

Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD)

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List of acronyms

EQ	Evaluation question
FENSA	World Health Organization Framework of Engagement with Non-State Actors
GCM/NCD	Global coordination mechanism on the prevention and control of noncommunicable diseases
GNP	Global NCD Platform
GPW13	Thirteenth General Programme of Work, 2019–2023
KAP	Knowledge Action Portal
NCD	Noncommunicable disease
NCD-GAP	WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020
NCD/WIN	WHO Internal Horizontal Network for Collective Action towards the NCD-related SDG targets
SDG	Sustainable Development Goal
TOC	Theory of Change
TOR	Terms of Reference
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNIATF	United Nations Inter-Agency Task Force on the Prevention and Control of NCDs
UHC	Universal health coverage
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

In 2013, the Sixty-sixth World Health Assembly adopted resolution WHA66.10, in which it requested the Director-General to develop draft terms of reference for a global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) aimed at facilitating engagement among Member States, United Nations funds, programmes and agencies, and other international partners and non-State actors. The draft terms of reference were endorsed by the Sixty-seventh World Health Assembly in May 2014.

The GCM/NCD is a global Member State-led coordination and engagement platform. Its purpose and scope are to “facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding the WHO and public health from undue influence by any form of real, perceived or potential conflict of interest”.¹

Guided by the six objectives of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (NCD-GAP), the functions/objectives² of the mechanism are as follows:

- **advocating for and raising awareness** of the urgency of implementing the NCD-GAP;
- **disseminating knowledge and sharing information** based on scientific evidence and/or best practices regarding the implementation of the NCD-GAP;
- **encouraging innovation and identifying barriers** by providing a forum to identify barriers and share innovative solutions and actions for the implementation of the NCD-GAP;
- **advancing multisectoral action** by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the NCD-GAP;
- **advocating for the mobilization of resources** by identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the implementation of the NCD-GAP.

A preliminary evaluation of the GCM/NCD was conducted in 2017 and reported to the Seventy-first World Health Assembly through the 142nd session of the Executive Board in January 2018. The preliminary evaluation assessed the extent to which the GCM/NCD produced results and provided added value. It presented an understanding of the results achieved between 2014 and 2017 and examined their relevance, effectiveness and efficiency, considering the terms of reference and the workplans covering the periods 2014–2015 and 2016–2017.

The preliminary evaluation found the GCM/NCD to be relevant, with a range of significant early achievements (e.g. policy dialogues, exchange platforms). These achievements varied considerably by function. In particular, the GCM/NCD was shown to provide added value as the first body to implement the WHO Framework of Engagement with Non-State Actors and the only WHO instrument aimed at facilitating multistakeholder and cross-sectoral collaboration in the area of noncommunicable diseases (NCDs). The preliminary evaluation also recognized the added value of the GCM/NCD in contributing to the implementation of the NCD-GAP. At the same time, the preliminary evaluation highlighted several key gaps, including the lack of strategic clarity and focus of the GCM/NCD, the challenges of articulating tangible outputs from some of its key activities, the limited

¹ See document A67/14 Add.1, Appendix 1, paragraph 1.

² Document review has revealed that the functions of the mechanism have sometimes been referred to as “objectives”.

reach and applicability of the outputs to countries, the lack of clarity of roles and responsibilities of country-level activities, and the risk of duplication with the work of other actors.

The preliminary evaluation generated a series of recommendations focusing on the need to: (a) develop a medium-term strategic plan with a clear vision and a robust results framework; (b) formulate a clear engagement strategy for Member States, United Nations funds and programmes and other relevant intergovernmental organizations, and non-State actors; (c) develop appropriate processes for effective coordination, communication and dissemination of information on main activities and outputs; (d) enhance the country reach of the work of the mechanism; (e) improve the effectiveness of activities; and (f) identify and share information on existing and potential sources of finance and cooperation mechanisms.

Building on the preliminary evaluation, the objective of this final evaluation was to assess the effectiveness of the GCM/NCD, its added value and its continued relevance to the achievement of the 2025 voluntary global targets, including its possible extension. The scope of the final evaluation involved an assessment of the results derived from the implementation of the work-plan covering the period 2018–2019, which reportedly took into account the recommendations of the preliminary evaluation, as well as the work-plan for 2020. It also considered the lessons learned and the uptake of the recommendations of the preliminary evaluation of the GCM/NCD – that is, the extent to which these were actioned, and to what effect.

Due to the complementary nature of the two-phased evaluations, the high-level evaluation questions were similar to those that guided the preliminary evaluation:

- EQ 1: How relevant was the GCM/NCD to the achievement of the 2025 voluntary global targets?³ (relevance)
- EQ2: Which were the main results and added value of the GCM/NCD secretariat towards achieving the five functions of the GCM/NCD as outlined in its terms of reference? (effectiveness)
- EQ3: Which were the main influencing factors that either facilitated or hampered the successful delivery of the GCM/NCD workplans?
- EQ4: How did WHO work with others to advance the implementation of the workplans of the GCM/NCD?

The final evaluation built on the preliminary evaluation and, as such, embodied a high degree of continuity in terms of its scope, method and overall approach – adapted to the logistical limitations associated with the COVID-19 pandemic. The overall process and methodological approach followed the principles set forth in the WHO evaluation practice handbook and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation. The evaluation relied on a cross-section of information sources, using a mixed-method approach which included:

1. **document review** of a wide range of existing secondary data;
2. **questionnaires** which were administered to two stakeholder groups: Member States and non-State actors in official relations with WHO. The mid-point evaluation of the NCD-GAP was conducted concurrently with this evaluation and, given the COVID-19 context and the fact that the stakeholder groups were the same for both evaluations, one consolidated questionnaire containing questions pertaining to both the NCD-GAP and the GCM/NCD evaluations was sent to each stakeholder group. For Member States, the questionnaire was

³ In addition, the evaluation looked at the alignment with the goals and outputs of the Thirteenth General Programme of Work, 2019–2023 and with the WHO NCD work on target 3.4 of Sustainable Development Goal 3 (to reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being) and other NCD-related Sustainable Development Goal targets.

sent to identified national NCD focal points in each Member State who routinely communicate with WHO on data collection for country capacity surveys. A total of 39 Member States provided feedback to the questionnaire; of these, 16 Member States responded to the questions on the GCM/NCD. All non-State actors in official relations with WHO were asked if they wished to receive a questionnaire. Requests for the questionnaire were received from 60 organizations in official relations with WHO and completed questionnaires were received from 18 organizations, with six providing contributions to this evaluation.

3. **key informant interviews** (46) with key stakeholders, including Member State representatives (12 Member State representatives who had leading roles in GCM processes, such as working groups, general meetings or global meetings, were contacted but only four provided inputs to the evaluation), United Nations agencies, academia, civil society organizations, private sector associations, other development partners and WHO staff. Due to COVID-19 constraints, all interviews were conducted remotely.

The analysis of secondary data covered the entire period of the GCM/NCD, using the preliminary evaluation as a key data source for the period 2014–2017, but primary data collection focused on the period since the preliminary evaluation, that is 2018–2020.

The timing of the data collection phase (July–September) and the ongoing COVID-19 pandemic resulted in some challenges in obtaining responses to questionnaires and in scheduling interviews. In addition, the fact that joint questionnaires were issued for the GCM/NCD and NCD-GAP evaluations resulted in an abridged set of questions around the GCM/NCD which could have limited the feedback received from those Member States and non-State actors that responded.

Despite these limitations, the evaluation was able to gather robust data from all stakeholder groups, and the level of response to the questionnaires has been taken into account when triangulating the results of the questionnaires with other sources.

Summary findings

Relevance

The five functions, and hence the mandate, of the GCM/NCD continue to be relevant in supporting the implementation of the NCD-GAP and are well aligned with the Thirteenth General Programme of Work, 2019–2023 and target 3.4 of Sustainable Development Goal 3. As such, they can be considered to be ‘core business’ for WHO as a whole – a fact which is made clear in the wording of the NCD-GAP itself. Indeed, the evaluation identified many examples where parts of WHO other than the GCM/NCD were working effectively to support the functions.

Advocacy, awareness-raising and dissemination of knowledge with the goal to advance multisectoral action were perceived by the majority of stakeholders as being highly significant. The current advocacy efforts highlighting the links between COVID-19 and NCDs were perceived as relevant, particularly by civil society actors.

While there was clear agreement that the overall purpose and functions of the GCM/NCD continue to be relevant, specification of the functions could be improved by tailoring them to the different needs and gaps identified at the global, regional and country levels. A theory of change demonstrating the value chain of the mechanism would provide clarity in setting goals and targets and reduce the current level of duplication of efforts and overlaps both with other units in WHO and with other partners.

The 2017 preliminary evaluation noted the absence of a results framework and strategic plan and that is still the case. These essential managerial tools would enable the GCM/NCD to establish priorities, to demonstrate its role in support of other WHO departments and external stakeholders, to realize potential synergies and, ultimately, to confirm its relevance.

Results and added value

In the period 2018–2020, a sizeable proportion of the GCM/NCD activities have been related to functions 1 (advocacy and awareness-raising) and 2 (disseminating knowledge and sharing information). In contrast, there was less evidence of tangible outputs in relation to functions 3 (encouraging innovation and identifying barriers), 4 (advancing multisectoral action) and 5 (advocating for the mobilization of resources), although all three were clearly also recognized as important.

The GCM/NCD activity in respect of advocacy and awareness-raising has centred on the organization of meetings, global dialogues, etc., and the immediate networking opportunities they provided. Civil society organizations frequently indicated that their participation in such events had helped to strengthen their own profile, public messaging and networks. More generally, however, it is difficult to identify specific results and practical changes in policy or practice that stem from such events.

The GCM/NCD has also proven effective in incorporating NCDs into COVID-19 response activities. While the COVID-19 pandemic has adversely affected delivery of the workplans, it may be a source of renewed momentum in the near future.

Alongside major global events and multi-stakeholder meetings, other activities undertaken by the GCM/NCD in support of its role in advocacy, awareness-raising, disseminating knowledge and sharing information included development of the Knowledge Action Portal, live webinars, communities of practice, working groups and research connect. While the Knowledge Action Portal clearly has the potential to be a valuable tool for sharing knowledge and best practice and was widely appreciated by civil society organizations, evidence suggests that further effort is needed to improve its reach to, and relevance at, the regional and country levels.

The Second Civil Society Working Group on NCDs and the GCM/NCD contributions to the WHO Independent High-level Commission on NCDs, which led to a series of political statements on the prevention and control of NCDs being issued, are positive examples of joint working and lobbying for change. However, the uptake and follow-up of such statements and their contribution to tangible changes at the country level are less clear. Development of practical “how to” tools and materials for adoption and use at the country level was included in the mechanism’s 2018–2019 workplan but has not yet been accomplished.

