Online consultation submission: Draft updated Appendix 3 of the WHO Global NCD action plan (2013-2020)

UICC submission, August 2022

Thank you for the opportunity to submit on behalf of the Union for International Cancer Control (UICC). The 'Best Buys' contained in Appendix 3 continue to be an essential tool that supports effective action at national and local level. The implementation of cost-effective interventions, tailored to national contexts, are particularly important post-COVID 19, given the extensive disruption to non-communicable disease (NCD) prevention, diagnosis, treatment and care services over the course of the pandemic and the impact that these disruptions will have on NCD incidence and mortality. As such, we very much appreciate the opportunity to contribute the comments below which have been developed in consultation with UICC's expert network.

We also welcome the alignment of the updated Appendix 3 with new WHO recommendations, particularly given key developments in cancer early detection and management. UICC sees the updated Appendix 3 as a valuable opportunity to consolidate these recommendations in one place to support Member States in prioritising a locally tailored package of cancer and NCD interventions, based on national epidemiological profiles, and facilitate their implementation in health policy and programmes.

The document below follows the same structure as the June discussion paper, preceded by a few general comments and reflections. The UICC team would be delighted to provide any further clarification or references and invite the WHO team to send any questions or follow-ups to advocacy@uicc.org.

General comments

In order to support a stronger document overall, UICC wishes to make the following general comments:

- We welcome the development of the document and would **urge the WHO to consider its communications around the updated Appendix 3**. The 'Best Buys' language has facilitated engagement and understanding by policy makers and advocates and clearly demonstrates the value of the measures contained in the document. While we recognise the desire to focus more on responding to national contexts and epidemiology, we urge the WHO to either consider continuing with the 'Best Buys' language or other similar term to facilitate easy understanding, particularly by policy makers outside of health ministries.
- We appreciate the explanation in the non-state actor consultation held on June 21st to explain the change in methodological approach from the 2017 version which utilised the disability-adjusted life years (DALYs) measure to healthy life years (HLYs) gained in the updated document. In the document itself, we would like to see the **inclusion of a small section which details the relative merits, limitations and gaps of both the DALY and HLY methodologies** to help clarify why the change has been made.

- We recognise that neither measure enables an assessment of interventions which do not prolong life, most notably palliative care. As such, we **would encourage the WHO to explore using suffering adjusted life years to provide a complementary analysis for palliative care**, noting its important contribution to patient wellbeing across all NCDs.
- We also **welcome expansion of more country level data within the CHOICE analysis** and the grouping of the results to allow Member States to determine which interventions could be most impactful given their epidemiological profiles and income levels.
- Please can the WHO provide **further information to understand how the cost-effectiveness was determined for packages of interventions** which contain multiple different components, for example the diagnosis, treatment and palliative care for colorectal cancer (CA10) or six priority childhood cancers (CA11).
- We encourage the WHO to also **include existing recommended interventions for mental health, oral health, and air pollution**. Action on oral health, mental health and air pollution will be valuable in addressing the growing burden of NCDs, including co-morbidities. Their absence from the document is notable and could be seen as running counter to the ambition to better integrate and coordinate effective national NCD responses and reflect the "5 x 5" agenda and recent WHO resolutions and global strategies.
- In developing national priority interventions, we urge **WHO and Member States to set their planning horizons beyond 2030** to avoid 'short-termism' to realise the full benefits of NCD investment for populations. For example, investment in childhood cancers and vaccination deliver results through to 2050 and beyond and proactively champion equity, however may not feature in short-term economic modelling.
- **We request WHO to make the descriptions of interventions as clear and precise as possible**, such as including key target populations, intervention frequencies and follow-ups. We welcome the development of the technical annexes as a complement to support further evaluation and planning of interventions; however, we would like to see consistency in the approach taken for interventions (where guidance exists) and feel it is valuable to have some of this information included in the core recommendations.
- Alongside the cost-effective interventions, the current draft identified a series of overarching or enabling actions. This is a valuable resource and we would strongly encourage the WHO team to **include existing policy and technical tools which support implementation, including national essential medicines, technologies and diagnostics lists (WHO EML and EDL and list of priority medical devices for cancer management).**

