ODUMUNC 2026 Issue Brief
The Economic and Social Council (ECOSOC)

Prevention and control of non-communicable diseases

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Table of Contents

- Alzheimer's disease
- Autoimmune diseases
- Cancers
- Cataracts
- Chronic kidney disease
- Diabetes
- Heart diseases
- Obesity
- Osteoarthritis
- Osteoporosis
- Parkinson's disease
- Strokes

Together, NCDs cause more than 41 million deaths every year, or about 74 percent of all global deaths. About 17 million of those deaths are "premature," before the age of 70.[1] As the ESOSOC noted:

> Non-communicable diseases caused 41 million deaths worldwide in 2019, a number that was expected to increase... At the global level, 7 of the 10 leading causes of death are non-communicable diseases – ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, forms of dementia, diabetes and kidney disease – which account for 44 per cent of all deaths. At the same time, countries have been reducing the likelihood of premature death from non-communicable diseases.[2]

I. Introduction

Non-Communicable Diseases (NCDs) are long-term health problems that don't spread person-to-person. Instead they develop within individuals, slowly over time. They are caused by a mix of factors, such as environment, everyday behaviors like diet and exercise, exposure and genetic inclinations. The four main groups are cancers, chronic lung diseases, diabetes and heart disease. Prominent examples of NCDs include:

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[1] 'Noncommunicable diseases', *World Health Organization*, 23 December 2024, https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases

[2] *United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, E/2024/57*, United Nations: Economic and Social Council, 14 May 2024,

Communicable diseases tend to get more attention. They are fast killers, and often arrive suddenly and catastrophically. Every country struggled to deal with the Covid-19 epidemic. Non-communicable diseases tend to be slow killers, crippling as often as killing, causing much greater global suffering.

NCDs matter everywhere, not just in wealthy countries. In fact, low- and middle-income countries (LMICs) carry the greatest burden, with about 77 percent of deaths. The rise of NCDs in these regions is connected to big changes in diet, urban life, and the environment — all shaped by globalization, economic growth, and social change.

The economic costs are just as serious. NCD's are a leading barrier to economic development.[3] The World Economic Forum estimates that between 2011 and 2030, NCDs could cause over USD 47 trillion in lost economic output worldwide. That's more than the total value of most countries' economies combined. NCDs reduce worker productivity, force families to spend more on medical care, and place heavy pressure on health systems. They also have indirect effects, such as lowering tax revenue and forcing governments to shift money away from schools or infrastructure into healthcare.

For the ECOSOC, tackling NCDs is an essential part of its role of promoting higher living standards, employment, and social development. Fighting NCDs is critical to reaching the United Nations *Sustainable Development Goals* (SDGs), the agreement from 2015 guiding all global development planning through the year 2023, especially SDG Goal 3: "Ensure healthy lives and promote well-being for all at all ages." Within that goal, its Target 3.4 specifically aims to cut premature deaths from NCDs by one-third by 2030, through prevention and better treatment.[4]

But the SDGs only provide general guidance. Serious disputes remain on which priorities to emphasize in policy and funding.[5] As the UN body responsible for organizing the work of subsidiaries bodies like the World Health Organization (WHO) and the United Nations Environmental Program (UNEP), ECOSOC is ideally positioned to coordinate global response to NCD threats.

For ECOSOC delegates at ODUMUNC 49, the greatest challenge of NCD policy probably will be what to prioritize? What should be the top priority for the international community? Should the Member States of the UN deal with the issues through over-all policy and global funding? Or should they focus on a specific

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https://docs.un.org/en/E/2024/57
[3] Rachel Nugent,, et al., 'Investing in non-communicable disease prevention and management to advance the Sustainable Development Goals', *The Lancet*, vol. 391, no. 10 (19 May 2018, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30667-6/abstract
[4] 'SDG Target 3.4 Non-communicable diseases and mental health', *World Health Organization*, 2025,

https://www.who.int/data/gho/data/themes/topics/sdg-target-3_4-noncommunicable-diseases-and-mental-health
[5] Hadian M. Mozafari 'Challenges of the Health System in Preventing Non-Communicable Diseases; Systematized Review', *International Journal of Preventive Medicine*, 25 June 2021, https://pmc.ncbi.nlm.nih.gov/articles/PMC8356955/

disease or specific regional problem?

