WHA

STUDY GUIDE

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COLOMBO MODEL UNITED NATIONS

World Health Assembly

Mandate

The World Health Assembly (WHA) is the decision-making body of the World Health Organization (WHO), whose main objective is to promote global access to the highest levels of healthcare available. It is a platform for all WHO member states to debate and develop global health policies. Its core functions include:

1. Policy Formation and Health Research Guidance
    - Establishing evidence-based frameworks to combat communicable and non-communicable diseases
    - Endorsing international agreements and strategies for the equitable distribution of medical resources and technologies
2. Commitment to Inclusivity and Global Cooperation
    - Promoting partnerships between governments, non-governmental organizations (NGOs), private sectors, and academic institutions
    - Addressing the social, economic, and environmental determinants of health
    - Advocating for sustainable healthcare systems and innovative financing mechanisms to support universal health coverage
3. Response to Crises and Other Emerging Issues
    - Coordinating international efforts to address pandemics, natural disasters, and health crises exacerbated by climate change
    - Strengthening global preparedness to mitigate risks posed by emerging threats

In sum, the WHA plays a crucial role in addressing health-related challenges and setting priorities for international initiatives. It adopts a wide scope of work including communicable and non-communicable diseases, health equity, health impacts of social and environmental factors, and health innovations including Artificial Intelligence (AI) and biotechnology. By fostering inclusive dialogue, the WHA seeks to build a future where healthcare innovation and equity go hand in hand, enabling nations to safeguard the health and well-being of their populations collectively.

Vision statement

This year's rendition of the WHA at the 31st session of COMUN will adopt a narrower mandate, specifically tailored for health-related content, to tackle contemporary and emerging health issues. The agenda calls upon delegates to consider the multifaceted dimensions of global health, including the influence of socioeconomic inequalities, geopolitical tensions, and cultural diversity.

Delegates are encouraged to advocate for evidence-based policies that reflect their nation's foreign policy while also focusing on their economic motives, sociopolitical environment, and diverse regional perspectives to bring forth scalable solutions. Thereby, WHA aims to project collective action for the benefit of all stakeholders, especially those with restricted access to healthcare.

Message from the Chairs

Dear Esteemed Delegates,

On behalf of the Chairs of the World Health Assembly, we are excited to welcome you to what promises to be an engaging, challenging, and rewarding conference. We recognize the time and effort you've invested in preparing for this event, and we commend you for your dedication to the pressing global health issues that we will discuss. As delegates representing your countries and organizations, you have the opportunity to engage in thoughtful, solution-oriented dialogue, drive forward meaningful resolutions, and collaborate with others to address some of the most critical health challenges our world faces today. This is not only a chance to expand your knowledge of global health policy, but also to develop your diplomatic skills, work on consensus-building, and deepen your understanding of multilateral decision-making.

Your voice is crucial in shaping the direction of our discussions. Speak confidently and respectfully during debates, ask questions during moderated caucuses, and respond thoughtfully to points raised by others. Don't shy away from voicing your country's positions and proposing innovative solutions. Be open to listening to other delegates, forming alliances, and compromising where necessary. Collaboration with fellow delegates is key to achieving progress, and diplomacy is essential for creating resolutions that can gain widespread support.

We ask that all delegates maintain the highest level of professionalism and respect throughout the conference. Your peers will come from diverse backgrounds, representing different viewpoints, and discussions must remain respectful, inclusive, and productive. The challenges facing global health—whether it's disease prevention, equitable access to healthcare, or tackling non-communicable diseases—require innovative and practical solutions. Think critically, propose creative ideas, and challenge the status quo in ways that can drive meaningful change.

During the conference, you will experience a dynamic environment full of debates, intense discussions, and collaborative problem-solving. As you work through resolutions, you will witness the power of diplomacy in action. The topics at hand will not be easy, but they are vital. We encourage you to approach each issue with an open mind, a willingness to learn, and a commitment to advancing global health.

We are here to guide you through the process and ensure that you feel empowered to succeed. Do not hesitate to reach out to us if you have any questions or need clarification. We are excited to see how you all will contribute to the success of the WHA and look forward to the insightful and passionate discussions that await us.