  WHO should include measures to track progress towards the goal to provide 80% access to essential medicines and technologies for NCDs. We would also like to see the specific reference to National Cancer Control Plans (NCCP) and NCD plans which are important to ensure **coherence** across NCD areas, addressing common issues such as risk factors, workforce, financing etc.
- Given the developing evidence base and body of technical recommendations, we encourage the WHO team **to develop a periodic update process for Appendix 3** to integrate these developments and support the most effective, evidence-based decision making by Member States. Recognising the burden placed on the secretariat, we would suggest a model similar to that used in the essential medicines review whereby organisations in official relations with the WHO can submit peer-reviewed papers detailing new or updated interventions for consideration or evidence of cost-effectiveness analyses. We envisage that this could accompany the process of aligning Appendix 3 with novel or updated WHO technical guidance.
- Recognising the need to protect WHO technical guidance from undue influence, WHO should include information as to **how to protect the priority setting, planning and implementation of Appendix 3 measures from conflicts of interest**. There is a growing body of evidence to demonstrate the common approaches taken by health-harming industries to stop, delay or derail

NCD interventions and spread misinformation regarding the health harms (or benefits) of their products.

- Finally, it is important to **reflect on the positive impacts that investments in the measures set out in Appendix 3 have beyond NCDs in order to help situate the NCD goals within the broader Sustainable Development agenda**, for example investments in alcohol control can help to reduce road traffic accidents, while investments in imaging can be used to diagnose patients with conditions beyond cancer. Cancer and other NCDs are characterised by stark inequities across gender, ethnicity, age, geography, education and income and it will be almost impossible to make progress against the Sustainable Development Goals without comprehensive and effective actions on NCDs.

Specific comments

Objective 1: To raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy

- We encourage the WHO to amend the second action to include a reference to integrating NCDs into national public health agendas and responses to health emergencies, alongside the existing references i.e. 'Integrate NCDs into the social and development agenda, policy alleviation strategies and global, regional and national health emergency and pandemic response plans'.

- Amend action four to 'Engage and mobilise civil society and the private sector, as appropriate and strengthen international cooperation to support the implementation of national NCD or disease-specific strategies or plans in line with the action plan'. Experience has demonstrated that in order to deliver coordinated, effective and efficient national responses, Member States need to mobilise national actions (both of civil society organisations (CSOs) and private sector) with a clear focus on the goals of national NCD or cancer strategies.

- Within this recommendation we would also urge Member States and the WHO to recognise the differences in the roles and responsibilities of civil society and private sector actors and engage with them accordingly. Civil society actors play diverse roles (from community outreach and representation to advocacy to direct service provision) and Member States and WHO should engage these groups systematically in the development, implementation and evaluation of NCD services. We also urge Member States and the WHO to recognise that the resources of many CSOs are limited and ensure that CSOs receive appropriate funding and non-fiscal support to continue their work.

- Add additional overarching/enabling action: 'Implement conflict-of-interest policies to protect the development and implementation of interventions from industry interference'. This would help to recognise that private sector actors can have a very different role to play in the implementation of national strategies. Plans should differentiate between those with competing and complementary interests, and measures put in place to address any conflicts of interest.

Objective 2: To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs

- Add additional overarching/enabling action: 'Plan for implementation and enforcement of legislative and regulatory interventions and involve relevant government sectors in the planning process'.

Objective 3: To reduce modifiable risk factors for NCD and prevent underlying social determinants through creation of health-promoting environments

