

# 2022 update of Appendix 3 of the Global NCD Action Plan 2013-2030

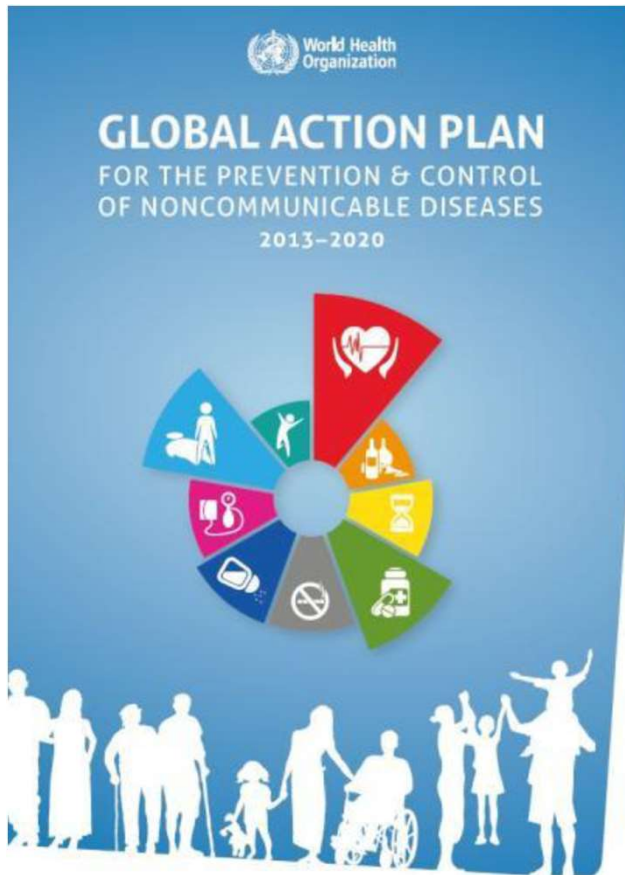
Information sessions for Member States (16 September 2022)  
and Non State Actors (19 September 2022)



# Agenda of today

- Mandate and process to date to the 2022 update of Appendix 3
- Draft 2022 update of appendix 3 for consideration by WHA76 through EB152
- Methods, data sources and technical briefs
- Discussion

# What is Appendix 3?



- Menu of policy options to support the implementation of the 6 objectives of the WHO Global NCD Action Plan 2013-2030<sup>1</sup>
- Initial list of interventions as an Appendix to WHO Global NCD Action Plan 2013-2020, endorsed by WHA 66.10 resolution in 2013
- Provides guidance on the effectiveness and cost-effectiveness of selected population-based and individual interventions
- The last revision of the Appendix 3 was endorsed by the World Health Assembly in 2017 (decision WHA70.11)<sup>2</sup>

<sup>1</sup> As per decision WHA72(11) in 2019 the period of the NCD GAP has been extended to 2030

<sup>2</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_R11-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R11-en.pdf)

# 2022 update of appendix 3: mandate

- As per paragraph 3(a) of decision WHA72(11) in 2019<sup>1</sup>
- As part of the recommended actions for the Secretariat to be taken in 2022 to further support the NCD Implementation Roadmap 2023–2030 for the global action plan for the prevention and control of NCDs 2013–2030 (decision WHA75(11))<sup>2</sup>
- EB152 recommends consideration by WHA76

<sup>1</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf)

<sup>2</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75(11)-en.pdf)



World Health  
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SEVENTY-SECOND WORLD HEALTH ASSEMBLY  
Agenda item 11.8

WHA72(11)  
28 May 2019

## **Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases**

The Seventy-second World Health Assembly, having considered the report on follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: prevention and control of noncommunicable diseases,<sup>1</sup> describing the outcomes of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, decided:

(1) to welcome the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases adopted by the United Nations General Assembly in resolution 73/2 (2018), and to request the Director-General to provide support to Member States in its implementation;

(2) to confirm the objectives of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and WHO's comprehensive mental health action plan 2013–2020 as a contribution towards the achievement of Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and other noncommunicable disease-related goals and targets, and to extend the period of the action plans to 2030 in order to ensure their alignment with the 2030 Agenda for Sustainable Development;

(3) to request the Director-General:

(a) to propose updates to the appendices of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and WHO's comprehensive mental health action plan 2013–2020, as appropriate, in consultation with Member States and taking into account the views of other stakeholders,<sup>2</sup> ensuring that the action plans remain based on scientific evidence for the achievement of previous commitments for the prevention and control of noncommunicable diseases, including Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and other related goals and targets;



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# The 2022 update of Appendix 3

- The Appendix 3 is updated to:
  - Consider interventions from *new WHO normative and standard-setting products* since the adoption of the WHO Global NCD Action Plan 2013-2020
  - *Refine formulation of existing* interventions to reflect WHO guidance.
  - *Update and add interventions* based on agreed criteria and new and available scientific evidence on impact.

