

Updates to Appendix 3 of the Global action plan for the prevention and control of NCDs 2013–2030: Vital Strategies Recommendations

28 August 2022

At Vital Strategies, we firmly believe in the value of the World Health Organization's (WHO) Best Buys to address the growing global burden of non-communicable diseases. Particularly for low-resource countries, these proven interventions clearly show the value that targeted investments can have on the health of populations—especially by limiting the effects of the leading drivers of NCDs including tobacco, air pollution, alcohol, and unhealthy foods.

Vital Strategies is grateful to WHO for preparing the 2022 [updated](#) Appendix 3 of the *Global action plan for the prevention and control of noncommunicable diseases (NCDs) 2013–2030*, also known as the NCD Best Buys and other recommended interventions. We welcome the opportunity to offer comments and critiques regarding this document and how it can be adapted to be even more effective. We offer the following input, including comments on specific NCD risk factors.

Recommendations

- 1 **Urgently expand the scope of Appendix 3 to reflect a more comprehensive set of known risk factors, acknowledged in previous decisions by the World Health Assembly.** Based on the latest science and WHO's own foundation of expertise and procedure, we believe the Best Buys need to be more comprehensive to address:
 - a. **Air Pollution:** Given the association between air pollution and noncommunicable diseases, Appendix 3 needs to urgently incorporate interventions that counter the tremendous burden of air pollution. In 2018, at the High-Level Meeting on NCDs, the United Nations recognized that household and outdoor air pollution is a risk factor for NCDs, yet other than a recommended intervention (not a Best Buy) that endorses access to improved stoves and cleaner fuels to reduce indoor air pollution, currently the Best Buys do not do enough to address the impact of air pollution on health. While we note that the development of Best Buys for air pollution are currently underway, we call for these to be prepared with urgency to address the continued significant burden from air pollution.
 - b. **Oral Health:** Vital Strategies welcomed the introduction of oral health into the WHO Best Buys at the 75th World Health Assembly, and recognizes the urgent need for an action plan to follow. Oral diseases affect almost half of the global population—about 3.5 billion people—and are known drivers of NCDs. Yet oral health remains poorly integrated within most health systems. Since oral health shares modifiable risk factors with other NCDs—such as tobacco use, sugar intake and alcohol consumption—it is a cross-cutting issue that, with investment, would strengthen health systems and improve equitable outcomes.

- c. **Road Safety and injury prevention:** While the Best Buys focus on addressing the pernicious impact of NCDs, there is no recognition of injury prevention and road safety. Road traffic crashes result in the deaths of 1.3 million people globally, and injure between 20 and 50 million people. They are also the leading cause of death for children and young adults aged 5–29. While road safety is not currently within the scope of Appendix 3, Vital strategies urges the WHO to consider expanding the scope to incorporate life-saving Best Buys to prevent global fatalities and injury.
- d. **Mental health:** Noting the approved cost-effectiveness solutions for mental health, we believe that these recommended actions should be included within Appendix 3 to offer Member States as a single comprehensive document that presents all recommended NCD policy solutions.

- 2 Accelerate the implementation of NCD policies by calling attention to the co-benefits they can achieve.** While the Best Buys highlighted offer the most impact per dollar spent, Vital Strategies urges co-benefits to be considered as an additional dimension within Appendix 3. Co-benefits refer to interventions that can have positive impacts across multiple targets. Addressing unhealthy diets is one such example. Best Buy solutions that improve diets, particularly by reducing the consumption of ultra-processed products, can serve “[double-duty](#)” in improving malnutrition in all its forms. In addition to these health benefits, there is also evidence that such policies are beneficial for the environment. Global food production is associated with 80% of land-use conversion and biodiversity loss, 80% of the consumption of water resources and groundwater contamination, and 20-30% of greenhouse gas emissions. In a similar vein, addressing air pollution can likewise confer co-benefits. Ninety percent of the planet, according to WHO estimates, breathes unhealthy air, which triggers a vast array of negative health consequences, from respiratory disease to certain cancers and even stunting in children. Air pollution is not just a significant problem for global populations, but also for the health of our planet. Air pollution contributes to global greenhouse gas emissions through the burning of fossil fuels for energy, industry, and transport—major contributors to climate change. There are clear co-benefits to addressing both NCDs and environmental degradation by reducing ambient air pollution.
- 3 Corporate influence derails progress on NCD policies and must be addressed as a cross-cutting enabling factor.** A recent analysis published in the [Lancet](#) found that corporate influence was significantly associated with decreased implementation of NCD policies and increased NCD morbidity and mortality. The Appendix 3 must therefore note and estimate the pervasive influence of corporate influence on NCD policy implementation, and ensure that corporations do not have a place at the table when it comes to the Best Buys. WHO must recommend policies that remove conflict of interest within all of the NCD risk factors. We ask WHO to clarify how the update processes are protected from the undue influence of health-harming industries, including organizations involved in tobacco, alcohol, ultra-processed foods and beverages, breastmilk substitutes, and fossil fuels. This includes ensuring that the studies used for the GCEA do not have any conflicts of interest and that health-harming industries are not part of the consultation process.