Best of luck, and let the deliberations begin!

- Soomin, Yusuf, Ashveedha (chairs of WHA)

Practice Debate 01: The Emergence of Novel Medical Technologies with regard to Maternal and Infant Health

Background

Introduction

Maternal and infant health is a critical component of global health, directly impacting the well-being of societies and future generations. Despite advancements in healthcare, maternal mortality and infant mortality rates remain significant challenges, particularly in low- and middle-income countries (LMICs). The advent of novel medical technologies offers unprecedented opportunities to address these challenges, improving maternal and infant outcomes by providing more effective, accessible, and affordable care. This background will explore the scope, applications, and implications of these emerging technologies, equipping delegates with the necessary foundation for informed debate and decision-making.

Global Context and Statistics

The Sustainable Development Goals (SDGs) aim to reduce the global maternal mortality ratio to less than 70 per 100,000 live births (Target 3.1) and end preventable deaths of newborns and children under 5 years (Target 3.2). Achieving these goals necessitates innovative approaches, including the integration of novel medical technologies.

Key Innovations in Maternal and Infant Health

Telemedicine enables remote consultations and follow-ups, especially in underserved areas, ensuring access to maternal and infant healthcare services. Mobile applications offer health education, reminders for antenatal visits, and guidance on infant care. These initiatives increase access to prenatal care, reduce travel-related barriers, and improve health literacy.

Artificial Intelligence and Machine Learning are transforming diagnostics, risk prediction, and personalized care. Additionally, data-driven insights support tailored treatment plans, making maternal and infant healthcare more precise and effective.

Some of the emerging technologies include wearable devices, high-resolution ultrasound imaging, and other diagnostic tools. These offer improved accuracy in diagnosing congenital conditions, especially in low-income settings. Innovations such as artificial womb technology support premature infants in an external environment, while smart incubators regulate temperature, monitor vital signs, and prevent infections. Kangaroo Mother Care (KMC) devices enhance skin-to-skin contact for preterm infants, promoting survival and development.

Genetic testing identifies risks for inherited conditions and informs personalized treatments. Non-invasive prenatal testing (NIPT), for example, detects chromosomal abnormalities, offering expectant mothers vital information for early decision-making and care planning.

Challenges and Ethical Considerations

High costs and infrastructure gaps limit access to novel technologies in LMICs. Subsidies, public-private partnerships, and scalable designs are critical to overcoming these barriers and ensuring equitable access. Protecting sensitive health data is a significant challenge. Robust encryption, regulatory frameworks, and ethical AI use are essential to safeguard patient information and build trust in these technologies.

The lack of skilled personnel to operate advanced technologies hampers their implementation. Capacity-building initiatives and user-friendly designs can help bridge this gap, ensuring the effective use of innovations. Resistance to new technologies due to cultural beliefs and social norms poses challenges. Community engagement and awareness campaigns are vital to fostering acceptance and maximizing the impact of these

International treaties and bodies

1. **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979)**
   Emphasizes eliminating gender inequalities that affect maternal health, including access to healthcare and protection of reproductive rights.

2. **International Covenant on Economic, Social, and Cultural Rights (ICESCR) (1966)**
   Recognizes the right to health for all, including maternal and infant health, and obligates states to provide equitable access to healthcare services.

3. **The Nairobi Statement on ICPD25 (2019)**
   Highlights international commitments to address maternal mortality, unsafe abortions, poverty, and inequality while promoting technological advancements.

4. **The Universal Declaration of Human Rights (UDHR) (1948):**
   While not specific to maternal and infant health, Article 25 recognizes the right to medical care and social services, which applies to women and children.

5. **The Global Vaccine Action Plan (GVAP) (2011-2020)**
   Promotes universal access to vaccinations and highlights the role of technology in reducing infant mortality.

6. **United Nations Population Fund (UNFPA)**
   Addresses reproductive health and rights, providing technical support and funding for maternal healthcare programs worldwide.