The levels and intensity of engagement between the GCM/NCD and partners varied. The relationship with civil society actors appeared strong and highly valued for the most part, particularly as the GCM/NCD facilitated a unique entry point to WHO and a voice to many non-State actors. However, in the absence of tools and engagement plans to guide multistakeholder and multisectoral action, it proved difficult for participants and Member States to actively contribute to the GCM/NCD activities and to drive its agenda forward. The role of business associations in helping the GCM/NCD to deliver on activities needs clarity and further work will be needed to provide concrete actionable purpose.

As previously mentioned, the absence of an explicit results framework with clearly defined objectives renders an objective assessment of the extent to which the GCM/NCD has met the goals set out in its workplans and the fitness for purpose of the GCM/NCD achievements more difficult.

Main factors influencing the successful delivery of the GCM/NCD workplans

Notable efforts to enhance coordination within WHO in order to achieve the NCD-related Sustainable Development Goal targets include the recent move to bring the GCM/NCD and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases together within the Global NCD Platform, and the establishment of the WHO internal horizontal network for collective action towards the NCD-related Sustainable Development Goal targets.

While some non-State actors appreciated the fact that the GCM/NCD provided a single point of access to WHO, others noted what they perceived to be an unclear delineation of roles between the

mechanism, the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and NCD technical departments, leading to misunderstandings and lost opportunities across the WHO NCD space and contributing to delays, overlaps and duplication of efforts.

The fact that the GCM/NCD is a Member State-led mechanism provides it with legitimacy and organizational support, including in the eyes of non-State actors. In practical terms, however, Member States appear to have had few opportunities to become actively engaged in guiding the work of the GCM/NCD and overseeing its progress. More frequent, routine reporting on progress against workplans to governing bodies, over and above that currently provided via the Health Assembly, could provide scope for the GCM/NCD to benefit from Member States' views on needs, priorities and best practices at the country level.

A number of key informants noted a mismatch between the (human and other) resources available to the GCM/NCD and the scope and ambition of its workplans, contributing to delays in implementing some activities. Suggestions to address the mismatch ranged from increased funding for the mechanism, to more rigorous prioritization resulting in fewer, more focused activities. The GCM/NCD leadership capacity and resources need to be matched with its functions, priorities, and ambitions. Given the political sensitivities around multistakeholder engagement, it was also suggested that, alongside technical skills in areas relating to NCDs, the GCM/NCD secretariat should also ensure it has the necessary skills in diplomacy, partnerships, advocacy and communication.

The planned establishment of a pooled fund to enhance sustainable financing for the GCM/NCD and Member States' efforts towards prevention and control of NCDs could deliver benefits to the GCM/NCD. However, in the light of the intention to set up the Multi-Partner Trust Fund under the auspices of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, the justification for two such funds needs to be considered.

As mentioned above, the GCM/NCD reporting line within the WHO organizational structure evolved over the period covered by this evaluation. Locating the mechanism in the Global NCD Platform, with a direct reporting line to the Deputy Director-General, was intended to enhance the mechanism's authority, autonomy and ability to interact with a broader range of partners within and beyond WHO. Additionally, placement of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases alongside the GCM/NCD within this Platform was expected to enhance cohesion between the two instruments. While it is perhaps too early to assess the effectiveness of such a move, greater separation between the GCM/NCD and the relevant NCD technical departments has reportedly increased the risks of duplication of efforts and made communication more difficult; while the relationship between the Task Force and the GCM/NCD lacks synergy. Benefits could clearly be gained by clarifying roles and relationships within the Global NCD Platform as well as between the Platform and other units within WHO.

GCM/NCD engagement with other stakeholders

Civil society reported significant benefits from its involvement with the GCM/NCD, and with policy dialogues in particular, although it also considered that its potential role as a contributor to (rather than a beneficiary of) the GCM/NCD work, had not been fully recognized. Private sector associations were less able to articulate specific benefits and sought more concrete joint plans of work which they considered had not yet materialized.

Commitments to take forward stakeholder mapping and to develop engagement strategies/tools to guide multisectoral, multistakeholder action, particularly at the country level, have featured in the GCM/NCD workplans for some time. Of particular importance is the objective to develop engagement strategies and tools for country-level use, which, according to stakeholders and review of documents,

has been in the pipeline for a considerable time, but not yet completed. For the most part, the GCM/NCD focus has remained global in nature, with less evidence of sustained country reach or benefit at the country level.

The majority of the GCM/NCD relationships with Member States, and participation in meetings, working groups, etc., involves ministries of health and/or foreign affairs (or equivalents). Given the widely-recognized need for multisectoral involvement to tackle causes and consequences of NCDs, greater engagement of the GCM/NCD with national, non-health agencies would enhance the benefit of the mechanism to Member States at the country level. The broader remit of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, in contrast, has enabled it to engage more effectively across a wider range of players.

The low response rate to the evaluation questionnaire, while undoubtedly affected by Member States' focus on the challenges of COVID-19, is also indicative of the mechanism having achieved relatively little visibility or added value at the country level.

Considering the post-2020 agenda and creation of the Global NCD Platform, should the GCM/NCD be continued and in what form?

The GCM/NCD is, to date, the first and currently only formal Member State-led mechanism within the WHO Secretariat aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of NCDs. Its unique mandate rests primarily in its engagement capacity and its potential to create links between multisectoral actors, including Member States, non-State actors, United Nations actors and other technical programmes, at the global, regional and national levels.

The importance, interdependency and mutually reinforcing nature of the five functions assigned to the GCM/NCD was widely recognized. There was also acknowledgement that the mechanism has been effective in a number of areas, largely due to considerable effort and commitment on the part of its staff. Within WHO, however, over the past two years the GCM/NCD secretariat has undergone some level of down-sizing and has recently been subsumed within the newly established Global NCD Platform (which also includes the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases).

However, views on the continued need for, and ability of, the mechanism to deliver those functions varied. Many stakeholders supported retaining the GCM/NCD in line with the continuation of the NCD-GAP and the Sustainable Development Goal targets to 2030. However, a majority agreed it was timely for the GCM/NCD to evolve towards, or possibly be replaced by, a more targeted and action-oriented model, or alternative approach, in closer collaboration with other internal and external actors. This would include well-defined objectives and focused partnerships in support of the NCD-GAP and its voluntary targets. On balance, new means to maintain and, where possible, strengthen efforts to deliver the important functions of the GCM/NCD also need to be considered.

Going forward, it is clear that the status quo is not an option for the GCM/NCD. It is apparent that the functions originally envisaged for the GCM/NCD remain valid and relevant contributions to the NCD-GAP, the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goal targets to 2030. Future options in this regard include: (a) a strengthened, more focused approach to delivery of the vital functions currently assigned to the GCM/NCD; but also (b) to discontinue the mechanism, and establish a new operating model within WHO to ensure the functions are effectively carried forward.

If the GCM/NCD is to continue and contribute meaningfully with respect to its intended objective and effectively fulfil the mandate envisaged by Member States, then it needs to be strengthened with a clear role and responsibility within WHO's internal NCD organizational architecture to avoid duplication of efforts. In this scenario, Member States also need to play a stronger role in the mechanism.

However, an alternative model could be envisaged whereby, in place of the GCM/NCD, its functions and its external engagement/linkage dimensions can be undertaken by the Global NCD Platform, one of the NCD technical departments or the Health and Multilateral Partnerships Department. In this scenario too, there needs to be a clear role and responsibility within WHO's internal NCD organizational architecture and, possibly, an avenue for Member States'/non-State actors' leadership/contribution on specific issues (e.g. through working groups as per current practice).

The limitations to the evaluation due to the current COVID-19 situation did not allow for adequate Member State inputs to be in a position to propose a definitive option. A further consultative process by the WHO Secretariat with Member States ahead of a decision at the Seventy-fourth World Health Assembly in May 2021 would be useful. This consultation could be supported by a Secretariat options paper based on the recommendations of the evaluation.

Recommendations

Principal recommendation

1. The GCM/NCD is, to date, the first and currently the only formal Member State-led mechanism within the WHO Secretariat aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of NCDs. Its unique mandate rests primarily in its engagement capacity and its potential to create links between multisectoral actors, including Member States, non-State actors, United Nations actors and other technical programmes, at the global, regional and national levels.

As the functions originally envisaged for the GCM/NCD remain valid and relevant contributions to the NCD-GAP, the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goal targets to 2030, these functions should be continued. However, the mechanism needs to evolve towards, or possibly be replaced by, a more targeted and action-oriented model, or alternative approach, in closer collaboration with relevant internal and external actors.

Options in this regard include:

- (a) a strengthened, more focused approach to delivery of the vital functions through the GCM/NCD, with a clear role and responsibility within WHO's internal NCD organizational architecture to avoid duplication of efforts. In this scenario, Member States also need to play a stronger role in the mechanism;
- (b) discontinuation of the mechanism and establishment of a new operating model within WHO to ensure the functions are effectively carried forward. This could involve the functions of the GCM/NCD and its external engagement/linkage dimensions being undertaken either by the Global NCD Platform, one of the NCD technical departments or the Health and Multilateral Partnerships Department. In this scenario, there also needs to be a clear role and responsibility within WHO's internal NCD organizational architecture and, possibly, an avenue for Member States'/non-State actors' leadership/contribution on specific issues (e.g. through working groups as per current practice).

The WHO Secretariat should undertake a further consultative process⁴ with Member States ahead of a decision at the Seventy-fourth World Health Assembly in May 2021. This

⁴ To allow for a more substantive consultation/participation on the merits and challenges of the options proposed.

consultation could be supported by a Secretariat options paper on the future of the mechanism.

