

Frequently Asked Questions on the Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2030

Responses from WHO in relation to the main questions received from Member States and Non-State Actors at or
after the consultation sessions

(28 December 2022)

Scope/objective	Comment or questions received from Member States or Non-state actors	WHO response
Changes	What are the changes between the 2017 and the latest version of the 2022 update of appendix 3?	The 2022 update includes 112 interventions and overarching actions, with cost-effectiveness results for 58 interventions. The 2017 update included 88 interventions and overarching actions, with cost-effectiveness results for 36 interventions. In addition to the report submitted to the EB, a technical annex is available on the consultation webpage ¹ showing the difference in interventions between the 2017 and the 2022 update (table 4). Furthermore, the technical briefs outline the main methodological changes between updates for each disease and risk factor area and a version control document was published on the appendix 3 consultation website highlighting the changes that were made to the interventions and the discussion papers until submission to the EB152.
Interventions	How are interventions included in appendix 3 selected and is it possible to add interventions in the near future?	<p>The 2022 appendix 3 update includes the interventions from the previous update done in 2017 (unchanged or reworded/revised), interventions that had no cost-effectiveness analysis in the previous update and new interventions drawn from other existing WHO guidance documents. Interventions were considered for inclusion if they have a WHO recommendation as well as evidence required for modelling health impact and costs. Detailed information on the evidence used for each intervention are provided in the technical briefs that can be downloaded from the consultation website.¹</p> <p>Interventions mentioned in the discussion paper and subsequent EB report with no WHO-CHOICE analysis could not be completed in the 2022 update due to methodological or capacity reasons. WHO will ensure that new scientific evidence can be incorporated, as appropriate, in the menu of policy options on a regular basis and new interventions will be considered in future updates of the appendix 3.</p>

¹ <https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030>

Overarching/ enabling actions	Does the Appendix 3 take into consideration the social determinants of health and other non-economic factors shaping the burden of NCDs and the ability of countries to implement recommended interventions?	<p>WHO recognizes that systemic inequities in the social determinants of health such as income, food security and healthy foods affordability and accessibility, education, housing/built environment, and environmental conditions are significant contributing factors for NCDs and they are recognized as part of the overarching/enabling actions in the Appendix 3.</p> <p>Non-economic implementation considerations such as acceptability, sustainability, scalability, equity, ethics are essential to consider as part of the prioritisation and implementation of the proposed interventions, based on specific country context.</p>
WHO-CHOICE	Is it possible to present the collective impact of a package of interventions?	<p>The difficulty of combining interventions into a composite one is that the analysis and evidence used lacks specificity. For example, reduced hours of sale for alcohol is modelled as a specific example of an evidence-based measure to restrict availability; it is acknowledged – in the Global Strategy and elsewhere – that there are other means to restricting availability.</p> <p>However, through the use of the Generalized Cost-Effectiveness Analysis tool (GCEA) that is part of the OneHealth tool, the most cost-effective package of services that a country can deliver can be examined. Should a country request it, the WHO-CHOICE programme can support country contextualization using the GCEA tool. Both the GCEA and OneHealth tool are freely available for download.²</p> <p>Furthermore, the secretariat is considering assessing the impact of packages of interventions as part of the future development of the modelling work.</p>
WHO-CHOICE	Is it possible to have more information on the CHOICE methodology?	<p>The WHO-CHOICE methodology has been published in over 50 peer-reviewed publications that can be accessed on the website of the Economic Evaluation and Analysis unit (EEA). Updated methods and results were released in November 2021 as a special issue “The World Health Organization Choosing Interventions That Are Cost-Effective (WHO-CHOICE) Update”. Additionally a book outlining WHO-CHOICE methods is available: “WHO guide to cost-effectiveness analysis”.</p>
WHO-CHOICE	What is the difference between DALYs and HLYs?	<p>The health life year gained (HLYg) is the equivalent of the disability adjusted life year (DALY) used in the 2017 update but framed in a positive way. DALYs are averted while HLY are gained. WHO-CHOICE uses the HLY terminology to avoid the confusion between the DALY used for cost-effectiveness analysis and the DALY used in GBD that are conceptually different in terms of the life tables being used.</p>
Best Buys	Will the best-buys terminology be maintained?	<p>The threshold is generally used to identify interventions that represent good value for money and is different depending on the national context. For the 2022 appendix 3 update, the</p>

