



American Model United Nations
World Health Assembly

Report to the The General Assembly on
Prevention and Control of
Non-communicable Diseases:
Implementation of the Global Strategy

Table Of Contents

Chapter	Heading	Page
	Executive Summary	2
I.	Matters calling for action by the General Assembly and brought to its attention	3
	A. Draft resolution II/1	
	B. Other recommendations for action	5
II.	Consideration of Prevention and Control of Noncommunicable Diseases: Implementation of the Global Strategy	7
	A. Deliberations	7
	I.. Past Documents	9
III.	Tobacco and Substance Abuse	9
	A. Draft Resolution II/2	9
	B. Deliberations	10
IV.	Education on Prevention and Enviornmental Health Control	
	Consideration of Sustainable Agriculture and Rural Development	11
	A. Draft Resolution II/3	11
	B. Deliberations	12
V.	Infrastructural Development and Technological Innovation	13
	A. Deliberations	13
VI.	Decisions adopted by the Assembly at its 2011 session	14

Executive Summary

At its session held on 19 to 22 November 2011, The World Health Assembly considered the Prevention and control of non-communicable diseases: the implementation of global strategy, as well as the review of relevant United Nations and World Health Organization plans and programs of action pertaining to the situation of non-communicable diseases.

On this topic, the Assembly divided into two subgroups so as to fully address the prevention as well as the control and treatment of non-communicable diseases, taking into account food incentive programs, limiting exposure to tobacco and alcohol, and education and sustainable farming as to decrease the number of deaths attributed to noncommunicable diseases. The Assembly adopted Resolution II/2, focusing on decreasing tobacco use. Furthermore, the body adopted Resolution II/3 which deals with the implementation of food incentives and education on non-communicable diseases. Also discussed was the prevention of the spread of non-communicable diseases in developing nations through education.

The first chapter of this report submits for consideration Resolution II/1, detailing the prevention of non communicable diseases in developing nations through education programs and healthy, sustainable farming; calling for education and health programs to be instated so as to stop the spread of these diseases. The chapter also contain an expression of dissent by several countries in reference to certain points of the report.

The second chapter details previous decisions and adopted goals of the World Health Assembly addressing the prevention of non-communicable diseases caused by tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol. The committee concludes that this problem can be divided into two action plans.

The third chapter presents the resolution concentrating on tobacco and substance abuse and its link to the increase in non-communicable disease that was of high priority in the discussions of this committee.

The fourth chapter submits the committees decision resulting from the dialogue about education on prevention and environmental health control, including the resolution addressing educational health guidelines and local government empowerment and the focusing on exchange of information.

The fifth chapter offers the deliberations of the committee concerning infrastructural development and technological innovation such as clinics and other medical facilities to further education and prevent the spread of non-communicable diseases.

The sixth and final chapter discusses the decisions adopted by the World Health Assembly during the 2011 session.

42 **Chapter I**

43
44 **Matters calling for action by the General Assembly and brought to its attention**

45
46 **A: Draft resolutions for consideration by the General Assembly**

47
48 The World Health Assembly discussed the following Resolution, and presents it to the
49 General Assembly for consideration:

50
51 **Draft Resolution II/1**

52
53 SUBJECT OF RESOLUTION: Prevention and control of noncommunicable
54 diseases: implementation of the global strategy

55
56 SUBMITTED TO: The General Assembly

57
58 *The General Assembly,*

59 *Fully aware* that non-communicable diseases are shown, through substantive
60 research, to be on the rise globally,
61
62

63 *Noting with concern that* citizens of developing nations are at a vastly increased risk
64 for occurrence as well as complications and death from non-communicable diseases in
65 comparison to their counterparts in developed nations,

66 *Bearing in mind that* non-communicable diseases are caused and perpetuated, in large
67 part, by unhealthy lifestyles,

68 *Noting with regret that* with premature passing of the older generations, so passes the
69 "ancestral knowledge" of a traditional, healthy lifestyle and knowledge of living in
70 harmony with the environment and sustainable farming techniques specific to a
71 geographic region,

