

# WHO Best Buys 101 - Unpacking the recommended interventions on NCD prevention and control

Advocacy Institute Seed Programme Training 2021

September 30th, 2021



# Agenda of the session

<b>Welcome and Introduction</b>	<i>Linda Markova, Capacity Development Officer, NCD Alliance</i>
Presentation 1 - WHO Best Buys 101 - Unpacking the recommended interventions on NCD prevention and control	<i>Hany Helmy, Policy and Advocacy Manager, NCDA</i>
<b>Short Q&amp;A (5 mins)</b>	
<b>First discussion in break-out groups (20 mins + 10 min report back)</b>	
<b>3 short presentations of key actors promoting the WHO Best Buys - sharing best practice, implementation, outcomes (20 mins)</b>	<i>Emma Klatman, Global Policy and Advocacy Manager, Life for a Child Sharan Kuganesan, Program Manager, Policy, Advocacy and Communications at Vital Strategies Healthy Philippines Alliance</i>
<b>Second discussion in break-out groups (20 mins + 10 mins report back)</b>	
<b>Final Q&amp;A segment (5 mins)</b>	
<b>Wrap up (evaluation poll, next steps &amp; future sessions, 5 mins)</b>	<i>Luis Manuel Encarnacion, Capacity Development Manager, NCD Alliance</i>

# Before we begin..

.. please answer the poll questions so we know your knowledge & experience!

# Seed Programme Virtual Training 2021

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## Training Objectives

- **Explore opportunities** for NCD alliances to link the global advocacy efforts and milestones to their regional and national contexts and advocacy efforts.
- **Support NCD alliances** to improve and acquire stronger skills and knowledge on financial management for their organizational sustainability.
- **Strengthen alliances** understanding of the WHO Best Buys for NCD prevention and control, and how they could be used for their own advocacy efforts for a comprehensive NCD response.

## Training format

3x2hr interactive training sessions delivered virtually (the session on financial management will be 3hrs) through August – September 2021

## 2021 Curriculum

**Session 1** – Connecting the dots between global and regional advocacy

**Session 2** – Financial Management Part II.

**Session 3** – Unpacking WHO Best Buys

# Session 3: WHO Best Buys 101 - Unpacking the recommended interventions on NCD prevention and control

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## Training Objectives:

- **Provide an overview** of the WHO Best Buys by strengthening participants understanding of the recommended interventions and their impact (why these were developed and what they include).
- **Share best-practice case studies** and examples of successful implementations of the WHO Best Buys interventions, and outline opportunities for NCD civil society to engage and advocate for their uptake.
- **Facilitate a space to discuss** the role of civil society in supporting implementation and monitoring of progress.



NCD Alliance  
**ADVOCACY INSTITUTE**

# WHO Best Buys 101 - Unpacking the recommended interventions on NCD prevention and control

*Hany Helmy, Policy and Advocacy Manager, NCD Alliance*



# NCDs have received the world's attention, with declarations and global agreements set towards the prevention and control of the burden.

SEPTEMBER 2011

MAY 2012

MAY 2013

MAY 2014

**The Political declaration on NCDs, A/RES/66/21.**

**"25 x 25"**  
Reducing preventable NCD deaths by 25% by 2025.

**Global Action Plan for the prevention and control of NCDs**  
*\*Best Buys Included*

**Global Coordination Mechanism on the prevention and control of NCDs**

## SDG 3, TARGET 3.4

By 2030 Reduce by one third premature mortality from non-communicable diseases, through prevention and treatment and promotion of mental health and well-being

# WHO BEST BUYS- Gold standard for combating NCDs

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May 2013: WHO Member States endorsed the Global Action Plan (GAP) for the Prevention and Control of NCDs 2013–2020. The GAP has six objectives whose implementation at country level will support the attainment of the nine NCD targets by 2025 including the 25x25.