Additional recommendations

Contingent upon the outcome of the preceding recommendation, the recommendations of the preliminary evaluation which aimed to strengthen the performance of the GCM/NCD, and which were generally not implemented, are for the most part still valid to ensure the effective coordination and implementation of the functions. As such, WHO should:

2. Develop a **medium-term strategic plan** with **clear allocation of responsibility** for the delivery of the five functions in synergy with the broader WHO strategy for implementing the NCD-GAP.
 - The WHO strategy for delivering the five functions should have a clear vision and a robust results framework based on a theory of change linking the functions with implementation of the NCD-GAP, complemented by an accountability framework (with well-defined reporting lines and modalities, together with outcome and performance indicators).
 - Planning in support of those functions should be undertaken in full synergy with planning of the WHO departments and functional units that are responsible for progressing the NCD-GAP and driving achievement of its objectives by 2030 (including WHO units beyond the traditional NCD space, such as health systems, pharmaceuticals, environment and climate change, and social determinants).
3. **Enhance the country reach** of WHO's work in delivering the five functions, with a particular focus on reaching national NCD focal points and country stakeholders, in synergy with the "triple billion" goals of the Thirteenth General Programme of Work, 2019–2023.
 - Influence at, and support to, the country level should set the directions of WHO at the three levels of the Organization in delivering those functions. WHO country offices continue to be the principal focal point for supporting national approaches to prevention and control of NCDs but this must be underpinned by a clearer strategy for inputs from the global and regional levels.
 - Future workplans, activities and associated results should be linked to a strategic plan encompassing the three levels of the Organization.
 - The delayed "how to" tools and practical materials planned in 2018–2019 should be developed to support countries to establish multisectoral, multistakeholder coordination platforms to help to address prevention and control of NCDs.
 - Engagement from country representatives should extend beyond the ministry of health to other interested sectors.
 - Collaboration and coordination with the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases should be strengthened to support country-level activities.
 - A rapid review of partnerships and participants should be conducted, in collaboration with WHO NCD technical departments, to ensure that those engaging with the functional unit are central to achieving intended results per region or country.
 - Specific outputs, such as policy dialogues and the Knowledge Action Portal, should seek to focus increasingly on providing practical guidance on how to drive multisectoral action at the country level and to attract participants whose role and status enable them to apply, at the country level, the knowledge they gain from such events.

4. Formulate a **clear engagement strategy** for Member States, United Nations funds, programmes and organizations and other relevant intergovernmental organizations, and non-State actors, including the private sector, with a view to facilitating implementation of the NCD-GAP.
 - The engagement strategy should explicitly clarify the purpose and expected outputs of engagement and collaboration with partners, as well as a results framework, based on the broader strategy for delivery of the functions.
 - The engagement strategy should be aligned with a broader WHO engagement strategy for partnerships to avoid duplication of efforts.
5. Take steps to **rationalize approaches to resource mobilization** for NCD-related efforts within WHO and among Member States.
 - In particular, the case for WHO establishing a pooled fund alongside the Multi-Partner Trust Fund proposed by the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases will require careful management and regular review.
 - Efforts should also be made to ensure that NCD-related initiatives gain due recognition in the grant-making activities of the newly established WHO Foundation.
 - A balance should be maintained between the human resources, including leadership and staffing levels, allocated to work on prevention and control of NCDs across WHO, and the scale and scope of the Organization's ambition and purpose.

1. Introduction

1. In 2013, the Sixty-sixth World Health Assembly (WHA) adopted resolution WHA66.10, in which it requested the Director-General to develop draft terms of reference for a global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) aimed at facilitating engagement among Member States, United Nations (UN) funds, programmes and agencies, and other international partners and non-State actors. The draft terms of reference (TOR) were endorsed by the Sixty-seventh WHA in May 2014.⁵
2. The GCM/NCD is a global Member State-led coordination and engagement platform. Its purpose and scope are to *“facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding WHO and public health from undue influence by any form of real, perceived or potential conflict of interest”*.⁶
3. Guided by the six objectives of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (NCD-GAP), the functions/objectives⁷ of the mechanism are as follows:
 - **advocating for and raising awareness** of the urgency of implementing the NCD-GAP;
 - **disseminating knowledge and sharing information** based on scientific evidence and/or best practices regarding the implementation of the NCD-GAP;
 - **encouraging innovation and identifying barriers** by providing a forum to identify barriers and share innovative solutions and actions for the implementation of the NCD-GAP;
 - **advancing multisectoral action** by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the NCD-GAP;
 - **advocating for the mobilization of resources** by identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the implementation of the NCD-GAP.
4. A preliminary evaluation of the GCM/NCD was conducted in 2017 and reported to the Seventy-first WHA through the 142nd session of the Executive Board in January 2018.⁸ The preliminary evaluation assessed the extent to which the WHO GCM/NCD produced results and provided added value. It presented an understanding of the results achieved between 2014 and 2017 and examined their relevance, effectiveness and efficiency, considering the terms of reference and the workplans covering the periods 2014–2015 and 2016–2017.
5. The preliminary evaluation found the GCM/NCD to be relevant, with a range of significant early achievements (e.g. policy dialogues, exchange platforms). These achievements varied considerably by function. In particular, the GCM/NCD was shown to provide added value as the first body to implement the WHO Framework of Engagement with Non-State Actors (FENSA)

⁵ See documents A67/14 Add.1, Appendix 1, and WHA67/2014/REC/3, summary records of the Sixty-seventh World Health Assembly, Committee A, seventh meeting.

⁶ See document A67/14 Add.1, Appendix 1, paragraph 1.

⁷ Document review has revealed that the functions of the mechanism have sometimes been referred to as “objectives”.

⁸ See document A71/14 Add.1, Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14Add1-en.pdf, accessed 16 November 2020).

and the only WHO instrument aimed at facilitating multistakeholder and cross-sectoral collaboration in the area of noncommunicable diseases (NCDs). The preliminary evaluation also recognized the added value of the GCM/NCD in contributing to the implementation of the NCD-GAP. At the same time, the preliminary evaluation highlighted several key gaps, including the lack of strategic clarity and focus of the GCM/NCD, the challenges of articulating tangible outputs from some of its key activities, the limited reach and applicability of the outputs to countries, the lack of clarity of roles and responsibilities of country-level activities, and the risk of duplication with the work of other actors.

6. The preliminary evaluation generated a series of recommendations focusing on the need to: (a) develop a medium-term strategic plan with a clear vision and a robust results framework; (b) formulate a clear engagement strategy for Member States, UN funds and programmes and other relevant intergovernmental organizations, and non-State actors; (c) develop appropriate processes for effective coordination, communication and dissemination of information on main activities and outputs; (d) enhance the country reach of the work of the mechanism; (e) improve the effectiveness of activities; and (f) identify and share information on existing and potential sources of finance and cooperation mechanisms (See Box 1).
7. Building on the preliminary evaluation, the **objective** of this final evaluation was to assess the effectiveness of the GCM/NCD, its added value and its continued relevance to the achievement of the 2025 voluntary global targets, including its possible extension. The terms of reference of the evaluation are presented in Annex 1.
8. Building on the preliminary evaluation, the **scope** of the final evaluation involved an assessment of the results derived from the implementation of the workplan covering the period 2018–2019,⁹ which reportedly took into account the recommendations of the preliminary evaluation, as well as the workplan for 2020.¹⁰ It also considered the lessons learned and the uptake of the recommendations of the preliminary evaluation of the GCM/NCD – that is, the extent to which these were actioned, and to what effect.
9. Due to the complementary nature of the two-phased evaluations, the high-level evaluation questions were similar to those that guided the preliminary evaluation:
 - EQ 1: How relevant was the GCM/NCD to the achievement of the 2025 voluntary global targets?¹¹ (relevance)
 - EQ2: Which were the main results and added value of the GCM/NCD secretariat towards achieving the five functions of the GCM/NCD as outlined in its TOR? (effectiveness)
 - EQ3: Which were the main influencing factors that either facilitated or hampered the successful delivery of the GCM/NCD workplans?
 - EQ4: How did WHO work with others to advance the implementation of the workplans of the GCM/NCD?
10. The executive summary of this final evaluation of the GCM/NCD is presented for consideration of Member States to the Seventy-fourth WHA in 2021 through the 148th session of the Executive Board.

⁹ See document A70/27, Annex 3, proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2018–2019 (https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf, accessed 16 November 2020).

¹⁰ See document A72/19, Annex 5, proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases for 2020 (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_19-en.pdf, accessed 16 November 2020).

¹¹ In addition, the evaluation looked at the alignment with the GPW13 goals and outputs and with the WHO NCD work on target 3.4 of SDG 3 (to reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being) and other NCD-related SDG targets.

Box 1: Recommendations of the preliminary evaluation of the GCM/NCD (2017)

1. Taking into account the United Nations 2030 Agenda for Sustainable Development, the GCM/NCD should develop a medium-term strategic plan with a clear vision and a robust results framework which will:
 - (a) guide the development of workplans, define priority activities and allocate budgets and resources in support of each of the five objectives, with special attention to objectives 4 and 5;
 - (b) outline the contribution of each of the relevant GCM/NCD stakeholders towards this strategic plan; and
 - (c) include a monitoring framework to enable regular tracking and reporting of progress towards the objectives.
2. Formulate a clear engagement strategy for Member States, United Nations funds, programmes and organizations and other relevant intergovernmental organizations, and non-State actors, aiming to:
 - (a) enhance opportunities and processes to facilitate the engagement of all Member States by accessible and user-friendly means;
 - (b) articulate opportunities and strategies to expand the engagement of Member State representatives from non-health sectors, making full use of experience gained by WHO and other agencies in other processes;
 - (c) promote the engagement of United Nations funds, programmes and organizations and other relevant intergovernmental organizations in the global activities of the GCM/NCD, and identify collaborative arrangements and synergies at regional and national level; and
 - (d) improve mechanisms to identify and engage non-State actors, from the health and non-health sectors and the private sector, including those at national level.
3. Develop appropriate processes for effective coordination, communication and dissemination of information on main activities and outputs by:
 - (a) establishing better systems for communication and dissemination of information between the mechanism and Member States, including strengthening the use of electronic tools, web portals, exchange platforms and knowledge hubs;
 - (b) strengthening coordination and harmonizing procedures between the mechanism and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, in order to avoid overlaps;
 - (c) strengthening coordination and harmonizing procedures between the GCM/NCD secretariat and relevant technical programmes in the WHO Secretariat; and
 - (d) clarifying the roles and responsibilities of the GCM/NCD secretariat and the WHO technical programmes working on noncommunicable diseases, especially in relation to country-level work.
4. Enhance the country reach of the work of the GCM/NCD to ensure an active and broad dissemination of its outputs, with a particular focus on reaching national NCD focal points and country stakeholders through:
 - (a) the development of tools and materials of a practical nature applicable to the country contexts;
 - (b) greater use of electronic platforms and other electronic means to enhance dissemination of information and exchange of best practices; and
 - (c) support for the strengthening of coordination with WHO and United Nations actors at regional and country levels so they can contribute to the adaptation of the GCM/NCD's global work to the regional and national settings.
5. Improve the effectiveness of GCM/NCD working groups through enhanced technical support by all relevant WHO programmes and quality control to ensure that the working groups systematically receive the necessary technical inputs and that the content and outputs are innovative, appropriate and suited to the needs of their audience.
6. Enhance efforts to identify and share information on existing and potential sources of finance and cooperation mechanisms at local, national, regional and global levels (i.e. advocate for the mobilization of resources).