72 *Recognizing that* Member States are experiencing issues culminating in the
73 perpetuation of unhealthy lifestyles that are replacing traditional, more healthy dietary
74 practices, resulting in devastating effects on health,

75 *Realizing that* many innovations have been introduced in recent years that, despite
76 being new, are very good for the environment and show much promise in helping to
77 decrease risk factors of non-communicable diseases,

78 *Fully aware that* some of the aforementioned innovations also help to create and
79 support sustainable farming techniques that further positively impact the outlook for
80 treating, controlling and preventing non-communicable diseases in developing and
81 developed nations,

82 1. *Encourages* the General Assembly to call for an education program aimed at

reviving traditional knowledge and re-educating developing nations so that they may have the option to return to more healthy, traditional alternatives in order to decrease their current risk factors;

2. Additionally urges integrating newer, innovative technologies and educational approaches that will support the goal of sustainable farming and healthier lifestyles;

3. Further requests that this education program be in various formats so that persons of all educational levels, genders and socioeconomic statuses can benefit and learn from their own heritage and become more healthy as a society.

Failed, Yes: 5 / No: 49 / Abstain: 21

Section B: Other recommendations for action

The Democratic People's Republic of Korea, the Russian Federation, and several other Member States acknowledge that each state knows best what programs it needs to support healthy citizens. It is the opinion of these states that the role of each sovereign nation is essential in the prevention, control, and treatment of noncommunicable diseases. These Member States emphasized this role by supporting the creation and implementation of programs to improve and promote the health of their citizens. These delegations did not support any suggestions that could affect economic conditions in a country, such as taxes or bans on tobacco and alcohol. Furthermore, education citizens is the right of each sovereign state, and should not be influenced by other nations. These Member States respect the opinions of other nations in this assembly, but disagree with these points.

Algeria, Rwanda, South Africa and other nations expressed that the issues specific to the immediate and long term well-being of African nations as a whole, such as malnutrition, which includes both under nutrition and over nutrition, had been largely ignored by this Assembly. Malnutrition, in all of its forms, is a major risk factor for NCDs, such as heart diseases, diabetes, strokes and many more. Malnutrition also is a major contributing factor to premature births and low birth weight which predisposes children to adult obesity and host of NCDs that accompany obesity. In addition, these Member states note that the issue of mental health has not been addressed within the 2011 AMUN WHA report. Psychological issues such as depression and other mental health diseases affect many countries worldwide. However, developing nations lack sufficient resources to adequately respond to and treat them, due to being overtaxed in the resources, focusing what available resources they do have on ailments that are of physical nature.

Spain and many African countries recommend that member states adopt policies that call for regulations on the food industry. These regulations include the reduction of salt content in different products, and also the ban of the usage of saturated fats and other toxins in such products.

Further dissension arose whilst discussing treatment. Several Member States, including but not limited to: Somalia, South Africa, Spain, Guatemala, Kazakhstan, Bahrain, Namibia, Philippines, Russia, Nicaragua, Sweden, Malta, Peru, Algeria, Zimbabwe, Yemen, Poland, Sri Lanka, Uruguay, Nepal, and the Democratic Republic of Congo

126 wished to acknowledge that deleterious effects of malnutrition and related
127 noncommunicable diseases, as it was understood that the topics had not been exhausted
128 within this report.
129
130 Guatemala, Serbia, Chile, and the Russian Federation also expressed concern that the
131 encouragement of environmental regulation by international standards might impose and
132 economic burden upon certain Member States.

Chapter II

Consideration of Prevention and Control of Noncommunicable Diseases: Implementation of the Global Strategy

The four most prevalent Non-communicable Diseases (NCDs): cancer, diabetes, cardiovascular, and respiratory diseases account for three in five deaths worldwide. Furthermore, these diseases cause tremendous socioeconomic damage to developing and developed countries, making this an international issue worth of attention. In 2005, 60% of all deaths globally were due to NCDs. In low and middle income households, 80% of deaths were caused by NCDs, and it is estimated that these figures will increase by 17% over the next decade. While these are frightening facts, an even greater issue is that one third of these deaths can be prevented by eliminating their four main risk factors: tobacco use, physical inactivity, unhealthy diets, and alcohol use.