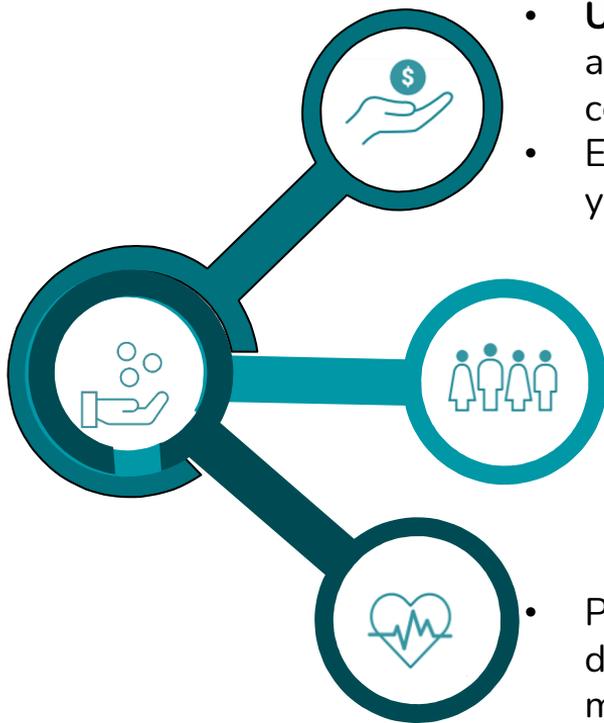
The Global Action Plan comprises a **menu of policy options** that are considered affordable, cost-effective and evidence-based interventions (“**Appendix 3**”) to assist countries in implementing context-specific measures towards achieving the SDG Target 3.4.

**Appendix 3** : updated with new evidence of WHO recommendations and cost-effectiveness which was endorsed in May 2017 at the 70<sup>th</sup> session of the WHA. **Updated Appendix 3** was renamed “**Best buys**” and **other recommended interventions**” and comprises a total of 88 interventions, including overarching/enabling policy actions, the most cost-effective interventions, and other recommended interventions.

**WHO Best Buys: \*16** of the 88 interventions are considered “**best buys**” –The most cost-effective and feasible for implementation

# The Best Buys are considered affordable, cost-effective and evidence-based to tackle the growing burden of NCDs

Adopting the best buys will yield



- **US \$350 Bn** in economic growth between now and 2030 in low- and lower-middle-income countries
- Every **US\$ 1** invested in the WHO Best Buys will yield a return of at least **US\$ 7 by 2030**
- A **15%** reduction in premature mortality by 2030 in low- and lower-middle-income countries
- **8.2 M lives** can be saved by 2030 in low- and lower-middle-income countries
- Prevent over **17 M** cases of ischemic heart disease and stroke by 2030 in low- and lower-middle-income countries

# A snapshot of “Best Buys” interventions

Risk factor/disease	Interventions
 <p>Tobacco use</p>	<ul style="list-style-type: none"> <li>• Tax increases</li> <li>• Smoke-free indoor workplaces and public places</li> <li>• Health information and warnings</li> <li>• Bans on tobacco advertising, promotion and sponsorship</li> </ul>
 <p>Harmful alcohol use</p>	<ul style="list-style-type: none"> <li>• Tax increases</li> <li>• Restricted access to related alcohol</li> <li>• Bans on alcohol advertising</li> </ul>
 <p>Physical inactivity and unhealthy diet</p>	<ul style="list-style-type: none"> <li>• Reduced salt intake on food</li> <li>• Replacement of trans fat with polyunsaturated fat</li> <li>• Public awareness through mass media on diet and physical activity</li> </ul>
 <p>Cardiovascular diseases</p>	<ul style="list-style-type: none"> <li>• Counselling and multi drug therapy for people with high risk of developing heart attacks and stroke (including those with established CVD)</li> <li>• Treatment of heart attacks with aspirin</li> </ul>
 <p>Cancer</p>	<ul style="list-style-type: none"> <li>• Hepatitis B immunization to prevent liver cancer</li> <li>• Screening and treatment of pre-cancerous lesions to prevent cervical cancer</li> </ul>
 <p>Diabetes</p>	<ul style="list-style-type: none"> <li>• Drug therapy including glycaemic control for diabetes mellitus</li> </ul>