2. Methodology

11. The final evaluation builds on the preliminary evaluation and, as such, embodies a high degree of continuity in terms of its scope, method and overall approach – adapted to the logistical limitations associated with the COVID-19 pandemic.
12. The overall process and methodological approach followed the principles set forth in the WHO evaluation practice handbook¹² and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation.¹³
13. Using the evaluation matrix as the core guide to its work (see Annex 2), the evaluation relied on a cross-section of information sources, using a mixed-method approach to ensure triangulation of all available evidence, as follows:
 - **document review:** a range of existing secondary data was reviewed (full list of documents reviewed available in Annex 4)
 - **questionnaires:** structured questionnaires were administered to two stakeholder groups: Member States and non-State actors in official relations with WHO (see Annex 5). The mid-point evaluation of the NCD-GAP was conducted concurrently with this evaluation and, given the COVID-19 context and the fact that the stakeholder groups were the same for both evaluations, one consolidated questionnaire containing questions pertaining to both the NCD-GAP and the GCM/NCD evaluations was sent to each stakeholder group. In July 2020, emails were sent to identified national NCD focal points in each Member State, in the languages routinely used with them for communications about data collection for country capacity surveys (English, French, Russian, Spanish and Portuguese), asking them to respond to a short structured questionnaire. The initial deadline was extended twice to allow the maximum number of Member States to respond. A total of 39 Member States provided feedback to the questionnaire; of these, 16 Member States responded to the questions on the GCM/NCD. All non-State actors in official relations with WHO were asked if they wished to receive a questionnaire. Requests for the questionnaire were received from 60 organizations in official relations with WHO and completed questionnaires were received from 18 organizations, with six providing contributions to this evaluation.
 - **key informant interviews:** the evaluation team conducted 46 semi-structured interviews with key stakeholders, including Member State representatives (12 Member State representatives who had leading roles in GCM processes such as working groups, general meetings or global meetings, were contacted but only four provided inputs to the evaluation), UN agencies, academia, civil society organizations, private sector associations, other development partners and WHO staff. Due to COVID-19 constraints, all interviews were conducted remotely. A full list of persons interviewed is contained in Annex 3.
14. The analysis of secondary data covered the entire period of the GCM/NCD, using the preliminary evaluation as a key data source for the period 2014–2017, but primary data collection focused

¹² WHO (2013) *WHO Evaluation Practice Handbook* available on http://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf;jsessionid=B9451D6A553A070BADE75ED7E874F623?sequence=1, accessed 16 November 2020.

¹³ United Nations Evaluation Group (2016) *Norms and Standards for Evaluation* available on <http://www.unevaluation.org/document/download/2787> and United Nations Evaluation Group (2008) *UNEG Ethical Guidelines for Evaluation* available on <http://www.unevaluation.org/document/detail/102>), accessed 16 November 2020.

on the period since the preliminary evaluation, that is 2018–2020.

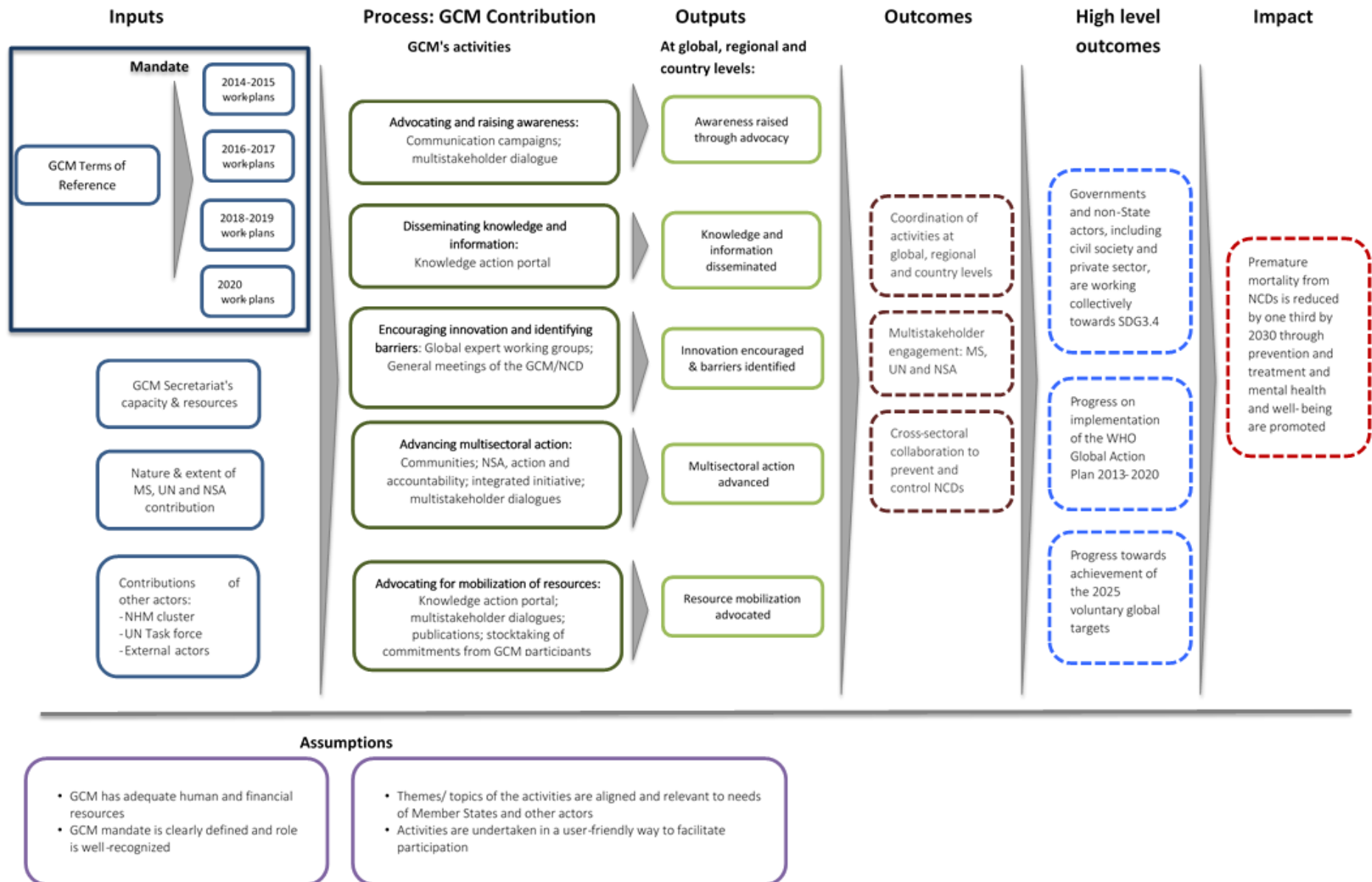
Theory of change

15. In the light of the lack of a robust results framework for the GCM/NCD, as noted in the preliminary evaluation, and in order to guide the evaluation approach, the evaluation team proposed a theory of change (TOC) (Figure 1), which:
 - describes the relationships between the inputs, activities, outputs and expected outcomes of the GCM/NCD as envisaged in its workplans; and
 - identifies the main assumptions underlying those relationships.
16. It is worth emphasizing that the TOC presented in Figure 1 is an inferred one, created retrospectively to guide the evaluation team's assessment of the GCM/NCD relevance, effectiveness and efficiency. It is not to be used to retroactively hold those responsible for the GCM/NCD to account for any areas that are not consistent with the official documents guiding its implementation.
17. The evaluation focused on the activities and resulting outputs of the GCM/NCD. It also considered the relevance and programmatic effectiveness of the GCM/NCD contribution, and internal and external factors that have influenced the ability of the GCM/NCD to deliver on its mandate.

Limitations of the evaluation

18. There were a number of limitations to the evaluation and its processes:
 - the lack of an overarching results framework for the mechanism to systematically report on the GCM/NCD secretariat's contribution, leading to difficulties in assessing results achieved and progress against targets;
 - the timing of the data collection phase (July–September) and the ongoing COVID-19 pandemic resulted in some challenges in obtaining responses to questionnaires and in scheduling interviews;
 - the COVID-19 context and the concurrence of this evaluation with the mid-point evaluation of the NCD-GAP resulted in the same questionnaires being issued to Member States and non-State actors for both evaluations, given that the stakeholder groups were the same in each instance. This resulted in an abridged set of questions around the GCM/NCD which could have limited the feedback received from those Member States and non-State actors that responded.
19. Nevertheless, despite these limitations, the evaluation was able to gather robust data from all stakeholder groups, which was rigorously triangulated in order to identify solid patterns and trends.

Figure 1: GCM/NCD Inferred Theory of Change



3. Findings

3.1 EQ 1 – How relevant was the GCM/NCD to the achievement of the 2025 voluntary global targets?

3.1.1 How useful are the 5 functions of the GCM/NCD to achieve its general purpose and mission?

20. The purpose and mission of the GCM/NCD, as set out in the mechanism's TOR, are:

“to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest.”¹⁴

21. The five functions of the GCM/NCD remain unchanged since the preliminary evaluation and are “Guided by, and in line with, the six objectives of the WHO Global NCD Action Plan 2013–2020”. These are:

1. Advocating and raising awareness
2. Disseminating knowledge and information
3. Encouraging innovation and identifying barriers
4. Advancing multisectoral action
5. Advocating for the mobilization of resources

22. As in the preliminary evaluation, Member States and key informants within and external to WHO found the functions to be ambitious. Nevertheless, there has been agreement across both evaluations that the five functions are clearly consistent with the overall objectives of the NCD-GAP and hence, are useful in guiding the GCM/NCD efforts to achieve its own purpose and mission. The functions of the GCM/NCD remain supportive of the objectives of both the Thirteenth General Programme of Work, 2019–2023 (GPW13) and target 3.4 of Sustainable Development Goal (SDG) 3 in those aspects where they coincide with those of the NCD-GAP.

23. The responses of key informants varied as they did in the preliminary evaluation. Whilst some key informants found it an adequate platform to bring together all the stakeholders and well suited for coordination and stakeholder engagement, others perceived that multisectoral and multistakeholder engagement mechanisms should be managed at the regional or country levels.

24. In the preliminary evaluation, Member State and non-State actor respondents overwhelmingly agreed with the statement that the GCM/NCD is an adequate platform to achieve its scope and purpose as defined in the TOR.

25. During this evaluation period, there was a broad consensus among key informants, both within and outside WHO, that the functions of the GCM/NCD establish a sound foundation for its work and, in turn, for implementation of the NCD-GAP. At the same time, it is apparent that some, if not all, of the functions assigned to the GCM/NCD may also be fulfilled elsewhere in WHO which creates risks of duplication (see 3.1.2 below).

