

# CAIMUN 2018

CANADA INTERNATIONAL MODEL UNITED NATIONS



## WHO

# Backgrounder

Topic A: Action to Prevent  
Noncommunicable Diseases



# CANADA INTERNATIONAL MODEL UNITED NATIONS 2018

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Dear Delegates,

Welcome to the World Health Organization at the Canada International Model United Nations 2018! My name is Megan Syho, and I have the absolute pleasure of serving as your Director at this conference. I am a Grade 11 student at Sir Winston Churchill Secondary School and I have been involved in the world of Model UN for quite a while now. I remember in my first ever committee session having been a delegate whom was nervous to speak up, yet before I knew it, I was drawn into this realm of heated debate and politics. Not only has Model UN helped me to establish a greater understanding of the world, but it has also left me with many valuable friendships.

I hope that for both experienced and beginner delegates alike that you will be challenged to think critically and to step outside of your comfort zone this weekend. From the debate and discussion, my goal is to aid delegates in forging new perspectives and in opening dialogue to constructive solutions. As well, I want to offer a supportive environment to ensure that all delegates will have an exciting, engaging experience in this committee.

Serving as your Chair is Justin Del Negro. Justin is a Grade 11 at Saint George's School, he has been involved in Model UN since grade 9. He has a strong passion for debate, politics, and international policy. Outside of Model UN, Justin is a competitive soccer player with a love for hiking, canoeing, rock-climbing and camping. For myself, I personally enjoy participating at business competitions, science fair, and volunteering at many NPO's. Additionally, I love running track & field and playing badminton.

Throughout the weekend we will be discussing two topics; the prevention of noncommunicable disease and how we can aim to improve healthcare in Syria. In order to get the most from this conference, I encourage you all to come prepared with research on your country's foreign policy and the issue at hand. Additionally, position papers are quite useful to summarize your research and allow you to demonstrate your knowledge.

If you have any questions or concerns, please do not hesitate to contact either myself, or my fellow dais members. I look forward to meeting all of you!

Sincerely,

Megan Syho  
Director of WHO

## Committee Description

The World Health Organization, otherwise known as WHO, is a specialized agency of the United Nations currently with 194 Member States. Based in Geneva, Switzerland, the WHO has more than 7,000 employees working in 150 different countries. The fundamental purpose of the World Health Organization is to maintain and bolster international health and to assist its partners in global health responses. Its work is enabled by a 34 member executive board that establishes policies, approves programmes, and oversees administrative plans.<sup>1</sup> The executive board is operated by qualified health experts, usually for three-year terms. WHO carries out its work by providing leadership, shaping health research agendas, setting norms and standards, providing support to countries in need, and monitoring health trends. When health emergencies occur, WHO plays a primary role in treatment, surveillance, and containment.

WHO was formed after the Second World War as a means to improve and maintain global health. World War II had severely increased the rate of disease, the scarcity of essential resources, and the lack of reliable infrastructure in post-war civilization. The constitution of the World Health Organization was signed by 61 countries on July 22nd, 1946.<sup>2</sup> The constitution was very similar to that of its precursor, the Health Organization, an agency of the League of Nations, which was the predecessor to the United Nations. WHO was formed when its constitution officially came into force on April 7th, 1948, a date now known as World Health Day. For over 60 years now, the World Health Organization has remained consistent with its mandate to combat disease, increase immunization rates, improve health education, and ensure the availability of essential drugs. Since 2000, the World Health Organization has prevented over five million deaths.<sup>3</sup>

## Introduction

Noncommunicable - or chronic - diseases (NCDs) have spread to all corners of the globe, establishing themselves as the number one leading cause of deaths in developed and developing countries alike. There are four major types of NCDs: cardiovascular diseases, chronic respiratory diseases, diabetes, and cancer. These conditions all progress slowly and last for years, affecting both men and women almost equally. According to data collected by the World Health Organization in 2008, NCDs led to 36 million out of 57 million global deaths, or 63% of global deaths. These deaths are most frequent in the Americas, the Eastern Mediterranean, Europe, South-East Asia, and the Western Pacific. Reductions in the incidences of many NCDs and their complications are already possible. If major risk factors were addressed, then up to three-quarters of heart disease, stroke, and type 2 diabetes incidents, as well as 40% of cancer cases could be prevented.<sup>4</sup>

Most noncommunicable diseases are the result of four common causes; tobacco use, alcohol abuse, unhealthy diets, and physical inactivity. These trends are correlated with changes in blood pressure, obesity, hyperglycemia (raised blood glucose levels) and hyperlipidemia (elevated cholesterol levels). NCDs had originally been coined diseases of affluence, yet such conditions have recently become more prevalent in the urban areas of low and middle income countries

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as a result of rapid urbanization and increasing globalisation of the food, tobacco and alcohol industries. This in turn makes NCDs intricately linked to poverty and socioeconomic disparity as well. To reverse the epidemic of NCDs and to minimize these four risk factors, the WHO requires engagement from both governments and smaller communities. Aside from the provision of education and healthcare assistance, the WHO must determine proper laws and regulations to support Member States in their efforts to reduce the toll of morbidity. The relentless worldwide spread of NCDs offers an opportunity for low, middle, and high-income countries to join forces in addressing a major global challenge that threatens health and economies alike. Addressing this issue is paramount to building a functioning global society, and to saving millions of lives.

