
Informal consultation with Member States
24th August 2016
6 objectives of the WHO Global NCD Action Plan 2013-2020

Objective 1
To raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

Objective 2
To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.

Objective 3
To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments.

Objective 4
To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage.

Objective 5
To promote and support national capacity for high-quality research and development for the prevention and control of NCDs.

Objective 6
To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.
What is Appendix 3 of the WHO Global NCD Action Plan 2013-2020?

- Menu of policy options for each of the 6 objectives of the Global NCD Action Plan.
- 81 recommendations, including 14 classified as “very cost-effective and affordable interventions for all Member States”
- Also includes a list of WHO tools and resources to assist in the implementation of each recommendation.

1 Generate an extra year of healthy life for a cost that falls below the average annual income or GDP per person.
How was the existing Appendix 3 developed?

• Criteria used in determining the original “best-buys” were:
  • Health impact
  • Cost-effectiveness
    o Cost-effectiveness was calculated using the WHO-CHOICE model.
  • The cost of implementation
  • Feasibility

• Feasibility was assessed by an expert meeting and a series of informal stakeholder consultations.

• The final list of interventions in Appendix 3 was negotiated during the WHA in 2013.
Use of the Appendix 3

- Development of national NCD multisectoral plans is an area where appendix 3 have shown usefulness.
- Prioritization of NCD activities in countries is influenced largely by the ‘best buys’
- Tobacco and Alcohol interventions were well aligned with the ‘best buys’.
- CVD risk assessment and management (one of the best buys) was taken up in at least 30 countries.
• WHA 66.10 requested the Director-General:
  “to propose an update of Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, as appropriate .... in the light of new scientific evidence.”

• Resolution WHA 69.6:
  Noted “the process to update, in 2016, Appendix 3” and requested the Director General “to submit an updated Appendix 3 of the WHO Global NCD Action Plan 2013-2020, through the Executive Board, to the Seventieth World Health Assembly in 2017”
Process timeline

22-23 June 2015
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25-30 Jan 2016
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Analysis & synthesis
• Different components of Appendix 3 require different degrees of updating:
  
  – Recommendations listed for Objectives 1, 2, 5 and 6 (advocacy, governance, research & evaluation) are mostly process-related: advice is not based on cost-effectiveness considerations and is not expected to have changed since 2013.
  
  – For Objectives 3 and 4 (risk factors & health systems): recommendations may have changed in their level of cost-effectiveness, and there may be additions to these two objectives, as a result of new evidence.
Recommendations:

- The existing Appendix 3 should be used as the starting point.
- Some interventions already on the list warrant a “re-doing” of the cost effectiveness.
  - New evidence, new data or more specific formulation of the intervention.
- Use the existing generalized WHO CHOICE methodology.
- The affordability and feasibility criteria could be better defined.
- Provide context regarding implementation, health system and equity considerations.
Recommendations (cont):

– No arbitrary thresholds to define “cost-effective” or “not cost-effective”.

– All interventions analyzed will be included in an Annex, even for those which do not make the final revised Appendix 3.

– Improvements will be made to presentation of Appendix 3, to make it more useful for decision-makers in countries.
Methodology endorsed by Member States at EB138 & WHA69

How interventions were identified for consideration:

- Minimum criteria for an intervention to be considered have been set
- All interventions on the current Appendix will be re-analysed
- WHO technical units were asked to specify any additional interventions, for which new guidance has emerged
- WHO expert meetings on NCD risk factors and management in 2015 were invited to submit any additional interventions, using a template provided by the secretariat.