¹⁴ Document A67/14 Add.1, Appendix 1, Terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add1-en.pdf, accessed 16 November 2020).

26. The GCM/NCD terms of reference do not prioritize specific functions nor are they mutually exclusive. For example: disseminating knowledge may contribute to advocacy and awareness-raising; innovation in approaches to health financing can aid mobilization of resources for NCD prevention and control; and advocacy can lead to improvements in multisectoral action. Consequently, while there was general agreement that the functions are relevant in elaborating the purpose and mission of the GCM/NCD, as illustrated in both the 2018–2019 and 2020 workplans, they were found to be less helpful as a tool for planning and monitoring its activities and achievements.
27. In the preliminary evaluation, the perception of the usefulness of the functions of the GCM/NCD to achieve its purpose differed between Member State and non-State actor responses. Broadly, Member States found all functions to be extremely useful whereas non-State actors at that time recognised the usefulness of the mechanism stemming principally from it providing a platform to share innovative solutions and actions for implementation.
28. Among those Member States that responded to the evaluation questionnaire in 2020, raising awareness at the country level and sharing experiences (broadly aligned with functions 1 & 2) were aspects of the GCM/NCD work most often cited as being most relevant. Building on the two big campaigns that were initiated in 2016 ('Beat NCD's' and 'NCD's and me'), the document review found that the Knowledge Action Portal (KAP) has a repository of links to NCD-related campaigns carried out by different civil society and UN organisations. However, it was suggested that more nuanced approaches to advocacy and awareness-raising may now be appropriate.
29. Interviews with civil society representatives highlighted the focus on multisectoral action (function 4) as having been helpful in enabling them to engage more closely and effectively with WHO. Notably, the GCM/NCD was described as providing "*stability*" at a time when WHO as a whole had gone through significant internal change and restructuring. Advancing multisectoral action was also the function most commonly noted in non-State actors' responses to the evaluation questionnaire. Evidence of multisectoral action resulting from engagement was less prevalent.
30. WHO headquarters staff noted the importance of advocacy, awareness-raising and knowledge dissemination (functions 1 & 2) which were characterised as 'core' functions of the GCM/NCD. This was supported by document review, which revealed good examples of the GCM/NCD involvement in these functions, including contributions to the report of the WHO Independent High-level Commission on NCDs "*Time to Deliver*" (2019), the British Medical Journal special series on NCD's (2019) and the positive results highlighted in the KAP Community Report (2019). The views of staff at the regional level were more mixed. Some clearly viewed the functions fulfilled by the GCM/NCD as very important whereas others suggested that the mechanism appeared to seek to operate largely at a global level and, consequently, had less to offer to regions, country offices and, by implication, Member States.
31. The GCM/NCD functions that are centred on encouraging innovation, identifying barriers (function 3) and advocating for resource mobilization (function 5) appeared to be judged as less significant among most key informants. It was notable, however, that comments from representatives from other UN agencies and civil society highlighted the importance of the GCM/NCD function in support of efforts to mobilise resources for NCDs at a time when significant funds were being diverted to address the challenges posed by the COVID-19 pandemic. Furthermore, the new KAP initiatives, 'NCD labs' and 'NCD sprints', launched in 2020, are two good examples of encouraging innovation. These tools intend to respond to regional and country relevance.
32. As already stated, the purpose and mission of the GCM/NCD is "*to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO*

Global NCD Action Plan 2013–2020". In carrying out its functions, the GCM/NCD is not, therefore, seeking to contribute directly to delivering the NCD-GAP but should, instead, be supporting others to do so.

33. Comments from a number of key informants suggested that the role of the GCM/NCD as a facilitator (as opposed to an implementer) of change means that it can be difficult to assess the extent to which the results achieved by the mechanism have contributed to desired outcomes in respect of prevention and control of NCDs. A number of Member State representatives and WHO staff noted that, while they recognised the GCM/NCD has had a positive influence, they were unable to attribute results directly to its activities. Recent meeting reports, including the reports of the General Meeting of the GCM/NCD in Switzerland (2018) and the Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control in Denmark (2018), also support key informant perceptions. The global dialogues are considered to be important platforms for major announcements and launches of various commitments and reports but it is less evident whether such meetings contribute directly to policy or practical change at the country level.
34. Key informants from other UN agencies indicated that the functions of the GCM/NCD, as set out in the terms of reference, failed to adequately specify whether or how the mechanism should balance its focus at the global, regional or national levels.
35. Several key informants referred to the influence that changes in the global health environment could have on the relative importance of the GCM/NCD functions.
36. The threats that NCDs pose to nations' health and broader development are not in doubt. Nevertheless, it was suggested that significant advocacy and awareness-raising efforts, over several years, by WHO and others, meant that most governments are now aware of those threats and appreciate the need for action to address them. According to the 2019 NCD Country Capacity Survey, 87% of Member States reported that they included NCDs in the outcomes or outputs of their national health plan and, while 60% had a national multisectoral, commission, agency or mechanism, only 46% confirmed that they were operational.¹⁵
37. WHO staff noted that approaches for engagement with non-State actors (including with the private sector) have evolved significantly over the lifetime of the GCM/NCD and, although specific engagement strategies have not yet been developed for all stakeholders, the KAP Community Report (2019) outlines well the GCM/NCD intention to share evidence-based knowledge and pro-health collaboration across a wide range of partners. The potential benefits of such engagement, when appropriately managed, are increasingly acknowledged across WHO. With the establishment of a specific Division responsible for external engagement and partnerships, there may also be a case to re-examine established approaches to multisectoral engagement.
38. Reflecting comments on the changing environment, some key informants questioned whether the GCM/NCD could be attempting to do too much and spreading its limited resources too thinly across multiple functions. It was suggested that a sharper focus on fewer functions (with priorities possibly evolving over time) could help to deliver greater impact.

¹⁵ Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2019 global survey. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/ncd-ccs-2019>, accessed 16 November 2020).

3.1.2 Are the contributions of the GCM/NCD secretariat avoiding duplication of efforts with other actors?

39. In performing its functions the GCM/NCD is required, by its terms of reference, to avoid duplication of efforts.
40. In the case of civil society organizations, the GCM/NCD was viewed as offering a convenient single point of access to the broader capabilities of WHO. The mechanism could thus be perceived to be consolidating as opposed to duplicating diverse capabilities from across WHO.
41. Private sector bodies' dialogue with WHO focusing on technical issues tends to involve relevant technical counterparts in WHO rather than the GCM/NCD, without any apparent duplication. For example, the WHO "REPLACE" initiative and strategic framework to eliminate industrially produced trans-fat from national food supplies by 2023 is managed by WHO technical departments and not the GCM/NCD.
42. Key informants from Member States expressed concern, however, in respect of duplication of efforts, especially in relation to perceived ambiguities and overlaps between the GCM/NCD and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF). Document review illustrated that, although both have the mandate to operate at all three levels of the Organization, UNIATF's focus is primarily at the country level.
43. Likewise, many WHO headquarters staff interviewed during the evaluation raised concerns that the functions of the GCM/NCD, as defined in its terms of reference, did not establish a sufficiently clear distinction between the role of the mechanism and the role of other parts of WHO.
44. Several examples were identified of other parts of WHO at headquarters level where there was potential for duplication of efforts with the GCM/NCD. They included:
 - the technical departments responsible for NCDs – currently located within the UHC/Communicable & Noncommunicable Diseases Division and the UHC/Healthier Populations Division;¹⁶
 - the Health and Multilateral Partnerships Department – in respect of efforts to build and maintain multisectoral action and partnerships;
 - the Health Information and Advocacy Unit within the Department of Communications – particularly in respect of the 'advocacy' function; and
 - the UNIATF.
45. Those few WHO staff who did not identify duplication as an issue of concern considered that the terms of reference of the GCM/NCD were sufficiently distinct from those of other groups (including UNIATF) or that differences between groups in respect of their emphasis on working at the global, regional or national levels reduced the likelihood of duplication.
46. While WHO staff at the regional level, together with non-State actors, were also aware of the potential for duplication of efforts they appeared to see it either as being less likely to occur or as a matter of limited significance.
47. Potential for duplication of efforts stemming from insufficiently clear distinction in the roles, and hence the functions, of the GCM/NCD, UNIATF and the NCD-related technical departments at WHO headquarters (hosted across two divisions) was reportedly a concern. Examples were cited, and there was ample documentary evidence on the GCM/NCD website, illustrating

¹⁶ In the early part of the period covered by this evaluation and prior to the recent WHO transformation, responsibility for technical aspects of NCDs rested with a single Noncommunicable Diseases and Mental Health Cluster.

overlaps between functions, including:

- the GCM/NCD and NCD technical departments competing to secure funding for work on NCDs, although a planned new pooled funding mechanism for the GCM/NCD may reduce this risk;
 - Lack of coordination between the GCM/NCD and UNIATF;
 - the GCM/NCD delivering technical advice on NCD-related issues in the absence of full synergy with NCD technical departments;
 - the GCM/NCD knowledge action portal duplicating aspects of the knowledge dissemination function that are fulfilled by the WHO Noncommunicable Disease Document Repository¹⁷ (which was launched in 2016 and continues to be updated); and
 - the GCM/NCD and NCD technical departments establishing and maintaining parallel relationships and communication channels with some non-State actors.
48. In the case of the NCD technical departments, examples were noted of duplication arising when the GCM/NCD had appeared to go beyond its role as an enabler (described in its terms of reference as being to “*facilitate and enhance coordination*”) and take on the role of a provider of technical content. The emergence of separate agendas between the GCM/NCD on the one hand and NCD technical departments on the other creates risks of conflict, divergence and, potentially, inconsistencies in WHO’s support to other stakeholders.
49. UNIATF is required explicitly to contribute to the work of the GCM/NCD and a number of its objectives mirror the functions of the GCM/NCD.¹⁸ It appeared from interviews during the evaluation that some internal stakeholders who are not directly working for either platform had difficulty in distinguishing between the roles and outputs of UNIATF and the GCM/NCD. The potential for duplication is, therefore, significant and needs careful management.
50. It was reported that the recent WHO transformation may have increased the risk of duplication of efforts across WHO. Possibly with that in mind, the WHO Internal Horizontal Network for Collective Action Towards the NCD-related SDG Targets (NCD/WIN) was established following the transformation in order “*to ensure optimal internal coordination of WHO’s work across the different divisions at Headquarters that contributes to the NCD-related SDG targets.*”¹⁹
51. The NCD/WIN Network comprises a Steering Committee and an Action Network which are expected to meet quarterly and fortnightly respectively. Both include headquarters and regional representation.
52. In addition to actual or perceived duplication of functions within WHO, key informants also identified potential overlaps between the work of the GCM/NCD and:
- larger non-State actors - such as the NCD Alliance which has, as its mission, “*to stimulate collaborative advocacy, action and accountability for NCD prevention and control*” among its network of civil society organizations; and
 - other ‘condition-specific’ organisations - such as the World Heart Federation and World Diabetes Foundation whose missions echo aspects of the GCM/NCD functions insofar as they relate to in their specific areas of interest and expertise.

