WHO Update of GAP Appendix 3

World Heart Federation Recommendations – August 2016

Context

The World Heart Federation (WHF) is dedicated to leading the global fight against cardiovascular disease (CVD), including heart disease and stroke. Working with more than 200 member organizations in over 100 countries, we have a global impact which is enhanced by our 3-year workplan with the World Health Organization.

The World Heart Federation thanks the WHO for taking these timely steps to update Appendix 3. The following recommendations have been drawn from our global membership, with the aim of strengthening this important tool for WHO Member States.

Recommendations

General

- The World Heart Federation applauds Appendix 3 for continuing to prioritize cost-effectiveness in its suggested NCD interventions.

- WHF further supports the inclusion of interventions evaluated by other criteria and urges the WHO to encourage Member States to consider both economic and non-economic criteria when prioritizing interventions to control NCDs. For example, acceptability and sustainability are both non-economic criteria which can pay economic dividends. We encourage WHO to continue the challenging work of assessing the qualitative value of Appendix 3’s NCD interventions.

- WHF would also welcome more consideration of affordability, as well as cost-effectiveness. Many cost-effective interventions are not affordable in most settings. We suggest a matrix that presents cost-effective interventions according to the other criteria, such as affordability, financial risk protection, and feasibility.

- WHF commends the WHO for recognizing that several interventions listed in Appendix 3 can be carried out by non-physician health workers, e.g. CV1a. We recommend that opportunities for task shifting and task sharing are highlighted throughout the Appendix. We urge the WHO to continue to promote and evaluate these methods, based on extended and emerging research.

- WHF encourages the WHO to retain the terminology ‘best buy’, as this concept and language is widely understood and used for its clarity, concision and ease of translation both by WHF’s global membership, and also in the Action Plan for Prevention and Control of Noncommunicable Diseases of the WHO Regional Organization for South-East Asia (SEARO).

Structure

- The World Heart Federation strongly supports the WHO’s decision to disaggregate the risk factors of Unhealthy Diet and Physical Inactivity in Objective 3. This highlights the relative paucity of cost-effective physical inactivity interventions available to Member States, and should stimulate further research and engagement with this issue.
- The World Heart Federation generally supports the grouping of CVD interventions with diabetes interventions in Objective 4. This grouping demonstrates the co-benefit opportunities inherent in several NCD interventions, and emphasises the cost-effectiveness of these interventions across multiple disease areas.

- However, the WHF is aware that the aggregation of CVD and diabetes could diminish the visibility of CVD among the list of interventions, so requests the WHO to retain CVD and diabetes as the first set of interventions provided in Objective 4.

Objective 4 (CVD interventions)

- The World Heart Federation supports the range and choice of interventions for CVD in Objective 4 and would not wish any intervention to be removed from future drafts. WHF is pleased to see a range of cardiovascular diseases targeted, including retained interventions on atrial fibrillation, heart attack, stroke, rheumatic heart disease, and heart failure.

- WHF encourages WHO to prioritize integration across disease areas (e.g. NCDs and HIV/AIDS), as well as within the NCD sector (e.g. CVD and cancer) in the ‘Overarching/Enabling Actions’ of Objective 4. This is already borne out in the interventions aggregated around CVD and diabetes.

- WHF would suggest a slight rewording of the ‘Overarching/Enabling Action’ on digital technology for Objective 4 (bullet point 8) to: ‘Expand [and integrate] the use of digital technologies [within the national health system] to increase health service access...’ As B J Loring et al. show, mHealth technologies are unlikely to lead to positive changes in health equity unless integrated and scaled-up within the wider health system; this needs to be reflected in the language of Appendix 3.¹

- WHF notes that CV1b (on drug therapy for secondary prevention of moderate-high risk CVD patients) has been re-evaluated as very cost effective, and accordingly emboldened in the text. We note that thresholds should be adapted to different settings, as some countries are already working according to adapted thresholds.

- WHF is extremely supportive of the new intervention CV3a on primary prevention of rheumatic fever and rheumatic heart disease. This intervention complements the primary health care agenda and should therefore gain traction with Member States in resource-poor settings, many of which correspond with high rates of rheumatic heart disease.

- WHF is also extremely supportive of the expanded language around CV3b on secondary prevention of rheumatic fever and rheumatic heart disease, to include reference to a register-based approach.

- WHF supports the ‘Non-financial Consideration’ attached to CV3a/b, which acknowledges the prevalence of rheumatic heart disease in sub-populations. WHF urges the WHO to offer guidance to Member States who may not know their rheumatic heart disease burden at either the national or sub-population levels. Where epidemiological data are not available,

WHF would urge the WHO to advise Member States to pilot the cost-effective intervention CV3b in selected settings, in order to better understand the scope of the problem.

