



Joint parallel session on

Noncommunicable Diseases Health Promotion Healthy Diet and Oral Health Tobacco Free Initiative

28-29 November 2016

This workbook was developed by the Noncommunicable Diseases and Health Promotion Unit, Nutrition Unit and Tobacco Free Initiative Unit of the WHO Western Pacific Regional Office for use at the Second Regional Forum of WHO Collaborating Centres in the Western Pacific, 28-29 November 2016, Manila, Philippines. The workbook is not a formal publication at this time, and is not for sale or use for commercial purposes.

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DIVISION OF NCD AND HEALTH THROUGH THE LIFE-COURSE (DNH)	
Dr Susan Mercado	Director
Noncommunicable Diseases and Health Promotion (NCD)	
Dr Hai-Rim Shin	Coordinator
Dr Katia Regina de Pinho Campos	Technical Officer for Health Promotion
Dr Warrick Junsuk Kim	Medical Officer for Noncommunicable Diseases
Dr Tara Mona Kessaram	Technical Officer for Noncommunicable Diseases
Ms Lorna Villaflor	Senior Administrative Assistant
Mr Jean-Michel Pedroso	Assistant for Health Promotion
Ms Sylvia Brown	Assistant for Noncommunicable Diseases
Ms Ma. Cecilia Landicho	Secretary for Noncommunicable Diseases
Dr Albert Francis Domingo	Consultant for Noncommunicable Diseases
Ms Clem Carlos	Consultant for Noncommunicable Diseases
Ms Maria Angela Pestano	Consultant for Health Promotion
Nutrition (NUT)	
Dr Katrin Engelhardt	Technical Lead
Ms Maria Elaine Serranilla	Assistant for Nutrition
Ms Whitney Skowronski	Consultant
Tobacco Free Initiative (TFI)	
Dr Katia Regina de Pinho Campos	Acting Coordinator
Ms Mina Kashiwabara	Technical Officer for Tobacco Free Initiative
Ms Benilda Santos	Secretary
Ms Marieta Darang	Secretary
Ms Mary Jocelyn Alampay	mHealth consultant
Ms Francia Corral	Secretary



Joint Parallel Session for Noncommunicable Diseases, Health Promotion, Healthy Diet and Oral Health, Tobacco Free Initiative

Objectives

- To improve alignment between WHO CC activities and WPRO NCD/NUT/HPR/TFI outputs, SDGs and other global targets/progress indicators.
- To identify new areas and opportunities for collaboration between WPRO and WHO CCs
- Improve collaboration mechanisms between WPRO and WHOCCs to achieve SDGs and other global targets/progress indicators.

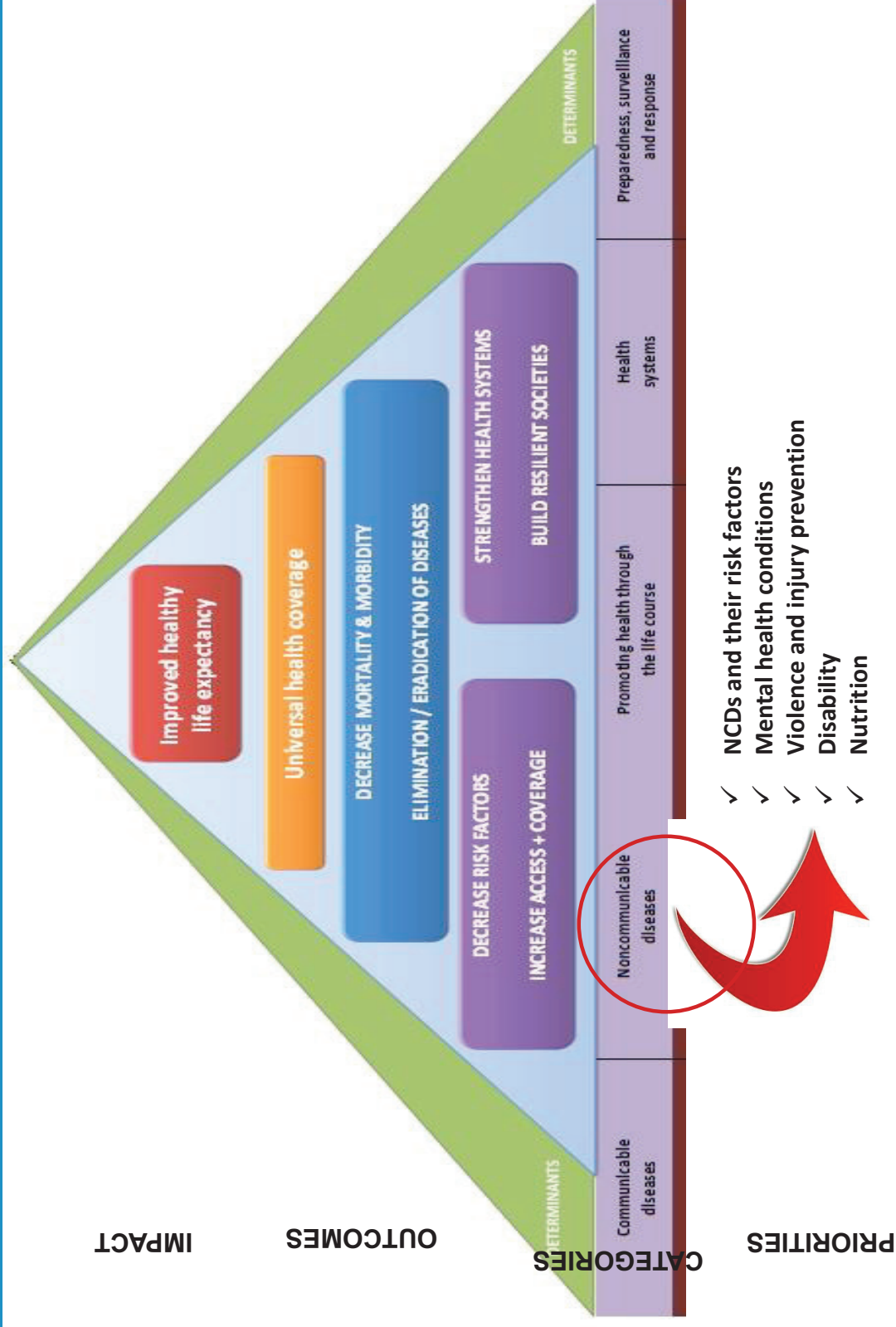
Parallel Session 1 *WHO Technical Units and WHO CCs discuss their activities and priorities.*

Monday 28 November 2016		Day 1 Room 212
14:45-15:00	Introduction and video	Introduction of WPRO team Overview of Category 2 of the Division of NCD and Health through the Life-Course (DNH), WPRO
15:00-15:30	Participant introduction (icebreaker)	Photo exercise: <i>Where am I in the SDG journey?</i>
15:30-16:45	Mapping exercise and break (Small groups)	<i>How is your work linked to the SDGs?</i> Mapping of CC activities with WHO outputs, SDGs and other progress indicators.
16:45-17:30	Feedback	Results from mapping exercise

Parallel Session 4 *Discuss actions, plans and strategies to improve collaborative mechanisms to support Member States in the achievement of the SDGs*