¹⁷ WHO Noncommunicable Disease Document Repository (<https://extranet.who.int/ncdccs/documents/>), accessed 16 November 2020.

¹⁸ Terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases (https://www.who.int/ncds/un-task-force/ToR_UNIATF.pdf), endorsed by ECOSOC in resolution E/RES/2014/10 (https://www.un.org/ga/search/view_doc.asp?symbol=E/RES/2014/10), accessed 16 November 2020.

¹⁹ Conceptual framework of the WHO NCD/WIN .

3.1.3 Following the preliminary evaluation, has the GCM/NCD secretariat adopted a new strategy to address functions 4 and 5, that is, to promote sustained cross-sectoral action and advocate for resource mobilization?

53. The preliminary evaluation of the GCM/NCD in 2017 concluded that achievements in respect of ‘Advancing multisectoral action’ and ‘Advocating for the mobilization of resources’ were “considered to be lagging behind and therefore to require specific attention”.²⁰ The evaluation report went on to recommend that the GCM/NCD:

*“develop a medium-term strategic plan with a clear vision and a robust results framework which will ... guide the development of workplans, define priority activities and allocate budgets and resources in support of each of the five objectives, **with special attention to objectives 4 and 5**”*²¹ (emphasis added)

54. The GCM/NCD Secretariat subsequently prepared a document entitled “WHO Global Coordination Mechanism on the prevention and control of noncommunicable diseases” (available only in draft form) which sets out a vision and mission for the GCM/NCD and groups the mechanism’s five functions into three Strategic Priorities:

- collaboration, partnerships and accountability across the health sector and beyond;
- policy coherence and action on the social, environmental and commercial determinants of NCDs; and
- capacity building for sustained country-level impact.

55. Beyond that, however, the document merely sets out the annual workplan for 2020. While that workplan includes several references to actions relating to functions 4 and 5, most appear essentially to be continuation of actions from earlier years’ workplans. As such, it falls short of being a medium-term strategy and provides no clear TOC and no targets, performance indicators or such like which could form the basis of a “results framework” as recommended.

56. The evaluation did not identify any further evidence of strategic responses in the form of multi-year planning and target-setting.

57. In respect of Function 5 (Advocating for the mobilization of resources) the preliminary evaluation also recommended that the GCM/NCD:

“Enhance efforts to identify and share information on existing and potential sources of finance and cooperation mechanisms at local, national, regional and global levels (i.e. advocate for the mobilization of resources).”

58. As a follow-up, the WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control, held in Copenhagen in April 2018, provided a valuable forum for sharing information on existing and potential sources of finance and development cooperation relating to NCDs.²²

59. The GCM/NCD workplan for 2018–2019 refers to a proposal to explore voluntary innovative financing mechanisms in alignment with SDG 17. There is, however, no reference to such

²⁰ Document A71/14 Add.1, Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14Add1-en.pdf, accessed 16 November 2020).

²¹ Although the report of the preliminary evaluation refers to GCM/NCD having five “objectives”, this evaluation has adopted the term “functions” to describe the roles assigned GCM/NCD while reserving the term “objectives” to describe the six aims detailed in the NCD-GAP.

²² Since the report of the preliminary evaluation was published in December 2017 and the Global Dialogue took place in April 2018 it may not be appropriate to consider it a ‘new strategy’ adopted in response to the recommendations from the evaluation.

objective in the 2020 workplan.

60. Although the Secretariat has taken note of the recommendations from the preliminary evaluation, its responses appear largely to have been in the form of minor adjustments to plans and consequent actions. Those were often due to additional unplanned mandates (such as the contribution to the WHO Independent High-level Commission on NCDs) and the evaluation found little evidence of GCM/NCD having made any significant changes to its overall operating model in response to the preliminary review.

3.1.4 In the current context of the NCD-GAP extension to 2030, the WHO transformation and the GPW13, what is the relevance of the GCM/NCD?

61. There is clear consensus, from key informants within and outside WHO, that the functions assigned to the GCM/NCD are important, and will continue to be important, throughout the extended lifetime of the NCD-GAP and thus, in turn, to the delivery of GPW13 and the success of the WHO transformation. The high level of alignment between the five functions of the GCM/NCD and the six objectives of the NCD-GAP would ensure the ongoing relevance of the former.
62. As noted above, however, it was suggested that the relative significance of the functions may change if, for example, the need for advocacy reduced and/or funding for NCDs came under pressure due increased demands from other health priorities.
63. While the continued relevance of the five functions of the GCM/NCD was not questioned, the evaluation identified widely varying views among stakeholders on the future relevance of the GCM/NCD itself as a mechanism within WHO.
64. Member States generally considered that the GCM/NCD, or a similar entity, would continue to be relevant. A survey conducted in connection with the 2018 General Meeting of the GCM/NCD found that 81% of Member State respondents agreed that *“WHO should ensure there is an instrument to facilitate multistakeholder engagement and cross-sectoral collaboration on NCDs beyond 2020 to support the implementation of the 2030 Agenda”*.²³ Despite the limited number of responses to the current evaluation questionnaire, it is noteworthy that only one Member State suggested the mechanism was no longer relevant with the remainder indicating it was either ‘very’ or ‘moderately’ relevant, in the main due to its role in engaging with Member States and facilitating sharing of knowledge and experience.
65. Key informants from Member States were also positive about the future relevance of the GCM/NCD but considered that changes would be beneficial. Specific suggestions included greater involvement and engagement with Member States; moving the GCM/NCD outside the WHO structure; revised governance arrangements for the GCM/NCD; and improvements in communication and dissemination of GCM/NCD products.

²³ WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. Report of the General Meeting, Geneva, Switzerland, 5–6 November 2018. Geneva: World Health Organization; 2019 (WHO/NMH/NMA/GCM/19.02) (<https://apps.who.int/iris/bitstream/handle/10665/310961/WHO-NMH-NMA-GCM-19.02-eng.pdf?sequence=1&isAllowed=y>, accessed 16 November 2020).

Box 2: Member State questionnaire – summary of responses

Of the 39 Member States that responded to the combined questionnaire, only 16 provided answers to one or more questions related to the GCM/NCD, with many indicating that they were not aware of, or did not know enough about, the mechanism.

The majority of those who responded to the questionnaire found that the mechanism was relevant and/or useful as a multistakeholder coordination platform. A few Member States expressed the opinion that the GCM/NCD had limited or no added value. Most considered that more concrete country support and opportunities to share experiences was needed. A few Member States found the knowledge-sharing tools to be useful for implementation at the country level, but more often Member States commented that the GCM/NCD had helped inspire efforts around NCD regulatory policies and national strategies on NCD's. Member States offered suggestions to improve the mechanism and supported its continuation beyond 2020. Two Member States highlighted the fact that increased domestic resources would be required to take the NCD agenda forward and most inferred, either directly or through responses in the questionnaire on 'Lesson Learning', that there should be greater participation and collaboration of stakeholders beyond the ministry of health. The multisectoral aspect of the mechanism was crucial to success.

66. Non-State actors provided varying perspectives:

- civil society organizations were clear in their views that the GCM/NCD would continue to be relevant over the next 10 years, especially in relation to its role in multistakeholder engagement;
- key informants from the private sector were more sceptical. They questioned the value added by the GCM/NCD in supporting the NCD-GAP and suggested that, if it was to remain relevant, it would need a clearer strategy and should be more ambitious and inclusive and less risk-averse in terms of its engagement with the private sector.

Box 3: Non-State actor questionnaire – summary of responses

Of the 60 non-State actors who requested the questionnaire, only 18 provided responses.

Similar to the Member State responses, the majority of non-State actors who responded to the questionnaire perceived the GCM/NCD to be an important multistakeholder platform, which brought together partners across different sectors. Whilst most non-State actors agreed that the main results revolved around advocacy, awareness-raising and knowledge-sharing, most considered that the mechanism had yet to realize its full potential. There was broad consensus on the part of all non-State actor respondents that the mechanism should be extended beyond 2020.

67. WHO staff expressed a range of opinions on the future relevance of the GCM/NCD in delivering the five functions.
68. While a minority considered that the GCM/NCD in its current form was and would remain highly relevant with little or no change to the current structure and operating model, a similar minority believed that the GCM/NCD was no longer relevant and suggested that the five functions of the GCM/NCD could be fulfilled (or, according to some key informants, were already being fulfilled) equally effectively by other parts of WHO at headquarters and/or regional/country levels.
69. More commonly, WHO staff suggested that changes would be needed to ensure the continued relevance of the GCM/NCD as a mechanism. They included:
 - integrating the GCM/NCD into one of the NCD technical departments;
 - establishing the GCM/NCD as a hosted partnership with its own governance structure;
 - locating the GCM/NCD outside WHO to allow greater flexibility - although it was noted that the current affiliation with WHO can increase the GCM/NCD impact;
 - a sharper focus for the GCM/NCD by ceasing any/all work on technical issues and concentrating efforts in areas relating to dissemination of knowledge - with other functions being undertaken elsewhere within WHO;
 - allowing the two NCD technical divisions greater 'voice' in determining the workplan and overseeing the performance of the GCM/NCD;
 - establishing a 'dispersed' GCM/NCD with a presence at the regional and (possibly) country office levels;²⁴ and
 - increased staffing levels and/or adjusted skills mix to enhance the GCM/NCD capabilities in diplomacy and partnerships – noting that the need for specialist expertise in NCDs could be met from elsewhere within WHO.
70. Significantly, Working Group 3, set up under the auspices of the WHO Independent High-level Commission on NCDs, recommended *"Establishing a WHO NCD Platform with the main aim of facilitating effective dialogue with the private sector ..."*.²⁵ The WHO transformation process led to the establishment of a Global NCD Platform (GNP), reporting to the Deputy Director-General, to host the GCM/NCD and UNIATF and other cross-cutting strategic initiatives.²⁶ It is unclear whether the GNP responds to the High-level Commission's recommendations. Document review has revealed that the establishment of a platform is a "priority project" for 2020.²⁷ It is not clear how such a platform would relate to the GCM/NCD and how any duplication or conflict with the mechanism's work towards multisectoral action would be avoided.

