *NAFTA Largely Responsible for the Obesity Epidemic in Mexico Recommended Citation Recommended Citation*. Vol. 50, 2016,

[openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=www.ecosia.org/&httpsredir=1&article=1916&context=law\\_journal\\_law\\_policy](https://openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=www.ecosia.org/&httpsredir=1&article=1916&context=law_journal_law_policy). Accessed 27 Feb. 2021.

processed Western food from larger Pacific nations such as Australia and New Zealand. These foods are usually canned or preserved and contain high levels of sugar and fat.

Other contributing factors include a lack of physical exercise amongst the local population, poor health literacy and improper health education. Obesity is also seen as a sign of wealth and prosperity in Nauru.

### **3.4 SOCIOECONOMIC IMPACTS OF NCDs<sup>31</sup>**

NCDs have become so widespread in society that they stand to threaten progress towards the 2030 Sustainable Development Goals. As we encountered before, poverty is closely related to NCDs. Conditions that were once considered diseases of the affluent have now become frighteningly common in all strata of society.

The rise in NCDs is predicted to slow the progress being made towards poverty reduction in developing nations. People living in poverty are particularly vulnerable since they are at great risk of being affected by factors such as unhealthy dietary practices, substance abuse and limited access to healthcare services and unaffordable healthcare costs. Since most NCDs are chronic lifelong conditions, treatment is expensive<sup>32</sup>.

In low-income households, healthcare costs end up depleting household resources, pushing families into debt and worse living conditions.

### **3.5 PREVENTION AND CONTROL OF NCDs<sup>33</sup>**

The most fundamental way of controlling NCDs is to focus on reducing risk factors associated with the diseases. Low-cost solutions, monitoring disease databases and trends of NCDs are important for developing countries. Multiple sectors have to get involved to establish a comprehensive approach towards risk management and intervention (health, finance, transport, agriculture, education, urban planning etc).

Investment in infrastructure and management of NCDs will be of crucial importance in upcoming years. Evidence suggests that early interventions are also more economically viable, since treatment in the early stages reduces the need for palliative care and more expensive treatment in the future. NCD management is critical to achieving the global target of a 25% decrease in premature mortality risk and the 2030 SDG target of a ⅓ reduction in premature deaths.<sup>34</sup>

### **3.6 IMPACT OF COVID-19**

Though there is some degree of awareness about the various health conditions that constitute NCDs, the global focus has now shifted to infectious disease and pandemic control

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<sup>31</sup> WHO. "Noncommunicable Diseases." *who.int*, World Health Organization: WHO, 1 June 2018, [www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases](http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases).

<sup>32</sup> WHO. "Noncommunicable Diseases." *who.int*, World Health Organization: WHO, 1 June 2018, [www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases](http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases).

<sup>33</sup> *Ibid.*

<sup>34</sup> *Ibid.*

due to the debilitating outbreaks of COVID-19 that ravaged the world throughout the previous year. The pandemic exposed the flaws and inadequacies in healthcare systems as well as the incompetence of government response to the public. It is imperative that administration reforms take place in the field of public health and healthcare management.

In many countries, hospitals were overrun with COVID-19 patients, preventing people with other medical conditions from receiving treatment. Many of these patients suffer from chronic conditions and NCDs. They had to manage their health conditions from home through medication and virtual check-ups, the success of which has been questionable. Despite this, a more harmful side effect of the pandemic has been the alterations to lifestyle maintenance. People have been asked to stay at home for extended periods of time without going out in fear of spreading infection, which leads to prolonged physical inactivity. Diets have become excessive and irregular as well, and people have an increased likelihood of indulging in damaging habits such as smoking and drinking.

For example, patients with diabetes mellitus and other metabolic conditions often had uncontrolled blood sugar levels during the pandemic, the prolonged experience of which may lead to microvascular complications such as peripheral neuropathy and retinopathy, macrovascular conditions like peripheral artery disease or even extreme emergency presentations like ketoacidosis and coma.

These are the specific reasons as to why infectious disease control and prevention measures have to be administered with careful consideration of non-communicable disease control.