7. **International Federation of Gynecology and Obstetrics (FIGO)**
   Works on improving care standards in maternal and neonatal health, advocating for evidence-based practices and ethical considerations.

Case Studies

Telemedicine in Maternal Health through the ECHO India Initiative

The Extension for Community Healthcare Outcomes (ECHO) India program has been transformative in addressing maternal healthcare challenges in rural areas, where access to specialized medical services is limited. By leveraging telemedicine and mHealth platforms, the program employs a hub-and-spoke model, connecting specialized doctors in urban centers with rural healthcare providers through video conferencing. This setup facilitates real-time training on best practices for antenatal care, early identification of complications like preeclampsia, and managing high-risk pregnancies.

AI for Predicting Preterm Birth

In the United States, researchers at Stanford University have pioneered the use of artificial intelligence (AI) to predict preterm births, which are a leading cause of neonatal mortality. This groundbreaking technology analyzes molecular data from maternal blood samples to identify biomarkers associated with preterm labor. A clinical study published in *Nature Medicine* in 2021 demonstrated that this AI model could predict preterm births with over 80% accuracy as early as 20 weeks of gestation. Early detection has enabled healthcare providers to implement targeted interventions, but this technology has practical limitations.

Portable Ultrasound Technology for Rural Areas

Kenya has been actively deploying portable ultrasound devices in rural healthcare centers. These battery-operated devices provide high-resolution imaging that enables the early detection of complications. In a 2020 pilot program conducted by the Ministry of Health in collaboration with WHO, over 10,000 pregnant women in remote regions accessed ultrasound services for the first time. The initiative led to a 30% increase in the identification of high-risk pregnancies and improved referral rates to district hospitals for specialized care. Challenges remain in scaling the program, including training healthcare providers to operate the devices and ensuring adequate funding for their maintenance.

Solar-Powered Neonatal Incubators

In Ethiopia, where electricity shortages frequently disrupt neonatal care, solar-powered neonatal incubators have emerged as a life-saving innovation. Designed by Embrace Innovations, these incubators use phase-change material to maintain a stable temperature for preterm and low-birth-weight infants without requiring continuous electricity. A 2019 evaluation by UNICEF revealed that the incubators reduced neonatal mortality rates by 22% in regions with limited healthcare infrastructure. Additionally, their affordability and ease of use have made them a scalable solution for resource-constrained settings. Despite these successes, further investment is needed to expand their availability and integrate them into the broader healthcare system.

Speaking Points

1. Global disparities in maternal and infant health and the need for systemic solutions
2. The role of emerging medical technologies in bridging healthcare gaps
3. Advancements in neonatal care and innovations for preterm infants
4. Ethical and cultural considerations in the use of new medical technologies
5. Ensuring equitable access to healthcare technologies in low-income countries
6. Addressing the broader social determinants of health affecting maternal and infant outcomes
7. Relevant international frameworks and treaties promoting universal healthcare access
8. Scaling successful case studies and proven models for global impact
9. Promoting international collaboration to tackle global health disparities
10. Sustainability and long-term planning for scalable healthcare innovations

Further Reading and References

1. Effectiveness of mHealth interventions for maternal, newborn and child health in low– and middle–income countries
2. Industry 4.0 Technologies in Maternal Health Care: Bibliometric Analysis and Research Agenda
3. Exploring Maternal and Infant Health App Development and Effectiveness: A Scoping Review
4. Impact of mHealth interventions on maternal, newborn, and child health outcomes in low- and middle-income countries: A systematic review
5. Innovative approaches for improving maternal and newborn health: A systematic review
6. The OxMat dataset: a multimodal resource for the development of AI-driven technologies in maternal and newborn child health
7. Immersive Virtual Reality Platform for Robot-Assisted Antenatal Ultrasound Scanning
8. Unveiling the Unborn: Advancing Fetal Health Classification through Machine Learning
9. New Technologies Improve Maternal and Newborn Safety
10. Preparing Tomorrow's MCH Workforce to Innovate for Equity

Practice Debate 02: Commercialization of Medicinal Drugs

Background

''The commercialization of drugs is increasingly a business of marketing, with profits driving decisions rather than the well-being of patients.''
— Marcia Angell, M.D., former editor-in-chief of The New England Journal of Medicine.