There are serious divisions between Member States on these issues of priorities. Overcoming them, if that is possible, will be a major challenge for the ECOSOC at ODUMUNC 49.

This issue brief will:

- Provide background on the history and causes of NCDs.
- Highlight under-reported situations ("beneath the headlines") where NCDs are having a major impact.
- Explain the UN system's role in addressing NCDs.
- Summarize country and bloc positions so delegates can anticipate allies and opponents.
- Present concrete proposals for ECOSOC debate and action.

II. Background

The rise of non-communicable diseases (NCDs) is one of the defining features of modern health history. It represents what experts call the "epidemiological transition" — the shift from infectious diseases and malnutrition as the main killers to chronic and long-term illnesses like heart disease, diabetes, and cancer. Abdel Omran first described this trend in 1971, and while it has happened in every region, it has occurred at different speeds depending on economic and social development.

Early Trends (1950–1980): High-income countries went through this transition first. After World War II, sanitation, vaccines, and antibiotics greatly reduced deaths from infectious diseases. Rising incomes and industrial growth changed how people lived and

ate. Diets included more meat, fats, and processed foods, while many jobs became less physically demanding. As lifestyles grew more sedentary, cardiovascular disease (heart disease) became the leading killer. In response, governments and health groups began some of the earliest anti-smoking and cholesterol-reduction campaigns.

Globalization of Risk (1980–2000): As the global economy expanded, processed food and tobacco companies moved into new markets. Urbanization increased, bringing people into cities where they had fewer chances for exercise but easy access to calorie-rich, nutrient-poor foods. By the 1990s, many middle-income countries faced a "double burden" of disease — they were still battling infectious diseases like malaria and tuberculosis, while also experiencing sharp rises in NCDs such as diabetes and hypertension.

NCDs Today (2000–Present): Today, NCDs are the top cause of death in almost every country. Major risk factors — smoking, excessive alcohol use, unhealthy diets, physical inactivity, and air pollution — are now global. Climate change has made matters worse. Rising air pollution, including ground-level ozone and fine particles, contributes to lung and heart disease. Climate shifts also disrupt food systems, making healthy diets less accessible for many populations.

Economic and Social Determinants: NCDs are not evenly distributed across societies. They are strongly tied to poverty and inequality. Poorer communities often have greater exposure to risk factors and fewer opportunities for prevention or treatment. For example, urban slums may lack safe spaces for exercise and affordable healthy foods. People with lower levels of education are more likely to smoke or be unaware of health risks. Cost barriers and long distances to healthcare facilities make diagnosis and

treatment harder to access. The result is that disadvantaged groups suffer the most, even though NCDs affect all social classes.

International Recognition

The ECOSOC has designated the World Health Organization the international leader in raising awareness that NCDs are not just health problems but also development issues. Key moments include:

- 2000: WHO launched its first Global Strategy for the Prevention and Control of NCDs.
- 2003: Adoption of the WHO Framework Convention on Tobacco Control (FCTC), the world's first global health treaty.
- 2011: UN General Assembly High-Level Meeting on NCDs — the first time the issue reached the highest political level at the UN.
- 2013: Adoption of the WHO Global Action Plan for the Prevention and Control of NCDs (2013–2020, later extended to 2030).
- 2018: Third High-Level Meeting, which tied NCD action directly to the Sustainable Development Goals (SDGs).[6]

The Funding Gap: Even with growing recognition, money for NCDs remains very limited. In 2019, less than 2% of all international health aid was spent on NCDs, despite their huge impact on global mortality and economies. By comparison, far more aid goes to infectious diseases like HIV/AIDS, tuberculosis, and malaria. This mismatch reflects donor priorities and the difficulty of mobilizing political will for

long-term, slower-moving health threats that don't make headlines.