## Timeline

### 1939-1945 - World War II begins in Europe

The Second World War (WWII) was a major transformative event, totalling 39 million deaths in Europe alone. Many events in the war led to adverse long-term effects on the health of survivors. Research shows that adults exposed to war have at least a 3% increased probability of suffering from diabetes, depression, and heart disease than those who haven't.<sup>5</sup>

### December 23rd 1954 - First Successful Transplant Operation

Many medical advancements began to take place during the 20th century. The first successful transplant operation took place on December 23, 1954, in a hospital in Boston. The doctors removed a kidney from one donor and installed it in the body of his identical twin. This event marked a crucial development in surgical medicine.

### 1972 - Development of the Computed Tomography Scan

Another critical medical advancement was the development of the Computer Tomography Scan, also known as the CT scan. The CT scan is an essential tool in providing X-rays and medical ultrasonography. The ability for this scan to see inside the body and determine the cause, extent, or presence of disease has saved countless lives.

### May 20, 2000 - WHO passes the first resolution concerning NCDs

The 53rd World Health Assembly (WHA) adopted a resolution (WHA 53.17) endorsing a WHO Global Strategy to prevent and control NCDs.

### April 2002 - WHO and FAO pledge to Reduce Salt Consumption

The World Health Organization and the Food and Agriculture Organization develop an expert report on Diet, Nutrition and the Prevention of Chronic Diseases. The report calls for salt reduction as a means to reduce the risk of hypertension. It also proposes limiting sugar intake as a means to reduce the risk of diabetes.

### May 2003 - Framework Convention on Tobacco Control (FCTC)

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international treaty negotiated under the auspices of WHO. It was adopted by the World Health Assembly on May 21, 2003, and entered into force on February 27, 2005. This convention was aimed at reducing demand for the supply of tobacco.

### May 2004 - WHO Executive Board approves the Global Strategy on Diet, Physical Activity, and Health

The Global Strategy emphasizes the need to limit the consumption of saturated fats, trans fatty

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5 [www.telegraph.co.uk/history/world-war-two/10584595/World-War-2-left-toxic-legacy-of-ill-health-and-depression.html](http://www.telegraph.co.uk/history/world-war-two/10584595/World-War-2-left-toxic-legacy-of-ill-health-and-depression.html)

acids, salt, and sugars. It encourages individuals to increase their consumption of fruit and vegetables and take part in physical activity. As well, it addresses the role of prevention, policies, education, and communication in combating NCDs.

#### May 2008 - 193 Member States of WHO approve a six-year plan to address NCDs

The 2008-2013 action plan, endorsed at the 61st World Health Assembly in May 2008, sets out six objectives and performance indicators to guide WHO's at national, regional and global levels. The focus is set on low and middle-income countries as well as vulnerable peoples. It raises the priority of NCDs in international development work.

#### July 8th 2009 - Launch of the Global Non-communicable Disease Network (NCDnet)

NCDnet consists of leading health organizations and experts from around the world aiming to fight against diseases such as cancer, cardiovascular disease, and diabetes. The creation of this Network is in direct support of the Objective 5 of the NCD Action Plan.

#### May 2009 - NCD Alliance is formed

The NCD Alliance is a global partnership founded in May 2009 by four international NGO federations representing the four main NCDs - cardiovascular disease, diabetes, cancer, and chronic respiratory disease. The NCD Alliance brings together roughly 900 national member associations to fight non-communicable disease.

#### May 2013 - WHO Global Action Plan for the Prevention and Control of NCDs, 2013-2020

To strengthen federal efforts to address the burden of NCDs, the 66th World Health Assembly endorsed WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020.

#### June 2013 - UNIATF is Established

The United Nations Interagency Task Force on the Prevention and Control of NCDs (UNIATF) was established by the United Nations Secretary-General in 2013 to provide scaled up action across the UN system to support governments to tackle NCDs, particularly in low and middle-income countries. Its terms of reference were adopted by ECOSOC in July 2014.

#### March 9th 2016 - The Convention Secretariat advocates a smoke-free UN campus

The Convention Secretariat contributes to the 2016 ECOSOC report on the work of the Task Force by promoting a smoke-free UN campus. The report calls on UNIATF members to support implementation of Target 3.a of the Sustainable Development Goals (SDGs), which moves to create non-smoking premises.

#### October 10th 2017 - Establishment of the Third High-Level Global Commission on NCDs

Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), announced the establishment of the High-Level Global Commission on NCDs. The announcement came at the 64th Session of WHO's Regional Committee for the Eastern Mediterranean being held in Islamabad from October 9-12. Heads of State and Government and ministers from around the world committed to reducing suffering and death from NCDs.