²⁴ According to the 2019 Country Capacity Survey (cited in the report of Working Group 1 under the WHO Independent High-level Commission on NCDs), 46% of reporting Member States already have a NCD National Coordinating Mechanism which is classed as 'operational'.

²⁵ Strengthening WHO's capacity to engage effectively with the private sector to promote its contribution towards national NCD responses. Report of Working Group 3, WHO Independent High-level Commission on NCDs, 2019 (<https://www.who.int/ncds/governance/high-level-commission/WG3-report.pdf?ua=1>, accessed 16 November 2020.)

²⁶ New Global NCD Platform (GCM and UNIATF). PowerPoint presentation by Director, GNP, 11 March 2020.

²⁷ Internal memorandum from Director, GNP to Director-General, dated 9 March 2020, seeking endorsement for implementation of the advice of the WHO Independent High-level Commission on NCDs in its second report.

Summary of key findings

- *The five functions of the GCM/NCD align well with the mechanism's general purpose and mission in supporting implementation of the GAP.*
- *Advocacy, awareness-raising and dissemination of knowledge and information are seen as being particularly significant functions in the context of implementing the NCD-GAP.*
- *Efforts to advance multisectoral action are highly valued by non-State actors - especially by civil society.*
- *The relative importance of functions may change over time.*
- *Specification of functions could be improved by making their relevance at the global, regional or country levels more explicit and by linking them to a clear results framework.*
- *Potential for duplication of efforts is a significant concern (especially to those within WHO) with many GCM/NCD functions also being carried out elsewhere in the Organization.*
- *The GCM/NCD secretariat has yet to develop a new strategy, as recommended in the preliminary evaluation, for all relevant functions.*
- *There is clear agreement that the functions of the GCM/NCD will continue to be relevant over the next ten years, but opinions vary on the suitability of the GCM/NCD, in its current operating model, as a mechanism to deliver those functions, with several structural, governance and operational changes being suggested.*

3.2 EQ 2 – Which were the main results and added value of the GCM/NCD secretariat towards achieving the five functions of the GCM/NCD as outlined in its TOR?

3.2.1 What have been the main results of the GCM/NCD in the period 2018-2020 in terms of its five functions?

71. In the preliminary evaluation, achievements and results were measured primarily through two online surveys for Member States and non-State actors covering all aspects of the work of the mechanism. A total of 61 Member States and 21 non-State actors responded to the survey at that time. Though methodologies differ slightly between both evaluations, there is a consistency in findings across them.
72. There is agreement that function 4 (Advancing multisectoral action) has not been well achieved across the lifespan of the GCM/NCD. As reported in the preliminary evaluation, there has been limited stakeholder involvement in particular from the private sector and from low-income countries. Although activities including online dialogues hosting a number of technical and non-technical experts through the communities of practice initiative were found useful, both Member States and non-State actor respondents disputed their effectiveness. The registration and publishing of contributions from the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for NCDs has still not started.²⁸
73. The establishment of working groups to recommend ways and means of encouraging Member States and non-State actors to realize the commitments included in the political declaration of the third high-level meeting of the UN General Assembly on the prevention and control of non-communicable diseases has proven useful across both evaluations, but outputs at this stage are less clear. UNIATF has led in undertaking country studies to develop economic cases for scaled-up investments for NCD prevention and control independent of the GCM/NCD. Results around advocating for resources have been consistently low across both evaluations whereas activities around raising awareness and advocacy were rated highest.
74. In addition, in February 2020, the WHO Independent High-level Commission on NCDs put forward eight recommendations on how WHO could scale-up its work on NCDs and accelerate the implementation of global and national commitments. Responsibility for responding to three of those recommendations has been assigned to the GCM/NCD although no deliverables appear yet to have been identified.²⁹

²⁸ GCM/NCD 2018–2019 workplan includes: “Action 5.2: Map and publish the commitments made by participants in the global coordination mechanism to implement the global action plan for the prevention and control of noncommunicable diseases 2013–2020. GCM 2020 workplan includes (under Strategic Priority 1) “Develop an approach to register, publish and track commitments and contributions from civil society, philanthropic foundations and academic institutions towards the attainment of SDG target 3.4”

²⁹ The relevant recommendations are:

- WHO should encourage Heads of State and Government to fulfil their commitment to provide strategic leadership for NCD responses, by promoting policy coherence and coordination for the development of whole-of-government, health-in-all policies approaches and for the engagement of stakeholders in whole-of-society action, in line with national NCD and SDG action plans and targets, including through the establishment of national multi-sectoral and multi-stakeholder mechanisms.
- WHO should support countries in their national efforts to empower individuals to make healthy choices and make the healthiest choice the easiest choice, including through the creation of enabling environments and the promotion of health literacy.
- WHO should encourage governments to promote meaningful engagement with civil society for the prevention and control of NCDs and the promotion of mental health.

75. The work of the GCM/NCD in the period since the preliminary evaluation has been guided by two workplans covering 2018–2019³⁰ and 2020³¹ respectively.
76. The 2018–2019 workplan sets out a total of 15 actions under the five functions of the GCM/NCD.³² As noted above, the functions are not mutually exclusive and that is reflected in the fact there are some overlaps between actions under different functions. For example, although function 4 centres on ‘Advancing multisectoral action’ to support the GAP, there are also references under functions 1 and 5 to multistakeholder and/or multisectoral actions. Consequently, it can be challenging to link results to planned actions.
77. It is also apparent that the GCM/NCD showed agility in responding to changes in the broader environment. Specifically, the WHO Independent High-level Commission on NCDs, which was launched in October 2017, was not anticipated at the time the 2018–2019 workplan was submitted to the WHA but subsequently featured prominently in the work of the GCM/NCD. Adjustments to internal plans were likely to have been made but there is no formal mechanism by which amendments to workplans can be submitted for approval by Member States. Consequently it is challenging to make an objective assessment of the extent to which the mechanism has delivered on its workplan for the period in question.
78. The 2020 workplan adopts a different structure and sets out actions (10 in total) under three strategic priorities. It was informed by the findings of the preliminary evaluation and the outcomes of the General Meeting of the GCM/NCD held in November 2018.
79. It is difficult to ascertain the degree of continuity between the two workplans since they adopt different structures. Additionally, as highlighted by several key informants, the lack of prioritization among multiple actions and the absence of a results framework with clear goals mean that achievements cannot be rigorously assessed. It is unclear to what extent the 2020 workplan seeks to address any ‘unfinished business’ from the 2018–2019 workplan (e.g. due to the unanticipated need to support the WHO Independent High-level Commission on NCDs).
80. Implementation of the 2020 workplan for the GCM/NCD was still in progress at the time of the evaluation. It should also be acknowledged that planned activities in 2020 have faced considerable delays due to the COVID-19 response and the significant additional demands it has placed on WHO and Member States alike.
81. The main results that the GCM/NCD has achieved in respect of each of the five functions are discussed below.

Advocating and raising awareness

82. Feedback from Member States and other external stakeholders suggests that the GCM/NCD has undertaken a significant body of work in connection with its function of advocacy and awareness-raising. There is also documentary evidence of the mechanism’s work in the form of reports from global meetings, dialogues and other forums.

Global events

83. The part played by the GCM/NCD in delivering and/or supporting several significant global events, including by contributing to high-level policy papers linked to those events, is widely

³⁰ See document A70/27, Annex 3, proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2018–2019 (https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf, accessed 16 November 2020).

³¹ See document A72/19, Annex 5, proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases for 2020 (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_19-en.pdf, accessed 16 November 2020).

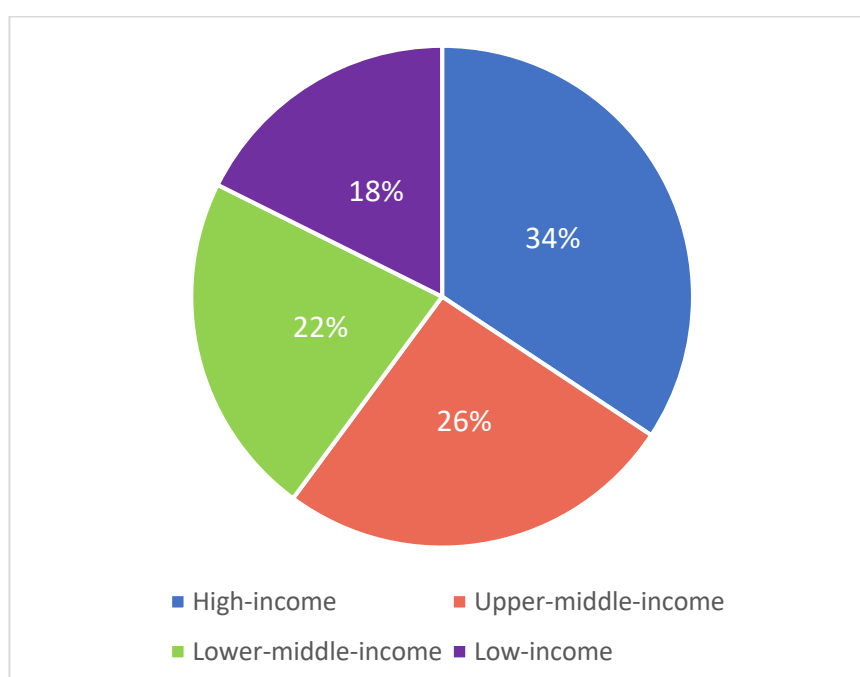
³² The five functions set out in the Terms of Reference for the GCM/NCD are referred to as “objectives” in the 2018–2019 workplan.

acknowledged. Examples cited included:

- WHO Global Conference on NCDs (Montevideo, Uruguay – October 2017);³³
- WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control (Copenhagen, Denmark – April 2018);
- General Meeting of the GCM/NCD (Geneva, Switzerland – November 2018);
- WHO Global Meeting to Accelerate Progress on SDG target 3.4 on NCDs and Mental Health (Muscat, Oman – December 2019).

84. Overall such events appear to be successful in engaging Member States. A total of 186 Member States were represented at one or more of the four events listed above with the Oman meeting attracting the broadest representation from 90 Member States. Most participants were drawn from ministries of health (or equivalent) with the main exceptions being the Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control (Copenhagen) at which 20% of Member States representatives were from ministries of finance (or equivalent) and the General Meeting of the GCM/NCD (Geneva) where 54% of delegates were from ministries of foreign affairs (or equivalent). The participation of Member States in such events, broken down by income group, is shown in Figure 2.

