

**Topic A: Diabetes Control And Prevention
Across The World In Relation To Regulating
The Food Industry And Health Campaigns**



I. Committee Background

The World Health Organization is a United Nations organization that was founded in 1948 that links nations, partners, as well as individuals to promote health, protect the environment, and assist the vulnerable and disadvantaged so that everyone can live as healthy as possible.

Global initiatives to increase access to universal health care are led by WHO. They oversee and plan the global response to medical crises. Additionally, they advocate for better lifestyles from conception to old age. Their Triple Billion targets present an ambitious strategy based on science-based policies and programs to ensure universal access to good health.

II. Topic history

Diabetes, also known as Diabetes mellitus, is a group of metabolic diseases involving carbohydrates, lipids and protein metabolism. It is characterized by persistent hyperglycemia, which is a state of high blood glucose that continues firmly over a certain period of time, and therefore results from defects in insulin secretion (from cells in the Pancreas).

Research of diabetes can be traced from the Egyptian papyri, in ancient Indian and Chinese medical literature, as well as, in the work of ancient Greek and Arab physicians.

Born into poverty in Beaujolais, Claude Bernard, at the age of 19, apprenticed as an apothecary. He enrolled in the Medical School of Paris and eventually became an assistant to the renowned François Magendie, a pioneer in experimental physiology. Bernard's subsequent research career proved remarkably successful, leading to his membership in the Academy of Sciences in 1854.

In 1855, following Magendie's passing, Bernard succeeded him to the chair of experimental physiology at the College de France. His achievements were further recognized by Emperor Napoleon III, who admired him to the extent of creating two laboratories and appointing him as a Senator. Bernard continued his groundbreaking work, challenging prevailing theories about diabetes. Initially misattributing it to a nervous affection of the lungs, he conducted experiments injecting grape sugar into a dog's jugular vein, eventually uncovering the liver's crucial role in storing and converting glycogen into glucose. This discovery challenged prevailing notions about diabetes, emphasizing the liver's significance in the disease's pathology.

III. Current Issues

Diabetes continues to pose significant challenges globally, demanding urgent attention and concerted efforts for effective management and prevention. Diabetes, characterized by elevated blood sugar levels, has reached alarming proportions, affecting millions of people and straining healthcare systems worldwide.

One of the foremost concerns is the escalating prevalence of diabetes, both type 1 and type 2. The WHO recognizes that the growing incidence of diabetes is intricately linked to lifestyle factors such as unhealthy diets, physical inactivity, and obesity. The global rise in these risk factors underscores the need for comprehensive public health strategies to promote healthier living, including targeted educational campaigns and policy interventions.

Access to healthcare and essential medicines remains a critical issue in the fight against diabetes. Many individuals, particularly in low- and middle-income countries, face challenges in obtaining timely diagnoses, regular screenings, and affordable medications. The WHO advocates for equitable access to diabetes care and emphasizes the importance of integrated health systems that address not only treatment but also prevention and health promotion.

Furthermore, the WHO is actively addressing the rising economic burden of diabetes on both individuals and healthcare systems. Diabetes-related complications can lead to increased healthcare costs and reduced productivity. The organization emphasizes the importance of investing in cost-effective interventions, early detection, and management to alleviate the economic strain associated with diabetes.

Another significant concern is the link between diabetes and other health conditions. Individuals with diabetes face a higher risk of cardiovascular diseases, kidney failure, and complications affecting the eyes and nerves. The WHO emphasizes the need for a holistic approach to diabetes care, recognizing and managing the interconnections between diabetes and other non-communicable diseases.

DIABETES

DIABETES IS ON THE RISE

422 MILLION adults have diabetes

3.7 MILLION deaths due to diabetes and high blood glucose

1.5 MILLION deaths caused by diabetes

THAT'S 1 PERSON IN 11

Main types of diabetes

- TYPE 1 DIABETES**
Body does not produce enough insulin
- TYPE 2 DIABETES**
Body produces insulin but can't use it well
- GESTATIONAL DIABETES**
A temporary condition in pregnancy

Consequences
Diabetes can lead to complications in many parts of the body and increase the risk of dying prematurely.

- Stroke
- Blindness
- Heart attack
- Kidney failure
- Amputation

www.who.int/diabetes/global-report #diabetes World Health Organization

The WHO remains committed to tackling the challenges posed by diabetes. This includes addressing the root causes of the disease, ensuring access to quality healthcare, and implementing strategies that encompass both prevention and comprehensive management.

The burden of diabetes on the health care system mandates efforts to more optimally treat those with the disease and to prevent its development in those at risk. Early and intensive intervention in patients with diabetes reduces the risk of microvascular and macrovascular complications and disease progression. Current challenges in diabetes management include: (1) optimizing the use of currently available therapies to ensure adequate glycemic, blood pressure, and lipid control and to reduce complications; (2) educating patients on diabetes self-management; (3) improving patient adherence to lifestyle and pharmacologic interventions; (4) reducing barriers to the early use of insulin; and (5) improving the delivery of health care to people with chronic conditions.

