WHO Chair Report

Topic 2: Developing Innovative Strategies to Combat the Global Heart Disease and Obesity Crisis

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Personal Statements

Chair – Joseph Whitener

Hello everyone, I am Joseph Whitener
I am honoured to be serving as the
head chair for the World Health
Organization at the 18th annual MUNISS
Conference. I am 16 years old and this
will my third MUN conference and my
Second MUNISS conference. I hope you
all will enjoy the conference and I can't
wait for it to start
Best Regards
Joseph Whitener

Deputy Chair – Ann-Sophie Frey

Fellow chairs, distinguished guests and dear dear delegates,
I am Ann-Sophie Frey and am honoured to be serving as your deputy chair in the World Health Organisation at the 18th annual MUNISS conference. I am 15 years old, from Germany and go to the International School of Stuttgart. This will be my 4th MUN conference but my 2nd MUNISS. In the past I have attended conferences outside of Germany, like in the Netherlands, as a delegate. This is my first time chairing and I am very much looking forward to it! I hope to make this conference fun and enjoyable and am excited to meet everyone!
See you all in April,
Best regards
Ann-Sophie Frey

Introduction

Heart disease and obesity are among the most serious public health challenges of the modern times, it affects millions worldwide. Cardiovascular diseases (CVDs), such as heart attacks and strokes, are the leading cause of death globally; they cause roughly 32% of all deaths each year (World Health Organization). Obesity is a significant factor for a risk of heart disease, with over 1 billion people worldwide considered either overweight or obese (NCD Risk Factor Collaboration). This crisis is fueled by a combination of unhealthy diets, sedentary lifestyles, and socioeconomic disparities. These issues that fuel the crisis places immense strain on the healthcare systems and economies of countries. Without finding a solution, the prevalence of these conditions is projected to rise mainly in low and middle income countries (Micha et al.).

Governments and international organisations, such as the World Health Organization (WHO), have been working to combat these issues through different solutions such as campaigns, different policies, and health initiatives . A few different strategies included a tax on sugary drinks, restrictions on the advertisement of unhealthy foods, and planning cities to encourage physical activity have been implemented in different regions (WHO, "Obesity and Overweight"). However the effectiveness of these measures varies widely, often they face resistance from corporations, industries, and cultural opposition. Along with that advancements in telemedicine, AI driven healthcare interventions, and personalized nutrition plans have provided some new and modern solutions to tackling heart disease and obesity (Afshin et al.).

Our committee will explore solutions to combat heart disease and obesity by discussing technological advancements, different policies, and grassroots initiatives. Delegates must develop sustainable, culturally sensitive, and economically viable solutions to address these serious public health challenges. It is necessary to balance government intervention, public awareness campaigns, and corporate responsibility while fostering international cooperation. As delegates representing various nations, you must engage in debate to collaborate on policies, and propose possible solutions that will have a lasting positive impact on global health.

Glossary

- **CVD or Cardiovascular Disease** - A type of disease affecting the heart and blood vessels, impacts of this disease include heart attacks, strokes, and hypertension. CVDs are the leading cause of death worldwide (World Health Organization, 2021).
- **Obesity** - Obesity is a term referring to a medical condition when there is an excessive amount of body fat accumulated that increases the risk of health complications such as heart disease, diabetes, and high blood pressure. Obesity is defined by having a Body Mass Index (BMI) of 30 or higher (NCD Risk Factor Collaboration, 2017).
- **BMI or Body Mass Index** - A measurement used to assess body weight in relation to height, it is calculated as weight (kg) divided by height (m^2). A BMI over 25 is considered overweight, while a BMI over 30 is classified as obese (World Health Organization, 2021).
- **Non-Communicable Diseases (NCDs)** - Chronic diseases that are not caused by infectious agents, such as cardiovascular diseases, diabetes, cancers, and respiratory diseases**.** NCDs account for over 70% of global deaths (Bloom et al., 2011; WHO, 2014).
- **Hypertension (High Blood Pressure)** – A condition in which the force of the blood against the artery walls is too high, often leading to an increased risk of heart disease and stroke (Yusuf et al., 2017).
- **Metabolic Syndrome** – A cluster of conditions, including high blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol levels, that increase the risk of cardiovascular disease and diabetes (Bloom et al., 2011).
- **Processed Foods** – Foods that have been altered from their natural state for safety reasons or convenience, often containing high levels of added sugar, salt, and unhealthy fats (Monteiro et al., 2019).
- **Ultra-Processed Foods** – Industrially formulated foods that include ingredients not typically found in home kitchens, such as artificial additives, preservatives, and emulsifiers, contributing to obesity and other health issues (Monteiro et al., 2019).

- **Sedentary Lifestyle** – A type of lifestyle with little or no physical activity, often associated with increased risks of obesity, cardiovascular disease, and other non-communicable diseases (WHO, 2021).