### **3.7 WHO RESPONSE<sup>35</sup>**

The 2030 SDG agenda set by the UNDP acknowledges NCDs as a major challenge to sustainable development. According to the agenda, heads of state have committed to implement national response plans by 2030 to achieve SDG target 3.4 (reduction in premature mortality rates by  $\frac{1}{3}$  through prevention and treatment). The target was set after many gatherings of the United Nations General Assembly (UNGA) on NCDs in 2011 and 2014, which affirmed WHO's role in promoting and monitoring international action against NCDs. WHO also developed a global action plan for the prevention and control of NCDs 2013-2020 which summarizes the 9 global targets that have been set to address the prevention and management of NCDs.

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<sup>35</sup> WHO. "Noncommunicable Diseases." *who.int*, World Health Organization: WHO, 1 June 2018, [www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases](http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases).

# NONCOMMUNICABLE DISEASES (NCDs) AND MENTAL HEALTH

## THE THREAT



### Key Facts

NCDs are responsible for

**71%**  
of all deaths worldwide  
(41 million people)



Each year...

the **lives** of

**15** million people  
are **cut short** due to NCDs

Nearly **800,000**  
people die from suicide

Every **2 seconds**  
someone aged 30 to 70 years  
**dies prematurely** from NCDs



Poorer people are  
disproportionately  
affected by NCDs and  
mental health conditions



### 5 main NCD risks



Unhealthy diet



Tobacco use



Air pollution



Harmful  
use of alcohol



Physical  
inactivity

### 3.8 PAST RESOLUTIONS

WHA 53.17

Prevention and Control of noncommunicable diseases

Resolutions and decisions taken during the 53rd World Health Assembly, Geneva

Date: 15-20 May 2000

<https://apps.who.int/iris/handle/10665/260181>

WHA 56.1

WHO Framework convention on tobacco control

Resolutions and decisions taken during the 56th World Health Assembly, Geneva

Date: 19-28 May 2003

<https://apps.who.int/iris/handle/10665/259836>

WHA 61.14

Prevention and control of noncommunicable diseases: implementation of the global strategy

61st World Health Assembly, Geneva

Date: 24 May 2008

<https://apps.who.int/iris/handle/10665/23529>

## 4. SUGGESTED READING & BIBLIOGRAPHY

<sup>1</sup> The Editors of Encyclopedia Britannica. "World Health Organization | History, Organization, & Definition of Health." *Encyclopædia Britannica*, 15 Feb. 2018, [www.britannica.com/topic/World-Health-Organization](http://www.britannica.com/topic/World-Health-Organization).

<sup>2</sup> "WHO's Mandate." *www.euro.who.int*, [www.euro.who.int/en/health-topics/health-emergencies/from-disaster-preparedness-and-response/policy/whos-mandate](http://www.euro.who.int/en/health-topics/health-emergencies/from-disaster-preparedness-and-response/policy/whos-mandate). Accessed 27 Feb. 2021.

<sup>3</sup> *CONSTITUTION of the WORLD HEALTH ORGANIZATION 1.*, 2006.

[https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf)

<sup>4</sup> "Twelfth General Programme of Work 2014–2019: Not Merely the Absence of Disease." *www.who.int*, [www.who.int/about/role/en/index.html](http://www.who.int/about/role/en/index.html). Accessed 27 Feb. 2021.

<sup>5</sup> Hoffman, Steven, and John-Arne Rottingen. "Assessing Implementation Mechanisms for an International Agreement on Research and Development for Health Products." *Bulletin of the World Health Organization*, vol. 90, no. 11, 1 Nov. 2012, pp. 854–863, 10.2471/blt.12.109827. Accessed 30 Nov. 2020.

<sup>6</sup> "WHO | Global Polio Eradication Initiative Welcomes the Organization of the Islamic Conference Decision to Step up Effort to Eradicate Polio." *WHO*, [www.who.int/mediacentre/news/releases/2003/pr78/en/](http://www.who.int/mediacentre/news/releases/2003/pr78/en/).

<sup>7</sup> World. "An Estimated 12.6 Million Deaths Each Year Are Attributable to Unhealthy Environments." *who.int*, World Health Organization: WHO, 15 Mar. 2016, [www.who.int/news-room/detail/15-03-2016-an-estimated-12-6-million-deaths-each-year-are-attributable-to-unhealthy-environments](http://www.who.int/news-room/detail/15-03-2016-an-estimated-12-6-million-deaths-each-year-are-attributable-to-unhealthy-environments).

<sup>8</sup> "Tobacco." *World Health Organization*, 30 Dec. 2018, [www.who.int/topics/tobacco/en/](http://www.who.int/topics/tobacco/en/), [/topics/tobacco/en/index.html](http://www.who.int/topics/tobacco/en/index.html).