The commercialization of medicinal drugs, in its simplest terms, is how drugs created by drug companies are transformed from mere discoveries to salable commodities targeting the general population. This normally entails drug discovery and development activities that expand into R&D, clinical trial phases, regulatory process filing, marketing and sales.

For now, the Global Community mainly utilizes two definitions:

1. It covers the whole sequence of each specific drug including the stages of preclinical and clinical testing, market endorsement, and marketing. The aim is to make as much debt sponsored by various commercial outlets selling drugs. It includes patenting rights and marketing strategies that ensure a drug is available to patients. This definition focuses on the economic and business elements of the drug development process.

2. The coverage emphasizes the affordability and availability of drugs to people from different regions around the world with a focus on the poorer areas. It brings out the level of involvement in drug provision by pharmaceutical firms, the government, global organizations, and even NGOs to ensure that the targeted population gets the necessary medications. It has been used in relation to discourses on the ethical dimensions of pharmaceutical commercialization and marketing.

Current Situation

Drug commercialization has revolutionized the international drug industry, spurring invention and worrying about drug accessibility. Overall, pharmaceutical revenue recorded in the year 2023 reached $1.5 trillion, with the United States being the biggest market with $600 billion along with being the main center of drug manufacturing along with other interchangeable tools depicting its superiority.

Unmet Demands, Monopoly, Skyrocketing Prices

This growth is driven by the ever-increasing need due to the increase in aged people, chronic ailments, and technology. However, the skyrocketing prices of drugs, especially specialty drugs have made some drugs and treatments practically impossible to afford in underdeveloped countries.

Organizations like WHO and MSF support the various interventions bent on helping populations by cutting the price of medicines. The patent system creates a monopolistic environment which leads to high costs of drug creation including clinical research and licensing which eventually leads to Pfizer, Merck, and Johnson & Johnson setting elevated rates sometimes threatening public health.

While the commercialization of drugs has made generics a solution to high prices, challenges remain. Generic drugs are significantly more affordable than branded versions, yet generics only make up 20% of pharmaceutical spending.

Patents expiring for blockbuster drugs like Lipitor have facilitated the growth of generics, improving access and reducing costs. However, the commercialization of biologics and biosimilars, which are harder to replicate, continues to keep prices high. Regulatory bodies aim to ensure drug safety and efficacy, but the influence of industry groups often prioritizes profit over patient access, leading to ongoing debates on pricing and intellectual property rights.

Despite efforts in bulk purchases for affordable medicines, many still lack access to even basic treatments, particularly in low-income countries. The tension between pharmaceutical profits and public health needs remains a central issue in the commercialization of drugs.

Threats Posed by Counterfeit Medicine

The production of fake medicines is even more dangerous in developing countries where institutional controls are weak and during the pandemic, the demand for medicines was booming. Currently, these controls along with barcodes and RFID are being used to combat counterfeiting and are saving lives.

International treaties and bodies

1. World Trade Organization (WTO)

An international body that regulates global trade. Its agreement–Trade-Related Aspects of Intellectual Property Rights (TRIPS) sets minimum standards for intellectual property protection, including patents on medicinal drugs. TRIPS plays a critical role in the commercialization of drugs by granting pharmaceutical companies exclusive rights to their inventions, and promoting innovation, but is also raising concerns about drug affordability and access in developing countries.

2. World Health Organization (WHO)

A specialized agency of the United Nations responsible for promoting global public health. WHO works to ensure access to essential medicines, especially in low-income countries, through initiatives like the Essential Medicines List, which identifies drugs that should be universally accessible. WHO also advocates for fair drug pricing and monitors drug safety and quality worldwide.

3. World Intellectual Property Organization (WIPO)

The World Intellectual Property Organization (WIPO) is responsible for promoting the protection of intellectual property rights globally. It administers the Patent Cooperation Treaty (PCT), which facilitates the international filing of patents, allowing pharmaceutical companies to protect their drug inventions in multiple countries. WIPO plays a key role in balancing patent protection for innovation with concerns about access to affordable medicines.