The latest and most comprehensive calculations show the current global prevalence rate is 6.1%, making diabetes one of the top 10 leading causes of death and disability. At the super-region level, the highest rate is 9.3% in North Africa and the Middle East, and that number is projected to jump to 16.8% by 2050.

IV. UN Action

In 2007 General Assembly adopted resolution 61/225 designating 14 November as World Diabetes Day. The document recognized “the urgent need to pursue multilateral efforts to promote and improve human health and provide access to treatment and health-care education.”

The resolution also encouraged Member States to develop national policies for the prevention, treatment and care of diabetes in line with the sustainable development goals of their health-care systems.

In April 2021, the World Health Organization (WHO) launched the Global Diabetes Compact (GDC), an initiative aiming to make sustained improvements in type 2 diabetes (T2DM) prevention and care for people living with all forms of diabetes. The engagement of people living with diabetes is a priority area for WHO. Previous engagements include a series of focus groups and informal regional consultations. The event was entirely designed by people living with diabetes. Sixty-four individuals representing 28 countries attended the 2-day virtual event to discuss the realities and challenges.



V. Global Perspectives

Urbanization-Driven Challenges

Several nations, including China, Russia, Mexico, Indonesia, Turkey, and Iran, grapple with a surge in diabetes attributed to rapid urbanization and lifestyle changes. The complexities arise from the delicate balance between economic development and public health. Urban areas bear the brunt of the rise in type 2 diabetes. These nations are actively engaged in comprehensive strategies, emphasizing the need for healthier lifestyles, routine screenings, and affordable access to diabetes care. Efforts are concentrated on improving healthcare infrastructure, raising awareness about risk factors, and implementing policies to encourage healthier lifestyles, particularly in urban settings.

Prevalence and Socio-Economic Challenges

India, the United States, Brazil, Nigeria, Bangladesh, Vietnam, and the Philippines face varying degrees of diabetes prevalence intertwined with socio-economic challenges. India witnesses a diabetes epidemic with rising cases of both type 1 and type 2 diabetes. The United States grapples with significant public health concerns, especially for marginalized communities. Brazil addresses a surge influenced by urbanization, dietary habits, and genetic factors. Nigeria, Bangladesh, Vietnam, and the Philippines implement diverse strategies, including awareness campaigns, healthcare reforms, and community-based interventions. The focus is on mitigating the impact of diabetes and improving healthcare access, considering the unique socio-economic contexts of each nation.

Unique Socio-Economic Context

Ethiopia, Egypt, DR Congo, Thailand, and South Africa navigate a diabetes burden within distinctive socio-economic contexts. Ethiopia, amidst broader health challenges, focuses on strengthening healthcare infrastructure, enhancing diabetes awareness, and implementing preventive measures. Egypt addresses a high prevalence linked to lifestyle changes and genetic factors, emphasizing public health campaigns and healthcare infrastructure enhancements. DR Congo, grappling with broader socio-economic concerns, strengthens healthcare systems, raises awareness, and integrates preventive measures. Thailand, facing a surge in diabetes driven by urbanization, implements public health campaigns, community-based interventions, and healthcare access improvements. South Africa, with challenges compounded by socio-economic factors, emphasizes diabetes education, community engagement, and healthcare infrastructure improvements tailored to its unique context.

VI. Essential Questions

1. How does your government approach public education and awareness about diabetes, emphasizing early detection and preventive measures?
2. What policies and regulations has your delegation enacted to support individuals with diabetes and address socio-economic factors contributing to the disease?
3. How is your country collaborating with international organizations and other nations to implement effective strategies for diabetes prevention and management?
4. What technological innovations is your country exploring to improve diabetes management and treatment outcomes?
5. How does your government involve people living with diabetes in decision-making processes related to healthcare policies and programs?
6. Can your delegation share success stories or best practices from your country's efforts in combating diabetes, especially in terms of community engagement and health promotion?
7. What steps has your government taken to integrate mental health support into diabetes care, recognizing the psychological impact of the disease?
8. How is your country addressing disparities in diabetes care, considering factors such as gender, socio-economic status, and geographic location?
9. Can your delegation outline specific plans or initiatives aimed at building resilience in healthcare systems to effectively respond to diabetes-related emergencies or crises?
10. What role does research and development play in your country's strategy to find innovative solutions for preventing and managing diabetes?

VII. Committee Members

1. Bangladesh
2. Brazil
3. China
4. DR Congo
5. Egypt
6. Ethiopia
7. India
8. Indonesia
9. Iran
10. Japan
11. Mexico
12. Nigeria
13. Pakistan
14. Philippines
15. Russia
16. South Africa
17. Thailand
18. Turkey
19. United States
20. Vietnam

VIII. Reference

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