Overarching/enabling actions

- Amend wording of Objective 3 to include a reference to the commercial determinants of health: 'To reduce modifiable risk factors for noncommunicable diseases and underlying social and commercial determinants through creation of health-promoting environments.'
- WHO to consider whether the 'non-financial considerations' may be better placed in a section at the top of each risk factor as the overarching/enabling actions are, rather than be linked to individual interventions in the table, as many of the considerations apply to multiple interventions and many interventions have multiple non-financial considerations. Placing these considerations at the start may better assist countries to select a package of interventions appropriate to country context and to compare between them.
- There are inconsistencies between the wording of non-financial considerations across risk factors, such as the need for multisectoral action appearing in the unhealthy diet interventions but not the equivalent tobacco or alcohol interventions. Suggest having an overarching section on non-financial considerations under each risk factor including the following as relevant:
    - 'Multisectoral action with relevant ministries and support by civil society is critical for implementing interventions'
    - 'Interventions implemented through legislative or regulatory changes require regulatory capacity along with multisectoral action, as well as capacity and infrastructure for implementing and enforcing regulations and legislation'
    - 'Interventions implemented via the health system require health worker capacity'
    - 'Levying taxes should be combined with other price measures, such as bans on discounts or promotions'
    - 'Interventions should be implemented as a package of complementary policies with interventions requiring legal implementation complementing non-legal interventions'

Tobacco use

- T1: We recommend that this intervention is accompanied by an equivalent to A6 to 'Carry out regular reviews of prices in relation to level of inflation and income' to ensure that tobacco taxation measures achieve their goal of driving down demand.
- T2: Amend intervention to 'Implement plain/standardised packaging and large graphic health warnings on all tobacco packages'. Plain packaging is a complementary intervention to graphic health warnings and so should be implemented together with large graphic health warnings. The implementation guidelines for article 11 of the WHO FCTC recommend implementing both measures, and plain packaging is also recommended in the article 13 guidelines.
- T3: The obligation to comprehensively ban tobacco advertising, promotion, and sponsorship in article 13(2) of the WHO FCTC and its implementation guidelines includes cross-border advertising, promotion, and sponsorship. It is not clear why the discussion paper separates them, or why there is no equivalent reference to cross-border advertising regarding alcohol and unhealthy diets.
  We suggest amending the intervention as follows: 'Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship, including cross-border tobacco advertising, promotion and sponsorship and tobacco advertising, promotion and sponsorship through modern means of communication'.
  Cross-border advertising, promotion, and sponsorship should also be referenced in the interventions on restricting advertising, promotion, and sponsorship for alcohol (A2) and unhealthy diets (H7).

- T7: should be clarified further with the intended pharmacological interventions (nicotine replacement therapy, Bupropion, and Varenicline). Given that some jurisdictions are starting to issue prescriptions for e-cigarettes and other novel products, we are concerned that broader phrasing here could potentially create space for the tobacco industry to position these products as a cessation tool despite a lack of compelling evidence on their safety or effectiveness.

Unhealthy diets

- Under unhealthy diets, suggest changing the intervention 'implement the WHO set of recommendations on the marketing of food and non-alcoholic beverages to children' to 'restrict the marketing of food and non-alcoholic beverages to children' and adding a reference to implementing the WHO set of recommendations as an enabling action, consistent with the approach to implementing WHO normative instruments on tobacco and alcohol.

Objective 4: To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care (PHC) and universal health coverage (UHC)

Overarching/enabling actions

- We welcome the focus on PHC accompanied by the reference to referral systems, given that the successful treatment of many cancers requires patients to be referred through to different levels of the health system.
- Amend the second action 'Explore viable health financing mechanisms and innovative economic tools supported by.... to promote equity'. Financing mechanisms are valuable and impactful tools; however they must be selected carefully in order to promote equity rather than exacerbating existing inequities. This is particularly important given that the global burden NCDs are characterised by inequities and new tools should actively seek to address these in line with goals of UHC.
- Recommend replacing detection with diagnosis in the third action. 'Scale up early diagnosis and coverage, prioritising very cost-effective high-impact interventions including cost-effective interventions to address behavioural risk factors. While conditions can be detected early, diagnoses is essential to provide healthcare workers with the information necessary to treat NCDs appropriately (such as staging cancers), develop effective clinical management plans and preventing over-treatment.
- Revise the fifth action on access to medicines and technologies to 'Improve and track the availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable disease, in both public and private facilities'. Data continues to be scarce on the availability of these and many countries lack a baseline from which to measure their progress towards the 80% target and identify bottlenecks or challenges in the system.
- Add an action which encourages Member States to 'Develop and periodically update national essential medicines, technologies and diagnostics lists required to treat noncommunicable diseases in response to national epidemiological profiles.'
- We welcome the reference to palliative care and suggest the seventh action is edited to recognise the potential need for legal changes alongside public health measures. 'Develop and implement national palliative care policies, including refining legal frameworks to provide adequate access to opioid analgesics for pain relief, together with training for health workers.
- Palliative care is a cross-cutting service and we would urge the WHO team to also consider including a palliative care measure across the packages for cardiovascular disease and chronic respiratory diseases alongside cancer.
- Aligned with this, in future editions, we encourage the WHO team to consider using forthcoming costing papers from Gwyther et al. and explore a complementary costing methodology for palliative care (suffering adjusted life years), given that these interventions are recognised as essential but not suitable for CHOICE analysis.