4. European Medicines Agency (EMA)

The European Medicines Agency (EMA) is the European Union's regulatory body for medicinal products. EMA evaluates and approves new drugs for sale in the EU, ensuring that they meet safety, efficacy, and quality standards. It also monitors the safety of medicines post-market and coordinates the approval process across EU member states through its Centralized Procedure, which allows for the approval of drugs across multiple European markets with a single application.

5. U.S. Food and Drug Administration (FDA)

The U.S. Food and Drug Administration (FDA) is a regulatory agency within the U.S. Department of Health and Human Services. The FDA is responsible for ensuring that drugs marketed in the United States are safe, effective, and of high quality. The FDA approves new drugs through rigorous clinical trials and regulatory processes, and it plays a critical role in determining the commercialization of drugs within the U.S. market.

6. United Nations Commission on International Trade Law (UNCITRAL)

The United Nations Commission on International Trade Law (UNCITRAL) is responsible for harmonizing international trade laws, including those related to pharmaceuticals. UNCITRAL develops model laws and conventions that address various aspects of international trade, including intellectual property rights, pharmaceutical contracts, and dispute resolution. This helps facilitate smoother drug commercialization by providing a legal framework for cross-border trade.

7. Global Fund

The Global Fund is an international financing organization that supports the fight against AIDS, tuberculosis, and malaria. While not directly involved in the commercialization of all drugs, the Global Fund plays a vital role in making life-saving medicines accessible in low-income countries. By negotiating bulk purchasing and working with pharmaceutical companies, the Global Fund helps reduce the cost of medicines, improving access to treatments for millions of people in need.

Case Studies

The High Cost of Cancer Drugs

The commercialization of cancer drugs in the U.S., particularly immunotherapy, has led to exorbitant prices, with costs reaching $375,000 per patient. Pharmaceutical companies like Novartis, through patents, restrict market competition, inflating prices. This has created significant access barriers, even in high-income countries, and raised concerns about the affordability of life-saving treatments in low- and middle-income nations. There have been urgent calls for price reductions and greater access to these therapies, but the issue remains a critical challenge in balancing innovation with affordability.

Counterfeit Medicines and Their Impact in Sub-Saharan Africa

Counterfeit medicines, especially for malaria, pose a severe threat in sub-Saharan Africa, where up to 41% of medicines sold can be counterfeit. This issue leads to treatment failures and increased morbidity. The WHO and international organizations are combating this by introducing anti-counterfeit technologies such as RFID tags and 2D barcodes, while strengthening regulatory frameworks. Despite these efforts, counterfeit drugs remain a significant concern, highlighting the need for robust supply chain integrity to protect patient safety.

The Role of Intellectual Property in Drug Commercialization

The TRIPS agreement, which mandates patent protection for drugs, incentivizes innovation but also creates barriers to access in developing countries, where high drug prices limit access to essential medicines. The Doha Declaration of 2001 allowed countries to issue compulsory licenses to bypass patents in emergencies, which has been used to lower the cost of medications like those for HIV/AIDS. While TRIPS promotes innovation, it raises important questions about how intellectual property laws can balance the needs of public health and affordable access to life-saving medicines.

Speaking Points

1. Ethical standards for psychedelic-based treatments
2. Ethics in using and testing medicinal drugs
3. Economic impact of the pharmaceutical industry
4. Role of intellectual property and patents
5. Drug Pricing and Access to Medicine
6. The Rise of Generic Drugs
7. Global Health Implications
8. Regulatory bodies and Drug Approval
9. Future Trends in Drug Commercialization

Further Reading and References

1. The Economics of Drug Pricing
2. Pharmaceutical Industry & Drug Commercialization
3. Pharmaceutical Patent System and Public Health
4. The Impact of Intellectual Property on Drug Accessibility
5. Global Generic Pharmaceutical Market Overview
6. Counterfeit Drugs in Sub-Saharan Africa
7. The Cost of Cancer Drugs in the U.S.
8. WHO's Role in Regulating Drug Prices
9. Pharmaceutical Industry Regulations
10. WHO and MSF Campaign Against High Drug Prices

Conference: The Rise of Non-Communicable Diseases

Background

Causes

Non-communicable diseases (NCDs) arise from a combination of physiological, behavioral, genetic, and environmental factors. These conditions often persist for a long period, accounting for 74% of all deaths globally.

