



## Response to the second WHO consultation on the updated Appendix 3 of the Global Action Plan for the Prevention and Control of NCDs 2013–2030

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Submitted by: HRIDAY, New Delhi, India

HRIDAY thanks the World Health Organization (WHO) for reviewing and 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') – also known as the NCD 'best buys' and other recommended interventions.

### General recommendations

1. **WHO may consider retaining the concept of NCD 'best buys' in the updated Appendix 3.** The term *NCD 'best buys' and other recommended interventions* is a known reference for the health community, being the well-recognised term with which we refer to Appendix 3 for communication purposes. However, the concept of NCD 'best buys' has been omitted in the 2022 update drafts, merging all the interventions with a GCEA into one category: "Specific interventions with WHO-CHOICE analysis". The second draft continues not to use the concept of 'best buys'. The added table (Table 3) listing all the interventions per section, ordered by their Generalised Cost Effective Analysis (GCEA) results across LMICs, clearly featuring interventions that have a cost-effectiveness ratio of  $\leq$  I\$ 100 per HLY gained in LMICs. It would be more useful for the most cost-effective interventions to be highlighted by WHO. We also recommend retaining the term 'best buys' as a well-recognised and easily understood signal to policy makers.
2. **Descriptions of the interventions need be clear and precise.** Interventions within Appendix 3 should guide country implementation as much as possible and the interventions' description must reflect their full scope based on their analysis. This is currently not reflected within the Appendix. For example, intervention T7 ("Provision of cost-covered effective pharmacological interventions to all tobacco users who want to quit") should specify in its description which pharmacotherapy options this intervention should include based on the options analysed and noted in the technical brief: nicotine replacement therapy (NRT), Bupropion, Varenicline. These concerns also apply to the section on unhealthy diets. For example, intervention H3 could be expanded to: "Public food procurement and service policies for healthy diets (including reduction of salt, saturated fats, and sugar-sweetened beverages, and increased fruit intake)."
3. **Objective 2: The inclusion of meaningful involvement of people living with NCDs and Mental Health Conditions (including care givers)** in national NCD responses, by engaging them in policy planning, programme development, monitoring and evaluation, including budgetary allocations; and updating national essential medicines, technologies, and diagnostic lists in line with national epidemiological profiles and national policies can be put forth as an enabler towards NCD response.

### **Intervention Specific Comments:**

#### **Tobacco Use:**

1. Intervention T2 (packaging and health warnings). “Implement plain/standardized packaging **and/or** large graphic health warnings on all tobacco packages”, should omit or, given 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 Framework Convention on Tobacco Control (FCTC).
2. Intervention T7 (pharmacological interventions). Intended therapies for this intervention should be specified, i.e.: “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.**”
3. The guidelines should cover appropriate restrictions or prohibitions on e-cigarette marketing and vaping to reduce its harms among young people
4. Interventions can be added on
  - a. “Monitoring smokeless tobacco epidemic and its impact on the environment through spitting and littering of packets”.
  - b. “Enact and enforce comprehensive bans on flavoured tobacco products and tobacco product accessories”.
  - c. “Enforce display bans of flavoured tobacco products and accessories.”

#### **Alcohol Use:**

1. This section should be titled “Alcohol Use” removing the word harmful given there is no healthy nor safe level of alcohol use.
2. Intervention A2- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising, **marketing and promotion** (across multiple types of media)

#### **Unhealthy Diets:**

1. Intervention H5 (marketing restrictions for children): For consistency with other interventions, we suggest it is rephrased to: **“Restrictions on marketing of unhealthy food products targeting children.”**

### **Disease Specific:**

#### **Diabetes:**

1. We request clarifications on removal of following interventions:
  - Influenza vaccination for patients with diabetes.
  - Preconception care among women of reproductive age who have diabetes including patient education and intensive glucose management.

### **Further Clarifications:**

1. **Please provide clarifications on how the update processes are protected from the undue influence of health-harming industries**, including organisations involved in tobacco, alcohol, ultra-processed foods and beverages, and fossil fuels.

2. The updated Appendix 3 mentions it will complement existing global strategies and new technical products. This includes WHO menu of cost-effective interventions for mental health, the recommended interventions to address the health impact of air pollution and the menu of cost-effective interventions for oral health that are being developed. We would request clarifications on whether the policy options on mental health, oral health, and air pollution will be integrated as part of Appendix 3.

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