## Historical Analysis

Noncommunicable diseases have been around for centuries. Historically, NCDs were associated with economic development and were coined "diseases of the rich" or "diseases of affluence". For these diseases, risk factors were attributed to personal lifestyles choices and societal conditions associated with economic development - such as lack of exercise or an unhealthy diet. However, this is no longer the case; the rate of NCDs is rising in low and middle-income countries. The

prevalence of smoking, undernutrition, and overnutrition is higher in low and middle-income countries while physical inactivity is often higher among the wealthy. Affluent countries such as Finland, Taiwan, and South Korea currently have quite a low prevalence of the major chronic diseases. Canada and the United Kingdom have higher death rates from chronic diseases than from communicable diseases; however, the chronic disease toll in these countries is still much lower than those prevailing in many developing countries. Developing countries, such as India and Pakistan, and moderately developing countries, such as Russia and China, are showing higher death rates from chronic disease than communicable disease.<sup>6</sup> In 2005, NCDs were responsible for 50% of the disease burden in 23 high-burden developing countries.<sup>7</sup> It is estimated that 80% of the four main types of NCDs — cardiovascular diseases, cancers, chronic respiratory diseases and diabetes — are now found in low and middle-income countries.

The speed with which unhealthy habits have taken hold in developing countries show little indication of slowing. Urbanization has greatly influenced how people eat. As Western food becomes increasingly available, new habits are arising that include snacking on foods that are higher in fat and starch. With the shift from infectious illnesses to the growing presence of NCDs, developing countries are not seeing enough improvements in their healthcare systems. Lack of access and affordability to preventive care is a major concern as mortality rates continue to rise. Treatments that are cost-effective in developed countries, such as cholesterol-lowering drugs, are unaffordable to those in developing countries. Evidence shows that the burden of NCDs in developing countries increased by almost 30% between 2000 and 2015 and cardiovascular disease is the main contributor to this increase.<sup>8</sup> NCDs represent globally the single largest cause of mortality in people of working age, and their incidences in younger adults are also substantially higher in poor countries of the world than in the rich. Still now, the international-assistance community provides minimal resources for the control of NCD in poor countries, partly, at least, because NCDs continue to be wrongly perceived as predominantly diseases of the better off.

## Cardiovascular Diseases

Cardiovascular diseases (CVDs) are diseases related to the heart and blood vessels. Of the four major types of NCDs, CVDs are the number one cause of death. More people die annually from CVDs than from any other cause. In 2015, approximately 17.7 million people lost their lives to CVDs. This number represents 31% of global deaths. Of these deaths, an estimated 7.4 million deaths were due to coronary heart disease and 6.7 million were due to stroke.<sup>9</sup> Heart attacks and strokes are (usually) acute events that are caused by a blockage of blood to the heart or brain. The most common reason for the occurrences of heart attacks and strokes is due to a buildup of fatty deposits on the inner walls of blood vessels that supply blood to the heart or brain. Strokes can also be caused by bleeding from a blood vessel in the brain or from blood clots. This buildup of fat and hemorrhage occur in people who have a sedentary lifestyle; thus, physicians recommend to stay active and exercise regularly.

6 Nugent, Rachel. "Center for Global Development." *Chronic Diseases in Developing Countries Health and Economic Burdens* (n.d.): 1-10. Print.

7 Nugent, Rachel. "Chronic Diseases in Developing Countries: Health and Economic Burdens." PubMed.gov. NCBI, 2008. Web. 10 Mar. 2018.

8 "THE NEXT PANDEMIC? Non-communicable Diseases in Developing Countries." *The Economist*. The Economist Newspaper, 2017. Web. 13 Jan. 2018.

9 [www.who.int/mediacentre/factsheets/fs317/en/](http://www.who.int/mediacentre/factsheets/fs317/en/)

## Chronic Respiratory Diseases

Chronic respiratory diseases are diseases that affect different parts of the respiratory system. These diseases are often treatable but not curable. Some of the most common types of chronic respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD), occupational lung disease, and pulmonary hypertension. These diseases are most common in economically developed countries. It is thought that the increase of wealth allows consumers to purchase products like tobacco. In addition, the increase of wealth is often linked to urbanization, which is known to cause polluted air. One of the types of chronic respiratory diseases, chronic obstructive pulmonary disease, is the fourth leading cause of morbidity and mortality in the USA and now kills about 113,000 Americans annually. Approximately fifteen million Americans have been diagnosed with COPD.<sup>10</sup> One of the most notable causes of COPD and lung cancer is cigarette smoking. Likewise, the early 90's saw a dramatic increase in youth smoking which have led these individuals to grow up and develop a whole host of health issues, including chronic respiratory diseases.

## Diabetes

Diabetes describes a group of metabolic diseases to which a person's ability to produce or utilize insulin is impaired and results in high blood glucose levels. There are two types of diabetes, Type 1 and Type 2. With Type 1 diabetes, the pancreas does not produce insulin. Without insulin, too much sugar stays in the blood. Similarly, in Type 2 diabetes, the body does not use insulin well. Physicians began to realize that dietary changes could help manage diabetes during the 1700s and 1800s. This discovery prompted doctors to direct their patients towards healthier diets that featured lower levels of trans-fat and sugar. In 2013, it was estimated that globally, over 382 million people had diabetes.<sup>11</sup> Currently, diabetes is most prevalent in Southern United States, and on a global scale, patients diagnosed with diabetes has nearly quadrupled since 1980.