The following sections will explore case studies of under-reported NCD crises, the role of the UN in addressing them, the positions of major blocs and countries, and proposals that ECOSOC delegates can consider real progress.

III. Current Situation

Non-communicable diseases (NCDs) create serious but often overlooked challenges. Political instability, geography, climate change, and poverty can make their effects worse. Below are six examples that rarely make front-page news but show how NCDs connect to larger global issues. Each example highlights the problems, why they matter, and which actors are most involved.

Pacific Island States – Diabetes Crisis: Obesity rates are over 80% in some Pacific nations, and more than half of adults have type 2 diabetes. Dependence on imported processed foods, low levels of physical activity, and weak health systems have created a public health emergency. Dialysis centers are overwhelmed, and amputations from diabetes complications are among the highest in the world. WHO and regional governments have tried policies like sugar taxes and nutrition programs, but enforcement is uneven. Issues to resolve and why:

- Dependence on imported, ultra-processed foods keeps healthy foods expensive, so families are locked into poor diets. Without trade and subsidy reforms, prevention campaigns have

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[6] 'NCD policy milestones', *World Health Organization*, 2024,

https://www.who.int/europe/news-room/timelines/ncd-policy-milestones#year-2024

little impact.

- Supply chains for medicines like insulin are fragile and costly, leaving patients without reliable treatment.
- Small island governments lack capacity for monitoring and regulating unhealthy products; regional cooperation is essential.

Leading actors: Pacific governments (such as Fiji and Samoa), CARICOM/SIDS partners, Pacific Community (SPC), WHO Western Pacific Office, World Bank, NCD Alliance, World Obesity Federation.

Yemen – Insulin Shortages in Conflict: Years of civil war have shattered Yemen's health system. Insulin and other chronic disease medicines are often unavailable. Humanitarian groups usually focus on war injuries, leaving NCD patients overlooked. Cold-chain storage is weak, meaning donated insulin sometimes spoils before reaching patients. Issues to resolve and why:

- Emergency health kits often exclude chronic disease medicines; including them could save lives.
- Weak power and transport systems ruin supplies like insulin that require refrigeration.
- Patients lack continuity of care; registries and referral systems could prevent interruptions every time people are displaced.

Leading actors: UN OCHA, WHO EMRO, UNICEF (for cold-chain support), UNHCR/IOM (displacement), MSF, ICRC, World Bank Yemen projects, local NGOs.

Indigenous Arctic Communities – Diet and Climate Change: Inuit and other indigenous peoples in the Arctic are facing rapid dietary shifts. Climate change disrupts fishing and hunting, leading to greater dependence on processed foods. As a result, rates of hypertension and heart disease are climbing. Remote locations and underfunded clinics make healthcare access difficult, and language barriers reduce the effectiveness of prevention campaigns. Issues to resolve and why:

- Without affordable access to traditional, nutrient-rich foods, health advice has limited value.
- More indigenous-led healthcare workers are needed to provide culturally appropriate services.
- Climate adaptation plans often overlook health, missing opportunities to reduce NCD risks through housing, heating, and transport policy.

Leading actors: Health ministries in Canada, Greenland/Denmark, and Alaska (USA); Arctic Council's Sustainable Development Working Group; Inuit Circumpolar Council; WHO/PAHO; academic partners.

Sub-Saharan Africa – Dual Burden of HIV and NCDs: Thanks to antiretroviral therapy, people with HIV are living longer — but many now develop NCDs like diabetes and cancer. Health systems already struggling with infectious diseases are not prepared to provide chronic care at the same time. Issues to resolve and why:

- Adding blood pressure and diabetes screening to HIV clinics is cost-effective but requires staff training and reliable supply chains.
- As foreign HIV funding levels off, national governments need to invest more of their own money in NCD services.
- Current health records are fragmented;

integrated data systems would improve long-term care.

Leading actors: African Union and Africa CDC, ministries of health in Kenya, South Africa, Eswatini, and others; PEPFAR; Global Fund; WHO AFRO; CHAI; Resolve to Save Lives.