<sup>9</sup> "Preventing Noncommunicable Diseases." *www.who.int*, [www.who.int/dietphysicalactivity/en/](http://www.who.int/dietphysicalactivity/en/).

<sup>10</sup> "Decade of Action for Road Safety 2011-2020." *World Health Organization*, 10 Dec. 2018, [www.who.int/roadsafety/decade\\_of\\_action/en/](http://www.who.int/roadsafety/decade_of_action/en/), [/entity/roadsafety/decade\\_of\\_action/en/index.html](http://www.who.int/entity/roadsafety/decade_of_action/en/index.html).

- <sup>11</sup> “WHO | WHO Global Initiative for Emergency and Essential Surgical Care.” *WHO*, [www.who.int/surgery/globalinitiative/en/](http://www.who.int/surgery/globalinitiative/en/). Accessed 27 Feb. 2021.
- <sup>12</sup> Hoffman, Steven J., and John-Arne Røttingen. “Split WHO in Two: Strengthening Political Decision-Making and Securing Independent Scientific Advice.” *Public Health*, vol. 128, no. 2, Feb. 2014, pp. 188–194, 10.1016/j.puhe.2013.08.021. Accessed 30 May 2020.
- <sup>13</sup> “Milestones for Health over 70 Years.” *www.euro.who.int*, [www.euro.who.int/en/about-us/organization/who-at-70/milestones-for-health-over-70-years](http://www.euro.who.int/en/about-us/organization/who-at-70/milestones-for-health-over-70-years).
- <sup>14</sup> Danaei, Goodarz, et al. “Causes of Cancer in the World: Comparative Risk Assessment of Nine Behavioural and Environmental Risk Factors.” *The Lancet*, vol. 366, no. 9499, Nov. 2005, pp. 1784–1793, 10.1016/s0140-6736(05)67725-2.
- <sup>15</sup> “Cancer.” *www.who.int*, [www.who.int/mediacentre/factsheets/fs297/en/](http://www.who.int/mediacentre/factsheets/fs297/en/). Accessed 27 Feb. 2021.
- <sup>16</sup> Zhang, Qiu-Li, and Dietrich Rothenbacher. “Prevalence of Chronic Kidney Disease in Population-Based Studies: Systematic Review.” *BMC Public Health*, vol. 8, no. 1, 11 Apr. 2008, 10.1186/1471-2458-8-117. Accessed 30 Nov. 2019.
- <sup>17</sup> “Chronic Respiratory Diseases (CRDs).” *World Health Organization*, 24 Jan. 2019, [www.who.int/respiratory/en/](http://www.who.int/respiratory/en/), [/entity/respiratory/en/index.html](http://www.who.int/entity/respiratory/en/index.html).
- <sup>18</sup> WHO. “Noncommunicable Diseases.” *who.int*, World Health Organization: WHO, 1 June 2018, [www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases](http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases).
- <sup>19</sup> “Alcohol.” *www.who.int*, [www.who.int/news-room/facts-in-pictures/detail/alcohol](http://www.who.int/news-room/facts-in-pictures/detail/alcohol). Accessed 27 Feb. 2021.
- <sup>20</sup> Siegel, Alana. *NAFTA Largely Responsible for the Obesity Epidemic in Mexico* *NAFTA Largely Responsible for the Obesity Epidemic in Mexico Recommended Citation Recommended Citation*. Vol. 50, 2016, [openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=www.ecosia.org/&httpsredir=1&article=1916&context=law\\_journal\\_law\\_policy](https://openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=www.ecosia.org/&httpsredir=1&article=1916&context=law_journal_law_policy). Accessed 27 Feb. 2021.

## 5. COUNTRIES PRESENT IN COMMITTEE

1. Australia
2. Argentina
3. Brazil
4. Canada
5. Chile
6. China
7. Egypt
8. France
9. Germany
10. Indonesia
11. Iraq
12. Japan
13. Libya
14. Mexico
15. Morocco
16. Nauru
17. New Zealand
18. Palau
19. Philippines
20. Russia
21. Saudi Arabia
22. South Africa
23. South Korea
24. Spain
25. Suriname
26. Switzerland
27. United Arab Emirates
28. United Kingdom
29. United States of America
30. Venezuela