

**UPDATING APPENDIX 3 OF THE WHO GLOBAL NCD ACTION PLAN 2013-2030**  
**SECOND DISCUSSION PAPER - AUGUST 2022**  
*Comments from Canada*

Canada appreciates the opportunity to review and comment on the second discussion paper for the updated Appendix 3 of the Global Action Plan for the Prevention and Control of Non-communicable Diseases (NCD) 2013-2030. Recognizing that we have provided comments on the first discussion paper shared in June 2022, we would like to offer additional comments below on the second discussion paper.

1. We are supportive of the direction taken by WHO in this Appendix, which includes several interventions consistent with our understanding of effective actions needed to address physical inactivity, unhealthy diet and harmful use of alcohol.
2. **Domestic context:** We have noted that the WHO Secretariat will include a proposed preamble text as part of the updated Appendix 3 presented for consideration by Member States in 2023. Canada wishes to stress the importance of retaining current language in the opening paragraph of Appendix 3 with respect to implementation as appropriate for the national context (particularly given the shared jurisdiction in Canada):

*“Menu of policy options and cost-effective interventions for prevention and control of major non-communicable diseases, to assist Member States in implementing, as appropriate, for national context, (without prejudice to the sovereign rights of nations to determine taxation among other policies), actions to achieve the nine voluntary global targets.”*

3. **Social determinants, health equity and other non-economic considerations:**
  - a. As noted in the WHO discussion paper, non-economic implementation considerations such as acceptability and equity are essential. While recognizing that this document focuses on cost-effectiveness, it is critical to strengthen the content and the language on the role that social determinants play in shaping people’s health and wellbeing in Appendix 3. For example, it is critical to examine how the availability of and access to nutritious foods influences people’s health and wellbeing, and how physical inactivity is often associated with low socio-economic status. These social determinants of health considerations can be strengthened in the sections outlining the overarching actions and listing specific interventions, which currently focus on improving life-style behaviours or medical interventions that help manage diseases. The inclusion of social determinants of health will shift the burden of responsibility for health and wellbeing away from the individual, and helps uncover the influence that broader social and structural factors have on people’s health. This approach can also help challenge the notion that chronic non-communicable diseases are solely a result of individual life-style choices, which can often result in further stigmatization and marginalization of priority populations.

- b. Supporting the self-determination of Indigenous Peoples is critical for supporting Indigenous-led approaches, and helps ensure that communication and interventions are culturally appropriate, and address Indigenous Peoples' needs and priorities.
4. **Environmental factors:** Reference to air pollution in the discussion paper is limited to indoor air quality related to stoves, cooking fuel, and occupational exposures, with no mention of ambient air pollution. However, the WHO has recognized the [links between ambient air pollution and NCDs](#), and thus, we recommend strengthening consideration of air pollution in the Global Action Plan. This can be done by addressing ambient air pollution risks in line with the 2018 Political Declaration of the Third High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases. We would also like to reiterate the need to broaden the approach to NCDs by including a wider range of environmental risk factors.
5. **Supporting tools:** The latest discussion paper indicates that the WHO Secretariat "will consider the development of an interactive web-based tool, to help countries see the impact on NCD targets of prioritizing and scaling up the implementation of a set of cost-effective interventions of the updated Appendix 3." Such a tool could prove to be useful for countries, especially if it helps assess the collective impact of implementing different interventions (e.g., reformulation of foods and front-of-package labelling).
6. **Ranking of interventions:** We appreciate the addition of Table 3 (p. 34-38) that provides a ranking of interventions by average cost-effectiveness ratio for NCD risk factors and NCDs based on analysis in low and lower-middle income countries.
7. **Summary of feedback:** It might be beneficial if the WHO Secretariat shared a summary of comments received (as was done for the [consultations on the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders](#)) and, if possible, an overview of how comments were taken into consideration for the updated Appendix 3.