Central Asia – Air Pollution and Respiratory Disease: Air pollution in Ulaan Baatar, the Mongolia capitol city, often exceeds WHO safe limits by more than ten times due to coal heating. This has led to very high rates of asthma and other chronic lung diseases. Hospitals lack equipment and specialists to cope. Issues to resolve and why:

- Shifting households from coal to cleaner energy requires subsidies and infrastructure investment.
- Better urban planning and cleaner transport systems would reduce harmful emissions.
- Hospitals need access to basic equipment like spirometers and inhaled therapies to manage patients.

Leading actors: Governments of Mongolia, Kazakhstan, Kyrgyzstan; UNEP; WHO Europe; Asian Development Bank; World Bank; Vital Strategies.

Refugee Populations – Hidden NCD Burden: In refugee camps in Jordan, Bangladesh, and Ethiopia, NCD patients often lose access to care. Without insulin or blood pressure medicine, treatable conditions become deadly. Humanitarian agencies typically prioritize infectious disease and emergency care, not chronic illnesses. Issues to resolve and why:

- Humanitarian benefit packages rarely include NCD services, even though they prevent serious complications.

- Patients need portable health records so treatment can continue when they move between camps.
- Stigma and low health literacy reduce treatment adherence; community health workers can help fill gaps.

Leading actors: UNHCR, WHO, IOM, national ministries of health in host countries, NGOs such as MSF and the International Rescue Committee, and donors like USAID and ECHO.

IV. Cross-Cutting Issues to Resolve

- Financing: NCDs receive less than 2% of global health aid. Without new revenue sources (taxes on tobacco, alcohol, and sugary drinks, or pooled procurement savings), prevention and treatment cannot expand.
- Essential medicines and diagnostics: Regular access to insulin, hypertension medicines, and cancer screening tools is critical. High prices, patent rules, and weak supply systems remain barriers.
- Primary healthcare integration: NCD services must be built into basic clinics for early detection and management.
- Risk-factor regulation: WHO's "best buys" — tobacco and alcohol regulation, salt/sugar reduction, and trans-fat elimination — save lives but face strong industry lobbying.
- Data gaps: Many countries lack reliable health surveys or cancer registries, making it hard to target resources.
- Environmental stressors: Pollution and climate change increase NCD risk; policies must link health to energy, transport, and housing.

- Equity: Marginalized groups (women, indigenous peoples, migrants, people with disabilities) face greater barriers to prevention and care.
- Governance: Strong conflict-of-interest rules are needed to keep industry influence from weakening public health policies.

V. Leading Actors to Watch

- Countries/regions: Bangladesh, Brazil, Caribbean island states, China, Egypt, European Union Member States, India, Indonesia, Kenya, Mexico, Pacific Ocean island states, Qatar, South Africa, Unted Aerab Emirates, United States.
- International organizations: WHO (HQ and regional offices), UNDP, FAO, WFP, UNICEF, UNHCR, UNEP, World Bank, IMF, AU/CDC, PAHO, ASEAN health bodies.
- NGOs and foundations: NCD Alliance, World Heart Federation, International Diabetes Federation, Union for International Cancer Control, World Obesity Federation, Vital Strategies, Resolve to Save Lives, PATH, MSF, ICRC, Bloomberg Philanthropies, Gates Foundation, Wellcome Trust.

VI. Role of the United Nations

The United Nations (UN) plays many roles in preventing and controlling NCDs. It provides guidance, technical assistance, and advocacy through its different agencies. The UN sets international standards, helps mobilize funding, and makes sure that NCDs are included in broader development goals like the Sustainable Development Agenda.

The Economic and Social Council (ECOSOC) has a special role because its mandate includes promoting social and economic development. This means NCDs are not seen as just health issues, but as problems that affect jobs, poverty, and overall development. ECOSOC provides a forum where health and finance ministers can come together to align economic policies, trade rules, and infrastructure development with health goals.

The Food and Agriculture Organization (FAO) and the **UN World Food Programme (WFP)** improve nutrition and food security. Their work includes promoting sustainable agriculture, improving access to affordable healthy food, and creating school feeding programs that teach healthy eating habits at an early age.

