

<b>Forum:</b>	Health Committee
<b>Agenda:</b>	On measures to reduce the impacts of non-communicable diseases in low/middle income nations
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## Introduction

Non-communicable diseases (NCDs) kill 41 million people worldwide annually. NCDs include diseases such as but not limited to: cancers, diabetes, cardiovascular diseases, and chronic respiratory diseases. It is shown that 17 million NCD deaths occur before the age of 70 years, and of these deaths, roughly 86% occur in low-middle income (LMIC) nations. The majority of NCDs are known to be influenced by the use of tobacco, poor dietary actions, limited activity, and the abuse of alcohol. Not only do choice of actions influence the risk of NCDs, but NCDs can also be hereditary and passed through parental genes. Social norms, trends, and cultures can further drive the use of tobacco, alcohol, and poor dietary actions, which can result in an abundance of citizens with NCDs in an area.

In LMIC nations, NCDs have had a 10% rise in burdening the citizens needs since 1990. The overwhelming weight of financial costs to provide citizens with NCD healthcare afflict household and daily living resources in LMIC nations. Lifestyle choices alter the risk of obtaining an NCD, but environmental factors such as globalization, urbanization, and industrialization also affect the risk of NCDs. In LMIC nations, environmental factors such as globalization, urbanization, and industrialization are prominent as the nation is undergoing development, resulting in an increase in NCDs amongst citizens. By 2030, deaths are projected to rise to 52 million annually globally.

Global data has indicated that an estimated 80% of NCDs are preventable, but in LMIC nations, the prevention of NCDs is limited compared to those of a more developed nation. NCDs are both a cause and consequence of poverty, especially in LMIC nations. It is estimated that NCDs will cost the world economy 30 trillion US dollars within the span of the next 20 years.

## Key Terms

**Non-Communicable diseases (NCDs):** Refers to a group of conditions that are not caused by pathogens thus not infectious. They can be inherited or influenced by a constant unsustainable habit over a long period of time.

**Low- and Middle-Income Nations (LMIC):** Countries that are defined as those with a GNI per capita of \$1,145 or less in 2023 are classified a low-income country. Countries that are defined as those with a GNI capita between \$1,146 and \$4,515 are classified as a lower middle-income country.

**Infectious:** A condition or disease that is liable to be passed/transmitted to others (people, animals, etc.) throughout an environment. *Communicable; contagious*

**Cardiovascular disease:** A diseases that affects the heart or blood vessels. e.g., stroke, heart attack, high blood pressure, heart failure, etc.

**Chronic respiratory disease:** A disease that affects the lungs or other passage ways of air. e.g., asthma, lung cancer, cystic fibrosis (CF), sleep apnea, etc.

**Diabetes:** A disease that affects the way body cells convert glucose into energy. There are two types of diabetes. Type 1 diabetes refers to the pancreas not being able to produce insulin, whilst type 2 diabetes refers to the pancreas only being able to create some of the insulin from before due to the body's resistant to insulin.

**Burden:** The impact of a health problem, measured/comparative by financial costs, mortality, morbidity, etc.

**Morbidity:** The condition of suffering from an illness; the rate of disease in a population

## General Overview

In general, NCD's effect every nation's citizen. The arising conflict regarding NCDs and its affluence of the impact from cases in LMIC nations are due to 2 major factors. LMIC nations don't have enough resources to provide patients with the efficient and accurate care they require. This results in an increase in demand for higher healthcare, which also drains people's financial situations as treatment is awfully expensive. Moreover, LMIC nations are under a variety of developments, which can create an environment that can gradually cause NCDs in the long run for civilians who are exposed.

The World Health Organization (WHO) has enforced several "Quick Buy" actions to implement a consistent progress in nations towards reaching the UN SDG target 3.4. Two actions amongst the "quick

Buy” policies that nations have started to acquire include: “1. Increasing taxes and pricing on tobacco products, alcohol, and unhealthy foods (high in trans fats, salt and sugar); and 2. banning the advertising and sponsorship (on all platforms including social media) of tobacco products, alcohol, and unhealthy foods (high in trans fats, salt and sugar).” Furthermore, the NCD alliance was created to drive the NCD 2030 agenda forward, ensuring the UN SDG target 3.4 is achieved by its goal date.