## Cancer

Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread towards other parts of the body. In 2015, 90.5 million people had cancer. Cancer is the fourth leading cause of death in the Eastern Mediterranean. It kills more people prematurely than HIV, malaria and TB combined. The effect of a rise in premature deaths is a growing economic issue. In the United States, cancer is the second most common cause of death after heart disease. In perspective, cancer causes about 1 in 4 deaths in the US. Tobacco use leads to 22% of cancer fatalities. Another 10% are due to obesity, poor diet, and excessive drinking of alcohol. Ever since the start of cancer research on February 4, 2002, there have been many new cures and technological advancements to help treat these diseases. Even then, treatments for cancer can have impacts on a patient's physical and emotional health. A patient may experience depression, fatigue, pain, or even changes in appetite.

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<sup>10</sup> [www.encyclopedia.com/medicine/diseases-and-conditions/pathology/chronic-respiratory-diseases](http://www.encyclopedia.com/medicine/diseases-and-conditions/pathology/chronic-respiratory-diseases)

<sup>11</sup> [www.medicalnewstoday.com/info/diabetes](http://www.medicalnewstoday.com/info/diabetes)

## Current Situation

*“The rise of chronic noncommunicable diseases presents an enormous challenge. For some countries, it is no exaggeration to describe the situation as an impending disaster; a disaster for health, for society, and most of all for national economies. [...] They cause billions of dollars in losses of national income, and they push millions of people below the poverty line, each and every year.”*<sup>12</sup> - WHO Director-General, Dr. Margaret Chan

*“We urgently need new approaches and action on a dramatically different scale if we are to stop people dying unnecessarily from noncommunicable diseases,”*<sup>13</sup> - WHO Director-General, Dr. Tedros Adhanom Ghebreyesus

## Situation in Developed Countries

NCDs are prevalent in developed countries as many of the common diseases are related to affluence. In developed countries such as the United States, the leading cause of deaths is from NCD. The four leading causes of NCDs, tobacco use, alcohol abuse, unhealthy diet, and physical inactivity, tend to be correlated with economic prosperity. In comparison to the households of those in developing countries, families in developing countries have more disposable income that can be used to purchase products like tobacco and alcohol. This continuous use of tobacco eventually leads to NCDs such as chronic respiratory disease. For alcohol use, this situation is similar as well. With regards to physical inactivity, individuals in developed countries spend more time not moving at all. Common sedentary activities include eating while sitting, watching television, talking on the phone, and using a computer. Households in developing countries do not often have these technological advancements that indirectly encourage a sedentary lifestyle. Reports from the United States estimate that risk of physical inactivity is responsible for 12% of type 2 diabetes and 22% of coronary heart disease. In the United States, 16% of the population smokes, and 43% are physically inactive; these Americans are at a higher risk for NCDs.<sup>14</sup> Another risk factor for NCDs would be in urbanization, as this contributes to changing physical activity and dietary patterns. For people living in urban areas, they would be inclined to use advanced transportation methods instead of walking. These methods of transportation provide people with easier access to the options of unhealthy manufactured foods. In developed countries especially, the effects of urbanization are quite prevalent.

## Situation in Developing Countries

In recent years, NCDs have become a global phenomenon with disproportionately higher rates in low and middle income countries. As 80% of NCD related deaths occur in low and middle-income countries, the fragile health systems of developing nations are struggling to meet the population’s most basic health needs. This is a major concern as the mortality rate will continue to rise if countries are unable to keep up with their population needs. A family or individual may also lack the income necessary for their expenditures for treatment. Hence, one of the

<sup>12</sup> [www.medicalnewstoday.com/articles/223509.php](http://www.medicalnewstoday.com/articles/223509.php)

<sup>13</sup> [www.who.int/mediacentre/news/statements/2017/ncd-commission/en/](http://www.who.int/mediacentre/news/statements/2017/ncd-commission/en/)

<sup>14</sup> Lee, I-Min, Eric J. Shiroma, Felipe Lobelo, Pekka Puska, Steven N. Blair, and Peter T. Katzmarzyk. “Impact of Physical Inactivity on the World’s Major Non-Communicable Diseases.” *Lancet*. U.S. National Library of Medicine, 21 July 2012. Web. 20 Mar. 2018.

most devastating and apparent repercussions would be a further rise in poverty. For the millions struggling with poverty, a vicious cycle ensues. Poverty contributes to NCDs and this then goes on to exacerbate poverty. Unless the issue of NCDs is aggressively confronted, the global goal of reducing poverty will not be achieved. Studies show how poverty is linked to tobacco use. In many low-income countries, spending on tobacco represents 10% of total household expenditure. Due to the substances' highly addictive properties, its continuous use by individuals contributes to the increasing rate of preventable deaths from NCDs. As mentioned previously, urbanization is a risk factor for NCDs. Indoor air pollution is a problem in developing countries where inefficient cooking stoves result in increased smoke exposure. Current projections indicate that by 2020 the most substantial increases in NCD mortality will occur in Africa and other low and middle-income countries.<sup>15</sup> In developing countries, the deaths from infectious diseases are still higher than NCDs, but the prevalence of NCDs will continue to rise rapidly. People with NCDs are more vulnerable to infectious diseases, such as tuberculosis and community-acquired pneumonia. This leads to poorer outcomes for the people associated with these complications.