The United Nations Children's Fund (UNICEF) focuses on preventing NCDs in children and youth. It supports school-based programs on physical activity and nutrition and advocates for restricting marketing of unhealthy foods to children. UNICEF also integrates NCD prevention into maternal and child health services.

The United Nations Development Programme (UNDP) looks at the deeper causes of NCDs, including poverty, inequality, and weak governance. It supports projects on urban planning, poverty reduction, and stronger public institutions that indirectly reduce NCD risks.

The United Nations High Commissioner for Refugees (UNHCR) makes sure that refugees

and displaced people have access to essential medicines and ongoing treatment, even during emergencies.
The United Nations Environment Programme (UNEP) works on environmental factors that increase NCD risk, such as air and water pollution. UNEP promotes cleaner energy sources, sustainable transport, and better waste management.

At the center of this work is the World Health Organization (WHO). WHO is the lead technical agency. It writes evidence-based guidelines for prevention, diagnosis, and treatment, coordinates global tracking of NCD risk factors, and supports national governments in creating and carrying out NCD strategies. Through initiatives such as the Global Action Plan for the Prevention and Control of NCDs, WHO sets clear targets and measures progress against global benchmarks.

Together, these agencies work through the UN Inter-Agency Task Force on NCDs (UNIATF) to coordinate policies and resources. This approach recognizes that preventing and controlling NCDs requires action in health, agriculture, education, the environment, and economics all at the same time.

VII. Landmark UN Resolutions

The UN has recognized NCDs at the highest political levels. The General Assembly and ECOSOC have adopted key resolutions that set precedent for future action. These documents show that political will already exists, and they provide useful language and frameworks for delegates drafting new proposals.

General Assembly Resolutions: The General Assembly, stressing the role of non-communicable disease problems under the Sustainable Development Goals, made the problem and important part of the global agenda. But its resolutions do not propose specific polices or solutions, leaving that to the ECOSOC, other UN Bodies, and the Member States

- A/RES/66/2 (2011): The first major UN political declaration on NCDs. It recognized NCDs as a "major challenge for development in the 21st century" and called on states to adopt national NCD plans, strengthen primary care, and coordinate across sectors.

- A/RES/68/300 (2014): This follow-up reaffirmed the 2011 commitments and urged countries to integrate NCD services into universal health coverage. It also encouraged time-bound national targets and stricter regulation of tobacco, alcohol, and unhealthy diets.

- A/RES/73/2 (2018): This declaration explicitly linked NCDs to SDG Target 3.4 (reducing premature NCD mortality by one-third by 2030). It emphasized the possibilities of fiscal measures such as taxes on tobacco, alcohol, and sugary drinks (*sin taxes*) to finance efforts to deal with these health problems, and highlighted the need to integrate mental health into NCD work. It also stressed protecting health policy-making from industry interference.[7] The resolution

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[7] *Scope, modalities, format and organization of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable* *diseases and the promotion of mental health and well-being*, A/79/273. United Nations, General Assembly, 6 March 2025,

was adopted by consensus, meaning there was no opposition.

ECOSOC Resolutions: The ECOSOC has been carefully engaged on the topic of non-communicable disease, especially through it UN Inter-Agency Task Force (UNIATF). For the ECOSOC, the biggest problems so far has been to coordinate action among the many UN agencies. Major resolutions that will provide essential guidance at ODUMUNC include:

- *E/RES/2014/10 (2014):* Created the UNIATF, the first UN mechanism for coordinating agencies on NCDs.

- *E/RES/2020/22 (2020):* Renewed the UNIATF's mandate. It urged scaling up resources and highlighted links to mental health.

- *E/RES/2024/57 (2024):* Broadened UNIATF's scope to include digital health and the integration of NCD services into primary care. It supported innovations like telemedicine and digital registries while calling for equity and data protection.[8]

Together, these resolutions provide a strong foundation for ECOSOC action. Delegates can cite General Assembly and ECOSOC resolutions to show how the UN system has organized its agencies to help countries. Referring to these precedents signals continuity with past agreements and strengthens the credibility of new proposals in debate.

