World Health Organization

2022 Updated appendix 3 of the WHO Global NCD Action Plan 2013-2030

Version control

This document outlines the main changes that were made until the submission of the appendix 3 of the WHO NCD Global Action Plan for consideration by the 152nd Executive Board.

1. Changes between discussion paper 1 (June 1, 2022) and discussion paper 1 (June 8, 2022)

Page 18, cancer: (change in blue)	Intervention CA1 was corrected to read: "Vaccination against human papillomavirus (1-2 doses) of 9–14 year old girls"
Page 18, cancer:	Non-financial considerations for CA9 (oral cancer) and CA10 (colorectal cancer) were added: "Requires systems for organised, population-based screening"
Pages 32-33, table 3:	Cost-effectiveness estimates for CA8 to CA12 were updated (liver, oral, colorectal, childhood, and head & neck cancers).

2. Changes between discussion paper 1 (June 8, 2022) and discussion paper 2 (August 1, 2022)

Paragraph 8, page 3	The following sentence was added: "For the WHO-CHOICE analysis, interventions were considered for inclusion if they have a WHO recommendation as well as evidence required for the modelling. Interventions included without WHO-CHOICE analysis are drawn from other existing WHO guidance documents and WHO-CHOICE analysis will be considered in future updates. Individual-level interventions that were not been derived from existing WHO disease management guidelines or did not have sufficient data for the WHO-CHOICE modelling have been removed. Their inclusion will be considered in future updates."
Paragraph 14, page 4	The dates for the second consultation session were amended.

Annex 1 section "What has changed", page 6:	After the first consultation session, the following changes were made:
	• The total number of interventions increased from 81 to 83:
	  ○ 1 intervention with cost-effectiveness (CE) analysis: "Policies to protect children from the harmful impact of food marketing". This intervention was previously counted as an intervention without CHOICE analysis.
	  ○ 2 interventions without CE analysis were added:
	  ▪ CV11 = Treatment of hypertension using single pill combination anti-hypertensives

	▪ CV12 = Secondary prevention of coronary heart disease with a statin, angiotensin-converting-enzyme -inhibitor (ACE-I), beta-blocker and acetylsalicylic acid (low dose) ○ Table 1 and 4 were corrected to include these changes. • The intervention on sugar-sweetened beverage (SSB) taxation was published with estimates on cost, impact and cost-effectiveness. The unhealthy diet technical brief includes all data sources and assumptions related to the SSB intervention.
Section "How to use this information", pages 7-8	• At the request of the Member States, the concept of the Best Buys was reintroduced and figure 1 was added to explain the importance of country contextualization in defining a package of cost-effective interventions. • A following sentence was added on the development of the interactive web-based tool: "The WHO secretariat will consider the development of an interactive web-based tool, to help countries see the impact on NCD targets of prioritizing and scaling up the implementation of a set of cost-effective interventions of the updated Appendix 3."
Unhealthy diet interventions, page 12	WHO-CHOICE analysis was carried out for the intervention H5: Policies to protect children from the harmful impact of food marketing. In the first discussion paper, this was an intervention with no WHO-CHOIC analysis and was named: Implement WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children (H7).
CVD interventions, pages 15-16 (changes in blue)	• CV2a, CV2b: treatment with an antihypertensive and statin was added after drug therapy. • CV3: aspirin was changed into acetylsalicylic acid • A change was made to the non-economic consideration for interventions CV2a and CV2b: "Feasibility and practicality of implementation needs to be assessed and determined. Glucose control not included in this intervention, but in D5 - Control of blood pressure in people with diabetes." • 2 interventions with no WHO-CHOICE analysis were added: ○ CV11: Treatment of hypertension using single pill combination anti-hypertensives ○ CV12: Secondary prevention of coronary heart disease with a statin, angiotensin-converting-enzyme -inhibitor (ACE-I), beta-blocker and acetylsalicylic acid (low dose)
Section Choice of economic parameters, page 22	• The following sentence was added: "While the same methodology has been used for the assessment of the cost-effectiveness of the interventions ensuring comparability of results across areas, different modelling frameworks and assumptions have been used for the modelling of each risk factor and disease. Detailed information on methods, the evidence and assumptions underlying the interventions by disease and risk factor area are provided in separate technical briefs. A comparison across risk factors and diseases will be carried out to check consistency and differences will be explained in a separate document. The evidence used for the modelling of interventions will be periodically revised and updated, and changes in the estimates may occur in the future."

Table 2 with results, pages 26-33	• The impact estimations for the unhealthy diet intervention H4 were revised ("Behaviour change communication and mass media campaign for healthy diets"). • The cost, impact and cost-effectiveness estimates were added for intervention H5 (marketing to children) and H7 (SSB taxation) • The impact estimations for cancer interventions CA2 (cervical cancer), CA8 (liver cancer), CA9 (oral cancer), CA10 (colorectal cancer) and CA11 (childhood cancer) were revised.
Table 3, pages 34-38	This table was added to the second discussion paper. The table ranks interventions by increasing cost-effectiveness ratio within each risk factor and disease area for low and lower-middle income countries only.

3. Report submitted to the 152nd Executive Board and online technical annex

From the second discussion paper (version August 1, 2022) two documents were developed: (1) a shortened version submitted as an annex to the 152nd Executive Board report and (2) a technical annex provided on the consultation website.