## The Global Economy

NCDs have a major impact on men and women of working age and their elderly dependents. They result in lost income, lost opportunities for investment, and overall lower levels of economic development. According to the World Economic Forum 2009 report, NCDs are among the most severe threats to global economic development; potentially more detrimental than fiscal crises, natural disasters, or pandemic influenza. Evidence shows that 15 million of the 36 million deaths attributed to NCDs occur between the ages of 30 and 69 years.<sup>16</sup> With such a large proportion of these deaths occurring at the working age, this presents an enormous economic challenge for the global economy. The chronic nature of NCDs means patients are sick, suffer longer, and require more medical care. Consequently, family members often have to care for loved ones, resulting in additional lost productivity and wages. It is projected that in the next ten years, China, India, and Britain will lose \$558 billion, \$237 billion, and \$33 billion, respectively, in national income as a result of largely preventable heart disease, strokes, and diabetes. In the United States, cardiovascular disease and diabetes together cost the country \$750 billion annually.<sup>17</sup> In 2011, the World Economic Forum estimated that the combined global economic impact of cardiovascular disease, chronic respiratory disease, cancer, diabetes, and mental health would reach over \$47 trillion USD in the next 20 years.<sup>18</sup> NCDs have a large impact, undercutting productivity and boosting healthcare outlays. Moreover, the number of people affected by NCDs is expected to rise substantially in the coming decades, reflecting an ageing and increasing global population. If no efforts are made to prevent and control NCDs countries around the world will suffer from economic slowdown.

## Funding and Action

Public and private financing of clinical services to reduce the NCD burden is a major challenge. According to the Global Burden of Disease data, NCDs cause 28 times more deaths than HIV but receive 17 times less funding.<sup>19</sup> However, keep in mind that prevention cannot be achieved simply

15 "Burden: Mortality, Morbidity and Risk Factors." WHO (2010): 1-23. Print.

16 [www.who.int/mediacentre/factsheets/fs355/en/](http://www.who.int/mediacentre/factsheets/fs355/en/)

17 [www.nejm.org/doi/full/10.1056/NEJMp1002024#t=article](http://www.nejm.org/doi/full/10.1056/NEJMp1002024#t=article)

18 [www.medicalnewstoday.com/articles/234590.php](http://www.medicalnewstoday.com/articles/234590.php)

19 [www.sciencedirect.com/science/article/pii/S2210600616301009](http://www.sciencedirect.com/science/article/pii/S2210600616301009)

by spending more. Governments need to ensure that implementation of a new policy or measure is effective. It is important to invest in implementation research to monitor the effectiveness of new programs and measures. Another issue regarding funding would be in having governments prioritizing public health goals over trade. In making this decision, the private sector has influence on the government. For instance, governments may feel as if the benefits of imports and exports of tobacco outweigh the goal of limiting citizen access to these substances. The scope and scale of public health law reform for NCDs in each country will reflect the balance struck between prevention and treatment.

## UN/International Involvement

### Role of the World Health Organization

There have been numerous measures that the WHO and organizations associated with the UN have taken to monitor and maintain health. At the time of its establishment, WHO's main priorities included malaria, women's and children's health, tuberculosis, venereal disease, nutrition, and environmental pollution. Today, its agenda has been expanded to include newer issues such as the control and prevention of NCDs. The ideas of the control and prevention of NCDs have been debated for some time. In 2000, WHO passed their resolution endorsing a WHO Global Strategy to prevent and control NCDs.

During May 2008, at the 61st World Health Assembly, 193 Member States of the WHO approved a six-year plan to address NCDs. The plan set out six objectives to guide the work of the WHO on national, regional, and global levels. Many of the goals have a focus towards low and middle-income countries as well as vulnerable demographics. In 2013, the WHO approved another 17 year plan to address NCDs. The plan has several targets some of which include; reduce deaths by 25% percent by 2025, reduce tobacco use in persons above 15 years by 30%, reduce the harmful use of alcohol by 10%, reduce the prevalence of insufficient physical activity by 10%, and achieve an 80% availability of medical supplies.<sup>20</sup> Refer below for the full nine global NCD targets.

Just recently on October 10, 2017, Dr. Tedros Adhanom Ghebreyesus announced the establishment of a new High-level Global Commission on NCDs at the 64th Session of WHO's Regional Committee for the Eastern Mediterranean. This third meeting will assess countries' progress in meeting the target of reducing premature NCD deaths. Following closely after, on October 18 - 20, 2017, there was a WHO Global Conference on NCDs held at Montevideo, Uruguay. The document, called "The Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority", will guide global preparations for next year's UN General Assembly High-level Meeting on NCDs. The Montevideo Roadmap identifies a range of challenges faced by the issue of NCDs.<sup>21</sup> Firstly, there is the challenge of uneven and insufficient progress to reduce premature deaths from NCDs. If prevention and control efforts were to fail, it is important to identify whether failure had been due to an intervention being ineffective or whether it was deployed incorrectly. Secondly, another challenge is the influence the private sector would have on governments leading them to prioritize trade over public health goals. If a government were to

<sup>20</sup> [www.who.int/mediacentre/news/releases/2017/reduce-noncommunicable-diseases/en/](http://www.who.int/mediacentre/news/releases/2017/reduce-noncommunicable-diseases/en/)

<sup>21</sup> "MONTEVIDEO ROADMAP 2018-2030 ON NCDs AS A SUSTAINABLE DEVELOPMENT PRIORITY." WHO Global Conference on Noncommunicable Diseases (2017): 1-12. Print.

illicit the trade of tobacco products for the prevention of NCDs, this would mean the government risks losing revenue from imports and exports. Lastly, there was the concern of a lack of high-level political leadership to ensure that health promotion and NCD prevention and control are part of all areas of government policy. In the upcoming months of 2018, the UN General Assembly will be staging this third High-level Meeting on the prevention and control of NCDs.