Issue Explanation

Heart disease and obesity are two of the more severe and interconnected global health crises of the modern era. Cardiovascular diseases (CVDs) are the leading cause of death worldwide, they are responsible for around 32% of all global deaths. Meanwhile obesity has reached all time high levels, with over 1 billion people considered as overweight or obese (World Health Organization, *Obesity and Overweight*). The increasing prevalence of sedentary lifestyles, unhealthy diets, and limited access to preventative healthcare has led to a crisis, particularly in low and middle-income countries where resources to combat such conditions are harder to come by. Without the right intervention, healthcare systems will continue to be overwhelmed, and economic productivity will suffer thanks to a rising number of individuals affected by these conditions (Afshin et al.).

Humanitarian and Social Impact

The humanitarian impact of heart disease and obesity is significant, they contribute to millions of preventable deaths each year. These diseases do not only reduce life expectancy but also significantly lower the quality of life for one suffering from it, leading to complications such as hypertension, diabetes, and mobility issues (GBD 2017 Diet Collaborators).. Individuals suffering from obesity and heart disease also can experience social stigma and discrimination, particularly in professional and educational settings, which can lead to mental health issues such as depression and anxiety (Puhl & Heuer, *Obesity Stigma: Important Considerations for Public Health*). Additionally, low income communities are disproportionately affected due to limited access to healthcare, education, and affordable healthy food options (Micha et al.).

Economic Consequences

The economic consequences of these health crises are extreme, as governments and private healthcare systems struggle to cover the rising costs of treating non-communicable diseases (NCDs). The direct costs of medical treatments, surgeries, and long term care for heart disease and obesity related conditions place immense pressure on national healthcare budgets (Bloom et al., *The Global Economic Burden of Non-Communicable Diseases*).

What Happens if the Issue is Not Addressed

If this is left unaddressed, the global burden of heart disease and obesity will continue to rise, leading to an increased mortality rate and higher prevalence of chronic illnesses . Healthcare systems, particularly in developing nations, will face greater financial and logistical challenges in managing the growing number of

cases (GBD 2017 Risk Factor Collaborators). Along with this future generations will inherit the lifestyle of ultra processed foods and inactivity which will lead to the crisis getting worse (Monteiro et al.). Without strategic intervention, inequality in healthcare will widen, as wealthier nations and individuals will benefit from advanced treatments, meanwhile poorer populations will suffer from preventable diseases due to systematic failures (Popkin et al.).

Who Does the Issue Affect?

The issue of disease and obesity can affect people of all ages, socioeconomic backgrounds, and nationalities, but certain groups are more vulnerable to being affected:

- **Low-income populations** – Limited access to nutritious food and preventive healthcare puts them at higher risk (Drewnowski & Darmon).
- **Children and adolescents** – Increasing childhood obesity rates due to processed food consumption and sedentary lifestyles threaten future generations (Lobstein et al.).
- **Elderly populations** – Older individuals are at greater risk of CVDs, often requiring expensive long-term medical care (Yusuf et al.).
- **Developing nations** – Countries with weak healthcare infrastructure and economic instability face the greatest challenges in addressing health crises (World Bank). Many low- and middle-income countries lack sufficient funding for public health initiatives, making it difficult to implement large-scale obesity prevention programs. Limited access to healthcare professionals, medical supplies, and advanced treatment options exacerbates the problem, leaving many patients without early intervention or management of chronic conditions (WHO, 2021). Additionally, economic instability often forces governments to prioritize immediate economic concerns over long-term health investments. Poor urban planning, food insecurity, and the aggressive marketing of unhealthy, ultra-processed foods in these regions further contribute to rising obesity and cardiovascular disease rates (Monteiro et al., 2019).
- **Governments and economies** – The financial strain of treating obesity-related conditions and cardiovascular diseases affects national healthcare budgets and workforce productivity (OECD).

Perspectives of Parties Involved

United States

The United States has one of the highest obesity rates in the world, affecting approximately 42% of adults, according to the Centers for Disease Control and Prevention (CDC). While some states have introduced taxes on sugary beverages and stricter food labeling laws, there is strong resistance from the food and beverage industry, limiting national regulation. The U.S. healthcare system remains more focused on treating obesity related illnesses rather than preventing them, which lead to higher medical costs and increased economic burdens. The government has launched initiatives like "Let's Move" to promote physical activity, yet unhealthy food marketing continues to heavily target children.

United Kingdom

The United Kingdom has taken a more proactive stance on addressing obesity. They have implemented a sugar tax, strict food labeling laws, and restrictions on junk food advertising. In 2018, the U.K. introduced a Soft Drinks Industry Levy, which led to a 29% reduction in sugar content in popular soft drinks within two years (Public Health England). The National Health Service (NHS) provides government supported obesity treatment and prevention programs, including weight management clinics and public awareness campaigns. A study by the NHS found that "the cost of obesity-related health issues in the U.K. is projected to rise to £9.7 billion annually by 2050 if not effectively controlled."