A. Deliberations

During its 2011 session, the World Health Assembly discussed prevention of noncommunicable diseases and the implementation of the Global Strategy. To address the issue of Noncommunicable diseases and their prevention, the World Health Organization (WHO) adopted the Global Strategy for the Prevention and Control of Noncommunicable Diseases in 2000. A series of initiatives was subsequently adopted to achieve the goals of the Global Strategy. These documents included the Framework Convention on Tobacco Control (April 2000), the Global Strategy on the Diet, Physical Activity and Health (May 2004), and the Global Strategy to Reduce the Harmful Use of Alcohol (2010). In addition, the WHO implemented the Action Plan for the Global Strategy in 2008 for the purpose of combating the issue of NCDs. The goal of this Action Plan was to meet the requirements of six objectives by the year 2013. These objectives include:

- a. To raise a priority accorded to NCDs in development work at global and national levels and to integrate prevention and control of such diseases into policies across all government departments;
- b. To establish and strengthen national policies and plans for the prevention and control of NCDs;
- c. To promote interventions to reduce the main shared modifiable risk factors for NCDs: tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol;
- d. To promote research for the prevention and control of NCDs;
- e. To promote partnerships for the prevention and control of NCDs;
- f. To monitor NCDs and their determinants and evaluate their progress at the national, regional and global levels.

During deliberation, the body addressed the increasing prominence of NCDs,

referencing the United Nations General Assembly meeting on the Prevention and Control of NCDs in September 2011. The meeting addressed the need for Member States to promptly respond to the urgent problem of NCDs. In response to this, the WHA has discussed the following questions:

1. What tools exist to reduce the burden of NCDs at the local, national, and international level?
2. What are the roles of the civil society, the private sector, and NGOs in supporting the Action Plan for the Global Strategy?
3. What are the critical components of national policies on the prevention of NCDs for developed and developing countries?

The body concluded that addressing the issue of NCDs can be broken down into two major plans for action: Policy Development and Prevention Program Development. Identification, diagnosis, and monitoring NCDs within countries are necessary primary steps to address the issue. The WHA suggests that the Stepwise approach or a similar program is extended to nations who have a need for research and data concerning NCDs.

I. Past Documents

For its consideration of this item, the Assembly has before it, the following documents:

- a. The 2000 Global Strategy for the Prevention and Control of NCDs;
- b. The 2003 World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC);
- c. The 2004 Global Strategy on Diet, Physical Activity and Health;
- d. The 2007 Resolution WHA6023 on Prevention and control of NCDs: implementation of the global strategy;
- e. The 2008 WHO Report on the Global Tobacco Epidemic, 2008- The MPOWER Package;
- f. The 2008 Resolution WHA614 on Strategies to reduce the harmful use of alcohol.

216 **Chapter III**

217
218 **Tobacco and Substance Abuse**

219
220 **A: Draft resolutions for adoption by the General Assembly**

221
222 The World Health Assembly recommends to the General Assembly the adoption of the
223 following draft resolution:

224
225 **Draft Resolution II/2**

226
227 **SUBJECT OF RESOLUTION: Prevention and control of noncommunicable**
228 **diseases: implementation of the global strategy**

230 SUBMITTED TO: The General Assembly

232 *The General Assembly,*

234 *Observing* that tobacco consumption is a major cause of life threatening non-
235 communicable diseases (e.g., various cardiovascular diseases and cancers),

236
237 *Noting with concern* that tobacco related deaths account for 5 million deaths each
238 year, and that this number is expected to double within 20 years,

239
240 *Deeply disturbed* by the World Health Organization's (WHO) prediction within the
241 World Health Report 2002, which estimates that by 2030 approximately 70% of smoking
242 related deaths will occur in developing countries,