There are multiple measures each nation has taken to ensure to limit the cases of NCDs by prevention of its major causes. Despite this, NCDs are still mostly natural diseases that can still occur over time without regards to the environment or the lifestyle choices of an individual, but rather hereditary or simply just unlucky.

### *African nations*

Africa nations, mainly Sub-Saharan Africa, NCDs are more abundant than anywhere else in the world. African nations undergo a plethora of obstacles which in turn affect the populations’ NCD cases. As a LMIC dominated region, financial situations are not ideal, there are rarely any NCD awareness enforced, and health system issues are all major burdens for the NCD affected population. In addition, fast urbanization to the developing region, dietary changes, and a lack of health insurance to middle class citizens all influence the chance of the African population’s exposure to NCDs.

Africa nations are progressing slow regarding NCD goals due to the political instability in certain countries which hinder the vital basic needs of citizens. It is estimated that Africa’s leading death cause will be from NCDs by 2030. This sets the African Union’s (AU) Agenda 2063 Goal 3 back, as there are limited actions taken to progress and work forward. The AU developed the African Health Strategy 2016–2030 to aid in strategic mechanisms towards establishing better healthcare systems. The African government has also recently implemented access services regarding NCDs in both private and public hospitals to ensure all population has the chance to get the care they require. African countries have also taken the initiative to enforce better training to the healthcare workers regarding NCDs to further aid in the survival of Africa’s population. Despite these efforts, according to global data, as of 2019, the WHO revealed that only 36% of African countries contain the crucial medications for NCDs in public hospitals.

Another drawback African nations undergo is the shortage of healthcare workers and facilities. This remains one of the more major complications that African countries are still trying to work past. Africa’s government is working to incorporate smart technologies to assist healthcare workers. The African Union High-Level Panel on Emerging Technologies (APET) is urging the implementation of smart technologies to efficiently upload, inform, diagnose, and eventually help

the population all online. APET is encouraging a surveillance system to allow a platform for citizens who seek medical assistance. This would aid in providing easier access to healthcare for the population, and create a sense of being individual as citizens can be told on how to help themselves.

### *South Asian nations*

In the Southern Asia Region of the World Health Organization (WHO), NCDs comprised approximately 2/3 of the death toll in 2021. The majority of NCD deaths (3.9 million) are from cardiovascular diseases, which are then followed by cases of diabetes, cancer, and chronic respiratory diseases. South Asian NCD leading risk factors comprised mainly of poor dietary actions and the heavy abuse of mainly smoking but also alcohol. Environmental factors also contribute to the risk of NCDs in South Asian countries, including pollution (air and water) and access to healthier food alternatives. Socioeconomic factors play a large role in the population regarding NCDs as those without a stable financial situation may not have access to healthy foods or constant healthcare. Culture, traditions, and societal norms/trends also play large factors on influencing the risks for NCDs in South Asia populations. Countries such as China, Philippines, Thailand, Laos, and Mongolia, have a prevalence of more than 19% of tobacco smoking in 2022. The abuse of smoking tobacco skyrockets the cases of NCD in each country's population.

Prioritizing the most effective interventions, such as technological solutions, is the aim of the NCD implementation roadmap for accelerating prevention and control of NCDs in South-East Asia (2022–2030). Supported by WHO and partners, the SEAHEARTS initiative is a platform that combines tobacco management, salt reduction, and trans-fatty acid removal with better coverage and control of diabetes and hypertension medication through primary health care (PHC). Additionally, South Asian nations recently committed to standardize care for one billion people with diabetes and hypertension by 2025.