- 4 **Appendix 3 must refer to approved technical packages under relevant NCDs.** It is critical that all the WHO technical packages on NCDs are included under their relevant overarching/enabling actions, as these packages are important to guiding the implementation of the Best Buys. These technical packages include: MPOWER (tobacco control), SAFER (alcohol control), SHAKE (salt reduction, to be included under unhealthy diet), REPLACE (trans-fat elimination, to be included under unhealthy diet), HEARTS (cardiovascular disease control) including the HEARTS-D module on diagnosis and management of type 2 diabetes.
- 5 In addition to integrating NCDs within development and poverty alleviation strategies, noncommunicable disease prevention must also be woven within public health agendas—including pandemic preparedness and response.
- 6 Strengthen data: Relying on robust data is critical to developing and adapting Best Buys. The other side of this statement, however, is that the Best Buys we have are only as strong as the available data. That is why we recommend that WHO highlight the importance of strengthening data surveillance systems to ensure that we have the tools at our disposal to assess which interventions are the most cost-effective.

Specific Comments Per Section

Objective 3: Reduce Tobacco Use

- 7 We recommend that exposure to second-hand tobacco smoke products that require spitting, and any other products with side stream or “vapor” should be eliminated in all indoor workplaces, public places, and public transport (applicable to Intervention T4). We also suggest expanding protection to all outdoor workplaces and public places or places people gather. It is unclear from the document whether exposure to second-hand smoke/vapor and spit tobacco in outdoor workplaces and other venues people gather, is included.
- 8 Regulations related to tobacco advertising, promotion and sponsorship (TAPS) and smoke-free, indeed all interventions T1 to T9, should extend to non-tobacco products, i.e. e-cigarettes and other new products that produce side stream or “vapor.” Any exceptions can derail existing policy and reverse behavior change around hard-won unacceptability related to smoking and using new products around others, especially children, as well as jeopardizing other tobacco control policies.
- 9 As per T5, we recommend an inclusion calling for the implementation of effective mass media campaigns that educate the public about the harms of tobacco use, secondhand smoke *“and encourage behavior change.”* Mass media should include digital and other modern means of communications.

- 10 We note that limiting the availability of tobacco is not included presently. This would include a ban on sale of tobacco and new products around schools and other venues where children and youth gather, as well as sales age restrictions, on non-adults for in person sales, online sales and vending machines. In addition, only adults should be allowed to sell tobacco, or e-cigarettes and other new products.
- 11 Though we acknowledge limited data about cost effectiveness, we suggest you Include psychological cessation intervention strategies under other recommended interventions. Psychological cessation strategies should be used for patients to encourage quitting. Health professionals should be trained and encouraged to ask patients about their tobacco use and encourage quitting. Proven pharmaceutical interventions should then be suggested and covered financially by governments. Medical Interventions should be proven effective nicotine replacement therapy, and effective drugs, Bupropion and Varenicline.

Objective 3: Alcohol Use

- 12 We note that the proportion of alcohol interventions with a cost-effectiveness analysis is lower than most other areas. Therefore, we recommend accelerating analyses of interventions for alcohol use, particularly in LMICs.
- 13 Intervention A2: Since it is very difficult to strictly label actions as advertising, promotion or sponsorship, we strongly recommend that these three concepts are combined into one, rather than splitting alcohol advertising (A2) from alcohol promotion and sponsorship that is aimed at children (A9).
- 14 Include front-of-pack warning labels under “other recommended interventions from WHO guidance (CEA not available).” Front-of-package labelling has been a very effective in terms of reducing tobacco use and the consumption of unhealthy foods and beverages. Therefore, we ask WHO to perform a generalized cost effectiveness analysis (GCEA) focused on labels that warn consumers about the effects of alcohol. Warning labels should include information such as serving volume and alcohol percentage so that consumers can moderate their usage.

Objective 3: Unhealthy Diets

- 15 We commend WHO for updating Appendix 3 to note the latest evidence on the positive impacts of taxing sugary drinks or sugar-sweetened beverages (H7). Taxation can not only boost healthy diets and oral health, especially among children, but it can also provide a revenue stream for health programming.
- 16 Under overarching/enabling actions, we recommend that WHO note the importance of establishing evidence-based nutrition profile models. Specifically, we recommend that WHO adopt guidance from global experts, consider international experiences such as in Chile and

Mexico, and recommend the use of a simple Nutrient Profile model with single nutrient thresholds for food and beverages. This can help consumers easily identify unhealthy products and the presence of ultra-processing.

- 17 Intervention H2 (front-of-package labelling): Appendix 3 should distinguish between food labelling pushed by the food and beverage industry—which are unlikely to be effective in terms of promoting healthy choices—and labels that are designed to educate consumers and help them make healthier choices. The latter should be tested among consumer groups to ensure that the most effective messaging is selected.
- 18 We note and commend the inclusion of mass media campaigns as a recommended intervention. However, consistent with the stated objective to reduce unhealthy diets, we recommend that the wording of this intervention be modified to call on the implementation of “Behavior change communication, including mass media campaigns, to reduce unhealthy diets...”
- 19 Intervention H5 (marketing restrictions for children): We are pleased this new intervention on *Policies to protect children from the harmful impact of food marketing* has been the subject of a GCEA, showing the cost-effectiveness of restricting marketing of unhealthy food products to which children are exposed. That said, the guidelines for the implementation of marketing restrictions can be strengthened as noted in Vital Strategies comments on the *Draft Guideline On Policies To Protect Children From The Harmful Impact Of Food Marketing*, which were submitted on July 31 2022.

Objective 4: Cardiovascular Disease (CVD)

- 20 Under the category of cardiovascular disease, another intervention should include “cost-effective interventions to improve ambient air quality.”