

Updating Appendix 3 of the WHO Global Action Plan on NCDs – comments from Norway

General

We would like to thank the secretariat for the *discussion paper*, which we find very useful. Norway welcomes this opportunity to provide input to the process of updating Appendix 3. The Best Buys have been very important in the development of Norway's NCD policy, and we value the scientific evidence provided on e.g. costs and benefits related to the different measures and instruments, which makes it easier to choose the best options depending on the national context.

We would suggest specifying the updates to Appendix 3 proposed in the document, since it is a bit difficult to see the changes made. We would also appreciate more information on the criteria used for the suggested updates.

For Norway, it would be important to have a comprehensive Appendix 3, which also includes Best buys and other interventions related to Air pollution and Mental health.

We believe that the integration of different interventions must be adapted to different countries and health systems, that universal solutions rather than "favouritism" of certain groups should be promoted (e.g. it says: "early detection and comprehensive treatment of cancer of those living with HIV").

Furthermore, we think it is important that criteria adapted to low- and middle-income countries with limited resources are used in the selection of interventions and would seek information on whether this has been done to a larger extent than in the original version.

We support the inclusion of preventive interventions at system level, and think it is positive that the updated version includes dietary measures that address a wider range of nutrients, not just salt. The promotion of multisectoral measures is positive in our view, as well as more emphasis on physical activity.

However, we note that more treatment interventions are added. These are very resource-intensive interventions, also for high-income countries. We would ask for clarification on which criteria support their inclusion.

At the same time, we believe that it would be important to keep the Best Buys more or less intact, and only make updates where there is new evidence (including related to AP and MH, and the points included above). This should be a technical process rather than a political process.

Our more specific comments follow below.

Air pollution and mental health

We expect air pollution and mental health to be included in Appendix 3 and treated equally as the other four diseases and risk factors. WHO Member States decided in 2019 to include air pollution and mental health in the NCD framework. The change from 4 * 4 to 5 * 5 was in our understanding also one of the arguments for starting the process of updating Appendix 3 in the first place. We believe that this is important, since the purpose of Appendix 3 is to

make it possible for countries to compare policies and measure for the 5 diseases and the 5 risk factors, including corresponding costs and benefits of such measures. It is especially unfortunate that they are missing from the list of Best Buys.

Tobacco

Concerning objective 3 (risk factors) in the 2022 updated Appendix 3, there are now a total of 81 interventions and 21 overarching/enabling actions, representing an expansion from the original list of 88. According to the WHO-secretariat, this increase is due to the availability of updated scientific evidence as proposed by the WHO technical units or expert groups since the adoption of the WHO Global NCD Action Plan 2013-2020.

As for **tobacco** (T1-T9), we strongly support this expansion and take the opportunity to emphasize the importance of allowing the acquisition of new science to guide the expansion. In line with such an evidenced based expansion, we would like to propose two additional interventions.

T10: Online sales of tobacco and nicotine products (also to minors) point to the need for better control. Digital markets are transnational: they may weaken national measures to restrict young people's access to tobacco and nicotine products. They also point to the need for transnational regulation of the digital market to support individual countries in restricting young people's access to tobacco and nicotine products.

T11: Social media marketing: new types of transnational marketing points to the need to regulate new global advertising and marketing channels such as social media.

Harmful use of alcohol

In the area of alcohol, the «Best Buys» measures largely correspond to the WHO's recently adopted «Action Plan (2022-2030)», in particular «Action area 1: Implementation of high-impact strategies and interventions». However, this is not mentioned. Other "Action areas" in the alcohol Action Plan are more specific than the "Best Buys".

A review of the measures can be considered in the light of the recently adopted WHO "Action Plan (2022-2030)" to limit alcohol use. However, the proposed measures are in line with what we know about their effect on public health, there is good compliance with ANOC3 (Alcohol – Not an Ordinary Commodity), and this reflects the WHO EURO's SAFER initiative. When it comes to 'brief interventions, large-scale implementation is difficult to achieve in practice, and does not only depend on the training of health professionals. No changes have been proposed for alcohol compared to the previous version of "Best Buys" from 2017, but the current measures remain valid today, and we believe that the ranking is correct. There is some recent research on e.g. minimum price, health warnings and minimum age that could be used to give rough estimates in an analysis of cost-effectiveness. This has not been done.

An additional comment is that we find the term 'harmful use of alcohol' to be misleading. The term indicates that there is a safe, harmless level of alcohol use, which does not correspond to our knowledge of the risk of several types of health damage (e.g. cancer, accidental injuries). We prefer using the same term as for tobacco: 'alcohol use.'