Although the original list of WHO Best Buys consider the main risk factors & main NCDs, the new 5x5 approach has made WHO to expand the list considering mental health and air pollution

# Implementing the Best Buys requires non-financial considerations

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Interventions for the prevention and control of NCDs require emphasis on both economic and **non-economic** (*non-financial*) considerations, as these will affect implementation and impact of interventions.

## Non-financial considerations

- Sufficient trained providers and a better functioning health system
- Capacitated professionals for implementing and enforcing regulations
- Multisectoral actions with relevant ministries and supported by civil society
- Regulatory capacity along with multisectoral actions

# Which best buys to chose from?

Countries can select from the list of Best Buys and other recommended interventions, based on their **national context**

1

Interventions that will bring the **highest return on investment** in national responses to the overall implementation of the 2030 Agenda for Sustainable Development (*check UNIATF country investment cases*);

2

priority **government sectors** that need to be engaged (in particular health, trade, commerce and finance),

3

concrete **coordinated sectoral commitments** based on co-benefits for inclusion in national SDG responses.

# Uptake and implementation of the Best Buys, Country examples

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- **Mexico soda tax–2014**, the government of Mexico added a 1 peso per litre excise tax on any non-alcoholic beverage with added sugar. Two years after the introduction of the tax, households with the fewest resources reduced their purchases of sugary drinks by **11.7%**, compared to **7.6%** for the general population



- **Vietnam alcohol control law–2019**, the National Assembly of Vietnam adopted Law No. 44/2019/QH14 on Prevention and Fighting against the Negative Effects of Alcohol ("Alcohol Law")



- **South Africa sugar tax- 2018**, South Africa implemented a sugar-content-based tax called the Health Promotion Levy, the health promotion levy coincided with large reductions in purchases of taxable beverages

# Beyond the WHO Best Buys, toward the prevention and control of NCDs

WHO has developed a series of thematic frameworks to guide adoption and monitoring for specific NCD risk factors

## **MPOWER (Tobacco control)**

- M**onitoring tobacco use and prevention policies
- P**rotecting people from tobacco smoke
- O**ffering help to quit tobacco use
- W**arning about the dangers of tobacco
- E**nforcing bans on tobacco advertising, promotion and sponsorship
- R**aising tobacco taxes



## **SAFER (Alcohol control)**

- S**trengthen restrictions on alcohol availability
- A**dvance and enforce drink driving counter measures
- F**acilitate access to screening, brief interventions and treatment
- E**nforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion
- R**aise prices on alcohol through excise taxes and pricing policies



## **REPLACE (Trans fat - TFAs)**

- R**eview dietary sources of industrially-produced TFAs and the landscape for required policy change
- P**romote the replacement of industrially-produced TFAs with healthier fats and oils.
- L**egislate or enact regulatory actions to eliminate industrially-produced TFAs.
- A**ssess and monitor trans fat content in the food supply and changes in TFAs consumption in the population.
- C**reate awareness of the negative health impact of TFAs among policy-makers, producers, suppliers, and the public.
- E**nforce compliance with policies and regulations.



# What role can CSOs Play?

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**Civil society can raise the profile of NCDs and support implementation and action on the ground by:**

- Building civil society momentum to garner support for NCD prevention and control;
- Advocating key decision makers to increase awareness, and political buy in in the adoption and enforcement of transformative policies and solutions;
- Holding governments to account on the adoption of context-specific policies;
- Monitoring and disseminating progress and impact.