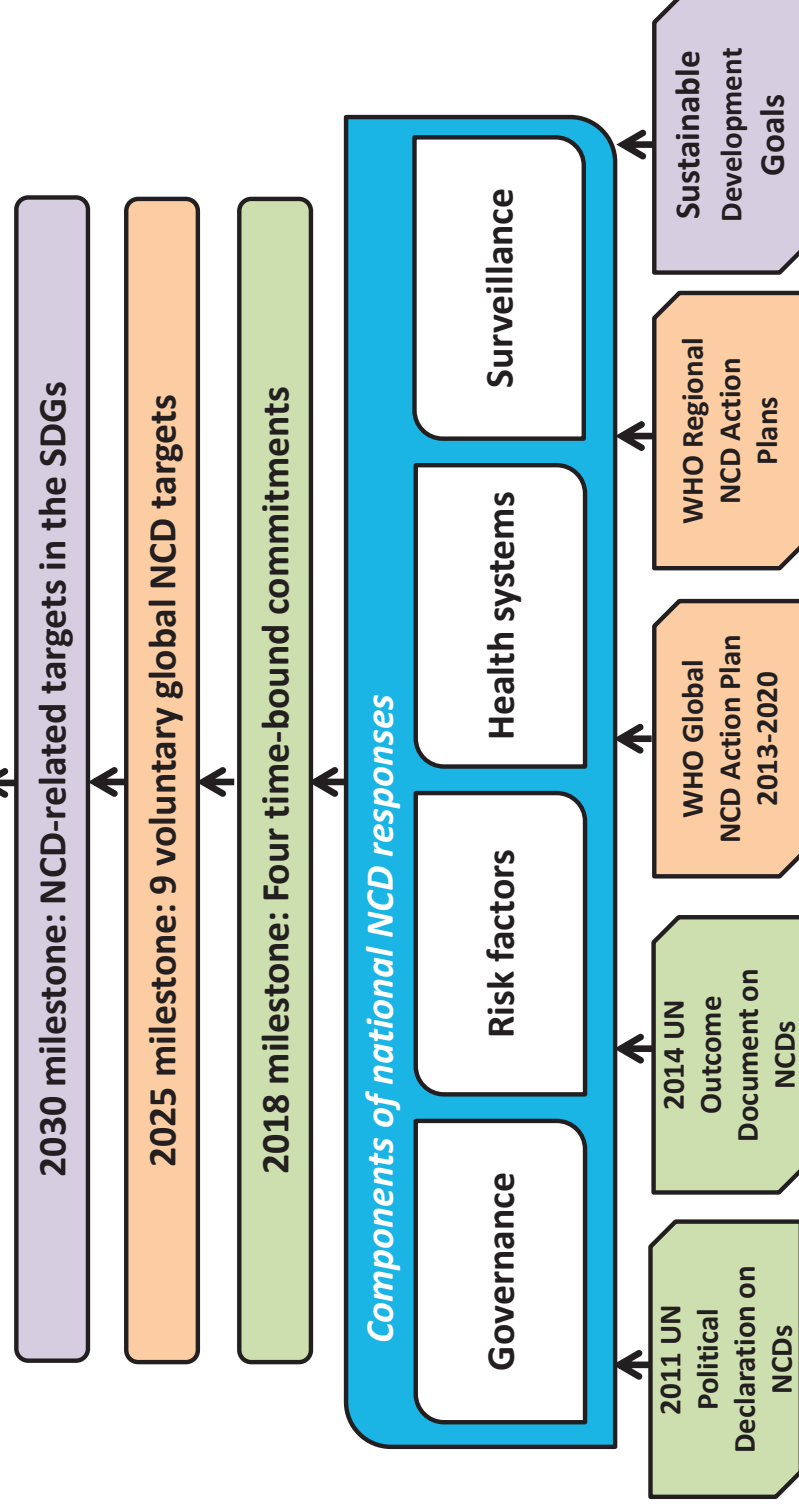
Tuesday 29 November 2016		Day 2 Rm 212
13:30-14:30	Thematic group discussion	How may the learnings from the cross-cutting sessions be applied to the work of CCs and WHO? Identification of new CC activities that are related to SDGs. Selection or prioritisation of 2 activities related to the SDGs that CCs will undertake in the next 2 years.
14:30-15:00	Feedback	Key messages and recommendations from CCs for ways to improve collaboration.

WHO reform: 12th Global Programme of Work



Getting to 2030

By 2030, reduce by one third premature mortality from NCDs



Health Promotion



Health Promotion Leadership Workshops [ProLEAD]: building capacity in the public health workforce to address NCDs through health promotion, including establishing sustainable financing infrastructure (health promotion foundations)



Supporting the Alliance for Healthy Cities, including WHO Best Practice Recognition awards to encourage cities in the Western Pacific Region to continue to innovate and demonstrate effective and efficient ways of promoting and protecting health of urban population.



Implementing the RFUH:
Shift from reactive to proactive approaches for urban health with foresight tools for urban health planning



A toolkit for local governments to support

- good governance
- policy coherence
- reduction of inequalities
- fostering of innovation



Shanghai Declaration Call to Action: We recognize that health is a political choice and we will counteract interests detrimental to health and remove barriers to empowerment - especially for women and girls. We urge political leaders from different sectors and from different levels of governance, from the private sector and from civil society to join us in our determination to promote health and wellbeing in all the SDGs. Promoting health demands coordinated action by all concerned, it is a shared responsibility. With this Shanghai Declaration, we, the participants, pledge to accelerate the implementation of the SDGs through increased political commitment and financial investment in health promotion.

- ✓ SDG 2 & 3 (all forms of malnutrition; premature mortality)
- ✓ Global NCD and Nutrition Action Plans/ Targets
- ✓ Regional Action Plans / Targets

Benchmark (process) indicators

Policy options for healthy diets*
(MCH, NCD, FOS)

- Restricting marketing**
 - Breast-Milk substitutes
 - Foods and non-alcoholic beverages
- Setting school food standards
- Labelling (back of pack [CODEX]; front of pack)
- Taxation of sugar-sweetened beverages
- (Other fiscal policies)
- Reformulation of foods (salt, ... fat)**

* Endorsed by Member States

** Time bound indicator (NCD progress)

Regional materials to support policy development & implementation

- Regional Nutrient Profile model (tool to protect children from marketing)
- PEARL (computer-based tool)
- Protocol to measure exposure and power of marketing
- Industry Interference in policy making (infant and young child nutrition)
- A guide to conduct policy dialogues on healthy diets
- Communication plan on managing conflict of interest in nutrition
- Legislating for good nutrition (brief for parliamentarians)

- => Country adaptation (translation, dissemination, capacity building, etc.)

Category 2.5

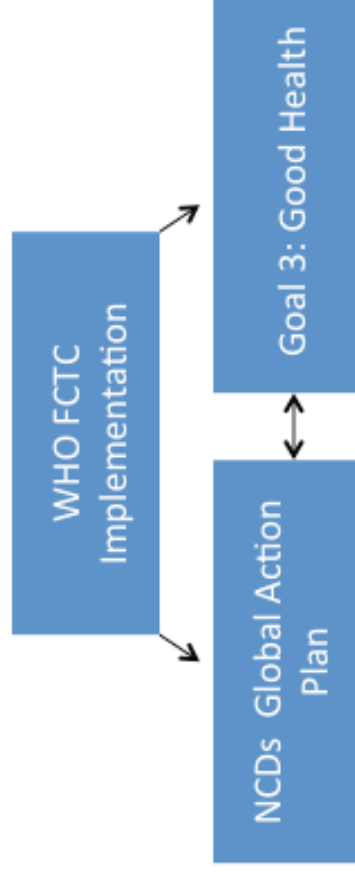
Promotion, protection and support of good nutrition and healthy diets

Regional advocacy materials



- => Country adaptation (translation, dissemination, capacity building, etc.)

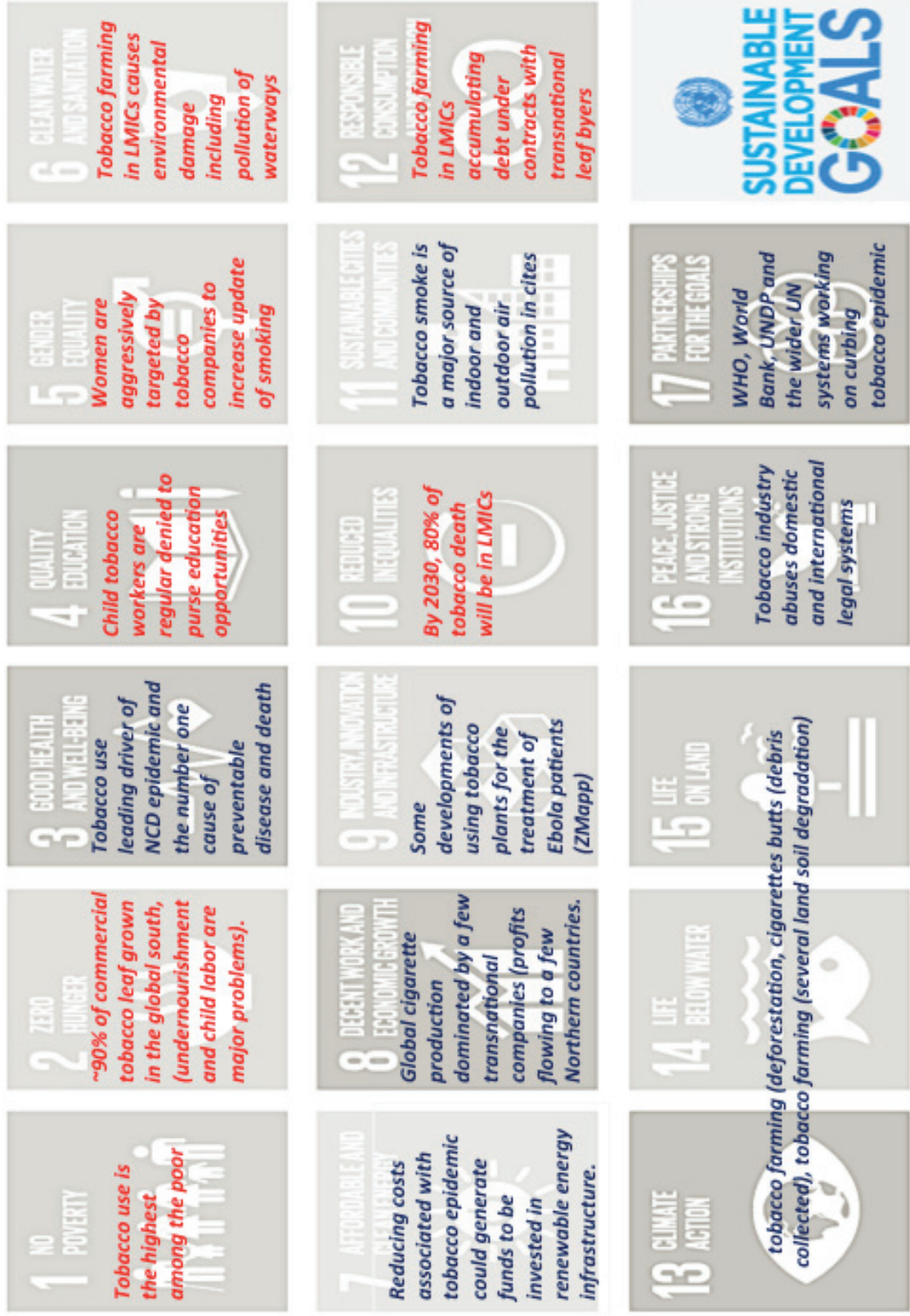
WHO FCTC implementation provides a stronger message for addressing SDGs