# Timeline

1<sup>st</sup> WHO discussion paper published for web-based consultation (June 1)

1<sup>st</sup> consultation with Member States (June 20) and non-State actors (June 21)

2<sup>nd</sup> consultation with Member States (Sept 16) and non-State actors (Sept 19)

WHA76 will be invited to endorse the 2022 update of Appendix 3

Oct 2021-Jan 2022

1 August-28 Aug 2022

Jan 2023

May 2023

1-26 June 2022

16-20 Sept 2022

Review and update of list of interventions & validation by technical units across WHO

2<sup>nd</sup> WHO discussion paper published for web-based consultation (Aug. 28)

EB152 recommends consideration of decision to WHA76

Analysis (Feb-July 2022)

# Discussion paper

- Contains:
  - Preamble (page 1-4) used for the consultation
  - Preliminary updated Appendix 3 in Annex 1 (page 5 onwards) – this is the document that it is going to be submitted to EB152
- Includes a *methodological annex* with information on identification of interventions, country selection, WHO-CHOICE methods.
- *Technical briefs* with detailed information for each disease and risk factor area on input parameters and assumptions are provided separately.
- All documents can be found on the consultation website:  
<https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030/>

## Discussion paper



WHO Discussion Paper (version dated 1 August 2022)

### Draft Updated Appendix 3 of the WHO Global NCD action plan 2013-2030

#### MANDATE

1. Paragraph 3(a) of decision WHA72(11) requested the Director-General to, inter alia:

"to propose updates to the appendices of WHO's Global Action Plan for the Prevention and Control of NCDs 2013-2020 and WHO's comprehensive mental health action plan 2013-2020, as appropriate, in consultation with Member States and taking into account the views of other stakeholders, ensuring that the action plans remain based on scientific evidence for the achievement of previous commitments for the prevention and control of noncommunicable diseases, including Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and other related goals and targets"

This WHO Discussion paper is prepared pursuant to this decision.

#### BACKGROUND

2. In line with paragraph 3(a) of decision WHA72(11), the WHO Secretariat is updating the 2017 version of the Appendix 3 of the WHO Global NCD Action Plan 2013-2020, now extended until 2030, considering new scientific evidence as well as new WHO recommendations, since the 2017 update.
3. The WHO Global NCD Action Plan contains five appendices. Appendix 3 consists of a menu of policy options to support the implementation of the 6 objectives of the WHO Global NCD Action Plan. It outlines a list of policy options and cost-effective interventions. Member States should prioritize in order to prevent and control NCDs. The last revision of the Appendix 3 of the WHO Global NCD Action Plan<sup>1</sup> was endorsed by the World Health Assembly in 2017 (decision WHA70.11). That endorsement by WHA70, in May 2017, enabled the WHO Secretariat to include an updated Appendix 3 in the report of the UN Secretary-General to the United Nations General Assembly on NCDs of December 2017 (see paragraphs 10, 15, Table 3, Table 5, 53, 55, 59 and 60 of A/72/662).

<sup>1</sup> World Health Assembly 74 (2019) Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. WHA72(11) <https://apps.who.int/iris/handle/10665/359252>

<sup>2</sup> World Health Organization (2017). Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. World Health Organization. <https://apps.who.int/iris/handle/10665/259252>



# The 2022 update: identification of interventions

- Same as for 2017 update<sup>1</sup> (endorsed by Member States at EB138 and WHA69):

## Process

Criteria for an intervention to be considered :

- Demonstrated and quantifiable effect size, from at least one published study in a peer reviewed journal;
- An intervention must have a clear link to one of the global NCD targets.

All 2017 interventions were re-analysed

Technical units across WHO were asked to:

- Revise 2017 interventions if necessary
- Add interventions for which new evidence or WHO guidance has emerged

<sup>1</sup> World Health Organization (2017) Technical annex, Updated appendix 3 of the WHO Global NCD Action Plan 2013-2020. 2017 (v12 April).