<table>
<tr><td>New interventions</td><td>The total number of interventions with WHO-CHOICE analysis remains unchanged (n=58). The number of interventions without WHO-CHOICE analysis increased from 25 to 32 to include seasonal influenza and covid-19 vaccination.
<table>
<tr><td>Cardiovascular diseases</td><td>• CV13: Seasonal influenza vaccination for people with cardiovascular diseases
• CV14: COVID-19 vaccination for people with cardiovascular diseases</td></tr>
<tr><td>Diabetes</td><td>• D7: Seasonal influenza vaccination for people with cardiovascular diseases
• D8: COVID-19 vaccination for people with cardiovascular diseases</td></tr>
<tr><td>Respiratory diseases</td><td>• CR8: COVID-19 vaccination for people with chronic respiratory diseases</td></tr>
<tr><td>Cancer</td><td>• CA15: Seasonal influenza vaccination for people with cardiovascular diseases
• CA16: COVID-19 vaccination for people with cardiovascular diseases</td></tr>
</table></td></tr>
<tr><td>Reworded interventions

(changes in blue)</td><td><u>Tobacco</u>
• T2: Implement large graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging
• T5: Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke, and encourage behavioural change</td></tr>
</table>

	• T7: Provision of cost-covered effective pharmacological interventions to all tobacco users who want to quit, through the use of nicotine replacement therapy, bupropion and varenicline. • T8: Establish a tracking and tracing system to support the elimination of illicit trade in tobacco products that is in line with Article 8 of the Protocol to Eliminate Illicit Trade in Tobacco Products • T9: Ban cross-border tobacco advertising, promotion and sponsorship, including those through modern means of communication <u>Alcohol</u> • A11: Provide consumers with information, including labels and health warnings, about content of alcoholic beverages and the harms associated with alcohol consumption. <u>Unhealthy diet</u>: as requested, the interventions for unhealthy diet were reworded to make more explicitly what dietary products are covered by each interventions: • H1: Reformulation policies for healthier food and beverage products (e.g. elimination of trans-fatty acids and/or reduction of saturated fats, free sugars and/or sodium) • H2: Front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets • H3: Public food procurement and service policies for healthy diets (e.g. to reduce the intake of free sugars, sodium, unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables) • H4: Behaviour change communication and mass media campaign for healthy diets (e.g. to reduce the intake of energy, free sugars, sodium, unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables) • H7: Taxation on sugar-sweetened beverages as part of fiscal policies for healthy diets • H9: Menu labelling in food service for healthy diets (e.g. to reduce the intake of energy, free sugars, sodium and/or unhealthy fats) • H10: Limiting portion and package size for healthy diets (e.g. to reduce the intake of energy, free sugars, sodium and/or unhealthy fats) • H11: Nutrition education and counselling for healthy diets in different settings (e.g. in preschools, schools, workplaces and hospitals) <u>Cardiovascular disease</u> • CV3 interventions: Treatment of new cases of acute myocardial infarction with either: acetylsalicylic acid, or acetylsalicylic acid and thrombolysis, or acetylsalicylic acid, thrombolysis and clopidogrel, or primary percutaneous coronary interventions (PCI) with patients initially treated in a hospital setting with follow up carried out through primary health care facilities at a 95% coverage rate.

	Diabetes • D4: Screening of people with diabetes for albuminuria and treatment with angiotensin-converting enzyme inhibitor for the prevention and delay of renal disease Chronic respiratory diseases • CR5: Seasonal influenza vaccination for people with chronic obstructive pulmonary disease respiratory diseases Cancer • The oral cancer intervention (CA9) was reworded as: "Early detection programme of oral cancer, including, as appropriate, targeted screening programme for high-risk groups in selected settings, according to disease burden and health system capacities, linked with comprehensive cancer management"
Cancer	A footnote was added to the intervention on liver cancer (CA8): "Cost effectiveness in prevention of liver cancer is optimal in countries with high hepatitis B prevalence and especially with vaccination in early childhood and at birth, taking into account the feasibility and cost of vaccination"
Rewording of overarching/ enabling actions (changes in blue)	Tobacco • For the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC): ○ Strengthen the effective implementation of the WHO FCTC and its guidelines for implementation, as well as the Protocol to Eliminate Illicit Trade in Tobacco Products, if applicable ○ Establish and operationalize national coordinating mechanisms for coordination the implementation of the WHO FCTC implementation as part of a national tobacco control strategy with specific mandates, responsibilities and resources • For the Member States that are not Parties to the WHO FCTC: ○ Consider implementing the measures set out in the WHO FCTC and its guidelines for implementation, as well as the Protocol to Eliminate Illicit Trade in Tobacco Products, if applicable, as the foundational instruments in global tobacco control Alcohol • Implement applicable recommendations in the WHO Global strategy to reduce harmful use of alcohol through multisectoral actions in the recommended target areas • Implement the WHO's global action plan on alcohol 2022-2030 to support and complement policy measures and interventions implemented at the national level in accordance with the 10 areas recommended in the global strategy Unhealthy diet • Implement the WHO Global Strategy on Diet, Physical Activity and Health, the WHO/UNICEF Global strategy for infant and young child feeding and

	the WHO Comprehensive implementation plan on maternal, infant and young child nutrition
New overarching/ enabling actions	Unhealthy diet • Develop and implement national nutrient-and food-based dietary guidelines, as well as nutrient profile models for different applications as appropriate
WHO tools	An additional column was added to the table with interventions annex (pages 7 to 24) in the online technical annex with available WHO tools by risk factor and disease area.