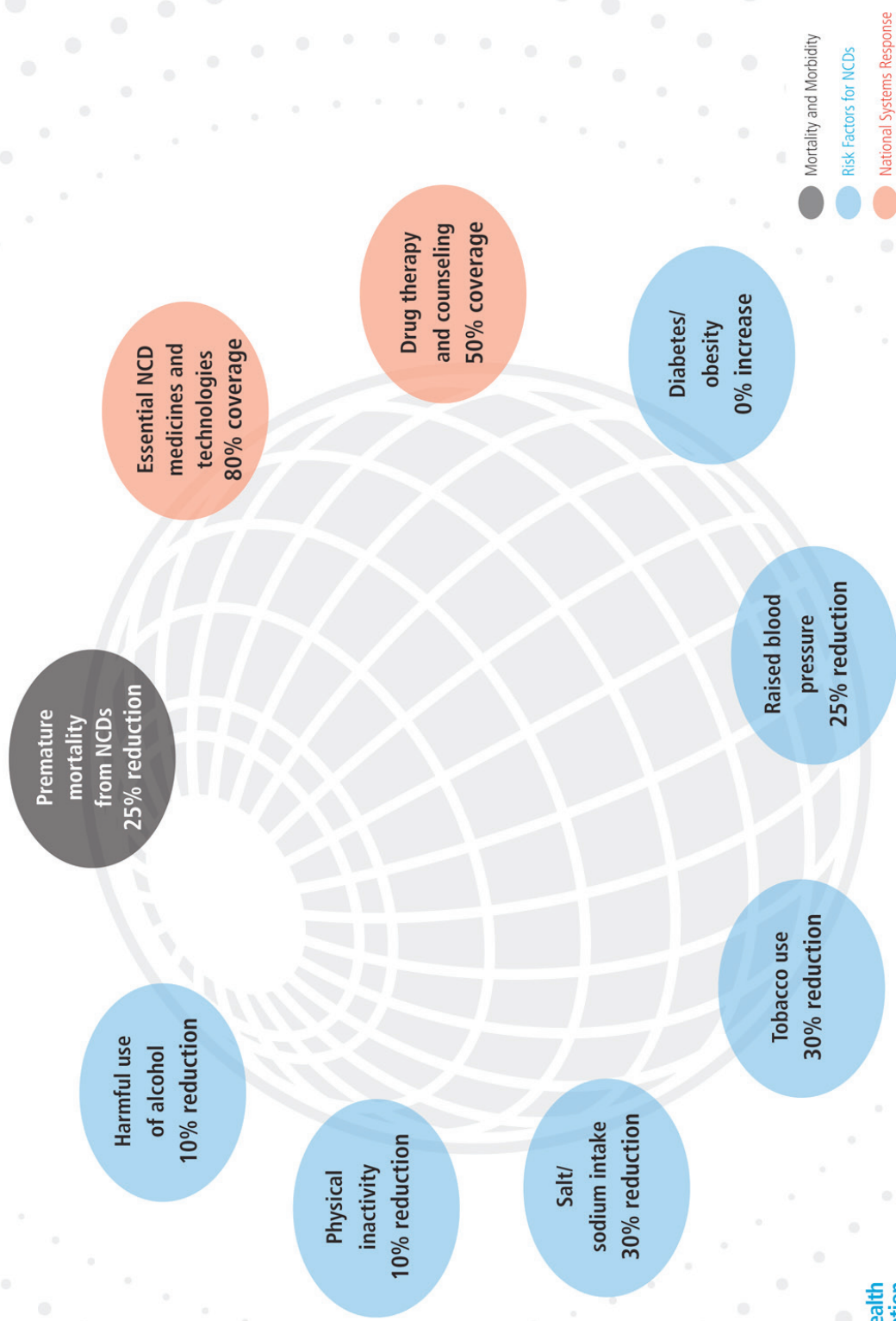
... as it also contributes to multiple non-health SDGs

SDGs may “open the door” for broadening WHO CC activities

1. Better understanding among the WHOCCs on their contribution to accelerating the implementation of FCTC and linkages with SDGs
2. Finding linkages with other WHO CCs to strengthen research that addresses multiple SDGs under TFI
3. Expanding WHO CC’s current area of work by integrating the lens of SDGs
 - Tobacco Taxation as a model for sustainable financing
NCDs, Health Promotion and UHC
 - Smoking cessation and treatment options for LMICs
Gender approach
Reduce inequality by accessing smoking cessation services
 - Tobacco content analysis and emissions measurements in WPRO
Awareness raised among youth
Advocacy tools for governments
 - Smoking free cities (indoor and outdoor air pollution)



Set of 9 voluntary global NCD targets for 2025




GETTING TO 2018: PROGRESS MONITOR ON NCDs PREPARING FOR THE THIRD UN HIGH-LEVEL MEETING ON NCDs


The WHO Director-General will use the following 10 progress indicators to report, by the end of 2017, to the United Nations General Assembly on the progress achieved in the implementation of the four time-bound commitments included in the 2014 UN Outcome Document on NCDs:


Time-bound commitments	Indicators
BY 2015 Consider setting national NCD targets for 2025	1 Member State has set time-bound national targets and indicators based on WHO guidance 2 Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis 3 Member State has a STEPS survey or a comprehensive health examination survey every 5 years
BY 2015 Consider developing national multisectoral policies and plans to achieve the national targets by 2025	4 Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors
BY 2016 Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan	5 Member State has implemented the following four demand-reduction measures of the WHO FCTC at the highest level of achievement: <ol style="list-style-type: none"> Reduce affordability of tobacco products by increasing tobacco excise taxes Create by law completely smoke-free environments in all indoor workplaces, public places and public transport Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns Ban all forms of tobacco advertising, promotion and sponsorship
	6 Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol: <ol style="list-style-type: none"> Regulations over commercial and public availability of alcohol Comprehensive restrictions or bans on alcohol advertising and promotions Pricing policies such as excise tax increases on alcoholic beverages
	7 Member State has implemented the following four measures to reduce unhealthy diets: <ol style="list-style-type: none"> Adopted national policies to reduce population salt/sodium consumption Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply WHO set of recommendations on marketing of foods and nonalcoholic beverages to children Legislation / regulations fully implementing the International Code of Marketing of Breastmilk Substitutes
BY 2016 Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, building on guidance set out in WHO Global NCD Action Plan	8 Member State has implemented at least one recent national public awareness programme on diet and/or physical activity 9 Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities 10 Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level


GLOBAL TARGETS²⁰²⁵


To improve maternal, infant
and young child nutrition


- 

40% REDUCTION IN THE
NUMBER OF CHILDREN
UNDER-5 WHO ARE STUNTED
- 

50% REDUCTION
OF ANAEMIA IN WOMEN OF
REPRODUCTIVE AGE
- 

30% REDUCTION IN
LOW BIRTH WEIGHT
- 

NO INCREASE IN
CHILDHOOD OVERWEIGHT
- 

INCREASE THE RATE
OF EXCLUSIVE BREASTFEEDING
IN THE FIRST 6 MONTHS UP TO
AT LEAST 50%
- 

REDUCE AND MAINTAIN
CHILDHOOD WASTING
TO LESS THAN 5%

List of Participating Collaborating Centres in the Joint Parallel Session

Institution Name	Title	Participant	Email
Victorian Health Promotion Foundation (VicHealth)	WHO Collaborating Centre for Excellence in Health Promotion	Ms Kellie Horton	khorton@vichealth.vic.gov.au
<p><i>TOR 1 Collaborate with WHO to develop leadership and system capability for health promotion, nationally and internationally.</i></p> <p>Activity 20263: Technical support to strengthen leadership and system capability for countries and areas in the Western Pacific Region</p> <p>Activity 20264: Global knowledge sharing in health promotion through delegations and residencies</p> <p><i>TOR 2 Support delivery of the WHO Global Non-Communicable Diseases Action Plan through knowledge sharing and technical advice.</i></p> <p>Activity 20265: Technical support to existing leadership and capacity development activity</p> <p>Activity 20266: Knowledge sharing in health promotion through communication and publication</p>			
Institution Name	Title	Participant	Email
International Health Graduate School, Tokyo Medical & Dental University	WHO Collaborating Centre for Healthy Cities and Urban Policy Research	Prof Keiko Nakamura Dr Kaoruko Seino	nakamura.ith@tmd.ac.jp seino.ith@tmd.ac.jp
<p><i>TOR 1 Conduct a study on what cities/local governments seek from a network of Healthy Cities and how the role of the Alliance for Healthy Cities can be strengthened to meet needs of cities/local governments.</i></p> <p>Activity 24000: Study on the needs of cities/local government for a network of Healthy Cities</p> <p><i>TOR 2 Based on findings from a study related to TOR1, work with WHO and discuss way forward on how needs of cities/local governments can be better met.</i></p> <p>Activity 24001: Discussion with WHO to strengthen cities/local governments towards Healthy Cities</p> <p><i>TOR 3 Work with WHO to develop a concept note or paper on the role of cities in supporting/implementing the SDGs.</i></p> <p>Activity 24002: Developing a concept note on the role of cities in supporting/implementing the SDGs</p> <p><i>TOR 4 Support WHO in strengthening research of urban health and policy in alignment with WHO's framework for urban health.</i></p> <p>Activity 24002: Research of urban health and policy in alignment of WHO's frameworks for urban health</p> <p>Activity 24006: Help conducting Global Conferences of the Alliance for Healthy Cities</p>			

Activity 24007: Serve as Secretariat of the Alliance for Healthy Cities

TOR 5 Establish a mailing list and disseminate relevant urban health research information to WHO and Alliance members regularly.

