

WHO Discussion Paper on Draft Updated Appendix 3 of the WHO Global NCD action plan

2013-2030.

Submissions from Primary Care International in its capacity as a non-state actor with a vested interest in global NCD discourse.

Objective 1:

Overarching and enabling actions:

“Integrate NCDs into the social and development agenda and poverty alleviation strategies”
– is it worth expanding the remit of this to include the context of planetary health which posits that all health action sits within a wider framework of the intersectionality between human activity and the planet.

Objective 2:

Overarching and enabling actions: Multisectoral action is proposed. Consider including something on the intersectionality with cross-cutting considerations like gender equity and social justice, aligning with the SDGs.

Objective 3:

Propose that the wording for the same non-financial considerations are used consistently across domains:

T1, A6: The non-financial considerations could be the same for all social determinants where fiscal policy interventions are proposed and suggest as borrowed from A1: “Levying taxes should be combined with other price measures, such as bans on discounts or promotions”. Also recommend including something on the promotion of multisectoral activity to achieve these goals as mentioned in H1 – H5.

Similarly for interventions requiring an improvement in capacity, suggest use the same non-financial considerations terms for T2-T5 and A2-A4, replace what is currently there with:

“Requires capacity and infrastructure for implementing and enforcing regulations and legislation”

T6, T7, A5, P1: The non-financial considerations that are there now could be replaced with:
“Requires sufficient, trained providers at all levels of healthcare and a better functioning health system”

P3 – if relevant could include sustainable climate action considerations in urban design and planning

Objective 4:

Overarching and enabling actions:

Regarding - “Integrate very cost-effective non-communicable disease interventions into the basic primary health care package with referral systems to all levels of care to advance the universal health coverage agenda”

It appears that cost effectiveness of an intervention is stratified objectively according to the banding in the appendix, however, ‘very cost effective’ is mentioned here. May not be clear what that means in practice. Consider omitting very or using the banding?

Cardiovascular disease:

CV3: suggest that non-financial considerations remain the same. E.g: “Feasibility and practicality of implementation **needs** to be assessed and determined according to health systems capacity” as the choice of option is determined by health system capacity, feasibility and practicality.

CV4b: mentions an ‘experienced’ facility. This is subjective. Review wording and possibly borrow from CV3: “in a hospital setting **with a proven capacity to provide this level of care OR tertiary level facility** Also: “Requires a surgical facility with appropriately trained workforce”. Consider if this should be omitted altogether as health systems capacity covers this requirement and if not suggest that this statement is also then included for CV3 and omit ‘surgical’. (the words in bold are recommended additional wording to existing).

CV5a: Non-financial consideration for this could include something about training? Or even as in previous: “Feasibility and practicality of implementation needs to be assessed and

determined according to health systems capacity” – this can include training, testing capacity for identifying streptococcal infection, if needs emphasising.

CV6 – acetylsalicylic acid is used here but aspirin is used in CV3

CV7 – suggest for consistency: Feasibility and practicality of implementation needs to be assessed and determined according to health systems capacity **with emphasis on an early multidisciplinary approach. Multidisciplinary teams should aim to include appropriately trained rehabilitation health workers.** (the words in bold are recommended additional wording to existing)

(No number for this)”Treatment of congestive cardiac failure with angiotensin-converting-enzyme inhibitor, betablocker and diuretic”. Consider changing to “Treatment of congestive cardiac failure with angiotensin-converting enzyme inhibitors **or angiotensin receptor blockers, betablockers (preferably cardio-selective) and diuretics.** (the words in bold are recommended additional wording to existing)

Diabetes:

D1: intervention in brackets should ideally be under non-financial considerations if we are to follow previous. Could include: **Appropriately trained healthcare workers to perform diabetic foot examinations and patient education; health system capacity to support a multi-disciplinary approach to diabetic footcare**

D2: Suggest changing non-financial considerations so aligns with others: Feasibility and practicality of implementation needs to be assessed and determined according to health systems capacity (as the ability to perform fundoscopy on all patients and offer laser photocoagulation will require significant adaptations for many health systems).

D3 looks like could be:

D3a: “Control of blood glucose in people **living** with diabetes **through lifestyle modification and drug therapy where appropriate**” as drug therapy not explicitly stated but has been for CVD; could consider providing drug details too as this has been done for CVD and Chronic respiratory disease. (the words in bold are recommended additional wording to existing).

D3b: standard home glucose monitoring for people treated with insulin to reduce diabetes complications.

Chronic Respiratory Diseases:

CR5: would this also include pneumococcal vaccine? Also, possibly covid vaccine or something more generic given the possibility of pandemics in the future – consider **vaccination for vaccine-preventable diseases for this group of patients who are at risk.**

These vaccinations also apply to other NCDs – could consider including something on vaccines for all?

(the words in bold are recommended additional wording to existing)

Is there anything to include here about air pollution? As occupational exposure to asbestos although relevant, more people globally are at risk of Chronic Respiratory Diseases as a result of exposure to fossil fuel burning.

Cancer:

The non-financial considerations for all interventions could include: Feasibility and practicality of implementation needs to be assessed and determined according to health systems capacity with **emphasis on systems for organised population based screening.** (the words in bold are recommended additional wording to existing)