### *American nations*

According to the Pan American Health Organization (PAHO), multiple South American countries have high rates on the burden of NCDs. Countries such as Haiti, Guyana, Suriname, Grenada, and Honduras (in its respective order) have between 614.5- 838.7 deaths per 100,000 peoples in its population. Compared to Canada, the lowest deaths per 100,000 population at 301.5; the difference is extremely drastic. Continuously, according to global data by the PRB in collaboration with PAHO, NCDs will be the cause of roughly 81% of deaths in Latin America and Caribbean (LAC) nations by 2030. The PAHO prioritized NCDs after the 1997 World Health Report by WHO which showcased that NCDs was the major cause of half of all deaths worldwide. PAHO's

NCD program started with regional epidemiological analyses, and advocacy and technical assistance on NCD prevention, control, and surveillance.

## Timeline of Events

- 2008      The World Health Assembly adopts the WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases. The policy was to incorporate prevention and control of NCDs into policies across all government departments and increase the importance given to NCDs in national and international development activities, with a particular focus on low- and middle-income nations.
- 2011      The first UN High-level Meeting on NCDs and UN Political Declaration on the Prevention and Control of Non-Communicable Diseases was held in September, following the first Global Ministerial Conference on Healthy Lifestyles and NCD Control (Moscow Declaration) in April. According to the statement, NCDs are a large danger to the economies of many Member States. It reinforced the UN General Assembly's current mandates for global action and coordination on alcohol reduction, physical activity, healthy dietary choices, and tobacco control.
- 2013      The World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. It acknowledged the importance of international cooperation in strengthening national efforts and the key role and duty of governments in addressing the NCD crisis.
- 2017      Following a Global Conference on NCDs hosted by WHO, the Montevideo Roadmap 2018–2030 is developed. To help Member States adopt contextually appropriate actions towards reaching the SDGs, WHO publishes a detailed study titled “Tackling NCDs: 'best buys'” and other suggested interventions for the prevention and control of noncommunicable diseases.
- 2018      Launch of the WHO Global Action Plan on Physical Activity 2018–2030, which offered a framework of policy initiatives and revised recommendations to promote physical activity at all levels. In order to encourage people to consistently stay active throughout their lives

in tune with their abilities, requests had been made for improved regional and national cooperation as well as global leadership.

- 2020 WHO launched the Global Diabetes Compact 2020–2030. It aimed to guarantee that all individuals with diabetes have access to equitable, accurate, cost-effective, and high-quality treatment and care.
- 2021 WHO released its Discussion Paper on the establishment of an implementation roadmap for the WHO Global Action Plan for the Prevention and Control of NCDs 2023–2030.
- 2022 WHO launched the fourth in the series of its NCD Progress Monitor, that features data on 19 indicators for all 194 WHO Member States.
- 2023 WHO launched the Global Alcohol Action Plan 2022–2030 to confront the conflict of alcohol usage and its influence on the risk of NCDs
- 2024 WHO and the UN refugee agency (UNHCR) hosted the Global high-level technical meeting on NCDs in humanitarian settings

## UN Involvement, Relevant Resolutions, Treaties and Events

The UN has multiple initiatives to overcome NCDs and the conflicts it arises to everyone. SDG target 3.4 states: “Noncommunicable diseases and mental health: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being”. This is the main goal that the UN has towards NCDs in all nations. The WHO has implemented “Quick Buy” policy actions to aid in limiting the lifestyle choices that can lead to NCDs. The two most effective Quick Buys in nations currently include:

1. Increasing taxes and pricing on tobacco products, alcohol, and unhealthy food (high in trans fats, salt and sugar); and

2. Banning the advertising and sponsorship (on all platforms including social media) of tobacco products, alcohol, and unhealthy foods (high in trans fats, salt and sugar).

Moreover, after the 2018 third UN high-level meeting regarding NCDs, the 5x5 approach was introduced; an improvement from the past 4x4 approach. Despite there being a deluge of various different NCDs, the 5x5 approach focuses on the main 5 NCDs that cause the largest burden of morbidity and mortality. The 5 NCDs include cancer, cardiovascular disease (CVD), diabetes, chronic respiratory disease, and mental health. There have been several political commitments taken since a boost in NCD burden from 2010. For example, the landmark 2011 UN Political Declaration on NCD Prevention and Control, the 2025 global NCD targets, the WHO Global NCD Action Plan 2013-2020, and the integration of NCDs into 2015 Sustainable Development Goals.