Activity 24004: Establish and maintain urban health research information network

TOR 6 Serve on the evaluation team to conduct a mid-term assessment of the implementation of the regional framework on urban health.

Activity 24005: Contribution to a mid-term assessment of the regional framework on urban health

Institution Name	Title	Participant	Email
Research Institute for Healthy Cities and Health Impact Assessment Soonchunhyang University	WHO Collaborating Centre for Healthy Cities and Health in All Policies	Prof Yoon Hyung Park; Dr Won Gi Jhang; Ms Jong Yun Choi	hcrc@sch.ac.kr

TOR 1 To support the implementation of WHO strategies for Healthy Cities in the Western Pacific Region by strengthening knowledge and experience of accreditation systems of Healthy Cities programs

Activity 20247: Developing accreditation guidelines for Healthy cities programme

TOR 2 To support the implementation of WHO strategies including the Framework for Action on Health in All Policies and health impact assessments of public policies and developing related guidelines

Activity 20248: Conducting Health Impact Assessment (HIA) on public policies and developing guidelines for Health in All Policies (HIAP)

TOR 3 To collect, collate, and disseminate up-to-date knowledge and information by contributing to the development of national and international knowledge networks

Activity 20249: Sharing and exchanging academic knowledge and practical experience on Healthy Cities and Health in All Policies

Institution Name	Title	Participant	Email
Health Promotion Board (HPB)	WHO Collaborating Centre for Health Promotion and Disease Prevention	Ms Vasuki Utravathy Dr Chew Ling	vasuki_utravathy@hpb.gov.sg chew_ling@hpb.gov.sg

TOR 1 Collaborate with WHO to develop leadership and capability for setting-based (community and schools) health promotion, in alignment with WHO's Frameworks for Healthy Urbanization and Health Promoting Schools.

Activity 21528: Conduct a capacity-building workshop in school health promotion.

TOR 2 Collaborate with WHO to strengthen country response for the prevention and control of non-communicable diseases through knowledge sharing and technical advice.

Activity 21529: Facilitate experiential learning to showcase how health promoting facilities/infrastructure and community based health-promoting initiatives are made accessible and affordable to Singapore residents through intersectoral action for communities.			
Institution Name	Title	Participant	Email
Deakin University	WHO Collaborating Centre for Obesity Prevention	Prof Steven Allender	steven.allender@deakin.edu.au
<p><i>TOR 1 To provide expert advice to WHO on developing, advocating for, implementing and evaluating system-based strategies for complex problems like obesity</i></p> <p>Activity 23134: Update tools for prioritizing action on population-based approaches to obesity Prevention</p> <p>Activity 23135: Joint missions with WHO to deliver system based obesity prevention strategies and integrate obesity prevention into subnational/national plans for Member</p> <p><i>TOR 2 To assist WHO with population-level research (target setting, guideline and indicator development, cost effectiveness analysis, monitoring and surveillance, evaluation) on obesity</i></p> <p>Activity 23138: Provide advice on the Childhood Obesity Surveillance Initiative for the Western Pacific Region</p> <p>Activity 23139: Provide advice on the costs and benefits of the Package of Essential NCD Interventions</p> <p>Activity 23182: Creating healthy food environments</p> <p><i>TOR 3 To assist WHO strengthen the skills of professionals and academics in the science of obesity prevention and in promoting healthy eating and physical activity through the life-course</i></p> <p>Activity 23136: To support countries advance implementation of the WHO Set of Recommendations on Marketing</p> <p>Activity 23184: Strengthening advocacy and partnering with Civil Society to improve nutrition</p>			
Institution Name	Title	Participant	Email
National Institute of Health and Nutrition	WHO Collaborating Centre for Nutrition and Physical Activity	Dr Nobuo Nishi	nnishi@nibiohn.go.jp
<p><i>TOR 1 To work with WHO in providing technical support to WPR countries in the implementation of Regional Nutrition and NCDs strategies and action plans as well as the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition.</i></p> <p>Activity 18887: To work with WHO in providing technical support to WPR countries in the implementation of Regional Nutrition and NCDs strategies and action plans as well as the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition.</p> <p><i>TOR 2 To support strengthening capacity and training in nutrition surveillance and physical activity surveillance through the NIHNS Fellowship Programme in coordination with the WHO fellowship programme.</i></p>			

Activity 18888: To support capacity strengthening in nutrition surveillance and physical activity surveillance through the NIHN Fellowship Programme

Institution Name	Title	Participant	Email
University of Sydney, Boden Institute of Obesity, Nutrition and Exercise and the Prevention Research Collaboration, Faculty of Medicine	WHO Collaborating Centre for Physical Activity, Nutrition and Obesity.	Prof Stephen Colagiuri	stephen.colagiuri@sydney.edu.au

TOR 1 To collaborate with the WHO in the field of NCD measurement and surveillance and to assist in the development and refinement of surveillance indicators and surveillance systems for physical activity, nutrition and obesity risk factors, and their related antecedents.

Activity 15693: Technical report updating the evidence on effective approaches of NCD and risk factor national plans.

TOR 2 To support policy-related work of WHO around physical activity and health, food marketing to children, obesity prevention, as well as guideline development for individual risk factors and chronic disease prevention.

Activity 15692: Update evidence on food marketing and NCD prevention, especially to children.

Activity 15724: Organise and conduct a workshop to update NCD surveillance of obesity, diet and physical activity related to NCDs prevention

TOR 3 To provide WHO with technical assistance for in-country initiatives aimed at reducing the burden of NCDs, with a specific focus on diabetes prevention and related non-communicable diseases

Activity 15694: Produce a technical report which reviews the integration of care of people with both diabetes (and related CVD risk factors) and HIV and develop a guideline on the joint management of the two conditions.

Activity 15726: Organize and conduct a workshop on diabetes and lifestyle related NCDs prevention.

TOR 4 To assist WHO to build health workforce capacity in developing and developed countries through: [i] conducting ongoing face to face training programmes and short courses for physical activity and public health (PAPH), Global Obesity Prevention (GOP), and NCD/diabetes prevention and care; [ii] the design and implementation of on-line and distance training and education systems for application in low-middle income countries

Activity 15695: Produce a technical report which reviews strategies for implementing evidence-based guidelines for primary and secondary prevention interventions in primary care

Institution Name	Title	Participant	Email
The George Institute for Global Health, The Food Policy Division	WHO Collaborating Centre on Population Salt Reduction	Ms Clare Farrand Mr Joseph Alvin Santos	cfarrand@georgeinstitute.org.au jsantos@georgeinstitute.org.au
<p><i>TOR 1 To provide expert advice to WHO on development of tools for population salt reduction strategies.</i></p> <p>Activity 17254 and 17624: Expert Advice</p> <p><i>TOR 2 To undertake research and build research capacity in all aspects of salt reduction.</i></p> <p>Activity 17255: Research and Capacity building for salt reduction strategies</p> <p><i>TOR 3 To support and increase the capacity of the WHO and Member States in the development, implementation, monitoring and evaluation of salt reduction strategies.</i></p> <p><i>TOR 4 To support and increase the capacity of the WHO and Member States in the development of effective mechanisms for engaging the food industry on food reformulation and monitoring changes in the food supply.</i></p> <p>Activity 17256 and 18336: Research and capacity building for engaging the food industry on food reformulation and monitoring changes in the food supply.</p>			
Institution Name	Title	Participant	Email
Shanghai Institute of Cardiovascular Diseases	WHO Collaborating Centre for Research and Training in Cardiovascular Diseases	Dr Jin Xuejuan Dr Jun Zhou	xjin26@hotmail.com zhou.jun@zs-hospital.sh.cn
<p><i>TOR 1 To collaborate with WHO for capacity building of in epidemiology, prevention and control of cardiovascular diseases</i></p> <p>Activity 18739, 18740 and 18741: Capacity building of doctors from Guanxi, Shaanxi, and Chongqing through the National Advanced Course of Continuing Education for Cardiovascular Diseases.</p> <p><i>TOR 2 To collaborate with WHO to organize an intercountry workshop on epidemiology, prevention and control of cardiovascular diseases</i></p> <p>Activity 18742: Organization of an international workshop for capacity building in cardiovascular disease prevention and control</p>			
Institution Name	Title	Participant	Email
Research Institute of Stomatology, Peking University	WHO Collaborating Centre for the Research and Training in Preventive Dentistry	Prof Tao Xu	t-xu@live.com

TOR 1 To develop the capacity for oral health systems reorientation through public health training of oral health professionals.