Interventions analysed according to:

- Cost effectiveness using WHO CHOICE method ($I/DALY averted)
- Size of health gain (total DALY averted in a population of 1 million)
- Budget implication (total $I in millions required to implement in a population of 1 million)
- Implementation considerations (qualitative analysis to consider feasibility, equity etc)
WHO-CHOICE Methods

• Agreed in Technical Consultation 2015
  – “For interventions where robust cost-effective analysis is considered possible, they will be analysed using the generalized WHO CHOICE methodology”

• WHO – Choosing Interventions that are Cost Effective (CHOICE), distinct in two ways
  1. Use of generalized cost-effectiveness analysis (GCEA)
  2. Common methodology and assumptions adopted over all interventions, enabling comparison
WHO-CHOICE - GCEA

Costs

Origin

Effects

current

Option A

Option B
WHO-CHOICE Methods

• Common methodology and assumptions
  – Epidemiology from GBD/GloboCan
  – Costs from global data bases using ingredients approach
  – Impacts from Systematic Reviews
  – Follow WHO Guideline delivery of interventions
  – Set of long-term, optimistic assumptions
    • 100 year time horizon
    • 3% discount for costs, no discount for DALYs
    • Health system perspective

• Methods papers to be published end 2016
  – Summary methodology as Annex to Appendix 3
Bringing the data to the country level

• WHO-CHOICE country contextualisation
  – Local level costs
  – Local level epidemiology
  – Identify priority interventions

• OneHealth Tool: Costing and planning
  – Software tool overseen by UN-InterAgency Working Group on Costing (IAWG-Costing)
  – Identify resource needs of health sector plans
Intervention selection: SALT: Industry engagement to reformulate products

Costing
- Identify who does what to whom
- Define quantities: publications, expert opinion
- Apply prices: WHO CHOICE database
- Calculate cost of intervention

Impacts: identify effect size: 2.2g day reduction in salt (Trien et al)
- Impact of sodium reduction on blood pressure (Law et al)
- Impact of blood pressure change on AR
- Impacts: recalibration of CVD incidence (GBD, Dismod)
- Projection of health impact

ICER
How this was applied to Appendix 3 update

- Based on analysis of estimates in 20 countries
- Required a quantified effect size to be available for the given intervention, to enable health impact and costs to be calculated
- Complements OneHealth tool which enables country-specific calculations of costs and benefits of specific interventions
- Not all interventions proposed could be analyzed for this update:
  1. Missing quantifiable effect size on a health outcome
  2. Capacity constraints
Parameters for the updated Appendix 3

Economic indicators

Grouped into two income categories:
- low and lower-middle income, and
- upper-middle and high income countries

<table>
<thead>
<tr>
<th>Intervention name and description</th>
<th>Cost-effectiveness (I$/DALY averted)</th>
<th>Health gain (DALY averted in standardized population of 1 million people)</th>
<th>Total cost to implement (Cost of implementation in a standardized population of 1 million) in I$ millions</th>
</tr>
</thead>
</table>

Implementation considerations

<table>
<thead>
<tr>
<th>Health System Considerations</th>
<th>Regulatory capacity considerations</th>
<th>Multisectoral considerations</th>
</tr>
</thead>
</table>
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Second Expert Group Consultation, June 2016

1. To review updated economic analysis and advise on criteria for determining recommended options
2. To advise on structure and presentation

Recommendations:
1. Retain familiarity with existing Appendix 3
2. Separate enabling actions from specific policy or healthcare interventions
3. Provide more specificity in the descriptions of interventions
4. Provide a range of options for presenting economic information, rather than just one ranking
5. Provide qualitative information on key non-financial issues
6. Provide detailed information about methods and assumptions
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Discussion Paper

• Available online from July 25 – September 1, 2016
• Contains a preliminary updated Appendix 3
• All contributions pertaining to discussion paper can be sent to appendix3@who.int before 1 September, and will be published on WHO’s website
1. Preamble to Appendix 3

2. The updated list of interventions for the main Appendix 3

3. An annotated outline of the proposed technical Annex
1. Preamble to Appendix 3

• Purpose & description of Appendix 3
• The justification for updating Appendix 3
• Changes between the two editions, including:
  • Expansion of the list of interventions
  • Use of CEA bands
  • Change of ‘bolded’ interventions where average cost-effectiveness is < $100/DALY averted
• An outline of the technical annex
• Instructions on using the information, including caution in applying economic assumptions to real world & national contexts
2. The updated list of interventions for the main Appendix 3