# The 2022 update: number of interventions

- In 2017 update: 88 interventions, including overarching/enabling policy actions
  - Of these, 39 interventions had an estimate of cost-effectiveness
- In 2022 update: 104 interventions, including overarching/enabling policy actions
  - Of these, 58 interventions have an estimate of cost-effectiveness

Interventions	2022 interventions with CHOICE analysis	Other interventions from WHO guidance without CHOICE analysis	Total
<b>NCD risk factors (objective 3)</b>			
Tobacco	7	2	9
Harmful use of alcohol	5	6	11
Healthy diet	7	4	11
Physical inactivity	2	5	7
<b>NCD management (objective 4)</b>			
Cardio-vascular diseases	13	5	18
Diabetes	6		6
Chronic respiratory diseases	4	3	7
Cancer	14		14
<b>Total</b>	<b>58</b>	<b>25</b>	<b>83</b>

# Some key changes: Risk factor interventions

Tobacco	<ul style="list-style-type: none"><li>• Inclusion of mCessation into population-wide tobacco cessation intervention to all tobacco users</li><li>• New intervention capturing pharmacological interventions for tobacco cessation</li></ul>
(Un)healthy diet	<ul style="list-style-type: none"><li>• For all interventions, various nutrients in addition to sodium were considered (TFA, SFA, dietary fibre, energy, fruit).</li><li>• Removal of transfat elimination as a separate intervention and included under reformulation policies.</li><li>• New intervention on promotion of breastfeeding</li><li>• <b>SSB taxation's results have been added</b></li><li>• <b>Analysis has been carried out for the intervention on marketing restrictions</b></li></ul>
Physical inactivity	<ul style="list-style-type: none"><li>• Population in need for brief intervention (assessment &amp; counselling) to include both physically active and inactive.</li><li>• Public communication campaigns on physical activity definition updated</li></ul>
Alcohol	<ul style="list-style-type: none"><li>• No changes</li></ul>

Note: Text in bold represent changes since the first consultation

# Some key changes: MND interventions

Cardiovascular diseases	<ul style="list-style-type: none"> <li>• Update of the WHO CVD risk charts and new risk threshold</li> <li>• 4 new interventions with CEA: <ul style="list-style-type: none"> <li>• Pharmacological treatment of hypertension,</li> <li>• Treatment of acute ischemic stroke with mechanical thrombectomy,</li> <li>• Providing low-dose acetylsalicylic acid for secondary prevention of ischaemic stroke and</li> <li>• Comprehensive care of acute stroke patients in stroke units</li> </ul> </li> <li>• <b>2 new interventions without CEA:</b> <ul style="list-style-type: none"> <li>• <b>Treatment of hypertension using single pill combination anti-hypertensives</b></li> <li>• <b>Secondary prevention of coronary heart disease</b></li> </ul> </li> </ul>
Diabetes	<ul style="list-style-type: none"> <li>• 3 new interventions: <ul style="list-style-type: none"> <li>• Screening of people with diabetes for proteinuria and treatment with angiotensin-converting enzyme inhibitor for the prevention and delay of renal disease</li> <li>• Control of blood pressure in people with diabetes</li> <li>• Statin use in people with diabetes &gt; 40years old</li> </ul> </li> </ul>
Chronic respiratory diseases	<ul style="list-style-type: none"> <li>• Interventions were redefined to reflect the latest PEN recommendations whereby patient management was divided in acute and long-term management.</li> <li>• 1 new intervention on long-term management of COPD.</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• Development of a new impact model for cancer-related interventions allowing impact modelling for wider range of cancers.</li> <li>• 7 new interventions for liver, colorectal, childhood, head &amp; neck and prostate cancer, as well as early detection and comprehensive treatment of cancer for those living with HIV.</li> </ul>

Note: Text in bold represent changes since the first consultation

# Analysis and presentation of results

- Analysis was done for 20 countries in 2017 ➡ 62 countries in 2022
- Results are presented for 3 income categories: low income (n=23), lower-middle income (n=20) and upper-middle income countries (n=19)

## Interventions analysed according to:

Cost-effectiveness using WHO-CHOICE methods (I\$/HLY gained<sup>1</sup>)

Size of health gain (total HLY gained in a *population of 1 million*)

Budget implication (total I\$ in millions required to implement in a *population of 1 million*)

<sup>1</sup> I\$/HLY gained = international dollars (I\$) per healthy life year gained (HLYg)