### The 9 Voluntary Global NCD Targets developed by WHO to be met by 2025<sup>22</sup>

1. A 25% reduction in the risk of premature mortality from CVDs, cancer, diabetes, and chronic respiratory diseases.
2. A 10% reduction in the harmful use of alcohol.
3. A 10% reduction in prevalence of insufficient physical activity.
4. A 30% reduction in mean population intake of salt/sodium.
5. A 30% reduction in prevalence of current tobacco use in persons aged fifteen up.
6. A 25% reduction in the prevalence of raised blood pressure.
7. Halt the rise in diabetes and obesity.
8. At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes.
9. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.

### Sustainable Development Goal 3

Adopted in 2015 by all member-states of the United Nations, the Sustainable Development Goals include an NCD target and several risk-factor-related targets for achievement by 2030 under SDG 3. It states to “ensure healthy lives and promote well-being for all at all ages.”<sup>23</sup> Within this goal, the target includes reducing premature mortality from NCDs by one-third through prevention, treatment, well-being and mental health.

### Global Non-communicable Disease Network (NCDnet)

The Global NCDnet consists of leading health organizations and experts from around the world that work to fight against NCDs. The creation of the Global Noncommunicable Disease Network (NCDnet) was in direct support of the Objective 5 of the NCD Action Plan that calls upon Member States, WHO, and international partners and other stakeholders to promote partnerships for the prevention and control of NCDs. Several goals of the NCDnet include increasing collective advocacy, resource availability, financial capital, human capital, global action, regional action, and contributions to strengthening national capacity. The NCDnet First Global Forum took place on February 24, 2010.

### NCD Alliance

The NCD Alliance was founded in 2009 by the International Diabetes Federation (IDF) CEO Ann Keeling. It was developed to unite the 2,000 civil society organisations in more than 170

<sup>22</sup> [www.who.int/nmh/ncd-tools/definition-targets/en/](http://www.who.int/nmh/ncd-tools/definition-targets/en/)

<sup>23</sup> [sustainabledevelopment.un.org/sdg3](http://sustainabledevelopment.un.org/sdg3)

countries. The NCD Alliance is dedicated to improving NCD prevention and control worldwide and works together with the WHO, the UN, and various governments. Over the last few years, the NCD Alliance global campaigns have contributed to two important step changes in the history of the NCD response. The UN High-Level Review on NCDs in July 2014 shifted the dial from global commitments to national action and implementation. As well, the NCD Alliance secured NCDs as a priority when the 2030 Agenda for Sustainable Development was adopted, in September 2015. Their current work is based on four strategies that aim to drive progress towards the globally agreed goal of a 25% reduction in premature NCD mortality by 2025.<sup>24</sup>

## The United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF)

The United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF) was established by the UN Secretary-General in 2013 to provide scaled up action across the UN system to support governments, in particular in low and middle-income countries to tackle noncommunicable diseases.<sup>25</sup> They coordinate the activities of relevant UN organizations and other intergovernmental organizations to meet high-level commitments in responding to NCDs.

## The Food and Agriculture Organization and Other NGOs

In the past, the WHO has worked together with the Food and Agriculture Organization (FAO) to develop an expert report on Diet, Nutrition and the Prevention of Chronic Diseases. The report calls for salt reduction to reduce the risk of hypertension and it also proposes limiting free sugar intake to reduce the risk of diabetes.<sup>26</sup> The report was formally launched in Rome on 23 April 2003, by the WHO Director-General Dr. Gro Harlem Brundtland, and the FAO Director-General Jacques Diouf. With regards to action on a global level, NGOs have grouped to collectively support global tobacco control efforts and, more recently, broaden NCD prevention control by providing a robust platform for advocacy and action.

## Potential Solutions

When searching for solutions, it is important that realistic, sustainable goals and guidelines are set. NCDs are easily preventable through cost-effective, high impact interventions. The WHO, private sectors, governments and the smaller community all need to come together to develop proper measures to the prevention and control of NCDs. The solutions listed below should all be debated upon in committee session; however, delegates are also encouraged to think of unique solutions.

### Laws and Reductions

The implementation of laws, bans, or reductions for certain products helps to decrease the number of those affected by NCDs. In economically developed countries, governments can aim to reduce the consumption of tobacco and alcohol through the excise taxation of these products. Higher

<sup>24</sup> Alwan, Aladin A. S., and Tsouros Agis. Global Status Report on Noncommunicable Diseases 2010. World Health Organization, 2011.