VIII. Major Country and Bloc Positions

China: While some countries are reducing their reliance on the UN, China is increasing its investment in the organization, making it the center of much of its foreign policy. For China, the great appeal is the UN Charter's emphasis on national sovereign equality, which China sees as supporting its authority at home, and facilitating working with other countries as legal equals.[9] China consistency supports goals established by the UN, and supports international institutions.[10] China also stresses the UN as a tool for increasing its influence over global values, a key element in its campaign to make the world more like China itself.

China's UN policy is not without concerns. It fears the UN will be used to create precedents for international action in the domestic affairs of Member States, precedents that could be used against China. As Chinese UN diplomats at the UN said in another context, 'China's continuing and vehement insistence on respect for other nations' sovereignty is not only a cornerstone of its foreign policy but a foundational ethos for the government of a nation that has traditionally struggled to maintain control at its edges —

https://digitallibrary.un.org/record/4077462?ln=en&v=pdf

[8] *United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, E/2024/57*, United Nations: Economic and Social Council, 14 May 2024, https://docs.un.org/en/E/2024/57

[9] 'Xi says China always a trustworthy partner of UN', *Xinhua*, 1 September 2025,

http://en.cppcc.gov.cn/2025-09/01/c_1120831.htm

[10] Wen Sheng, 'China leads global efforts to realize UN sustainable development goals for 2030', *Global Times*, 27 June 2023, https://www.globaltimes.cn/page/202306/1293251.shtml

from Xinjiang and Tibet in the far west to Hong Kong and Taiwan off its east coast.'[11]

European Union: for the 27 Member States of the EU, universal values always matter most. EU Member States can be expected to stress an approach that serves the entire international community, with all countries working toward agreed goals and standards. It often is the most visionary of actors within the UN system. The European Union also is the most generous funder of global development projects, offering grants or subsidized, low-interest loans for major initiatives.

But even the European Union is not as generous as it used to be. Aid money is going down, as it switches funding to national security. And European aid is highly conditional, with careful oversight to ensure it is spent as planned, efficiently, without fraud. Many EU donor states also make their aid conditional on basic national goals, including strengthening democratic government, rule of law, respect for minorities and equal rights for women.

Non-Aligned Movement: The 120 Member States of the NAM, the UN's dominant voting bloc and primarily interested in approaches to any issue that serve their needs as developing economies, burdened with significant poverty and demands for faster economic development. The NAM generally support universal values, such as EU efforts to create global standards on this, like most other issues.

Where the NAM departs from the EU and other advocates of action, is on funding. Although many of its members are not poor—its membership includes many wealthy oil exporters—the NAM routinely demands that any proposal for action come with generous funding, increases in foreign aid from wealthier Western countries.

While the NAM, as post-colonial states, welcome foreign funding, they resist the oversight and control that normally comes with it. Donor countries may offer assistance, but will make it conditional. Such oversight—whether intended to ensure progress toward program goals, to prevent fraud, or the direct investment back to the countries volunteering the money— is seen by NAM members as a threat to their national sovereignty. They welcome the money, in other words, but not the oversight. This sets up a confrontation, a diplomatic challenge, as sides struggle to advance their rival goals.

Russia: Outside the Security Council, Russia can be an unpredictable actor in UN bodies. It's primary goal in all UN fora is insulating Russian freedom of action in Ukraine, to ensure other issues cannot become a wedge allowing discussion of the war or its effects. Russia usually can rely on support from socialist countries like Cuba, Nicaragua, Venezuela and sometimes Vietnam. On particular issues it also can work with China, Iran and North Korea.[12] The United States cooperates with Russia, albeit unpredictably.[13]

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[11] Ted Anthony, 'China, at UN, warns against 'expansion of the battlefield' in the Ukraine war', *Associated Press*, 28 September 2024, https://apnews.com/article/china-united-nations-general-assembly-51ea58a6cd821656382f06ad0b3b93bc

