WHO Discussion Paper – *Draft* Updated Appendix 3 of the WHO Global NCD action plan 2013 -2030

Comments from the World Heart Federation

General Comments

- The World Heart Federation (WHF) has overall positive feedback on the document. The background and process sections are clear and comprehensive and contribute to improving understanding of the rationale behind updating Appendix 3.
- We believe it would be helpful to give Appendix 3 a subtitle to make it clearer what we are referring to particularly when speaking to important stakeholders who may not be familiar with the terminology around the global action plan and WHO processes and documents.
- The target audience is often unclear. Certain sections require an audience with clinical knowledge to be fully understood.
- It would be great if the document could include or link to a review of which interventions are currently employed (and to what extent) and by which countries. This element could be added in the introduction.
- The document could add a threshold of spending for cost-effective returns on investment or the highest level of spending on a certain intervention up to which the intervention is still cost-effective and once that spending threshold is surpassed, the intervention is no longer cost-effective.
- It might be helpful to include case studies showing the practical application of the different interventions listed and their cost analysis. If case studies refer to specific countries, they may be anonymized.

Section specific comments

Comment on "How to use this information" (pp. 6-7)

Reference to other tools available, such as the One Health Tool, to support countries in costing specific interventions could be more prescriptive. These tools would help countries not only to look at economic models, but also build a stronger case for implementation of different interventions.

Objective 1- Overarching/enabling actions (p. 8)

- The overarching/enabling action "*Strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learnt and best practices*" could be rephrased as "*Join/Support international efforts for resource mobilization [...]*"
- The overarching/enabling action "*Implement other policy options in objective 1*" could be more specific and indicate which other policy options are available to implement.

Objective 2 – Overarching/enabling actions (p. 8)

- The overarching/enabling action "*Assess national capacity for prevention and control of NCDs*" could indicate how to implement this action.

Objective 3 – Tobacco use: Specific interventions with WHO-CHOICE analysis (p. 9)

- It is great to see sustained interventions on tobacco and WHF is ready to provide support on implementing them through its advocacy efforts.

Objective 3 – Harmful use of alcohol: Specific interventions with WHO-CHOICE analysis (p. 10)

- Interventions listed should reflect the latest resolution on alcohol Global Action Plan and consider broader information disseminations on harms of alcohol, beyond consumer information.

Objective 3 – Physical inactivity: Specific interventions with WHO-CHOICE analysis (p. 12)

- Interventions should include ensuring infrastructure and environment that are conducive to physical activity.

Objective 3 – Physical inactivity: Other interventions from WHO guidance (without WHO-CHOICE analysis, p. 12)

- P3 – it could be worth mentioning co-benefits of implementing urban and transport planning and urban design, for example in reducing air pollution.

Objective 4 – Cardiovascular disease: Specific interventions with WHO-CHOICE analysis (pp. 14-15)

- CV1 – The use of simple protocols for treatment of hypertension could be added to the interventions.
- CV1 – combination therapy should be included in non-financial considerations, to be consistent with the guidelines.
- CV2a and CV2b – Secondary prevention of CVD should be included and have the same interventions as CV2a and CV2b, adding the use of Acetylsalicylic Acid (Aspirin) for secondary prevention and specify if it should be prescribed in case of previous cardiovascular event or when no cardiovascular event occurred but the individual is at high risk (AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and other Atherosclerotic Vascular Disease: 2011 update: a guideline from the American Heart Association and American College of Cardiology Foundation - PubMed (nih.gov))
- CV2a and CV2b – It is unclear what the difference between the two is. When referring to drug therapy, it would be helpful to indicate the risk threshold to prescribe certain drugs and specify which drugs should be prescribed.
- CV5a – The interventions could include equity considerations, as a factor strongly linked to Rheumatic Heart Disease. It might also include issues of RHD and maternal health and unique challenges of RHD during pregnancy.
- CV6 –Low-dose Acetylsalicylic Acid (Aspirin) should be mentioned in secondary prevention of all CVD, not only ischemic stroke.

Objective 4 – Cardiovascular disease: Other interventions from WHO guidance (without WHO-CHOICE analysis, p. 15)

- Fixed dose combination might be included in this section.

Objective 4 – Diabetes: Specific interventions with WHO-CHOICE analysis (p. 16)

- D6 - There is the potential to make more linkages between CVD and diabetes and refer to CV2a and CV2b. D6, CV2a and CV2b are linked with each other.

Objective 4 – Chronic respiratory diseases: Specific interventions with WHO-CHOICE analysis (p. 17)

- CR6 – This intervention could be the opportunity to address at least education around the health impacts of outdoor air pollution, which kills millions of people every year.