# Short Q&A

# First discussion in breakout groups (20 mins)

You will be divided in 5 groups with 15 mins to discuss the following questions:

- *What are the most relevant WHO Best Buys for my country and why?*
- *Are these best buy interventions identified as most relevant being implemented/prioritised in your country?*

Each group will then choose a representative to report back in the plenary  
*(NCDA will chose a couple of groups to report back – 2 mins each)*

# Report back

# Presentations by 2 members and 1 alliance sharing best practise, implementation, outcomes

*Emma Klatman, Global Policy and Advocacy Manager, Life for a Child*

*Sharan Kuganesan, Program Manager, Policy, Advocacy, Communication (PAC), Tobacco Control, at Vital Strategies*

*Ralph Emerson Degollacion, Coordinator of the Healthy Philippines Alliance*

# The dangers of unaffordable diabetes medicines and technology in LMICs...

*and why we should care!*

Emma Klatman  
Global Policy & Advocacy Manager, Life for a Child  
Seed Training on WHO Best Buys 101  
30 September 2021

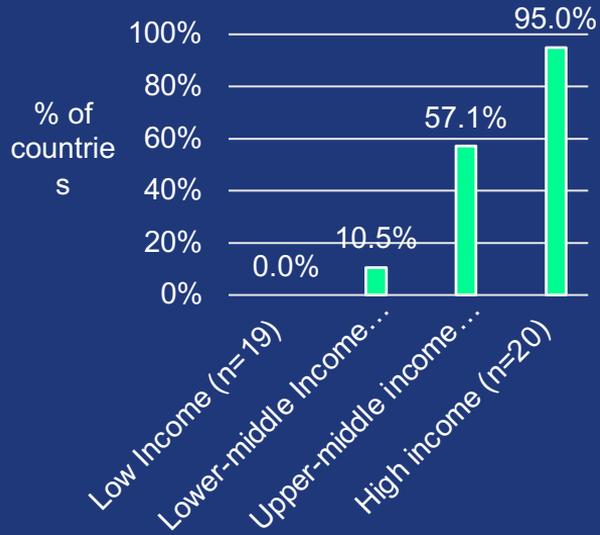
*"After a period of illness when I was seven, I was finally labelled with type 1 diabetes. Me and my family literally felt shattered. Life stood stand still. There came a time, when I along with my family started praying to God to put a full stop to my life. My family is not financially strong, on top of...expenses on insulin injections, meters and strips... and lancets."*