<sup>25</sup> [www.who.int/ncds/un-task-force/en/](http://www.who.int/ncds/un-task-force/en/)

<sup>26</sup> [www.who.int/dietphysicalactivity/publications/trs916/en/](http://www.who.int/dietphysicalactivity/publications/trs916/en/)

prices will discourage citizens to spend and this also helps to raise awareness to the dangers of drinking and smoking. Another means of prevention is to implement bans on tobacco and alcohol advertising, especially on those directed at teenagers. As well, smoke-free public spaces will lessen the chance of smokers and persons exposed to secondhand smoke. Exposures to secondhand smoke and marketing of junk food to children are two areas of enhanced disease risk where personal freedom is limited. With regards to reductions, Argentina, Brazil, Chile, Canada, Mexico and the USA have all promoted salt reduction in packaged foods and bread.<sup>27</sup> Companies in the food industry are encouraged to check the amount of salt and sugar levels in their products. In one example, Hungary passed a law to tax food and drink components with a high risk for health, such as sugar, salt, and caffeine. A year later, 40% of manufacturers changed their product formula to reduce these taxable ingredients.

## Community-Level Interventions

Reversing the epidemic of NCDs is not only a key responsibility of all of government; it also requires engagement from civil society and the business sector. The private sector can make a decisively important contribution to addressing NCD prevention challenges. Companies should work closely with governments to promote healthy lifestyles and implement action to promote healthy diet through the following means: reformulation to reduce salt, trans-fat and sugar in their products; ensuring responsible marketing; and helping to make NCD essential medicines more affordable and accessible. Companies should also adopt and strengthen programmes to improve the health and well-being of their employees through workplace health promotion and specific NCD prevention schemes. Virtually all industries can help to reduce pollution and promote healthy lifestyles.

## Strengthening Healthcare Systems

Expenditure for the treatment of NCDs can be quite costly over time, especially since most NCDs last for years. The cost of treatment would also depend upon the facility, whether it is in the private or public sector. In US Dollars, the most expensive treatments in a Kenyan hospital were stroke admissions ranging at about \$1,874 to \$16,711, dialysis for chronic kidney disease ranging \$5,338 to \$11,024, and cervical and breast cancer treatment cost ranging \$1,500 to \$7,500.<sup>28</sup> Families especially in low and middle-income countries are unable to afford these costs. Even for those that can pay off the expenses, over time they may find themselves in poverty. For these reasons, it is important to realize how strengthening healthcare systems is vital to patient recovery and well-being. In Brazil, the NCD mortality rate is dropping 1.8% per year due in part to the expansion of primary health care.<sup>29</sup>

## Surveillance, Research, and Monitoring of NCDs and their Determinants

The ongoing systematic collection and analysis of data to provide appropriate information regarding a country's level of NCD disease is known as NCD surveillance. It is important to study the population groups at risk and gather estimates of NCD mortality, morbidity, risk factors and determinants. Over time, this can help to track health outcomes and risk factor trends. Surveillance is critical to providing the information needed for policy, programme development, and appropriate legislation, as well as to support the monitoring of progress made in implementation. Implementation research is the study of methods to uptake interventions into routine practice. This kind of research is important to determine how a new policy or

27 [www.who.int/mediacentre/news/releases/2015/noncommunicable-diseases/en/](http://www.who.int/mediacentre/news/releases/2015/noncommunicable-diseases/en/)

28 Subramanian, Sujha. "Cost and Affordability of Non-communicable Disease Screening, Diagnosis and Treatment in Kenya: Patient Payments in the Private and Public Sectors." PLOS ONE. Public Library of Science, 5 Jan. 2018. Web. 13 Jan. 2018.

29 [www.who.int/mediacentre/news/releases/2015/noncommunicable-diseases/en/](http://www.who.int/mediacentre/news/releases/2015/noncommunicable-diseases/en/)

intervention for NCDs may be used in real-life settings. When prevention and control efforts fail, implementation research can also help to identify whether failure was due to a policy intervention being ineffective in the setting or whether a good policy or intervention was deployed incorrectly.

## Education and Awareness

Education ministries need to ensure that youth are well informed and taught how to make healthy choices. Schools should encourage healthy food choices and allow opportunities for play and recreation to students. For many families in poverty, healthy food is not readily obtainable. Programs with regards to nutrition education and physical education should be made available to support these families. Countries should also aim to implement public awareness programmes on diet and physical activity. By promoting public awareness on NCDs, countries enable individuals to take proper precautions and measures to ensure their own well-being. This will help to bring light to the situation on NCDs and encourage more action to be undertaken by individuals and related groups.

## Tobacco

One vital step is for all countries to follow trailblazers like Uruguay that have ratified the protocol to eliminate the illicit trade in tobacco products. Tobacco is highly addictive, and it kills about 6 million people each year. It is expected that as this number increases to 7.5 million, it will account for 10% of all deaths worldwide. Governments must make an effort to try and encourage individuals to reduce their use of tobacco as the deaths caused by this substance are largely preventable. Recent studies show that smoking and other forms of tobacco use are much higher among the poor. Spending on tobacco products often represent more than 10% of total household expenditure in these low-income countries.<sup>30</sup> As a result, families have less expendable income for necessities such as food, education and health care. Turkey was the first country to implement measures recommended by the WHO for tobacco reduction. In 2012, the country increased the size of health-warning labels to cover 65% of the total surface area of each tobacco product. Tobacco taxes are currently 80% of the total retail price, and there is a total ban on tobacco advertising, promotion and sponsorship nationwide. As a result, Turkey saw a 13.4% relative decline in smoking rates from 2008 to 2012.<sup>31</sup> This isn't nearly as high of a reduction needed to solve the issue of tobacco use.