China

China has suffered from a rapid increase in obesity rates, specifically among young children, due to urbanization and the adoption of Western style diets. The excessive amount of processed food consumption along with a decrease in physical activity have contributed to the rise in cardiovascular diseases. The Chinese government has implemented school nutrition programs and fitness initiatives, while also promoting traditional dietary habits, such as increased vegetable and whole grain consumption (Wang et al.).

Russia

Russia faces one of the highest rates of obesity and cardiovascular disease in Europe, with diets rich in processed foods, alcohol, and high-fat meals contributing to the crisis. While the government has encouraged physical activity through fitness initiatives and nutrition awareness programs, it has been less strict in regulating unhealthy food industries. A report from the Russian Ministry of Health states, "Preventive measures in obesity and heart disease remain secondary to

treatment, leading to long-term strain on the healthcare system." With healthcare policies heavily focused on managing rather than preventing NCDs, obesity and cardiovascular diseases remain a growing challenge.

France

France boasts one of the lowest obesity rates in Europe largely due to strict regulations on food marketing, portion control, and an emphasis on balanced diets. The government has introduced healthy school meal programs and public health campaigns to discourage fast food consumption. The French Ministry of Health promotes Mediterranean-style diets and local food production, emphasizing fresh, whole foods over processed meals. However obesity rates are rising in France particularly in children (Cara).

India

India struggles with a dual burden of malnutrition and obesity, undernutrition is still prevalent in some regions, obesity especially in urban areas has experienced a rapid rise. The Indian government has promoted yoga, fitness, and national health campaigns to encourage healthy eating. but access to healthcare remains unequal across different economic groups. A World Bank report warns, "Overweight/obesity is increasing rapidly in India, particularly among women and urban populations" (World Bank).

Brazil

Brazil has addressed obesity through public health policies and strict dietary guidelines discouraging the consumption of ultra processed foods. Despite these efforts, urbanization has led to increased obesity rates, with 29.7% of Brazilian adults projected to be obese by 2030 (World Obesity Federation). The Organisation for Economic Co-operation and Development (OECD) notes, "Average rates of adult obesity in OECD countries have increased from 21% in 2010 to 24% in 2016, with Brazil experiencing significant growth" (OECD). The Brazilian Ministry of Health continues to promote traditional diets over processed foods, but economic factors influence dietary choices, particularly among low-income populations.

Gabon

Gabon is experiencing a rise in obesity rates in urban areas, while rural communities still struggle with food insecurity. According to the Global Nutrition Report, 22.7% of adult women and 11.4% of adult men in Gabon are obese, surpassing the regional average (Global Nutrition Report). Increased consumption of processed and imported foods has contributed to dietary shifts away from traditional foods. The report highlights that "Gabon has shown limited progress

towards achieving the diet-related non-communicable disease (NCD) targets" (Global Nutrition Report).

History of the Topic

The global crisis of heart disease and obesity has evolved over the years, shaped by the change in dietary habits, industrialization, urbanization, and economic changes. Historically, obesity was not a common and widespread health concern, but something considered to be of stature linked to your wealth and influence. However, in the 20th and 21st centuries, the rise of processed foods, sedentary lifestyles, and economic disparities has contributed to its rapid escalation. Simultaneously, heart disease became the leading cause of mortality worldwide, driven by changes in diet, tobacco use, and decreased physical activity (WHO, *Global Status Report on Non-Communicable Diseases*).

The Rise of Processed Foods and Industrialization

The industrial revolution and subsequent agricultural advancements led to the mass production of processed foods, making calorie dense, low nutrient food more accessible. The introduction of hydrogenated oils, refined sugars, and artificial preservatives in the early 20th century transformed the global food supply, particularly in high income nations (Popkin et al.). The rise of fast food chains in the 1950s and 1960s, starting in the United States and later expanding globally, normalized high-calorie diets, leading to an increase in obesity related illnesses (Moss, *Salt Sugar Fat*).

The Link Between Economic Growth and Obesity

Economic development has played a dual role in shaping global health trends. While improved economies led to better healthcare and longer life expectancy, they also increased access to processed foods and sedentary lifestyles. Middle-income countries such as China, India, and Brazil have seen obesity rates skyrocket as their economies have modernized (OECD, Obesity Update). In these nations, traditional diets rich in whole grains, vegetables, and lean proteins have been replaced by highly processed, calorie-dense alternatives.