*-Shirin, 17-year year old girl with T1D, India*

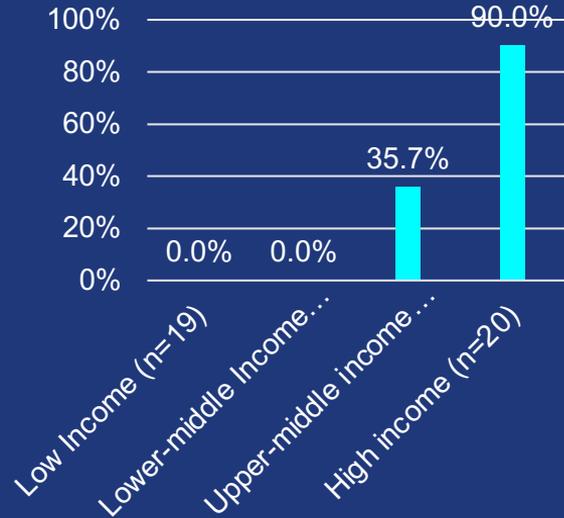


# Young people with T1D face access challenges in LMICS

## Insulin



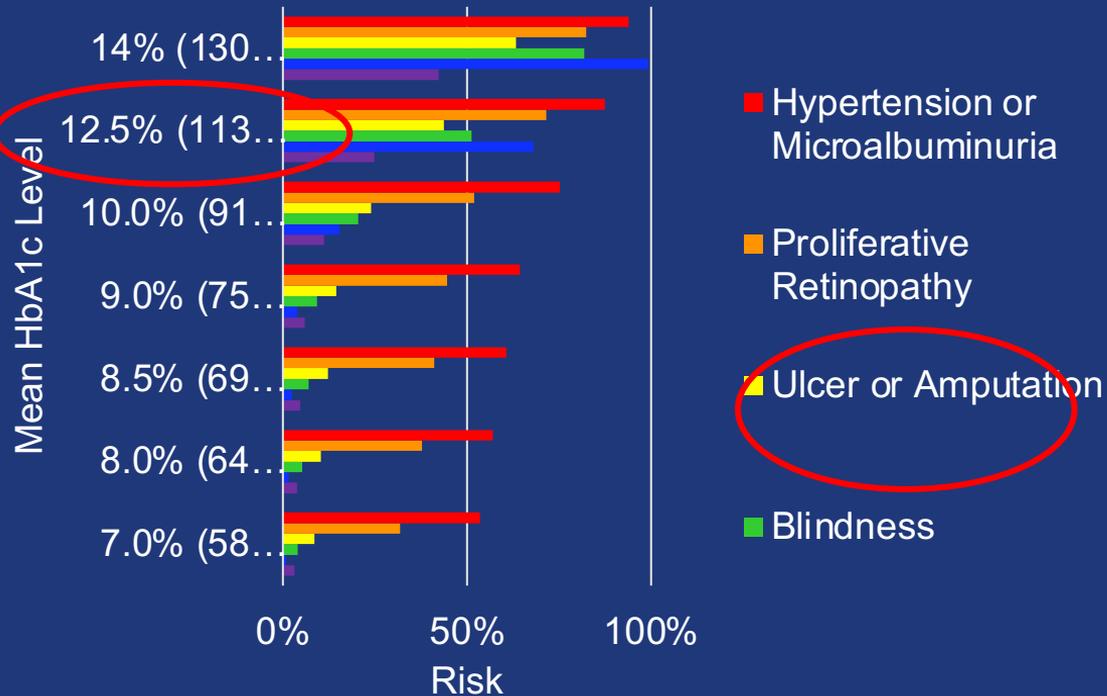
## Blood glucose test strips



# Levels of T1D Care → LMICs should strive for 'Intermediate Care'

Tier	Level	Insulin	Blood glucose monitoring	HbA1c	Complications screening	Diabetes education and team care	Intra-clinic range of clinic mean HbA1c	Mortality and Complications
<b>Minimal Care</b>	1A	Human premixed insulin only, twice daily injections	Only at clinic	None	None /just weight	Minimal or no diabetes education. Care from general physician or paediatrician.	12.0-14.0% (108-130 mmol/mol)	High mortality from misdiagnosis and acute complications. Serious early-onset long-term complications very common in survivors
	1B	Human premixed insulin only, twice daily injections	1-2 tests / day	Done in lab or point-of-care	Weight, height, blood pressure, visual acuity and light touch	Some diabetes education. Care by adult diabetologist or paediatrician.	9.5-12.0% (80-108 mmol/mol)	Substantial mortality, serious early-onset long-term complications common
	1C	Human short- and long-acting insulin, twice daily injections				Education about insulin dose adjustments.	9.0-10.5% (75-91 mmol/mol)	
<b>Intermediate Care</b>	2A	Human insulin, multiple daily injections ("basal bolus regimen")	2-3 tests / day	Point-of-care	Weight, height, blood pressure, eyes, feet, urinary albumin, creatinine, lipids. Treatment as indicated. Access to glucagon if possible.	Diabetes education appropriate for age. Care by paediatric or adult diabetologist, nurse educator, + dietitian and social worker if possible. Diabetes camps. Peer & school support. 24-hour emergency call service.	8.0-9.5% (64-80 mmol/mol)	Infrequent mortality, serious long-term complications rare unless less-than-optimal blood glucose control.
	2B	Human insulin, basal bolus regimen +/- insulin pens	4+ tests / day					
<b>Comprehensive Care (ISPAD Guidelines)</b>	3A	Analog insulin, basal bolus regimen, insulin pens	5+ tests / day	Point-of-care	Full complications screening – including all above plus fundal photography, thyroid, coeliac – at frequency according to guidelines. Treatment as indicated. Access to glucagon.	Diabetes education appropriate for age. Multidisciplinary team with paediatric diabetologist, nurse educator, dietitian, social worker, psychologist. Diabetes camps. Peer & school support. 24-hour emergency call service.	6.5-8.5% (48-69 mmol/mol)	Mortality very rare, long-term complications long-delayed or prevented entirely except if blood glucose control is suboptimal.
	3B	Insulin pump + consumables						
	3C	Insulin pump + consumables	Continuous glucose monitoring (CGM) + consumables					
	3D	Artificial pancreas + consumables						