It is a consensus that NCDs are often caused as a result of globalized unhealthy lifestyles, unplanned urbanization, and shifting population dynamics, such as income inequality and population ageing.

Unhealthy lifestyles are directly linked with metabolic risk factors such as insulin shock. Increased accessibility to fast foods promotes unhealthy diets from young ages, leading to child obesity and diabetes.

Further, poverty is known to play an important role in NCDs. People in absolute or relative poverty are more likely to be exposed to harmful substances such as tobacco and drugs. Even children are more likely to suffer from malnutrition or deficiency diseases. Their lack of access to healthcare causes these low and middle-income populations to become sicker and die sooner.

Immediate and Long-term Implications

NCDs become problematic as they cause premature deaths disproportionately between developed and developing countries–low and middle-income countries are likely to have more premature deaths before age 70.

This can have further implications.

1. Immense strains are placed on healthcare systems by diverting resources from research and other infectious disease control to long-term management of NCDs. Therefore, with limited resources available in low-income countries, timely diagnosis and preventive intervention are often delayed, increasing the death rate.

2. In low-income households, covering the cost of lengthy treatment with a loss of income can be a huge financial burden. NCDs are also known as '*chronic conditions*' for they persist for extended periods, and this can drain household resources–people are forced into poverty, and the country loses human capital.

3. The rise in the prevalence of NCDs hinders global progress in achieving the 2030 Agenda for Sustainable Development–which aims to reduce the expected death rate from any of the four main NCDs between ages 30 and 70 by 33%.

Risk Factors

Regardless of age, all populations are vulnerable to risk factors of NCDs–which include environmental pollution, use of recreational drugs, unhealthy diets, and physical inactivity.

Environmental Pollution

Rapid urbanization often accompanies environmental destruction to better suit human needs. However, it has now become a leading cause of NCDs in many countries. Pollutants like sulfur dioxide, carbon monoxide, ozone, and heavy metals can interfere with the body's internal functioning when ingested or inhaled.

Biological pollutants (bacteria, fungi, viruses, etc.) and volatile organic compounds used in buildings give rise to multiple allergic reactions and in severe cases, asthma. Prolonged exposure to these agents can cause liver damage and loss of coordination. Lead from industrial waste can lead to neurological and reproductive disorders.

Armed Conflict

Conflicts have several effects on healthcare and the population. It can cause healthcare fragmentation, population displacement, and exposure to harmful substances. Management of NCDs like hypertension and diabetes, as well as sanitation worsens. It is also important to note the psychological effects of prolonged conflict, which possibly increase the risk of chronic mental health disorders.

Recreational Drugs

Most commonly used drugs, including tobacco, methamphetamines, and cocaine damage the cardiovascular system, liver, kidneys, and respiratory system. Prolonged substance usage weakens immunity, making the individual more susceptible to asthma and chronic bronchitis. The psychological effects of drug dependency can greatly hamper the quality of life and workforce productivity.

Solutions and Future Directions

Interdisciplinary cooperation and strategic policymaking play an important role in reducing NCDs among populations.

To mitigate the impact of income inequality and healthcare, optimizing resource allocations and capacity building is necessary. Equitable access to healthcare enables early diagnosis of conditions and provision of timely treatments. Further, the utilization of telemedicine and mobile clinics can enhance healthcare coverage in rural or conflict areas.

While it is also important to consider the financial and legal aspects, there are also cultural barriers. Low levels of health literacy, and the ability to understand health-related information, highlight the importance of education in increasing public acceptance for treatments and preventive measures. Further, it is a common phenomenon that people are becoming more resistant to adopting healthier lifestyles due to habits, social pressure, or the expected inconvenience of changing the ways they are used to.