[12] 'General Assembly Debates Russian Federation's Security Council Veto of European

Amendments Seeking 'Just' Peace in Ukraine', *United Nations*, 6 March 2025, https://press.un.org/en/2025/ga12677.doc.htm

[13] James Landale and Patrick Jackson, 'US sides with Russia in UN resolutions on Ukraine', *BBC News*, 25 February 2025, https://www.bbc.com/news/articles/c7435pnle0g

United States: In general, the United States wants to minimize the role of UN agencies in all international issues. Cutting UN budgets is a prominent American goal that will be applied to this issue.[14] Expect American diplomats to work to reduce the cost and effect of any UN initiative. The ideal UN initiative, from their perspective, allows each Member States to do as it pleases.

The American approach is not without international support. Far-right governments in countries like Argentina, El Salvador, Hungary and Israel may be tempted to support the United States.

The United States also has had new success working with authoritarian leaders in non-aligned countries, typically by making issues part of a larger deal, trade-off to other goals American leaders are more concerned with. A large real estate deal, for example, involving territory in a host country, might be facilitated by other commercial deals. In this case, deals with tobacco or medical companies might be used to win development of tourist centers or city re-development plans.

IX. Possible Proposals for Action

There is a wide range of proposals ECOSOC Member States might consider as they work to address the global challenges of NCDs. Each Member State delegation is free to develop their own proposals. When evaluating any proposal basic criteria for judging include: its

effectiveness in response to the problem, financial costs and sources of funding, the impact of the proposal on national sovereignty and other national political goals. In other words, how well will it work, how much does it cost, and how does it affect other national goals? Here are few possibilities of action:

Develop universal goals for reduction of deaths from NCDs: A major question will be whether or not to make funding part of a universal plan. For example, the ECOSOC could ask all Member States to spend a proportion of their national wealth, their annual GDP, on problems of NCD. A level target for spending is fair, but not uncontroversial. Poorer countries, with less disposable income, may demand a matching increase in foreign aid to help them reach the target spending level.

In an age when foreign aid is going down everywhere, this may be impossible. The United States, for example, can be expected to demand that any plan be the sole responsibility of each Member State, pay-as-you-go. Or it might make its agreement contingent on other changes in recipient policy. China may be willing to offer loans to help poorer countries with the cots, while the European Union my be more willing to consider foreign aid programs to offset the costs.

Stress data collection and studies: when agree meant on action is difficult, the UN often finds it easier to encourage the Member States to provide data or mandates the UN Secretary-General to undertake a study on the contorts of the problem, asking questions like where is the problem worst, and which actions seem to help most, or work most cost-effectively, per-patient, per-dollar?

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[14] Amy Mackinnon, Waltz vows to take Trump's chainsaw to the United Nations', *Politico*, 15

June 2025,
https://www.politico.com/news/2025/07/15/mike-waltz-un-ambassador-hearing-00454617

This approach often is the favorite of Member States who are wary to make global priorities without greater knowledge about where the problems are, what works, and the trade-offs. It also can be popular among countries who want no action at all. For them is delays action, which can be their immediate goal.

Data collection and studies are not without controversy. Some Member States will criticize them for doing too little. And some will demand national control over providing data and studies, rather than permit international agencies like the WHO to take. Lead in their territory.

Focus on a specific disease: rather than try to develop global consensus for universal action, which may be impossible, the ECOSOC could target its energy on a specific non-communicable disease or a specific regional NCD problem.

For example, the ECOSOC could make a specific disease the center of its attention, such as lung cancer or Alzheimer's syndrome. It could create an international fund to help countries with the target disease, or set goals for all countries to meet, such as reduced mortality from the targeted disease by twenty percent in ten years.

Focus on a specific region: Alternatively, the ECOSOC can recommend the international community—and UN agencies—focus on non-communicable health problems in a specific country or region. It could focus on Least Developed Countries (LDC). Western Member States might direct attention to NCDs in Ukrainian territory conquered by Russia.