Activity 18252: Oral Public Health Human Resource Training

Activity 18262: Systematic intervention for children's oral health in the Middle and West region of China

Activity 18265: Oral health Promotion for children in the Western Part of China

TOR 2 To provide oral health surveillance based on national oral health surveys in a mega country.

Activity 18253: The 4th national oral health survey

Activity 18260: Sentinel surveillance of oral health status for children

Activity 18261: Surveillance of Oral Health Status for Adults

TOR 3 To explore best practices for dental caries prevention among children in kindergartens and oral health promotion in primary schools.

Activity 18259: Integrated dental caries prevention in kindergartens and primary schools

Activity 18263: Oral health promotion for orphaned and handicapped children

TOR 4 To assess programs for oral health promotion of disadvantaged children.

TOR 5 To assist Member States in establishment of oral health promotion and integrated disease prevention, and surveillance schemes, on request of the WHO Oral Health Programme.

Institution Name	Title	Participant	Email
Diabetes Center, Kyoto Medical Center, National Hospital Organization	WHO Collaborating Centre for Diabetes Treatment and Education	Dr Kono Shigeo	skono@kyotolan.hosp.go.jp

TOR 1 To collaborate with WHO in the development of "diabetes prevention and control program" and its implementation in Asia- Pacific countries, and in promoting the plan of action for the Western Pacific Declaration on Diabetes (WPDD)

Activity 17322: Analysis of diabetes in Western Pacific Region and promotion of the plan for WPDD

TOR 2 To assist WHO in the organization of international and regional conferences to develop capacity and skills for prevention and management of diabetic foot

Activity 17320: Foot Care Project in Asia-Pacific Region

TOR 3 To assist WHO in training doctors and nurses in the Western Pacific Region for improving the skills of management of diabetes

Activity 17321: Training course of diabetes management for doctors and nurses in Asia-Pacific Region

Institution Name	Title	Participant	Email
Department of Oral Health Science, Division of Preventive Dentistry, Niigata University Graduate School of Medical and Dental Sciences	WHO Collaborating Centre for Translation of Oral Health Science	Prof Hideo Miyazaki	hideomiy@dent.niigata-u.ac.jp
<p><i>TOR 1 To assist WHO to initiate epidemiological studies and promote standardisation of data collection for oral diseases (in particular periodontal diseases) to provide quality information to the WHO Global Oral Health database</i></p> <p>Activity 21422: To assist WHO to initiate epidemiological studies and promote standardisation of data collection for oral diseases (in particular periodontal diseases) to provide quality information to the WHO Global Oral Health database.</p> <p><i>TOR 2 To support WHO in dissemination of the evidence on interrelationships oral health-general health-quality of life to strengthen oral health components into public health programmes.</i></p> <p>Activity 21423: To support WHO in dissemination of the evidence on interrelationships oral health-general health-quality of life to strengthen oral health components into public health programmes.</p> <p><i>TOR 3 To assist WHO in application of the evidence on school oral health promotion through primary prevention.</i></p> <p>Activity 21424: To assist WHO in application of the evidence on school oral health promotion through primary prevention.</p> <p><i>TOR 4 To expand linkages with dental public health institutions in WPRO countries and to provide post-graduate training courses in oral health promotion and disease prevention.</i></p> <p>Activity 21425: To expand linkages with dental public health institutions in WPRO countries and to provide post-graduate training courses in oral health promotion and disease prevention.</p> <p><i>TOR 5 To assist WHO in establishment of World Directory of Dental Schools.</i></p> <p>Activity 21426: To assist WHO in establishment of World Directory of Dental Schools.</p>			
Institution Name	Title	Participant	Email
Dept. of Respiratory Medicine, Dokkyo Medical University Koshigaya Hospital	WHO Collaborating Centre for the Prevention and Control of Chronic Respiratory Diseases	Mr Clyde Ito	

TOR 1 To survey the prevalence and risk factors of Chronic Respiratory Disease (CRD) in developing countries in Asia/Pacific (A/P).

Activity 24061: Extended survey of CRD in A/P

TOR 2 To adapt existing guides, in particular the WHO PEN protocol for asthma and COPD and materials for diagnosis, management, and control of CRD for first line health care providers and at different levels of health care and economies in A/P, and to disseminate, implement, and evaluate the guides.

Activity 24062: Practical Management Guides for CRD

TOR 3 To assess availability, affordability and accessibility of asthma inhalers in Mongolia, Cambodia, and Laos at different levels of the health care system including the private sector.

Activity 24063: To assess availability, affordability and accessibility of asthma inhalers in Mongolia, Cambodia, and Laos at different levels of the health care system including the private sector.

TOR 4 To adapt the practical guidelines to reduce the modifiable risk factors for CRD such as tobacco use, outdoor and indoor air pollution, occupational exposure, indoor and outdoor allergens and obesity, and to disseminate, implement, and evaluate the guides.

Activity 24064: Further implementation of practical guides of CRD

TOR 5 To disseminate WHO Tobacco Free Initiative (TFI) plans and programmes and WHO Obesity Prevention and Control Programmes, to support their community-based implementation for prevention and control of non-communicable diseases (NCD).

Activity 24065: Continued dissemination and implementation of TFI and WHO Obesity prevention and control programmes.

TOR 6 To promote collaboration with/among organisations and medical groups including the WHO, GARD, local and national governments, national and international medical societies, NGOs, and patient groups.

Activity 24066: Collaboration with other organisations.

Institution Name	Title	Participant	Email
National Cancer Center (NCC)	WHO Collaborating Centre for Cancer Registration, Prevention and Early Detection	Dr Dukhyoung Lee Ms Joelle Joun	leedukh@ncc.re.kr kpmj29@ncc.re.kr

TOR 1 In collaboration with WHO for capacity building in cancer registration and statistics

Activity 18813: Capacity building for cancer registration in Mongolia and Fiji

Activity 18814: Strengthening cancer registration and cancer statistics in 5 countries of Western Pacific Region

TOR 2 In collaboration with WHO for strengthening cancer prevention and early detection

Activity 18815: Organize three Cancer Leadership (CanLEAD) programme in collaboration with WHO			
Activity 18816: Support the establishment of oncology units through technical assistance in low and middle income countries in Western Pacific Region			
Institution Name	Title	Participant	Email
Research Institute for Hospice/Palliative Care, College of Nursing, The Catholic University of Korea, College of Nursing	WHO Collaborating Centre for Training in Hospice & Palliative Care	Prof Hye A Yeom; Ms Narae You; Prof Jinsun Yong	yha@catholic.ac.kr narai0906@catholic.ac.kr jyong@catholic.ac.kr
<p><i>TOR 1 In collaboration with WHO, support the development and delivery of training in palliative care.</i></p> <p>Activity 22894: Providing advanced training in palliative care for nurses & non-professionals</p> <p>Activity 22895: Provision of a short-course on palliative care</p> <p><i>TOR 2 Contribute to WHO's work on building understanding and good practice on spirituality issues in palliative care.</i></p> <p>Activity 22896: Developing understanding on how to address spiritual needs in palliative care</p>			
Institution Name	Title	Participant	Email
School of Dentistry University of Otago	WHO Collaborating Centre for Dental Epidemiology and Public Health	Prof William Murray Thomson	murray.thomson@otago.ac.nz
<p><i>TOR 1 To support WHO ORH in conducting oral epidemiological research for the development of community oral health promotion.</i></p> <p>Activity 21062: Supporting current activity profiles and situation analyses</p> <p><i>TOR 2 To assist WHO ORH in work for strengthening national health systems research for the orientation of oral health systems towards oral health promotion and improvement of the quality of oral health care.</i></p> <p>Activity 21063: Strengthening capacity in oral health promotion</p> <p><i>TOR 3 To assist WHO ORH at global and regional levels for the translation of oral health research into action programmes for promoting the oral health of disadvantaged population groups.</i></p> <p>Activity 21064: Assisting WHO ORH in strengthening national oral health systems</p> <p><i>TOR 4 To support WHO ORH in strengthening the capacity of oral health care delivery through providing training opportunities and involvement in continuing education</i></p> <p>Activity 21065: Supporting the development of appropriate dental public health capacity in the region</p>			