243
244 *Recognizing* the program, "Thanks a Million," Uruguay's successful tobacco use
245 prevention program, that incorporated strict bans on tobacco product advertising,

246
247 *Alarmed* about the statistic from WHO/NCD/TFI//99.10 that nearly half of all of the
248 world's children breathe
249 air polluted by tobacco smoke,

250
251 *Deeply regretting* that there are over 1 billion smokers in the world as cited by WHO,

252
253 1. *Encourages* Member States to raise taxes on tobacco products in order to curb the
254 purchase of these harmful and addictive substances and to direct this extra revenue to
255 tobacco prevention and/or other educational programs;

256
257 2. *Calls upon* Member States to limit tobacco advertising directed towards children
258 and teens;

259
260 3. *Urges* Member States to implement education programs that teach the harms of
261 tobacco use;

262 4. *Requests* Member States to more strictly enforce their own laws pertaining the

263 legal age to purchase and consume tobacco products;

264
265 5. *Further requests* that Member States require tobacco companies to put graphic health
266 warnings on tobacco product packaging.

267
268 Passed, Yes: 49 / No: 20 / Abstain: 12

269
270 **B. Deliberations**

271
272 The global community recognizes tobacco and alcohol as major health risks and causes
273 for many NCDs. In view of this, there is need to emphasize the regulation of such
274 products. Below are several suggested methods to address the regulation of these
275 substances:

276
277 (a) Increasing regulation of tobacco, through the taxation of manufacturers and
278 consumers as a prevention policy;

279
280 (b) Regulating the quality and content of tar and nicotine in tobacco products;

281
282 (c) Increasing consumer awareness of the content of tobacco products and
283 recommending that manufacturing bodies visually display content information on
284 packages according to the regulations set forth by the FCTC report;

285
286 (d) Encouraging farmers to transition from tobacco farming to other cash crops
287 through the provision of individual-based incentives;

288
289 (e) Enforcing stronger DWI and work drug testing laws;

290
291 (f) Promoting 'Help Quit and Rehabilitation' programs as outlined by the FCTC;

292
293 (g) Implementing trade policies that regulate imports and exports of tobacco and
294 other substance thus promoting healthy human behavior and habits;

295
296 (h) Potential restrictions in public areas;

297
298 (i) Creating programs that would discourage the use of tobacco and alcoholic
299 substances;

300
301 (j) Other methods can be implemented as pertinent to the individual countries;

302
303 (k) Non-effective preventative programs are encouraged to re-evaluate their strategies
304 and plans in order to prove more effective.

308 **Chapter IV:**

309
310 **Education on Prevention and Environmental Health Control**

311
312 **A: Draft resolutions for adoption by the General Assembly**

313
314 The World Health Assembly recommends to the General Assembly the adoption of the
315 following draft resolution:

316
317 **Draft Resolution II/3**

318
319 **SUBJECT OF RESOLUTION: Prevention and control of noncommunicable**
320 **diseases: implementation of the global strategy**

322 SUBMITTED TO: The General Assembly

324 *The General Assembly,*

325
326 *Noting with concern* the continued rise in mortality rates due to the preventable
327 conditions of non-communicable diseases (NCDs),

328
329 *Recognizing* that NCDs are a universal problem that are exacerbated by conditions
330 present in poverty-stricken areas,

331
332 *Welcoming* the discussion within international, national, and local areas in order to
333 address prevention methods concerning NCDs,

334
335 1. *Encourages* the further implementation of food incentive programs in developing
336 areas in order to promote increased enrollment in primary and secondary education,
337 combat malnutrition in low income areas, and create a forum in schools to educate
338 students on healthy lifestyle choices and risks;

339
340 2. *Further resolves* to promote the empowerment of local governments and
341 community based initiatives in order to effectively and transparently funnel outside
342 assistance through local leaders;

343
344 3. *Encourages* a set of health guidelines provided by the United Nations to be
345 implemented voluntarily within national primary school education and to be customized
346 based on specific regional risk factors and cultural values.