- WHF supports the new inclusion of CV8 (on care of acute stroke and rehabilitation in stroke units), especially as there is no WHO-CHOICE analysis available for stroke interventions beyond secondary prevention drug therapies.

- WHF notes with disappointment that there are very few non-medical interventions listed for CVD (as opposed to other sections of Objective 4, such as chronic respiratory disease) and urges WHO to undertake more research in this area. Intervention CR3 on improved stoves and cleaner fuels to reduce indoor air pollution is a primordial intervention which impacts not only chronic respiratory disease, but also CVD and some cancers. WHF suggests that the impact of this intervention across disease areas is made more explicit in the Appendix, to demonstrate its impact across the population.

Objective 6

- The World Heart Federation suggests an additional bullet point in the ‘Overarching/Enabling Actions’ under Objective 6 to acknowledge the role digital technology can play in increasing the efficiency and quality of data collection: ‘Expand and integrate the use of digital technologies in surveillance and monitoring within national health information systems where feasible, in order to increase the efficiency and quality of data collection for noncommunicable diseases.’

Additional Interventions

- The World Heart Federation acknowledges that the CVD community needs to increase its investment in cost-effectiveness research for both clinical CVD interventions (Objective 4) and risk factors (Objective 3).

- The following proposed intervention has not undergone WHO-CHOICE Analysis, but WHF deems it worthy of consideration for inclusion into Appendix 3:
  - ‘CV9: Provision of tobacco cessation counselling and, if necessary, medication for individuals who have had a myocardial infarction or stroke’.

This intervention is drawn from an existing official policies and recommendations of the WHO, found in the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) in Table 2 (p.26). Formulated as CV9 within Objective 4, this intervention would complement intervention (T5) in Objective 3 on tobacco cessation support for primary prevention, while capturing the need to address tobacco use in populations who have already experienced a cardiovascular event.

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2 Samet, J M et al., ‘Indoor Air Pollution and Cardiovascular Disease’, in Circulation, 133:24 (2016), accessed at: http://circ.ahajournals.org/content/133/24/2342

Implementation

- The World Heart Federation urges WHO to expedite progress on the proposed interactive web tool, which will enable Member States to compare and rank information according to their own needs.

- WHF is concerned about the lack of clarity regarding how interventions have been ranked within the Appendix 3’s tabular format. WHF suggests that the ordering and ranking of interventions in the Technical Annex is made clearer to Member States, so that they are able to prioritise interventions effectively when building national NCD plans.

- Ranking of recommendations could be done using a table or figure to order recommended interventions by a number of criteria (such as cost-effectiveness, affordability and others) with clear information about where the information comes from.

- WHF suggests that economic cost of implementation should be expressed as thousands $ per million, rather than millions $, so that differences are more apparent and comparisons between interventions can be easily made.

- WHF welcomes the suggested technical ‘appendix to the Appendix’, which would clearly communicate the methodologies used to determine the inclusion of NCD interventions. We are concerned that this important document might be overlooked by the NCD science and research community. We therefore encourage WHO to undertake a strong disseminating and communications strategy to make the methods underpinning Appendix 3 understood outside of the WHO. This approach would increase support for Appendix 3 from the individuals that provide much of the relevant research that legitimise the interventions.

Procedure

- The World Heart Federation strongly endorses the transparent and inclusive way in which WHO is conducting the present update to Appendix 3. WHF appreciates the inclusion of Civil Society bodies in the consultation process and hope that this collaborative approach is adopted across more WHO departments and mechanisms.

- WHF proposes 2019 as a timely year for WHO to initiate the next update process, in order to complete the update by 2020. This would pre-empt the expiration of the WHO GAP at the end of 2020, and would pave the way for Appendix 3 to be repurposed within the next WHO global guidance document for NCDs.

- WHF notes the importance of keeping Appendix 3 up to date with major breakthroughs in NCD research. We suggest that WHO includes elements that allow flexibility into its update strategy (such as interim updates to the Appendix) so that recommendations are in line with the latest major trends in NCD research.

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4 WHO notes in the report of its Second Technical Consultation on Updating Appendix 3 that “bands” of cost-effectiveness have been used in Appendix 3 in order to avoid giving a false impression of the precision of economic estimates. However in Section 2 of the Technical Annex to the draft Appendix 3, WHO notes that: ‘Interventions are listed in descending order of cost-effectiveness in low and lower-middle income countries’. Discussion of cost-effectiveness bands could benefit by considering per capita GDP in order to indicate the cost-effectiveness ratio relevance to countries at different income levels.