Institution Name	Title	Participant	Email
Tobacco Control Office Department of Health, Hong Kong SAR	WHO Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence	Dr Eddie Sin	smo2_tco@dh.gov.hk
<p><i>TOR 1 To provide evidence-based training on smoking cessation and treatment of tobacco dependence for healthcare professionals in the Region.</i></p> <p>Activity 23194: Fellowship for tobacco control programme managers Activity 23195: Training of trainers on treatment of tobacco dependence</p> <p>Activity 23198: Development of training course for treatment of tobacco dependence</p> <p><i>TOR 2 To develop, test and evaluate models of smoking cessation and treatment of tobacco dependence through research and evidence-based practice.</i></p> <p>Activity 23200: Development of evaluation tools and on-line training resources for evaluation of smoking cessation and treatment of tobacco dependence programmes.</p> <p><i>TOR 3 To assist WHO in the dissemination in the Region of information of good practices on smoking cessation and treatment of tobacco dependence, policies and programmes.</i></p> <p>Activity 23201: i-Resource center for tobacco control for the Western Pacific Region.</p>			
Institution Name	Title	Participant	Email
School of International Trade and Economics, University of International Business and Economics	WHO Collaborating Centre on Tobacco and Economics	Dr Rong Zheng	rosezheng@uibe.edu.cn
<p><i>TOR 1 To conduct research on tobacco taxation and the economics of tobacco control, specifically in China (the world's largest producer and consumer of tobacco), and other (including WPRO) countries.</i></p> <p>Activity 19540: In collaboration with WHO/TFI economists, develop tax and price technical documents assessing the potential impact of tobacco tax increases in China.</p> <p>Activity 19552: An Analysis of Cigarette Smoking of Low-Income Chinese Households</p> <p><i>TOR 2 To conduct education and training activities on tobacco economics and taxation.</i></p> <p>Activity 19553: Conduct educational campaigns to the general public in China on various topics related to tobacco economy and tobacco taxation.</p> <p>Activity 19554: Participate in dissemination and training workshops to research professionals and ministry/local governments' officials on selected topics related to tobacco economy and tobacco taxation.</p>			

<p><i>TOR 3 To coordinate and collaborate activities under WHO's leadership to build capacity within China and beyond, on subjects related to tobacco economics and taxation.</i></p> <p>Activity 19555: Hosting workshops and symposiums to disseminate research outcomes conducted by different research groups and institutions, to exchange country experiences on tobacco tax policy.</p>			
Institution Name	Title	Participant	Email
China-Japan Friendship Hospital, Tobacco Medicine and Tobacco Cessation Centre, Institute of Respiratory Medicine	WHO Collaborating Centre for Tobacco Cessation and Respiratory Diseases Prevention	Ms Dan Xiao	
<p><i>TOR 1 To strengthen national tobacco cessation system in line with WHO FCTC Article 14 guidelines worldwide, particularly in Asia Pacific Region;</i></p> <p><i>1.1 To support countries in developing national tobacco cessation strategy and implementation plan</i></p> <p><i>1.2 To support countries in developing and updating clinical tobacco cessation guideline, using China Clinical Smoking Cessation Guideline as a model</i></p> <p><i>1.3 To support countries in developing national comprehensive clinical tobacco cessation treatment system (Brief advice, tobacco cessation clinics, national quitline, mCessation, effective cessation medications and interventions on health facilities.)</i></p> <p>Activity 22511: Pre-conference workshop on strengthening national tobacco cessation system in line with WHO FCTC Article 14 guidelines as part of the 11th Asia Pacific Conference on Tobacco or Health</p> <p><i>TOR 2 To conduct training and educational activities to promote respiratory diseases prevention, management and tobacco control, especially among health professionals.</i></p> <p><i>2.1. To promote brief advice integrated into primary care</i></p> <p><i>2.2 To conduct certified tobacco dependence treatment specialist program</i></p> <p>Activity ID 22512: Supporting WHO's work in integrating brief tobacco interventions into primary care programs for patients with respiratory diseases.</p> <p><i>TOR 3 To act as a clearing house for the dissemination of WHO developed information on tobacco and health within China.</i></p> <p>Activity 22934: Assisting WHO in disseminating WHO-developed training package "strengthening health systems for treating tobacco dependence in primary care" and WHO tobacco control policies.</p>			
Institution Name	Title	Participant	Email
Department of Environmental Health National Institute of Public Health	WHO Collaborating Centre on Tobacco Testing and Research	Mr Yohei Inaba	yohei_inaba@niph.go.jp

TOR 1 To collaborate and contribute within the WHO Tobacco Laboratory Network (TobLabNet) in particular and the Tobacco Free Initiative within PND in general in the work plan on tobacco product testing and research.

Activity 19579: Tobacco product testing and research

TOR 2 By request of WHO, to provide technical training on tobacco content analysis and emissions measurements in WPRO.

Activity 19580: To provide technical training on tobacco content analysis and emissions measurements in WPRO.

TOR 3 By request of WHO, to provide technical support to WPRO countries in the testing and measuring of tobacco product content and emissions in WPRO pursuant to the guidelines on Articles 9 and 10 of the WHO Framework Convention on Tobacco Control.

Activity 19581: Provision of testing support to government agencies in the WPRO region in the control of tobacco products.

Draft Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2020

MANDATE

1. Resolution WHA69.6 noted “the process to update, in 2016, Appendix 3” and requested DG “to submit an updated Appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, through the Executive Board, to the Seventieth World Health Assembly in 2017, in accordance with the timeline contained in Annex 2 of document A69/10”¹. This WHO Discussion paper is prepared pursuant to this resolution.

BACKGROUND

2. In the Director General’s report to the 68th World Health Assembly in May 2015², the WHO Secretariat committed to update **Appendix 3** of the [Global Action Plan for the Prevention and Control of Noncommunicable Diseases \(NCD\) 2013-2020](#) to consider new scientific evidence since the initial list was prepared.

3. Appendix 3 consists of a menu of policy options to support the implementation of the 6 objectives of the Global NCD Action Plan. These 81 recommendations include 14 interventions which are classified as “very cost-effective and affordable interventions for all Member States”³ (previously referred to as the “best buys”), as well as other cost-effective interventions (previously referred to as “good buys”). The purpose is 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 for NCD prevention and control. The list of interventions is not exhaustive but is intended to provide information and guidance on effectiveness and cost-effectiveness of population-based and individual interventions based on current evidence, and to act as the basis for future work to develop and expand the evidence base.

4. The main reasons for updating Appendix 3 are firstly, to take into consideration the emergence of new evidence of cost-effectiveness or new WHO recommendations since the adoption of the WHO Global NCD Action Plan 2013-2020, and secondly, to refine the existing formulation of some interventions based on lessons learnt from the use of the first version. The area of Appendix 3 where this is most relevant is under Objective 3 (risk factors) and Objective 4 (health systems). All of

¹ http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R6-en.pdf

² Paragraph 21 in http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_11-en.pdf

³ Generate an extra year of healthy life for a cost that falls below the average annual income or GDP per person

the “very cost-effective and affordable interventions for all Member States” interventions in the original Appendix were listed under Objectives 3 and 4, and this remains the case in the updated version. The Global Action Plan for the prevention and control of noncommunicable diseases ends in 2020, and once the updated Appendix 3 is presented to the World Health Assembly in 2017, any future updates will be considered as part of the development of any subsequent global strategies for noncommunicable diseases.

PROCESS FOLLOWED BY THE SECRETARIAT TO UPDATE APPENDIX 3

5. The Secretariat has convened two technical consultations to seek expert advice on the approach to this work. The first technical consultation was held on 22-23 June 2015⁴, to advise the WHO Secretariat on a suitable methodology for conducting the update of Appendix 3. This methodology was presented to Member States at the Executive Board in January 2016, and endorsed at the World Health Assembly in May 2016⁵. Following the process endorsed by Member States, the Secretariat identified a revised list of 119 potential interventions, including 53 with updated economic data analysed through WHO-CHOICE.

6. A second technical consultation was held in Geneva, 27-28 June 2016⁶, to review the updated economic analyses and discuss the criteria for determining the “very cost-effective & affordable interventions” from the updated list of interventions, and advise on how to structure and present the broad range of policy interventions (some which are suited to economic analysis and some which are not) in a user-friendly way to support implementation of the Global Action Plan in Member States.

7. Through both technical consultations, it was acknowledged that there are inherent challenges in identifying a core list of interventions whilst being comprehensive enough to meet the needs of Member States. The limitations of considering cost-effectiveness in isolation were also recognised, together with the absence of objective criteria for incorporating non-financial considerations into recommendations. Acknowledging these challenges, the Secretariat was urged to be as clear and specific as possible regarding the methodology and source/nature of evidence, while clearly communicating the limitations of economic modelling and not creating false sense of confidence in the precision of any economic values. The Secretariat was also advised to retain familiarity and consistency with the existing Appendix 3 and previously agreed global strategies, to maintain momentum and progress underway in Member States. This update of Appendix 3 is accompanied by a technical annex. This annex provides more detailed information about the methodology used to identify and analyse interventions, and includes the assumptions used in the WHO-CHOICE economic modelling⁷. The technical annex also presents more detailed economic analyses for each intervention, structured in a variety of ways to provide more information for decision-makers. This includes presenting the results of the economic analysis separately for low and lower-middle income, and upper-middle and high income countries. The Secretariat will also consider the utility of providing this information in an interactive web-tool, to enable users to compare and rank the information according to their own needs once the updated Appendix 3 is finalized.

⁴ <http://www.who.int/nmh/events/meeting-report-consultation-on-appendix-3-final.pdf>

⁵ http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_1Rev1-en.pdf

⁶ <http://www.who.int/nmh/events/en/>

⁷ <http://www.who.int/choice/cost-effectiveness/en/>

PROPOSED UPDATED APPENDIX 3

8. Annex 1 outlines the proposed structure and content of the updated Appendix 3. This includes:

- A proposed preamble text to the Appendix 3
- The updated list of interventions for the main Appendix 3, and
- An annotated outline of the proposed technical Annex, which would include more details about the economic analysis, and methodological information. This would be accompanied at a later stage by an interactive web-based version of the economic analysis, so that users could structure the tables according to their own needs.