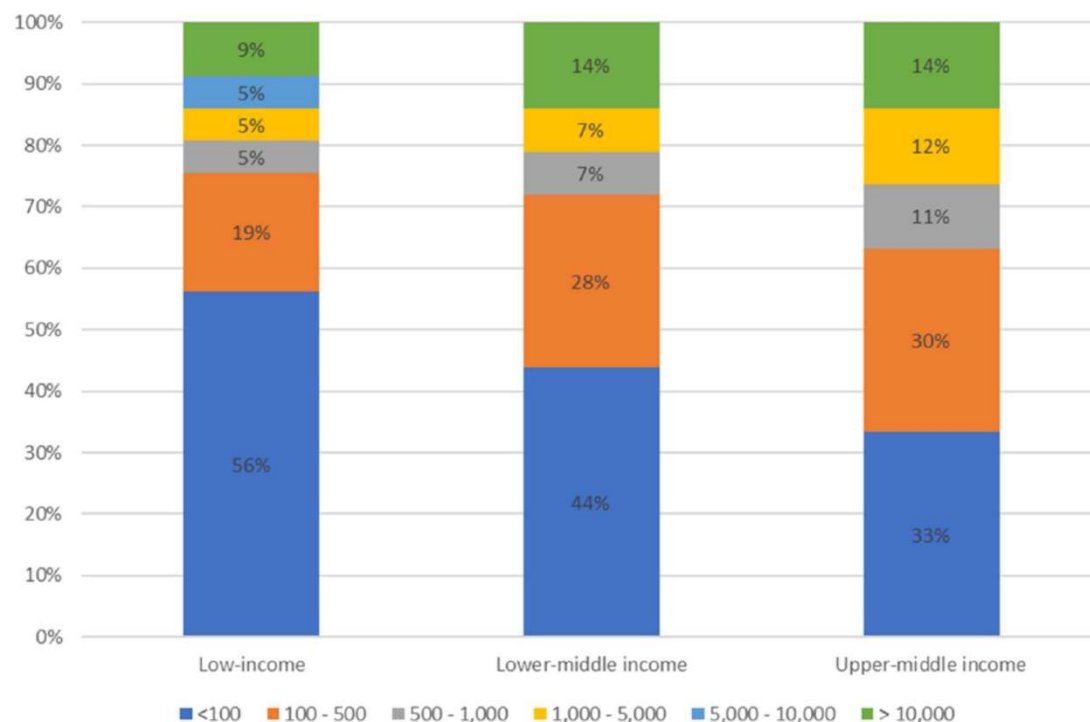
# Revisions since first consultation (June 2022)

- New interventions were added:
  - SSB taxation
  - Marketing restriction for food
  - Treatment of hypertension using single pill combination anti-hypertensives, and
  - Secondary prevention of coronary heart disease
- Presentation of results:
  - Interventions with an average cost-effectiveness ratio of  $\leq 100$  I\$ per healthy life year gained in low and lower-middle income countries are considered the most cost-effective and feasible for implementation (Best Buys)
  - **28 interventions** in the 2022 update are below the above threshold compared to 16 in 2017:
    - 16 out of 21 risk factor interventions
    - 12 out 37 management interventions
  - Overall, the majority of the proposed interventions have an average cost-effectiveness ratio  $\leq 5,000$  I\$ per healthy life year gained

# Presentation of results

- Countries can select from the list of interventions based on their national context.
- If the national cost-effectiveness threshold chosen by an UMIC is for example I\$5,000 per healthy life year gained, then 86% of interventions in the 2022 update of the Appendix 3 would represent good value for money

**Percentage of interventions by cost-effectiveness (CE) band for the 3 income groups**



# Some applications for the updated Appendix 3

- Support the NCD Implementation Roadmap 2023-2030 and the tools to progress towards achieving the 2025 NCD and 2030 SDG targets
- Development and costing of national NCD action plans using the cost effectiveness estimations.
  - Web-simulation tool will be developed to help countries see the impact on NCD targets of prioritizing and scaling up the implementation of set of cost-effective interventions of the updated Appendix 3
  - WHO tools can be used to develop costing at the national level (WHO OneHealth tool and WHO/IARC tool for cancer).
  - Inform the implementation of national action (whereby non-financial considerations also need to be considered)



# Other priority areas

- The WHO menu of cost-effective interventions for **mental health** was approved by the World Health Assembly in 2020 and does not require updating.
- Recommended interventions to address the health impact of **air pollution** are being developed through a phased approach consisting of:
  - Guidance on air pollution contained in the compendium of WHO and other UN guidance on health and environment (now available at <https://www.who.int/tools/compendium-on-health-and-environment>, with annual updates), including air pollution with the publication of new WHO global air quality guidelines (now available at <https://apps.who.int/iris/handle/10665/345329>)
  - Subsequent in-depth analyses of the effectiveness of existing interventions (2023 and onwards) drawing on the compendium and other existing WHO guidelines and recommendations (see Annex 4 of EB148/7).
- The WHO menu of cost-effective interventions for **oral health** (in response to paragraph 3.5 of resolution WHA74.5) is being developed as part of the process to advance the action plan for public oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030.

# Next steps

- All the feedback received during the two web-based consultations will be published online on the website  
<https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030/>
- The Secretariat will integrate the comments received during the second consultation and informal sessions and refine the paper
- Final version of the Discussion Paper containing the proposed updated Appendix 3 will be submitted to WHA76 through the 152<sup>nd</sup> session of WHO Executive Board



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