## 30 Year T1D Complications Rates



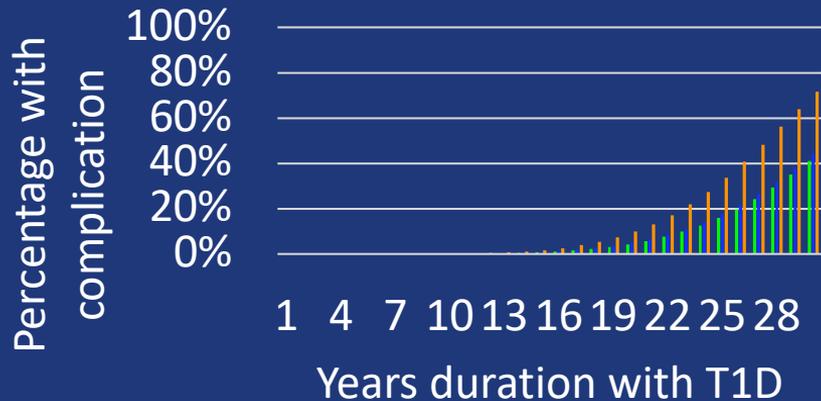
*Consequences are grave when T1D care is unaffordable*



Gregory, Guo et al. Pediatric Diabetes 2020; DOI: 10.1111/pedi.12988  
 Estimated from Pittsburgh EDC data