For the most UN Member States especially the Non-Aligned Movement, as well as much of Africa and the Middle East, the country they can agree easiest usually is Palestine. Any policy focusing on Palestine is supported by many Member States as way to focus attention of the problems of Palestine and the war between Hamas and Israel.

The ECOSOC could encourage UN agencies and Member States to make available extra resources to address problems of NCD there, or encourage Member States to open their doors to Palestinians from the territories to visit their countries for treatment. Or it could demand that Israel treat Palestinians in Israel clinics and hospitals.

Bibliography

Mozafari, Hadian M., 'Challenges of the Health System in Preventing Non-Communicable Diseases; Systematized Review', *International Journal of Preventive Medicine*, 25 June 2021, https://pmc.ncbi.nlm.nih.gov/articles/PMC8356955/

NCD Alliance. "Financing NCDs." https://ncdalliance.org/explore-ncds/solutions/financing-ncds

Nugent, Rachel, et al., 'Investing in non-communicable disease prevention and management to advance the Sustainable Development Goals', *The Lancet*, vol. 391, no. 10 (19 May 2018, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30667-6/abstract

Reuters. "Chronic Disease to Cost $47 Trillion by 2030 – WEF." *Reuters*, 18 September 2011, https://www.reuters.com/article/business/healthcare-pharmaceuticals/chronic-disease-to-cost-47-trillion-by-2030-wef-idUSL5E7KI0V3/

Samuels, T.A., et al., "The 2007 CARICOM Port-of-Spain Declaration on Noncommunicable Diseases: An Overview of a Multidisciplinary Evaluation." *Pan American Journal of Public Health* (2018). https://www.paho.org/journal/en/articles/2007-caricom-port-spain-declaration-noncommunicable-diseases-overview-multidisciplinary

UN Economic and Social Council. *United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases,* E/RES/2024/17, United Nations: Economic and Social Council, 25 July 2024, https://digitallibrary.un.org/record/4058986

–. *United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, E/2024/57*, United Nations: Economic and Social Council, 14 May 2024, https://docs.un.org/en/E/2024/57

–. *United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases,* E/RES/2014/10, United Nations: Economic and Social Council, 10 July 2014, https://digitallibrary.un.org/record/777492

– Outcome Document of the High-level Meeting of the General Assembly on the Comprehensive Review and Assessment of the Progress Achieved in the Prevention and Control of Non-communicable Diseases, A/RES/68/300, United Nations: Economic and Social Council, 10 July 2014, https://undocs.org/A/RES/68/300

UN General Assembly, *Scope, modalities, format and organization of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being*, A/79/273. United Nations, General Assembly, 6 March 2025, https://digitallibrary.un.org/record/4077462?ln=en&v=pdf

–. Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, A/RES/73/2, United Nations, General Assembly, 10 October 2018, https://undocs.org/A/RES/73/2

–. Outcome Document of the High-level Meeting of the General Assembly on the Comprehensive Review and Assessment of the Progress Achieved in the Prevention and Control of Non-communicable Diseases, A/RES/68/300, United Nations, General Assembly, 10 July 2014, https://undocs.org/A/RES/68/300

Wikipedia, "Healthcare Reform in China." *Wikipedia*, August 2025, https://en.wikipedia.org/wiki/Healthcare_reform_in_China

—. "Non-communicable Disease." *Wikipedia*, July 2025., https://en.wikipedia.org/wiki/Non-communicable_disease

World Economic Forum & Harvard School of Public Health. *The Global Economic Burden of Non-communicable Diseases.* Geneva: WEF, 2011. https://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicable Diseases_2011.pdf

World Health Organization. 'NCD policy milestones', *World Health Organization*, 2024, https://www.who.int/europe/news-room/timelines/ncd-policy-milestones#year-2024

–. 'Noncommunicable diseases', *World Health Organization*, 23 December 2024, https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases

–. 'SDG Target 3.4 Non-communicable diseases and mental health', *World Health Organization*, 2025, https://www.who.int/data/gho/data/themes/topics/sdg-target-3_4-noncommunicable-diseases-and-mental-health