Further, to analyze genetic traits and their correlation with NCDs, accurate and reliable health data need to be maintained. However, this raises privacy concerns regarding data collection and

processing. Therefore, policymakers should take into account the effect of integrating digital technologies on already existing health and the digital divide.

Overall, managing NCDs requires multilateral cooperation across diverse disciplines, ranging from healthcare to public policy to information technology.

Case Studies

The main, and most common types of NCD are:

- Cardiovascular diseases, including heart attacks and stroke
- Cancer
- Chronic respiratory diseases, including asthma and chronic obstructive pulmonary disease
- Diabetes

Unhealthy Lifestyles and Obesity in the United States

Unhealthy lifestyles, particularly poor diets, and sedentary behavior, have contributed significantly to the rise of NCDs, including obesity, diabetes, and heart disease. The widespread availability of fast food and sugary beverages, coupled with low levels of physical activity, have resulted in increasing rates of child obesity. This trend is linked to metabolic conditions such as insulin resistance and Type 2 diabetes, which are becoming more prevalent at younger ages. The economic burden of NCDs is staggering, with healthcare costs and lost productivity contributing to the financial strain on both individuals and the healthcare system.

NCDs and Poverty in Sub-Saharan Africa

In Sub-Saharan Africa, the rising prevalence of NCDs is exacerbated by poverty and limited access to healthcare. People living in poverty are more likely to suffer from malnutrition, tobacco use, and exposure to harmful substances, increasing their risk for conditions such as hypertension, diabetes, and stroke. In addition, poor living conditions, urbanization, and lack of access to preventive care exacerbate the situation. These NCDs place an enormous strain on healthcare systems that are already overwhelmed by infectious diseases. Furthermore, the financial burden of long-term NCD treatment, combined with the loss of income due to disability or premature death, traps families in a cycle of poverty.

Urbanization and the Prevalence of NCDs in India

India’s rapid urbanization and economic growth have led to a rise in non-communicable diseases, particularly among urban populations. As more people move to cities, the shift to sedentary lifestyles, poor diets high in processed foods, and increased tobacco use have caused a surge in conditions like hypertension, diabetes, and cancer. In cities like Mumbai and Delhi, a growing number of young adults are affected by lifestyle-related diseases. While India has seen improvements in its healthcare infrastructure, the country faces challenges in addressing the prevention and early detection of NCDs. Limited access to healthcare in rural areas, combined with income inequality, means that millions of people are unable to afford treatment, leading to high mortality rates.

Speaking Points

1. Global impact of Non-Communicable Diseases (NCDs) on public health and mortality rates
2. Key drivers of Non-Communicable Diseases: lifestyle, urbanization, and socioeconomic factors
3. Environmental pollution and its contribution to the prevalence of NCDs worldwide
4. The strain on healthcare systems due to the increasing burden of NCDs
5. Socioeconomic implications of NCDs: poverty, healthcare access, and economic productivity
6. Interdisciplinary approaches to reducing NCD prevalence and promoting public health
7. The role of telemedicine and technology in expanding NCD care access
8. International and regional efforts to achieve the SDG targets for reducing NCD mortality
9. Overcoming cultural, financial, and logistical barriers to NCD prevention and treatment
10. The importance of global collaboration and policy-making to combat NCDs
11. Long-term sustainable strategies for the strengthening of NCD prevention, treatment, and healthcare systems.

Further Reading and References

https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases

https://ncdalliance.org/why-ncds/NCDs

https://www.paho.org/en/topics/economics-ncds

https://pmc.ncbi.nlm.nih.gov/articles/PMC7726193/

https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2227-y

https://www.ft.com/content/256d69f3-adcf-4740-aae7-9afa9ee59026

https://pubmed.ncbi.nlm.nih.gov/25595318/

https://www.nature.com/articles/s41533-024-00367-w

https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08890-4

https://www.vox.com/future-perfect/373495/chronic-disease-global-rates-cancer-diabetes-noncommunicable