

The Global Rise of Non-Communicable Diseases and Preventive Strategies

WHO (World Health Organization) HS

I. Introduction

Non-communicable diseases—primarily cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes—are now the world’s leading killers. WHO estimates that NCDs accounted for roughly three-quarters of all global deaths, with tens of millions of lives lost in 2021 and a heavy burden borne by low- and middle-income countries (LMICs). Premature deaths (before age 70) remain unacceptably high. These deaths are largely driven by modifiable risk factors: tobacco use, harmful use of alcohol, unhealthy diet (especially excess sodium and ultra-processed foods), physical inactivity, and air pollution. Effective prevention is both feasible and cost-effective—and urgently needed.

II. Historical Context

The recognition of NCDs as a growing global crisis emerged prominently in the early 2000s, when declines in infectious disease mortality in many regions were accompanied by steep increases in chronic diseases. This led to landmark events such as the 2011 UN High-Level Meeting and its Political Declaration, which positioned NCDs as a development challenge requiring multisectoral cooperation. The WHO Global Action Plan for the Prevention and Control of NCDs (2013–2020) was adopted to provide strategic guidance and measurable targets; in 2019, the plan’s timeline was extended to 2030 to align with the Sustainable Development Goals, particularly Target 3.4, which aims to reduce premature NCD mortality by one-third by 2030. Alongside this, WHO introduced its evidence-based “Best Buys”—a menu of the most cost-effective interventions—which was expanded in 2023 and consolidated in a 2024 update to help countries choose high-impact prevention measures.



III. International Response

International action on NCDs combines legal frameworks, technical guidance, and programmatic support. In tobacco control, the WHO Framework Convention on Tobacco Control (FCTC) became the first global public-health treaty, supported by the MPOWER package to operationalize its provisions through measures such as raising taxes, banning advertising, and creating smoke-free environments. Alcohol policy has been guided by the SAFER initiative, introduced in 2018, which recommends a set of cost-effective strategies to curb harmful consumption. To combat unhealthy diets, WHO released global sodium benchmarks in 2021 and updated them in 2024, providing concrete targets for food reformulation and encouraging national-level regulation. Physical activity promotion has been driven by the Global Action Plan on Physical Activity 2018–2030, which encourages active urban design, safe walking and cycling infrastructure, and school-based initiatives. Strengthening primary health care has also been essential, with WHO’s Package of Essential NCD Interventions (PEN) and the HEARTS technical package providing standardized, cost-effective protocols for hypertension and chronic disease management, especially in resource-limited settings. Despite these advances, WHO has warned that global progress toward SDG 3.4 remains off track, highlighting the need for stronger prevention measures and better integration of NCD management into health systems.

IV. Committee Mission

As members of the WHO, delegates are tasked with recommending strategies that are both high-impact and feasible, particularly for LMICs where the burden of NCDs is greatest. Delegations should prioritize cost-effective “Best Buys” interventions such as tobacco and alcohol taxation, comprehensive advertising bans, sodium reduction policies, and clear front-of-pack labeling. Strengthening primary health care through the adoption of standardized

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protocols like HEARTS for hypertension control and PEN for integrated NCD services is crucial. Delegates should also tackle the structural drivers of NCDs, including poor food environments, lack of safe public spaces for exercise, and exposure to air pollution, while ensuring policies address equity gaps by focusing on the needs of vulnerable populations. Finally, it is essential to establish strong monitoring and accountability systems, with measurable targets aligned to the WHO's global indicators.



V. Questions to Consider

- Which **three** population-level policies (from Best Buys, MPOWER, or SAFER) would save the most lives **in your assigned country** within five years? How will you finance and enforce them?
- How can PHC systems adopt **HEARTS** to reach undiagnosed hypertension at scale (screening protocols, fixed-dose combinations, team-based care)? What supply-chain and training changes are needed?
- What combination of **sodium reduction** policies (benchmarks, mandatory reformulation, public procurement standards, front-of-pack labeling) is most feasible in your context?
- How will you boost **physical activity** at population level (urban design, school PE, active transport) while safeguarding equity and safety?
- Which **metrics** will you use to track progress toward **SDG 3.4** by 2030? How will you ensure data quality and independent reporting?

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