The Role of Globalization in Diet and Lifestyle

The globalization of food markets has widened the spread of Western dietary patterns to low and middle income countries as over processed food is a cheaper longer lasting alternative. Multinational food corporations have introduced ultra processed products into markets where they were previously unavailable, replacing traditional diets with sugar laden beverages, processed meats, and refined carbohydrates (Monteiro et al.). This transition has been particularly evident in countries like Brazil, Indonesia, and Gabon, where rising fast food consumption has contributed to obesity-related health issues (Global Nutrition Report).

Governmental and International Responses

Recognizing the rising threat of obesity and cardiovascular disease, international organizations such as the World Health Organization (WHO) and the United Nations (UN) have launched initiatives to reduce sugar intake, promote physical activity, and regulate unhealthy food marketing (WHO, *Global Action Plan for the Prevention and Control of NCDs*). Some countries, like the United Kingdom and Saudi Arabia, have implemented sugar taxes to reduce excessive sugar consumption, while others, like Brazil and India, have promoted traditional diets and local food systems (OECD). Despite these efforts, progress remains slow, as corporate interests and economic constraints continue to challenge widespread implementation (Micha et al.).

Current Trends and Future Challenges

Today, obesity and heart disease continue to rise, particularly in emerging economies. If left unaddressed, the economic and healthcare burden of these diseases will reach unsustainable levels, particularly in low-income nations where healthcare access is already limited (World Bank). Moving forward, addressing this crisis requires a global, multi-sectoral approach, including government policies, industry regulations, and public health education.

Potential Solutions for the issue:

Previous Attempts to Address the Issue

Over the past few decades, various international organizations, national governments, and public health initiatives have attempted to combat the rising crisis of heart disease and obesity. Despite these efforts, the issue persists, requiring stronger policy enforcement, international cooperation, and innovative solutions.

United Nations and WHO-Led Initiatives

The World Health Organization (WHO) has played a leading role in addressing non-communicable diseases (NCDs), including obesity and heart disease. In 2013, WHO introduced the Global Action Plan for the Prevention and Control of NCDs (2013–2020), setting voluntary targets such as reducing premature mortality from cardiovascular diseases by 25% by 2025 (WHO, Global Action Plan). Additionally, the WHO Commission on Ending Childhood Obesity (ECHO) published recommendations to curb obesity in children through school-based interventions, stricter marketing regulations, and taxation on unhealthy food products (WHO, ECHO Report).

In 2016, the United Nations (UN) adopted Sustainable Development Goal (SDG) 3, which aims to ensure healthy lives and promote well-being for all ages. One of its specific targets is to reduce premature deaths from NCDs by one-third by 2030 (United Nations, SDGs). The UN also supported the WHO Global Strategy on Diet, Physical Activity, and Health, encouraging countries to implement policies that promote healthier lifestyles (WHO, Global Strategy).

Government Policies and International Agreements

Many nations have adopted policies to combat obesity and cardiovascular diseases, with varying levels of success. The United Kingdom introduced a Soft Drinks Industry Levy (sugar tax) in 2018, leading to a 29% reduction in sugar content in soft drinks within two years (Public Health England). Similarly, Mexico implemented a 10% tax on sugary beverages in 2014, which led to a 7.6% decline in soda consumption in the first year (BMJ, *Evaluation of Mexico's Sugar Tax*).
The European Union (EU) has regulated food advertising to children, restricting the marketing of high-fat, high-sugar, and high-salt products. Meanwhile, countries like Brazil and France have implemented school meal reforms, ensuring that children receive healthier food options (OECD, *Obesity Update*). Saudi Arabia and India have begun taxing sugar-sweetened beverages, while China has introduced

school-based fitness programs to counteract rising obesity levels (World Bank, *Obesity Report*).

Private Sector and Civil Society Contributions

Beyond government action, non-governmental organizations (NGOs) and private sector initiatives have contributed to obesity and heart disease prevention. The World Obesity Federation has advocated for stricter global regulations on food marketing and clearer nutritional labeling on processed foods. The Global Alliance for Improved Nutrition (GAIN) works with governments and businesses to make healthier food more accessible, particularly in low-income countries (GAIN, *Annual Report*).

Major food corporations have also pledged to reduce sugar and trans-fat content in their products. Companies like Nestlé and PepsiCo have reformulated products to lower calorie content, though critics argue that these efforts remain insufficient and largely voluntary (Monteiro et al.).

Current Debates and Potential Solutions

Despite these initiatives, many policy measures face industry resistance and enforcement challenges. One of the most debated solutions is the expansion of sugar taxes, with supporters arguing that they discourage unhealthy consumption, while opponents claim they disproportionately affect low-income consumers (Micha et al.).

While progress has been made, no single policy has resolved this issue. This is why it is critical for international cooperation, stronger regulations, and a focus not just on prevention or treatment but both. As delegated in this committee, you are tasked with developing actionable, innovative, and globally applicable solutions to combat heart disease and obesity in a sustainable and effective manner.

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