347
348 **B. Deliberations**

349
350 The body recommends to national governments the implement of a curriculum on health
351 education. A suggested method is the implementation of a subject of learning for students
352 from the elementary level to the secondary level of education to enforce greater
353 awareness of the nature of diseases and prevention.

354 In recognition of the strong influence that religious institutions, family structure, and

cultural groups have on communities and populations, we also encourage a grass roots approach to information dissemination on basic health issues. This approach would support the involvement of communities, religious leaders and family structures and it will also be assisted by NGOs. Educational policies are also recommended to advocate against the use of tobacco and alcohol.

The body also discussed the development of programs that promote and advance public knowledge and encourage physical activity and proper nutrition. Member States encouraged national governments to include the private sector in the promotion of these topics.

The body further encouraged the free flow of information on a professional level in order to maintain a standard where all health governing bodies and health practitioners are updated on recent issues and topics. In view of this, Member States and Observing Bodies recommended the establishment of an international sharing database for new innovative research and preventative programs that can be accessed and utilized by all Member States. Programs such as the WHO's Stepwise Approach that conduct research and collect relevant data in order to generate a global health account pertaining to NCDs have proven successful in Middle Eastern Member States and can be used as exemplary programs.

The WHA also recognizes that the vicious cycle of poverty and the lack of education play a great role in contributing to NCDs. Therefore, education that focuses on the promotion of healthy lifestyles and proper nutrition is essential to breaking this cycle as well as improving the wellness of both developing and developed nations. Promotion of healthy lifestyles can be accomplished with the involvement of UNICEF, WHO, Doctors Without Borders, UN bodies, and participating Member States.

While most Member states were in general agreement regarding food incentive programs to increase enrollment in primary and secondary education, the Observing body Palestine did not agree to the proposal of such programs. Palestine fully supported the suggestion of incentive programs, but expressed concern with the lack of discussion on the transportation of food for the incentive program.

The body also recognized that environmental agents are one of the primary risk factors to public health issues as well as NCDs. Member States strongly urge that large corporations and companies use sustainable methods of production and effective methods of clean up for these health risk factors. Runoff and pollution are major health risk factors that must be promptly addressed by the General Assembly body.

Guatemala, Serbia, Chile, and the Russian Federation expressed concern that these proposed regulations are problematic considering that many developing nations struggle to have functional governmental bodies to enforce such regulations, not including simply the mitigation of environmental factors.

Chapter V

Infrastructural Development and Technological Innovation

A. Deliberations

The body sought to see significant growth in global healthcare infrastructure, specifically tailored towards nations' needs and backgrounds. These would include services such as mobile health clinics, health centers, and other medical facilities that would develop and address major health issues and access to health care. Instituting clinics that provide primary health care, conduct research, and development diagnosis methods at minimal to no costs and limited infrastructure to deliver basic health is also highly recommended. This can be subjectively applied based on the countries' background and current state. NGOs and governments can collaborate efforts to achieve this goal.

This report proposes regional programs such as the ITFC, CINDI, and CARMEN to continue prevention, education, diagnosis efforts in regions where there is need.

The international community can refer to successful innovative approaches such as the 'traditional stove replacement innovation' to reduce household emissions and risk factors for cardiovascular and respiratory diseases.

It is the understanding of the body that each Member State has the best understanding of their nation's needs and policies, and can best address the proper strategy for addressing those needs within the framework of their policies.

Chapter VI

Decisions adopted by the Assembly at its 2011 session

449

450 Draft Resolution II/2 on Prevention and control of non-communicable diseases: the
451 implementation of global strategy passed within the World Health Assembly by a vote of:
452 Yes: 49 / No: 20 / Abstain: 12.

453

454 This report was adopted by the World Health Assembly by consensus, with 6 abstentions
455 from Member States: Russian Federation, Australia, United States of America, Sri
456 Lanka, Serbia, and Vietnam.