² <https://www.who.int/tools/onehealth>

		<p>definition of a Best Buy was maintained, i.e. interventions with a cost-effectiveness ratio \leq \$100 per health life year gained that are considered feasible for implementation in all countries.</p> <p>Currently cost-effectiveness analysis has been carried out for 58 interventions. The WHO secretariat urges Member States to define the list of priority interventions that are considered “good value for money” according to their national context and threshold.</p>
Country-level analysis	How can the results from the appendix 3 interventions be further contextualized to the country level?	Country-specific analysis can be done using the OneHealth tool to estimate the most cost-effective package of services, the financial costs needed to scale up interventions, and the availability of health systems to support such a scale-up. The WHO-CHOICE programme can support such an analysis should a country request it. The OneHealth tool is also freely available for download. ³
Country grouping	Why were high income countries not included?	<p>In the 2017 update, results for high-income countries were combined with upper-middle-income countries. In the 2022 update, economic analyses were performed for three country income-groups: low-income countries, lower-middle income countries and upper-middle income countries, since the results are most relevant for these countries.</p> <p>However, the lessons learned from high-income countries have informed the current analyses, for example with respect to shifts in population-level exposure to hazardous and harmful alcohol use following psychosocial intervention or restrictions on the physical availability of alcohol.</p>
Other diseases and risk factors	Are the mental health, oral health and air pollution menu of interventions included in Appendix 3?	<p>As per the mandate to decision 72(11) paragraph 3(a)⁴, the appendix 3 and the NCD implementation roadmap 2023–2030 for the global action plan for the prevention and control of non-communicable diseases 2013–2030 focuses on the “4 by 4”. These are implemented in alignment with the global strategies and separate mandates on mental health and air pollution (the “5 by 5” agenda) and oral health:</p> <ul style="list-style-type: none"> • The <u>mental health</u> menu of policy options and cost-effective interventions responds to decision 72(11) paragraph 3(b): “<i>building on the work already under way, to prepare and update, as appropriate, a menu of policy options and cost-effective interventions to support Member States in implementing the commitments included in the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018) to promote mental health and well-being, for consideration by the Health Assembly in 2020, through the Executive Board</i>”; • The <u>air pollution</u> menu of policy options and cost-effective interventions responds to decision 72(11) paragraph 3(c): “<i>building on the work already under way,</i>

³ <https://www.who.int/tools/onehealth>

⁴ See [document WHA72\(11\)/2019/agenda item 11.8](#)

		<p><i>to prepare a menu of policy options and cost-effective interventions to provide support to Member States in implementing the commitments included in the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018) to reduce the number of premature deaths from noncommunicable diseases attributed to air pollution, while recognizing the importance of addressing all environmental determinants, for consideration by the Seventy-third World Health Assembly in 2020, through the Executive Board”;</i></p> <ul style="list-style-type: none"> • The oral health menu of cost-effective interventions responds to paragraph 3.5 of resolution WHA74.5 “to develop “best buy” interventions on oral health, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium”.
Other risk factors	How can we broaden the approach to NCDs by including air pollution and other environmental risk factors?	<p>Recommended interventions to address the health impact of air pollution and other environmental risks are contained in the Compendium of WHO’s and other United Nations’ guidance on health and environment (updated annually), and the WHO global air quality guidelines (2021). The Health and Environment country Scorecards provide the data that assist in identifying which environmental health risks need to be addressed in priority in your country. Additional tools for the implementation of air pollution action in countries include the following:</p> <ul style="list-style-type: none"> • Economic evaluations can be performed using WHO’s recently launched tool, the Benefits of Action to Reduce Household Air Pollution (BAR-HAP). The BAR-HAP tool is a planning tool to reduce cooking-related household air pollution and related disease including NCDs. The tool quantifies and monetizes costs of policy interventions (e.g., stove or fuel subsidy, financing, technology ban, behaviour change) and their benefits in the context(s) of the user, for the national (or sub-national) level. In addition, a policy repository which includes policies and programmes on ensuring access to clean household energy used in different countries, paired with relevant analysis, is also now available to support countries in their work to address NCDs. • The Clean Household Energy Solution Toolkit assists in improving the air quality in households via the implementation of WHO guidelines for indoor air quality: household fuel combustion. CHEST is a suite of tools and information resources to understand the health risk of household air pollution in a country as well as its programmatic and policy planning for a clean household energy transition options. • The Health and Energy Platform of Action (HEPA) assists in building the political, and financial commitment and strengthens the capacity of the health and energy sectors

		<p>to work together. With an initial focus on clean cooking and health care facility electrification, the Platform aims to catalyse the scale of results required to achieve SDG 3 on health and SDG 7 on energy through household air pollution risk reduction and increasing the availability of health care services in remote areas or rural communities.</p> <ul style="list-style-type: none"> • The Breathe Life campaign engages communities and raises awareness about air pollution and its risk to health through a large network of cities, countries and regions. • Comprehensive training resources are coming up soon.
Final report	How will the results of the 2022 update be communicated and integrated into existing NCDs plans?	<p>The updated Appendix 3 will be submitted to the WHA76 through the 152nd session of WHO Executive Board as an Annex to the Director General Executive Board consolidated report. A publication similar to the “Tackling NCDs” is planned after WHA76.⁵ The updated Appendix 3 is part of the NCD Implementation Roadmap 2023-2030.</p>

⁵ WHO. Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259232>).