- Structured under the six objectives of the NCD Global Action Plan 2013-2020, the updated list contains:
- A list of overarching/enabling actions
- Specific interventions with WHO-CHOICE analysis
  - Bolded if <$100/DALY averted
  - With qualitative non-financial considerations
- Other interventions from WHO Guidance (without WHO-CHOICE analysis)
Objectives 1, 2, 5 and 6:
- No change from the current Appendix 3, presented as overarching/enabling actions

Objective 3 - NCD risk factor control:

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Overarching/enabling actions</th>
<th>Interventions with WHO-CHOICE (bolded)</th>
<th>Other interventions from WHO guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco use</td>
<td>2</td>
<td>5 (4)</td>
<td>1</td>
</tr>
<tr>
<td>Harmful use of alcohol</td>
<td>11</td>
<td>5(3)</td>
<td></td>
</tr>
<tr>
<td>Unhealthy diet</td>
<td>2</td>
<td>5 (4)</td>
<td>9</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>16 (10)</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>
Objective 4- Strengthen health systems for NCDs:

<table>
<thead>
<tr>
<th></th>
<th>Overarching/enabling actions</th>
<th>Interventions with WHO-CHOICE (bolded)</th>
<th>Other interventions from WHO guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
<td></td>
<td>5 (2)</td>
<td>5</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>7 (2)</td>
<td>3</td>
</tr>
<tr>
<td>Chronic respiratory diseases</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>17 (4)</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>
3. An annotated outline of the proposed technical Annex

- Detailed methodological information for Appendix 3 analyses, including:
  - Process for identifying interventions
  - Economic assumptions and parameters used (with references for evidence sources used)
  - Country selection for analysis
- A methodological overview for WHO CHOICE generalized cost effectiveness analysis
- Summary tables of WHO-CHOICE economic analyses, ranked according to different parameters (health gain, cost-effectiveness etc)
Applications for the updated Appendix 3

• Development of national multisectoral plans using the cost effective interventions.
• Support the progress towards 2025 NCD and 2030 SDG targets
• Help to scale up the cost effective interventions to achieve the targets
• Support the implementation by considering non financial considerations.
• Development and costing of national NCD action plans using the cost effective estimations.
• Engaging other sectors using a small set of cost effective interventions
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Feedback received on the discussion paper so far:
- Comments from Member States: 1
- Views from non-State Actors: 7
- General themes:
  - More details on the selection of interventions
  - Suggestions for presentation
Objective 3:
• WHO-CHOICE team are working on economic analysis for sugar sweetened beverage tax
• Further examination of mass media behaviour change campaigns to promote physical activity

Objective 4:
• Work underway to improve completeness of data for the listed cancer interventions (data from more representative countries)
Limitations and next update

- Interventions in the current Appendix 3 and actions proposed in the NCD Global Action Plan 2013-2020 are being implemented in countries and had to be maintained.
- Secretariat has reviewed and updated the analytical work, (including cost effectiveness and other considerations), ensuring continuity.
- The process has been transparent including the technical consultations and web based discussion.
- Not all interventions proposed could be analyzed for this update:
  1. Missing quantifiable effect size on a health outcome
  2. Capacity constraints
- Next update can be considered along with any future global NCD strategy, once current plan comes to end in 2020.
Purpose of this informal consultation

• Consultation is complementary to the public web consultation of the draft updated Appendix 3:
  – Anyone can send submissions until 1st September 2016 to appendix3@who.int

• This consultation asks two specific questions:
  1. What adjustments could be made to the presentation of the proposed draft updated Appendix 3 to assist Member States in their efforts to implement?
  2. What follow-on tools could be used to assist Member States with its implementation?
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Analysis & synthesis
What will draft EB140 resolution proposed by the Secretariat look like?

The Executive Board,

Having considered the report on Preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs in 2018;

RECOMMENDS to the 70th World Health Assembly, the adoption of the following resolution:

The 70th World Health Assembly,

Having considered the report on Preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs in 2018;

Recalling resolutions WHA66.10 and WHA69.6;

OP1. ENDORSES the updated Appendix 3 of the global action plan for the prevention and control of NCDs 2013-2020;

URGES Member States:

Thank you!