TIMELINE AND NEXT STEPS

9. As per the approach shared with Members States, the timeframe and next steps for finalising the updated Appendix 3 is as follows:

Dates	Activity
22 July 2016 until 1 September 2016	The Secretariat will hold a web-based consultation on a WHO Discussion Paper which will contain a preliminary updated Appendix 3. The WHO Discussion Paper will be published in English first, and versions in the other five languages will follow shortly. The web-based consultation will be open to Member States, organizations of the UN System, and non-State actors. All contributions received will be published on WHO's website.
24 August 2016	The Secretariat will convene an informal consultation of Member States in the Executive Board Room on the WHO Discussion Paper. Interpretation will be provided in all six languages.
25 August 2016	The Secretariat will convene informal hearings with non-State actors in the Executive Board Room on the WHO Discussion Paper.
7 October 2016	The Secretariat will submit a final draft of the updated Appendix 3 to WHO's Governing Bodies for processing and translation, which will enable Member States to access the EB140 report containing the updated Appendix 3 in November 2016 in preparation for EB140 in January 2017.
January 2017	EB140 will consider the draft updated Appendix 3.
May 2017	Pending discussions at EB140, the final draft of the updated Appendix 3 will be submitted to WHA70 for consideration by Member States.

Annex 1. Proposed updated Appendix 3 of the Global Action Plan for the prevention and control of noncommunicable diseases 2013-2020

What is Appendix 3?

Provided at the request of Member States, Appendix 3 is a menu of policy options and cost-effective interventions for prevention and control of major noncommunicable diseases. The purpose is 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 for NCD prevention and control through the six objectives of the NCD Global Action Plan 2013-2020. The list of interventions is not exhaustive but is intended to provide information and guidance on effectiveness and cost-effectiveness of population-based and individual interventions based on current evidence, and to act as the basis for future work to develop and expand the evidence base.

Why update Appendix 3?

The main reasons for updating Appendix 3 are firstly, to take into consideration the emergence of new evidence of cost-effectiveness or new WHO recommendations since the adoption of the Global Action Plan for the prevention and control of noncommunicable diseases 2013, and secondly, to refine the existing formulation of some interventions based on lessons learnt from the use of the first version. The area of Appendix 3 where this is most relevant is under Objective 3 (risk factors) and Objective 4 (health systems). All of the “very cost-effective and affordable interventions for all Member States” interventions in the original Appendix were listed under Objectives 3 and 4, and this remains the case in the updated version. The Global Action Plan for the prevention and control of noncommunicable diseases ends in 2020, and once the updated Appendix 3 is presented to the World Health Assembly in 2017, any future updates will be considered as part of the development of any subsequent global strategies for noncommunicable diseases.

What has changed?

The menu of options listed for Objectives 1 (raising the priority of NCDs), 2 (strengthening leadership & governance), 5 (research) and 6 (monitoring & evaluation) are process-related recommendations and have not changed.

Within Objectives 3 (risk factors) and 4 (health systems), in the updated Appendix 3, there are now a total of 88 interventions and overarching/enabling actions, representing an expansion from the original list of 62. This increase is due to the availability of scientific evidence as proposed by WHO technical units or expert groups, as well as the need to disaggregate some previous interventions into more defined, implementable options. As in the first Appendix, a select number of those interventions which are considered most cost-effective and feasible for implementation are identified in bold. In the updated Appendix, there are now 15 bolded interventions with an average cost-effectiveness ratio of $\leq \$^8 100/\text{DALY}$ averted in low and lower middle income countries and 19 interventions with a cost-effectiveness ratio $> \$100/\text{DALY}$. In addition 30 interventions without CEA but are part of WHO guidance are also provided.

⁸ The International dollar is a hypothetical unit of currency that has the same purchasing power parity that the U.S. dollar had in the United States at a given point in time.

Technical annex

Based on feedback from experts and Member States, this update of Appendix 3 is accompanied by a technical annex. This annex provides more detailed information about the methodology used to identify and analyse interventions, and includes the assumptions used in the WHO-CHOICE economic modelling. The technical Annex also presents more detailed economic analyses for each intervention, structured in a variety of ways to provide more information for decision-makers. This includes presenting the results of the economic analysis separately for low and lower-middle income, and upper-middle and high income countries. The Secretariat may also provide this information in an interactive web-tool, to enable users to compare and rank the information according to their own needs.

How to use this information

The economic analyses in the technical annex, upon which this list is based, give an assessment of cost-effectiveness ratio, health impact and the economic cost of implementation. These economic results present a set of parameters for consideration by Member States, but it must be emphasised that such global analyses should be accompanied by analyses in the local context. Other tools, such as the One Health Tool are available to help individual countries cost specific interventions in their national context.

When considering interventions for prevention and control of noncommunicable diseases, emphasis should be given to both economic and non-economic criteria, as both will affect the implementation and impact of interventions. Non-economic implementation considerations such as acceptability, sustainability, scalability, equity, ethics, multisectoral actions and monitoring are essential in preparing to achieve the targets of the global action plan and should be considered before the decision to implement items in Appendix 3.

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

Overarching/enabling actions

- Raise public and political awareness, understanding and practice about prevention and control of NCDs
- Integrate NCDs into the social and development agenda and poverty alleviation strategies
- Strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learnt and best practices
- Engage and mobilize civil society and the private sector as appropriate and strengthen international cooperation to support implementation of the action plan at global, regional and national levels
- Implement other policy options in objective 1

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

Overarching/enabling actions

- Prioritize and increase, as needed, budgetary allocations for prevention and control of NCDs without prejudice to the sovereign right of nations to determine taxation and other policies
- Assess national capacity for prevention and control of NCDs
- Develop and implement a national multisectoral policy and plan for the prevention of control of NCDs through multi-stakeholder engagement
- Implement other policy options in objective 2 to strengthen national capacity including human and institutional capacity, leadership, governance, multisectoral action and partnerships for prevention and control of noncommunicable diseases

Objective 3: To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments

Tobacco Use

Overarching/enabling actions

- Strengthen the effective implementation of the WHO Framework Convention on Tobacco Control (FCTC)
- Establish and operationalize national mechanisms for coordination of the FCTC implementation as part of national strategy with specific mandate, responsibilities and resources

Specific interventions with WHO-CHOICE analysis⁹

No	Intervention	Non-financial considerations
T1	Strengthen the implementation of tax policy and administrative measures to reduce the demand for tobacco products	
T2	Comprehensive ban of tobacco advertising, promotion and sponsorship, including cross-border advertising and on modern means of communication	Requires capacity for implementing and enforcing regulations and legislation
T3	Implementation of plain/standard packaging and/or large graphic health warnings on all tobacco packages	
T4	Elimination of exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport, and in all outdoor mass-gathering places	
T5	Provision of cost-covered, effective and population-wide support (including brief advice, national toll-free quit line services and mCessation) for tobacco cessation to all those who want to quit	Requires sufficient, trained providers and a better functioning health system

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
T6	Implement measures to minimize illicit trade in tobacco products

⁹ Interventions in bold fonts are those with an average cost-effectiveness ratio of \leq I\$100/DALY averted in low and lower middle income countries.

Harmful Use of Alcohol

Overarching/enabling actions

- Implement the WHO global strategy to reduce harmful use of alcohol through actions in the recommended target areas including:
- Strengthen awareness of alcohol-attributable burden; leadership and political commitment to reduce the harmful use of alcohol
- Provide prevention and treatment interventions for those at risk of or affected by alcohol use disorders and associated conditions
- Support communities in adopting effective approaches and interventions to prevent and reduce the harmful use of alcohol
- Implement effective drink-driving policies and countermeasures
- Regulate commercial and public availability of alcohol
- Restrict or ban alcohol advertising and promotion
- Use price policies such as excise tax increases on alcoholic beverages
- Reduce the negative consequences of drinking and alcohol intoxication, including by regulating the drinking context and providing consumer information
- Reduce the public health impact of illicit alcohol and informally produced alcohol by implementing efficient control and enforcement systems
- Develop sustainable national monitoring and surveillance systems using indicators, definitions and data collection procedures compatible with WHO's global and regional information systems on alcohol and health

Specific interventions with WHO-CHOICE analysis¹⁰

No	Intervention	Non-financial considerations
A1	Increase in excise taxes on alcoholic beverages	Levying taxes should be combined with other price measures, such as bans on discounts or promotions
A2	Enforcement of bans or comprehensive restrictions on alcohol advertising (across multiple types of media)	Requires capacity for implementing and enforcing regulations and legislation
A3	Enforcement of restrictions on the physical availability of retailed alcohol (via reduced density of retail outlets and reduced hours of sale)	
A4	Enforcement of drink-driving laws and blood alcohol concentration limits via sobriety checkpoints	
A5	Provision of brief psychosocial intervention for persons with hazardous and harmful alcohol use	Requires trained providers at all levels of health care

¹⁰ Interventions in bold fonts are those with an average cost-effectiveness ratio of ≤ I\$100/DALY averted in low and lower middle income countries.