Cancer

- We welcome the expansion of the cancer section to integrate the recommendations contained in the new initiatives on cervical, breast and childhood cancers.
- A number of the recommendations (CA3, CA4, CA6, CA7, CA9, CA11, CA12, CA13, and CA14) refer to a package of services rather than a single intervention, as such we would urge the WHO team to consider breaking these down further into the component parts or clearly signposting through to the technical guidance in order to best support Member States' priority setting process and implementation planning, also highlighting the key modalities of cancer care (systemic therapy and cancer medicines, radiotherapy and surgery). Greater specificity in the interventions would facilitate further clarity on the health system and financial requirements for implementation.
- CA2: we welcome the recognition of HPV DNA testing as the preferred method and provision of clear timelines and target ages. To aid clarity, we would encourage the WHO team to provide an explanatory note explaining how screening every 5-10 years aligns with the communications around the cervical cancer elimination initiative, particularly as the summary documents suggest screening at 35 and 45 as a minimum/baseline for countries.
- Please include an additional note on HIV positive women (as per WHO cervical cancer guidelines) as HIV positive women are 4-5 times more likely to develop invasive cervical cancer (i.e. include 'cervical cancer screening starting at age 25 for HIV positive women')
- CA8: provide greater clarity and consistency within the document for Hepatitis B vaccination on the scheduling, e.g. 'Prevention of liver cancer through hepatitis B immunisation within 24 hours of birth and followed by 2 or 3 doses to complete the primary series, depending on different vaccine schedules and provided as part of the infant routine immunisation schedule.'
- CA9: provide greater clarity regarding high-risk groups and time intervals in order to support prioritisation and implementation of interventions by Member States 'Oral cancer: screening high-risk individuals every three years, with timely diagnostic work-up and comprehensive cancer treatment in settings where significant disease burden and programme is recommended.'
- CA12: we were unsure about why the technical specifications focused on oral cancers as a proxy for head and necks cancers, when oral cancers are the subject of CA9. Instead, we would request the WHO team to use the burden of oropharyngeal cancers as a proxy given the rising burden, particularly in populations with low head and neck cancer incidence as a result of HPV infection.
- We encourage the WHO to consider an additional recommendation focused on the provision of survivorship services for cancer patients in remission. UICC would be happy to provide recommended literature sources for these packages of interventions.

Objective 5: To promote and support national capacity for high-quality research and development for the prevention and control of NCDs

- Action one should include a specific note that research agendas are inclusive in terms of age, recognising the burden of NCD cases over in older adults (70 +) who are not eligible from participating in clinical or implementation research trials because of age cut offs, or who may be 'missing' from national data sets if age cut offs for data reporting are in place (e.g. 30-69)
- Please consider a point on the importance of implementation research to inform clinical practice and public health programme development and to improve their application and integration in country settings.

Objective 6: To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control

- We welcome the action to develop national targets and indicators to support evidence-based decision making, as well as monitoring the effectiveness and impact of interventions and policy changes on the NCD burden. We would suggest an edit to encourage Member States to align these frameworks with existing national strategies, such as those on cancer, to ensure that national efforts

are coordinated and effective in the use of resources. ‘Develop national targets and indicators based on global monitoring framework and national UHC, NCD and disease strategies, and linked with a multisectoral policy and plan.’

- Welcome recognition of the need to strengthen and integrate existing surveillance systems such as cancer registries and the importance of integrating disease-based registries into national health systems to monitor progress and continuing challenges and improve NCD management policy and actions.