

[EXT] GACD Response to the Second Draft Appendix 3

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To: NCDappendix3 <NCDappendix3@who.int>

WHO Secretariat

The Global Alliance for Chronic Diseases (GACD) Secretariat would like to thank you for the opportunity to comment on the second draft discussion paper on the update to *Appendix 3 of the Global Action Plan for the Prevention and Control of NCDs 2013-2030*. We appreciate the opportunity to participate in this important consultation that considers new scientific evidence and new WHO recommendations, since the last update in 2017. We offer the following comments and recommendations for your consideration.

Appendix 3 has been well known as the *'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases* (WHO 2017). The concept of 'best buys' as a **priority set of interventions** has been well recognised globally by implementers, policymakers, funders and researchers. Indeed the *WHO NCD newsflash*, inviting organisations to contribute to the consultation, continues to use the term 'best buys'. The rationale for no longer using the term 'best buys' is not clearly articulated in the discussion paper and with an increasingly long list of interventions provided we are concerned over a resulting lack of clear prioritisation. We would strongly recommend that WHO maintains the concept of 'best buys' to emphasise a concise set of priority interventions or that an alternative succinct term is introduced.

Given the "5 x 5 NCD agenda" we strongly recommend integrating air pollution interventions (into objective 3) and mental health interventions (into objective 4) of the revised Appendix 3. If this is not possible, or as an interim step, we suggest cross referencing the recommended interventions to address the health impact of air pollution and the *WHO menu of cost-effective interventions for mental health* within objectives 3 and 4 respectively.

GACD note that the purpose of Appendix 3 is *"to assist Member States in implementing, as appropriate, for national context, (without prejudice to the sovereign rights of nations to determine taxation among other policies), actions to achieve the nine voluntary global targets for NCD prevention and control through the six objectives of the WHO Global NCD Action Plan 2013-2030."* For Appendix 3 to fulfil its purpose, we recommend that more guidance is provided to countries on **how** to select the interventions to prioritise in their particular context and **how to implement** these interventions to achieve maximum synergy. We welcome the inclusion of non-financial considerations in the tables and recommend that this is developed further to provide practical guidance to countries, which would assist them in implementing the interventions. The interactive web-based tool that WHO is considering developing and the One Health Tool that is referred to in the discussion paper may be useful for this purpose.

The importance of addressing NCD multi-morbidity is not explicitly recognised in Appendix 3. The GACD Research Network believes that a greater focus on multi-morbidity is overdue and necessary to successfully improve global health outcomes. Recognition of common multi-morbidities may indeed influence the interventions selected. The COVID-19 pandemic has further highlighted the urgency of addressing poor health outcomes in those with multi-morbid conditions. We recommend including an overarching/enabling action acknowledging multimorbidity under Objective 4: *To strengthen and orient health systems to address the prevention and control of noncommunicable diseases, **multimorbidity** and the underlying social determinants through **holistic** people-centred primary health care and universal health coverage*

GACD note that some of the interventions under objective 3 (unhealthy diet) are quite broad and refer to healthy diets generally (e.g. *H4 Behaviour change communication and mass media campaign for healthy diets*). Where this is the case, we recommend including more detail on the nutrients to target, as has been included for *H8 Menu labelling in food service to promote healthy diets (e.g. reduce total energy intake (kcal) and/or intake of sugars, sodium and unhealthy fats)*. Previously, reduction of salt intake was a priority 'best buy', but by merging it with other healthy diet interventions there is a danger that its importance is de-emphasised and momentum that has been gained around salt reduction will be lost.

We welcome the continued focus on research through objective 5. A recent WHO NCD newsflash stated, "Implementation research is key to scaling up proven interventions, to determine feasibility in settings with different populations and resources, and to provide context-specific answers on how to implement policies and interventions for maximum impact". Given this critical role we recommend including a specific mention of **implementation research** under objective 5.

Thank you again for the opportunity to participate in this consultation.

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