Unhealthy Diet

Overarching/enabling actions

- Implement the WHO Global Strategy on Diet, Physical Activity and Health
- Implement the WHO recommendations on the marketing of foods and non-alcoholic beverages to children

Specific interventions with WHO-CHOICE analysis¹¹

No	Intervention	Non-financial considerations
U 1	Reduce salt intake by engaging the industry in a voluntary reformulation process	Requires multisectoral actions with relevant ministries and support by civil society
U 2	Reduce salt intake through establishment of a supportive environment in public institutions such as hospitals, schools and nursing homes to enable low sodium meals to be provided	
U 3	Reduce salt intake through a behaviour change communication mass media campaign	
U 4	Reduce salt intake through implementation of front-of-pack labelling	Regulatory capacity along with multisectoral action is needed
U 5	Complete elimination of industrial trans fats through the development of legislation banning their use in the food chain	

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
U 6	Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breast feeding
U 7	Implement subsidies to increase the intake of fruits and vegetables
U 8	Replace trans fats and saturated fats with unsaturated fats through reformulation, labelling and fiscal and agricultural policies
U 9	Reduce sugar consumption through taxation on sugar sweetened beverages
U 10	Limiting portion size to reduce energy intake and the risk of childhood overweight/obesity
U 11	Implementing nutrition education and counselling in different settings (i.e. schools, workplaces, hospitals etc) to increase the intake of fruits and vegetables
U 12	Nutrition labelling to improve macronutrient intake, and reduce total energy intake (kcal)
U 13	Nutrition labelling in educational settings to improve dietary intake
U 14	Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, fibre and salt, and promote the intake of fruits and vegetables

¹¹ Interventions in bold fonts are those with an average cost-effectiveness ratio of ≤ I\$100/DALY averted in low and lower middle income countries.

Physical Inactivity

Overarching/enabling actions

- Implement the WHO Global Strategy on Diet, Physical Activity and Health

Specific interventions with WHO-CHOICE analysis

No	Intervention	Non-financial considerations
P 1	Provide physical activity counselling as part of routine primary health care services through the use of a brief intervention	Requires sufficient, trained capacity in primary care

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
P 2	Ensure macro-level urban design incorporates the core elements of residential density, connected street networks, easy access to a diversity of destinations and access to public transport
P 3	Implement public awareness and motivation programmes for physical activity, including mass media campaign for the behavioral change of physical activity levels
P 4	Ensure that adequate facilities are available on school premises to support recreational physical activity for all children
P 5	Provide safe and adequate infrastructure to support walking and cycling
P 6	Implement multi-component workplace physical activity programmes

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

Overarching/enabling actions

- Integrate very cost-effective noncommunicable disease interventions into the basic primary health care package with referral systems to all levels of care to advance the universal health coverage agenda
- Explore viable health financing mechanisms and innovative economic tools supported by evidence
- Scale up early detection and coverage, prioritizing very cost-effective high-impact interventions including cost-effective interventions to address behavioural risk factors
- Train health workforce and strengthen capacity of health system particularly at primary care level to address the prevention and control of noncommunicable diseases
- Improve availability of affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases, in both public and private facilities
- Implement other cost-effective interventions and policy options in objective 4 to strengthen and orient health systems to address noncommunicable diseases and risk factors through people-centred health care and universal health coverage
- Develop and implement a palliative care policy, including access to opioids analgesics for pain relief, together with training for health workers
- Expand the use of digital technologies to increase health service access, efficacy and equity for NCD prevention, and to reduce the costs in health care delivery

Cardiovascular Disease and Diabetes

Specific interventions with WHO-CHOICE analysis¹²

No	Intervention	Non-financial considerations
CV 1a	Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and non-fatal cardiovascular event in the next 10 years	Feasible in all resource settings, including by non-physician health workers
CV 1b	Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with moderate to high risk ($\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 years	Applying lower risk threshold increases health gain but also increases implementation cost
CV 2	Treatment of new cases of acute myocardial infarction with either: acetylsalicylic acid, or acetylsalicylic acid and clopidogrel, or thrombolysis, or primary percutaneous coronary interventions (PCI)	Selection of option depends on health system capacity
CV 3a	Primary prevention of rheumatic fever and rheumatic heart diseases by increasing treatment of pharyngitis at the primary care level	Depending on prevalence in specific countries or sub-populations
CV 3b	Secondary prevention of rheumatic fever and rheumatic heart disease (by developing a register of patients who then receive regular prophylactic penicillin)	Depending on prevalence in specific countries or sub-populations

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
CV 4	Treatment of congestive cardiac failure with ACE inhibitor, beta-blocker and diuretic
CV 5	Cardiac rehabilitation post myocardial infarction
CV 6	Anticoagulation for medium- and high-risk non-valvular atrial fibrillation and for mitral stenosis with atrial fibrillation
CV 7	Low-dose acetylsalicylic acid for ischemic stroke
CV 8	Care of acute stroke and rehabilitation in stroke units

¹² Interventions in bold fonts are those with an average cost-effectiveness ratio of \leq I\$100/DALY averted in low and lower middle income countries.

Diabetes*

*Note that diabetes interventions are also covered in the previous section on cardiovascular disease & diabetes

Specific interventions with WHO-CHOICE analysis

No	Intervention	Non-financial considerations
D1	Preventive foot care for people with diabetes (including educational programmes, access to appropriate footwear, multidisciplinary clinics)	Requires systems for patient recall
D2	Diabetic retinopathy screening for all diabetes patients and laser photocoagulation for prevention of blindness	
D3	Effective glycaemic control for people with diabetes, along with standard home glucose monitoring to reduce diabetes complications	

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
D4	Lifestyle interventions for preventing type 2 diabetes
D5	Influenza vaccination for patients with diabetes
D6	Preconception care among women of reproductive age including patient education and intensive glucose management
D7	Screening of people with diabetes for proteinuria and treatment with ACE-inhibitor for the prevention and delay of renal disease

Cancer

Specific interventions with WHO-CHOICE analysis¹³

No	Intervention	Non-financial considerations
CA 1	HPV vaccination (2 doses) of 9-13 year old girls	
CA 2	Prevention of cervical cancer through screening women aged 30-49, either through: <ul style="list-style-type: none"> VIA (visual inspection with acetic acid) linked with timely treatment of pre-cancerous lesions Pap smear (cervical cytology) every 3-5 years linked with timely treatment of pre-cancerous lesions HPV test every 5 years linked with timely treatment of pre-cancerous lesions 	VIA is feasible in low resource settings, including with non-physician health workers. Pap smear requires cytopathology capacity. Requires systems for organised, population-based screening
CA 3	Treatment of cervical cancer stages I and II with either surgery or radiotherapy +/- chemotherapy	
CA 4	Treatment of breast cancer stages I and II with surgery +/- systemic therapy	
CA 5	Screening with mammography (once every 2 years for women aged 50-69 years) linked with timely diagnosis and treatment of breast cancer	Requires systems for organised, population-based screening
CA 6	Treatment of colorectal cancer stages I and II with surgery +/- chemotherapy and radiotherapy	
CA 7	Basic palliative care for cancer: home-based and hospital care with multi-disciplinary team and access to opiates and essential supportive medicines	Requires access to controlled medicines for pain relief

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
CA 8	Prevention of liver cancer through hepatitis B immunization
CA 9	Oral cancer screening in high-risk groups (eg tobacco users, betel-nut chewers) linked with timely treatment
CA 10	Population-based colorectal cancer screening, including through a faecal occult blood test, as appropriate, at age >50, linked with timely treatment

¹³ Interventions in bold fonts are those with an average cost-effectiveness ratio of ≤ I\$100/DALY averted in low and lower middle income countries.

Chronic Respiratory Diseases

Specific interventions with WHO-CHOICE analysis

No	Intervention	Non-financial considerations
CR 1	Treatment of chronic obstructive pulmonary disease with inhaled salbutamol	
CR 2a	Treatment of asthma with oral prednisolone, theophylline and high dose inhaled beclomethasone	
CR 2b	Treatment of asthma using low dose inhaled beclomethasone and short acting beta agonist	

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
CR 3	Access to improved stoves and cleaner fuels to reduce indoor air pollution
CR 4	Cost-effective interventions to prevent occupational lung diseases, eg from exposure to silica, asbestos
CR 5	Influenza vaccination for patients with chronic obstructive pulmonary disease

Objective 5: To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases

Overarching/enabling actions

- Develop and implement a prioritized national research agenda for noncommunicable diseases
- Prioritize budgetary allocation for research on noncommunicable disease prevention and control
- Strengthen human resources and institutional capacity for research
- Strengthen research capacity through cooperation with foreign and domestic research institutes
- Implement other policy options in objective 5 to promote and support national capacity for high-quality research, development and innovation

Objective 6: To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control

Overarching/enabling actions

- Develop national targets and indicators based on global monitoring framework and linked with a multisectoral policy and plan
- Strengthen human resources and institutional capacity for surveillance and monitoring and evaluation
- Establish and or strengthen a comprehensive noncommunicable disease surveillance system, including reliable registration of deaths by cause, cancer registration, periodic data collection on risk factors and monitoring national response
- Integrate noncommunicable disease surveillance and monitoring into national health information systems
- Implement other policy options in objective 6 to monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control