The United Nations interagency task force on the prevention and control of NCDs (UNIATF) aids states fulfill the goals and targets of the 2030 Sustainable Development Agenda by assisting them in reducing the burden of non-communicable diseases, including mental health problems, through the collaboration of intergovernmental organizations and United Nations system agencies.

In addition, in order to accelerate the global NCD response for prevention and control starting in 2025, the Fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases (UNHLM-NCD) will offer a chance to adopt a new, ambitious, and achievable political declaration on NCDs towards 2050 that is grounded in human rights and supported by evidence.

## Possible Solutions

There is a variety of initiatives all nations can take to decrease the toll that NCDs have on their population. Initiatives regarding the implementation of smart/digital technologies in the healthcare force can create a more modern approach. Technology can aid healthcare workers by enhancing the prevention, management, and monitoring the population. Mobile health applications on smart phones, computers, or wearable devices can provide the population with personalized health information. This can include reminders for medication, tracking physical activity, dietary habits, and alarming hospitals when serious health complications arise. Adding mobile clinics can deploy mobile health units to reach remote communities, provide screenings, vaccinations, and health education directly to LMIC nations.

Implementing integrated care models can also developing integrated care pathways that combine primary, secondary, and tertiary care for NCD management, ensuring continuity of care. Also, enforcing data

analytics for public health by utilizing data analytics to identify trends in NCD prevalence and risk factors, enabling targeted interventions and resource allocation amongst citizens are another way the technology can aid in lessening the burden of NCDs.

Not only that, but technology can also help in raising awareness campaigns regarding prevention of NCDs. By encouraging regular physical activity, balanced diets, and smoking cessation through media, community programs, and school initiatives, societal norms can change towards a trend of prevention of NCDs. Offering free or subsidized screenings for hypertension, diabetes, and other NCDs, particularly targeting high-risk populations can also educate and inform citizens about the dangers and risk factors of NCDs. By enlisting community health workers, it can utilize local health workers to educate communities about NCDs, providing resources and support for healthier lifestyle choices.

Enforcing school-based health education by integrating health education into school curriculums to teach children about nutrition, physical activity, and the risks associated with NCDs can teach the younger population and foster the sense of healthy lifestyles from young.

Furthermore, stocking up and providing nations with the needed number of materials for the population with NCDs will help lessen the burden. It was shown that most LMIC nations do not have accurate numbers of needed materials/medications for NCDs, and rather fell short. Solutions regarding a constant respective number of medications/materials distributed to all nations would also aid in helping the population. Moreover, prioritizing the building and equipment of healthcare facilities to facilitate early diagnosis and management of NCDs could also contribute to helping the population. Nations should also implement training programs focused on NCD prevention, management, and patient education to empower healthcare providers in these health facilities.

To continue, governments can also play pivotal roles in reducing NCDs through policy reforms and regulations that aim for creating healthier environments. Governments can establish guidelines to limit advertising of unhealthy foods to children and promoting healthier options in schools and communities. In addition to that, by implementing higher taxes on tobacco products, alcohol, and sugary drinks, the outcome will reduce consumption and generate revenue for health initiatives. Initiatives regarding implementing programs to increase access to affordable, nutritious food in low-income communities can aid in helping LMIC nations to foster healthier, affordable lifestyles. Supporting community-led initiatives that encourage local food production and improve access to fresh fruits and vegetables can also aid in fostering healthy dietary habits amongst the population.

Lastly, by fostering international collaboration between nations and international organizations, the effectiveness of strategies to combat NCDs could enhance. Nations can establish platforms for everyone to share successful NCD prevention and management strategies. Nations can also promote research collaborations focused on understanding the unique challenges faced by LMIC nations regarding NCDs



and developing tailored solutions. Nations can also mobilize international funding to support NCD initiatives in LMIC nations, ensuring that these countries have the necessary resources to implement effective programs. This could also create good ties and relationships between nations, as they work together to help the population fight against NCDs.

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