## Proliferative retinopathy



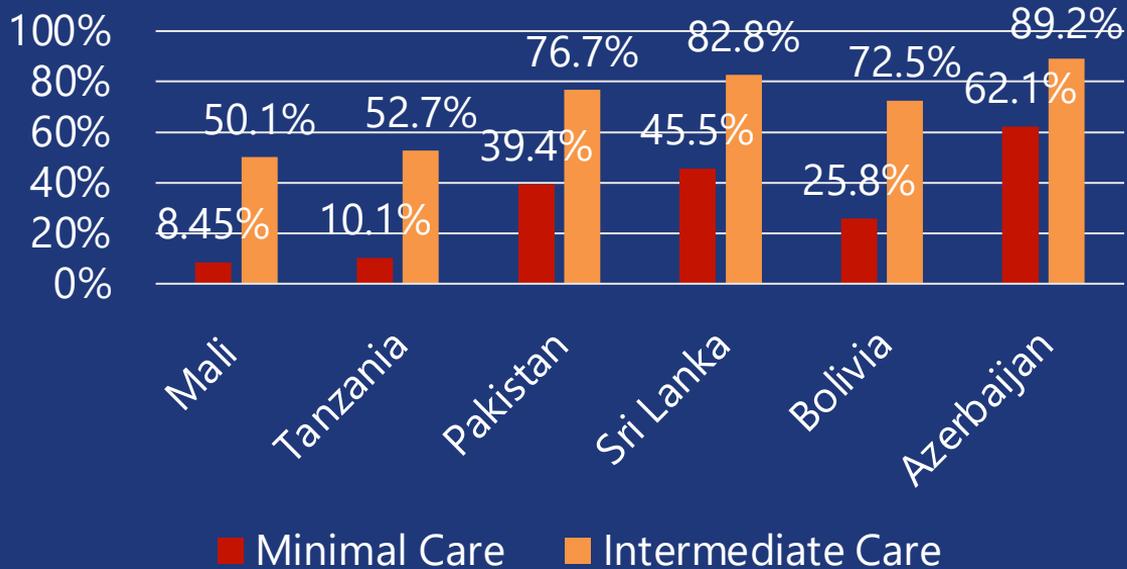
■ 8.5% ■ 9.0% ■ 12.5%

## Renal failure



■ 8.5% ■ 9.0% ■ 12.5%

## 30 Year T1D Mortality Rates



Gregory, Guo et al. Pediatric Diabetes 2020; DOI: 10.1111/pedi.12988  
Estimated from Pittsburgh EDC data

*However...*

*it does not have to be this way*

Interventions of 'intermediate'  
T1D care in LMIC transforms  
lives

They are:

- cost-effective as per WHO CHOICE
- the only pathway to give young people a chance to lead safe, and productive lives



## Cost of a Healthy Life Year as a percentage of country GDP

Countries	HLYs per individual (minimal/intermediate care)	Cost of HLYs gained as % GDP/capita (minimal/intermediate care)
Mali	12.4/21.1	141.1%
Tanzania	14.0/22.0	110.0%
Pakistan	19.3/24.9	52.3%
Sri Lanka	20.3/25.7	41.8%
Bolivia	17.1/24.4	17.0%
Azerbaijan	22.5/26.5	15.6%

as per the approach used in the WHO CHOICE framework

Gregory, Guo et al. Pediatric Diabetes 2020; DOI: 10.1111/pedi.12988  
Estimated from Pittsburgh EDC data

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Thank you!

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# WHO Best Buys: Tobacco Use



Best Practices and Lessons Learned  
from Vital Strategies

Sept 30, 2021

# Who Are We?

- We work in 75 countries, across 12 programs
- Offices in: Addis Ababa, Jinan, New Delhi, New York City, Paris, Sao Paulo, Singapore
- **Vital Strategies' Tobacco Control program**
  - Since 2007, we have worked with 41 countries to deliver population-level campaigns
  - Operating across 12 countries
  - MPOWER measures are used to frame our prevention efforts

## Current Focus Areas:

- **Tobacco Control**
- Food Policy
- Road Safety
- Overdose Prevention
- Civil Registration and Vital Statistics
- Urban Health
- Cardiovascular Health
- Air Quality
- Data Use in Policymaking
- Epidemic Prevention
- TB Treatment Research

## Best Buy: **Mass Media Campaigns**

### *Example: Turkey, 2020*

*- Developed a mass media campaign that ran on 160 TV channels, 50 radio stations, and billboards for 8 months*

*- Hosted a youth webinar with President in attendance*

## **Successes:**

- Cost-effective, reaching large audiences
- Replicable into other languages
- Works best when combined with other policies such as taxation and smoke-free public places

## **Lessons Learned:**

- Securing airtime is \$\$ → sustainable mechanisms
- Relationship building
- Using appropriate channels based on the community

Best Buy:

## Graphic Health Warnings

### *Example: Mexico and Philippines*

*- Vital worked with advocates to put COVID warnings on tobacco products **in Mexico***

*- Currently working on pack warnings for e-cigarettes in **the Philippines**, the first of its kind*

### Successes:

- Size matters
- Hard-hitting visuals = increased intention to quit
- Doubles as a mass media intervention

### Lessons Learned:

- Difficult to implement with unregulated products
- Must consistently raise the issue with current government
- Tobacco industry will delay pack warnings

Best Buy:

