

**FCA's Submission to the WHO First Consultation on the Updated Appendix 3 of the
Global Action Plan for NCD Prevention and Control 2013–2030**

88 August 2022

FCA acknowledges the World Health Organization (WHO) for preparing the [second draft](#) of the 2022 updated Appendix 3 of WHO's *Global action plan for the prevention and control of noncommunicable diseases (NCDs) 2013–2030* (hereinafter 'Appendix 3'). FCA deems it necessary to consider the emerging evidence on cost-effectiveness interventions for tobacco control and support countries to adopt these solutions to their national contexts. FCA appreciates the consultation opportunity and wishes to contribute with the comments below for your consideration.

General Comments

1. More clarity is required regarding the calculations of the health impact for tobacco control interventions. For instance, regarding T6 (*provision of cost-covered effective population-wide support (including brief advice, national toll-free quit line services and mCessation for tobacco cessation to all tobacco users)*), the weighting of the varying effect sizes and potential overlaps of interventions are not acknowledged.
2. The technical brief on tobacco use suggests that the health impact of interventions is calculated based on the relative risk it has for a series of NCDs, but the impact of tobacco use is not limited to the specified conditions. The real health impact of tobacco control measures is likely much greater than noted in Appendix 3, which should be addressed.
3. All recommended tobacco-specific interventions should be more specific and comprehensive by accurately portraying the scope of their analyses and clearly identifying points of future action and development, especially as the detailed technical brief will not be included in Appendix 3.
4. More consistency across the varying sections is important, especially when outlining the overarching/enabling actions. There is a clear need to spread awareness, encourage leadership against tobacco use and consider the overlap of interventions with other sections; for example, T9 (*Ban cross-border tobacco advertising, promotion, and*

sponsorship, including through modern means of communication) may also be applicable to other areas within Appendix 3.

5. Future consultations and updates of Appendix 3 should be improved and streamlined to ensure that the process is thorough and inclusive. More information, time and clarity will provide the civil society with more capacity to support the consultation process. A more regular opportunity to update Appendix 3 is also encouraged, as ongoing analyses and intervention opportunities within tobacco control are changing on a different timeline.

Specific Comments

Tobacco Use	<i>Overarching/ enabling actions</i>	We recommend adding reference to the MPOWER technical package and the WHO FCTC due to their comprehensive guidance for the implementation of tobacco control measures.
	<i>T2 (Packaging and health warnings)</i>	We urge WHO to amend this intervention to: <i>“Implement plain/standardized packaging and large graphic health warnings on all tobacco packages”</i> , as plain packaging is a complementary intervention to graphic health warnings and should be implemented together according to the implementation guidelines for Article 11 of the WHO FCTC.
	<i>T6 (Cessation support)</i>	We welcome GCEA and integration of mCessation as part of the cost-effective intervention on tobacco cessation support (it used to be an “other recommendation” in the 2017 version). We would appreciate more information on how the different effect sizes of the different channels for support have been weighted for the final GCEA, or whether these are meant to be combined.

	<p><i>T7</i> (Pharmacological therapies)</p>	<p>We welcome this <u>new intervention</u>, although the intervention heading needs to specify the therapies that were used for the GCEA as these are only specified on the technical brief that is not part of the Appendix 3, for instance:</p> <ul style="list-style-type: none"> • <i>“Provision of cost-covered effective pharmacological interventions to all tobacco users who want to quit, through the use of nicotine replacement therapy (NRT), Bupropion and Varenicline.”</i> <p>We would also appreciate more information on how the different effect sizes of the different therapies have been weighted for the final GCEA, or whether these are meant to be combined. Also, it is unclear how the population of “all tobacco users who want to quit” has been estimated for the GCEA.</p>
	<p><i>T9 (Cross-border marketing)</i></p>	<p>We welcome reference to not just cross-border marketing of tobacco, but also its wider promotion and sponsorship, in line with WHO guidance. We recommend adding reference to Article 13 within the WHO FCTC.</p>

About Us

Formally established in 2003, FCA is a registered non-governmental organisation that works on the development, ratification and implementation of the international treaty, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). FCA supports countries to adopt a comprehensive range of measures designed to reduce the devastating health and economic impacts of tobacco. FCA is also a leading advocate for including the FCTC and global tobacco control in the international health and development framework, including the

Sustainable Development Goals (SDGs) that were adopted by the UN General Assembly in 2015, dedicated to supporting a world free from preventable suffering, disability and death caused by NCDs.

This submission was prepared by FCA's policy and advocacy team. FCA strongly suggests that the WHO considers our comments and recommendations to strengthen the 2022 updated Appendix 3. We are ready to continue supporting the consultation process and look forward to the second informal consultation.