## Bloc Positions

Ultimately, the goal of all countries is very similar in that they wish to prevent and control the pandemic of these NCDs. However, countries will have different perspectives on issues and methods of implementing these interventions. It is also important to realize that countries may belong to more than one bloc.

## Countries with Strong Healthcare Systems

Countries in this bloc include many wealthier countries such as the United States, France, Germany, and Australia. These countries are willing to lend their expertise and participate in international efforts to prevent and control NCDs. They also contribute financially and help in the monitoring of NCDs and research for implementation. With stronger healthcare facilities and development, they can contribute to the control and prevention of NCDs in other countries. In order to lessen

<sup>30</sup> "Poverty." WHO. World Health Organization, 2018. Web. 15 Jan. 2018.

<sup>31</sup> [www.who.int/mediacentre/factsheets/fs339/en/](http://www.who.int/mediacentre/factsheets/fs339/en/)

the occurrences of the four risk factors, these countries may focus on educating their youth. Often technologically advanced, these countries would continue to advocate and maintain the development of support networks and methods of communication around the world. Already, countries like Canada and the USA have promoted salt reduction in packaged foods and bread.

## Developing Countries and Impoverished Nations

Countries in this bloc include many African and Southeast Asian countries such as Russia, China, India, and Pakistan. These countries are still in a developmental phase regarding their countries' healthcare systems and may have poor living conditions, communities, and access to basic necessities. Countries in poverty require the help of other nations to use resources provided to them sustainably. This bloc also faces aspects of poverty and the impact of economic slowdown. In South America, Uruguay has already ratified the protocol to eliminate the illicit trade in tobacco products.<sup>32</sup> As countries in this bloc are faced with poverty, governments may not be willing to sacrifice the potential profits that can be made from the trade of alcohol and tobacco in order to improve the health of their citizens. It is important to keep in mind the unique needs of this group of people when creating a solution.

## War-Torn Nations

Countries in this bloc include countries such as Syria, Afghanistan, Iraq, Ukraine, and Yemen. These countries are unable to focus on healthcare due to the violent conflicts occurring in their region. In countries such as Syria, the healthcare system has collapsed, and infrastructure is completely destroyed. Governmental forces target medical facilities and health personnel making it extremely difficult for patients with both communicable and noncommunicable diseases to get the proper treatment needed. Due to a lack of access to these medical facilities, diseases that could have been prevented by physicians instead become death sentences. Currently, the majority of casualties are a result of the airstrikes and bombings. Countries in this bloc require more than just the support of other nations. It will take years to rebuild their healthcare system.

## Totalitarian Regimes

Countries in this bloc include countries such as Saudi Arabia, Sudan, and the Democratic People's Republic of Korea. Citizens living within these totalitarian regimes are often neglected basic healthcare services as the government has complete political, social, and cultural control over individuals. According to data from the World Health Organization, the Democratic People's Republic of Korea had spent less on healthcare per capita than any other country in 2009. Meanwhile, in Sudan, there is an uneven distribution of the health workforce. For countries in this bloc, the government plays a key role in being able to control and prevent the deaths caused by NCDs. If the government decides to take little to no action, not much will be done to help individuals in need.

## Discussion Questions

1. How do NCDs affect your country? Economically?
2. What negative ramifications of NCDs most impact your country?
3. How can developing and developed nations come together to tackle NCDs?
4. What are the major causes of NCDs in your country? In what ways can your country reduce these causes?

32 [www.who.int/fctc/mediacentre/news/2014/uruguay/en/](http://www.who.int/fctc/mediacentre/news/2014/uruguay/en/)

5. What actions has your country previously taken to prevent NCDs?
6. Where in your country are NCDs most prevalent? Why?
7. What are some ideal methods that can be used to prevent and control NCDs in your country?
8. What needs to change to get the international community on track to meet the 9 Global NCD Targets by 2025?
9. What are the main barriers to the prevention and control of NCDs in your country?
10. What work can be completed on a community level and how can a meaningful relationship be created between communities and international bodies?

## Further Resources

- 2010 Global Status Report on Noncommunicable Diseases: [http://www.who.int/nmh/publications/ncd\\_report\\_full\\_en.pdf](http://www.who.int/nmh/publications/ncd_report_full_en.pdf)
- 2014 Global Status Report on Noncommunicable Diseases: [http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf)
- 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases: [http://apps.who.int/iris/bitstream/10665/44009/1/9789241597418\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44009/1/9789241597418_eng.pdf)
- 2013-2030 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases: [http://www.who.int/nmh/publications/ncd\\_action\\_plan\\_en.pdf](http://www.who.int/nmh/publications/ncd_action_plan_en.pdf)
- Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority: <http://www.who.int/conferences/global-ncd-conference/Roadmap.pdf>
- Noncommunicable Diseases Country Profiles 2014: [http://apps.who.int/iris/bitstream/10665/128038/1/9789241507509\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/128038/1/9789241507509_eng.pdf?ua=1)
- A guide to implementation research in the prevention and control of noncommunicable diseases: <http://apps.who.int/iris/bitstream/10665/252626/1/9789241511803-eng.pdf>
- Noncommunicable Diseases Video & Description: <https://www.youtube.com/watch?v=fK1SH3X2ek>

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