## Enforcing a TAPS ban

### *Example: India*

*- Developed TERM, a real-time dashboard used to monitor tobacco marketing online*

*- Monthly data-driven briefs are shared with policymakers cataloging the tobacco industry's marketing*

### **Successes:**

- Policy briefs are backed with sound evidence
- An automatic source of up-to-date data for policymakers
- Crowdsourced

### **Lessons Learned:**

- More work upfront, requires staff with technical backgrounds
- Dissemination: getting data into the hands of policymakers
- Expanding into new countries where there are no strong TAPS laws

# Questions?

Sharan Kuganesan, Program Manager

Policy, Advocacy, Communication (PAC), Tobacco Control

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Visit [www.vitalstrategies.org](http://www.vitalstrategies.org)

# The Civil Society Experience in Promoting the WHO 'Best Buys' to Prevent and Control NCDs in the Philippines

**By: Mr. Ralph Emerson Degollacion**  
**30 September 2021**





**NCDs**, which include diseases such as cancer, heart disease, diabetes, stroke and chronic respiratory diseases, **account for 68% of all deaths in the Philippines**. These diseases have been shown to negatively impact on the population's health, as well as the economy. **NCDs cost the national economy** an estimated **PHP 756.5 billion per year**, equivalent **to 4.8% of the country's annual GDP**.

Source: UNIATF

# Adoption of 'Best Buys' in the Philippines

Year	Law
2012	RA 10351 or an Increase in the Excise Tax on Tobacco and Alcohol Products (aka Sin Tax Law)
2014	RA 10643 or the Graphic Health Warnings on Tobacco Products Law
2019	RA 11223 or the Universal Health Care Law
	RA 11215 or the National Integrated Cancer Control Law
	RA 11346 or an Increase in the Excise Tax on Tobacco Products
	RA 11467 or an Increase in the Excise Tax on Alcohol Products



# How did Civil Society Support the NCD-related Policies?

1. Conduct of a series of learning sessions about the the health system, health financing, and the policy environment.
2. Consolidation of positions and expectations
3. Active engagement of policymakers and other stakeholders (health providers, academe, media, and general public)
4. Make an assessment of the campaign



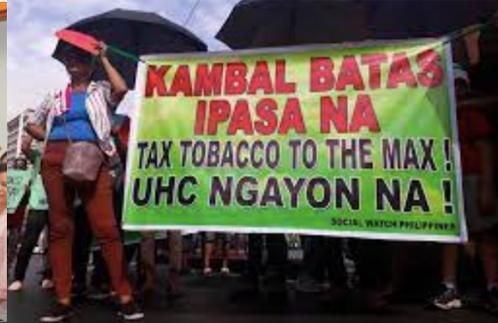
# Challenges in Pushing for the ‘Best Buy’ Policies

- Lack of updated local data/statistics
- Diversity of positions from various sectors
- Limited resources to organize meetings, process documents, and conduct other activities
- Confidence to engage legislators or policymakers
- Countering the lobby of interest groups





*Salamat po!!!*



# Short Q&A

# Second discussion in breakout groups (20 mins)

You will be divided in 5 groups with the aim to discuss the following questions (15 mins):

- *What are the mechanisms in your country to monitor implementation of WHO Best Buys & other recommended NCD interventions?*
- *What could your alliance/organisation do to support their implementation and monitor their progress?*

**Please note you will have 20 mins for your discussion and each group will then choose a representative to report back in the plenary**  
*(NCDA will chose a couple of groups to report back – 2 mins each)*

# Report back

# Final Q&A

# Closing & next steps

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**SHARE your feedback** - complete the poll & share your feedback with us!

## RELEVANT NCDA INITIATIVES:

- Global Charter on Meaningful Involvement of People Living with NCDs – [ENDORSE it here!](#)
- [Global NCD Agenda for Resilience and Recovery from COVID-19](#)



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**THANK YOU**



[www.ncdalliance.org](http://www.ncdalliance.org)