Figure 2: Member State participation in NCD-related events



85. There was general agreement that such events have been effective forums for advocacy and awareness-raising; and that the GCM/NCD involvement contributed to their success.
86. Civil society organizations reported that their participation in meetings organized by the GCM/NCD had helped them to build their own profile and networks and to refine their own messaging, public statements and tools.³⁴

³³ While the Conference took place before the period covered by the current evaluation, GCM/NCD was involved in significant 'follow-up' activities.

³⁴ The NCD Alliance Campaign Briefing paper published in 2018 in preparation for the Third High-level Meeting of the UN General Assembly on the prevention and control of NCDs helped reinforce the GCM/NCD own messaging and advocacy efforts. Both organisations called for political leadership and more resources for action on NCD prevention and control.

87. Other stakeholders, including representatives from Member States, the private sector and WHO staff, noted that events were often ‘top down’ and placed too much emphasis on presentation of case studies, theory and research findings with limited opportunity for engagement by delegates.
88. Several key informants expressed concern at the lack of follow-up or impactful actions (notably at the country level) commensurate with the resources required to mount such events. There is little country-level documentation on impactful action.
89. The need for high-level political commitment in the fight to tackle NCDs is widely acknowledged. In the case of the GCM/NCD, that commitment has been demonstrated by leaders’ willingness to participate in global meetings, dialogues etc.
90. There has also been a long-standing commitment that the GCM/NCD should establish a Coalition of Heads of State and Government on NCDs and the promotion of mental health and well-being. The Coalition would seek to support strategic leadership for the prevention and control of NCDs through whole-of-government and health-in-all-policies. It was originally planned to launch the Coalition in the margins of the 2020 UN General Assembly, but the launch has now been postponed due to the impact of the COVID-19 pandemic.

Policy development

91. The GCM/NCD has also contributed to advocacy and awareness-raising via input to policy development processes. Examples cited include:
 - input to the political declaration of the third high-level meeting of the UN General Assembly on the prevention and control of non-communicable diseases in October 2018; and
 - management of two working groups established under the auspices of the WHO Independent High-level Commission on NCDs: working groups 1 and 3³⁵ ³⁶

Campaigns

92. Since the launch of the ‘NCDs and me’ campaign in 2016 the GCM/NCD has undertaken a stocktake of campaigns across NCDs, risk factors and determinants from Member States, UN agencies and non-State actors with the results being published on the KAP.³⁷ The mechanism has also provided inputs to various other campaigns and advocacy efforts both internally and externally through GCM/NCD participants.
93. These campaigns aim to raise awareness and demonstrate the feasibility of achieving the nine voluntary global NCD targets and the NCD-related targets of the 2030 Agenda for Sustainable Development.

Disseminating knowledge and information

Knowledge Action Portal (KAP)

94. The GCM/NCD has directed significant resources towards its function of disseminating knowledge and information through development and launch (in November 2018) of the KAP.

³⁵ Working Group 1 : How can WHO support countries to increase health literacy about NCDs and mental health conditions and their risk factors and promote multi-sectoral and multistakeholder mechanisms to accelerate national efforts towards SDG target 3.4

Working Group 3 : How can WHO strengthen its capacity to engage more effectively and meaningfully with the private sector to promote their commitments, contributions, and actions to support national NCD responses

³⁶ As already noted, this activity was not anticipated at the time the 2018–2019 workplan was agreed.

³⁷ Knowledge Action Portal, https://www.knowledge-action-portal.com/en/advocacy_campaigns, accessed 16 November 2020.

95. The KAP is an online platform that seeks to build and support *“an interactive and inclusive online community, that will allow actors to combine and collaborate skills and perspectives and translate knowledge into collaborative action”*.³⁸ It provides users with access to a wide range of curated NCD-related resources drawn from WHO and a variety of other authoritative sources. The site and much of its content is available in the six official languages of the UN and materials can be accessed by reference to thematic areas or on a country-specific basis.
96. There are also links to other websites which relate to several campaigns as well as a ‘news and events’ section and ‘Research Connect’, a research tool which has been under development for some time and seeks to *“connect individual researchers, institutions, organizations and funders”*.³⁹
97. Non-State actors (from civil society and the private sector) expressed interest in using the KAP to share their research agendas and outcomes of studies. They believed that, by doing so, they could help to inform the GCM/NCD work and wider prevention and control efforts but, in some cases, had found it difficult to secure agreement from the GCM/NCD to upload materials.
98. The KAP also serves as the host site for several communities of practice which were established in 2016 as *“a virtual safe space where researchers, policy-makers, practitioners and other stakeholders working on NCD responses can network and communicate, exchange resource materials, tools, effective practices and experiences.”*⁴⁰ It is envisaged that a number of those communities will evolve into ‘NCD Labs’ which will be tasked with fast-tracking innovation and action in their respective focus areas.
99. While there was very limited feedback from Member States on the utility of the KAP, one Member State noted, via its questionnaire response, that the KAP was useful in providing ready access to best practices, scientific briefs and guidance.
100. The KAP was viewed as a useful aid to collaboration by key informants from civil society who indicated that they valued the establishment of a single, structured conduit for accessing relevant materials.
101. On the other hand, interviews with key informants from UN agencies and private sector partners suggest they have to date made limited use of the KAP. Private sector bodies suggested it was *“interesting”* but currently not delivering to its full potential and potentially duplicating other, similar tools.
102. The portal was seen as merely offering another route by which to access materials that were already available elsewhere. By way of example, the KAP appears to duplicate some of the functionality offered by the Noncommunicable Disease Document Repository which was set up in 2016 by the (then) Surveillance, Monitoring and Reporting Unit in the Department of Noncommunicable Diseases and contains materials updated as recently as 2019.⁴¹
103. The ‘news and events’ section of the KAP provides links to a number of topical ‘success stories’ and video presentations but the site’s calendar of events has links to just two events for the entire 2020 calendar year while the most recent item posted in the ‘dialogue’ section of the site dates from November 2018.

³⁸ Knowledge Action Portal 2019 community report. Geneva: World Health Organization; 2019 (WHO/CGM/2019.02) (<https://apps.who.int/iris/handle/10665/329994>, accessed 16 November 2020).

³⁹ <https://www.knowledge-action-portal.com/en/researchconnect> - the Research Connect tool was scheduled to be launched in Spring 2019 but was not ‘live’ at the time of writing.

⁴⁰ 2014–2019: 5 Years of The Global Coordination Mechanism on NCDs (<https://www.who.int/docs/default-source/ncds/gcm/2014-2019-5-years-of-the-global-coordination-mechanism-on-ncds.pdf?sfvrsn=f6367bd24>, accessed 16 November 2020).

⁴¹ Noncommunicable Disease Document Repository (<https://extranet.who.int/ncdccc/documents/default>, accessed 16 November 2020).

104. It also suggested that the site was difficult to navigate and an external usability audit of the KAP, commissioned by the GCM/NCD in mid-2020, put forward a number of recommendations for improvement in the design and functioning of the portal. The Secretariat anticipates that those improvements will be implemented by the end of 2020.
105. Web analytic data suggest that, following an initial peak in utilisation during the first few weeks after its launch, KAP now appears to be accessed from somewhere in the world on average roughly once every 30 minutes. The 'bounce rate' suggests that around half of all visitors do not proceed beyond the initial 'home' page while the average time spent on the site is about 3½ minutes.
106. The majority of KAP users are in a limited number of high-income countries with only one third of users located in middle-income countries, which are estimated to bear three-quarters of the global burden of disease attributable to NCDs.
107. While the KAP is a relatively recent innovation and may still be evolving, comments from some stakeholders, coupled with utilisation data based on web analytics, raise concerns regarding the utility of the portal and hence the extent to which it represents value for money.

Publications in peer-reviewed literature

108. GCM/NCD staff and consultants have also contributed to several publications in the peer-reviewed literature. Most notable was a series of 13 papers and five 'opinion' pieces which were commissioned by the British Medical Journal and launched in May 2019.⁴² In addition, a further 16 'GCM-led' articles were published in various journals etc between 2014 and 2019.⁴³
109. It is apparent that the GCM/NCD has been successful in disseminating, via academic and professional journals, scientifically valid knowledge and information that reflects best practice.
110. Less clear, however, is the likely impact of those publications. In most cases they appeared in media that are unlikely to be accessed by policymakers and others with roles outside countries' health sectors. Given the acknowledged need for multisectoral action to tackle NCDs, it was suggested that the mechanism's dissemination efforts could be more effective if they encompassed a broader range of communication channels that are accessed by influential decision makers and opinion leaders in sectors other than health.

Webinars

111. Building on programmes of webinars delivered in 2015 and 2016, the GCM/NCD conducted a series of three webinars in 2017 on 'Gender and NCDs' which sought to focus on the impact of gender inequalities on women's and girls' experiences of NCDs.
112. More recently, the GCM/NCD launched 'NCD Voices in the Decade of Action', a programme of webinars which seeks to engage Member States, UN agencies, and non-State actors in exploring successes and challenges in prevention and control of NCDs and mental health conditions.
113. The GCM/NCD has also contributed to a webinar series entitled 'NCD Hard Talks' which was organised as part of the immediate response to COVID-19 by the WHO NCD/WIN Technical Working Group on COVID-19 and NCDs.
114. Key informants, particularly non-State actors, appeared to appreciate webinars over and above the larger global meetings since they typically have fewer participants who can more easily ask

⁴² Akselrod Svetlana, Bloomfield Ashley, Marmot Michael, Moran Andrew E, Nishtar Sania, Placella Erika et al. Mobilising society to implement solutions for non-communicable diseases. *BMJ* 2019; 365 :l360 (<https://www.bmj.com/content/365/bmj.l360>, accessed 16 November 2020).

⁴³ 2014–2019: 5 Years of The Global Coordination Mechanism on NCDs (<https://www.who.int/docs/default-source/ncds/gcm/2014-2019-5-years-of-the-global-coordination-mechanism-on-ncds.pdf?sfvrsn=f6367bd24>, accessed 16 November 2020).

questions and contribute to the discussion.

Newsletters

115. Fortnightly newsletters are issued by the GCM/NCD itself and, separately, by the KAP. The Secretariat has indicated that, together, they are sent to more than 5,600 stakeholders. Key informants were not asked specifically to comment on the newsletters and only one did so without prompting. The impact and utility of the newsletters is thus unclear.
116. In summary, the GCM/NCD has made significant progress in its efforts to disseminate knowledge and information via the KAP, peer-reviewed publications and other channels. What is less evident, however, is the degree to which those efforts have delivered knowledge and information to the diverse stakeholders who are involved in shaping countries' plans or policies. Key informant interviews and document review provided little clear evidence of the GCM/NCD dissemination efforts having led directly to results.

Encouraging innovation and identifying barriers

117. One of the key aims of the GCM/NCD work in respect of generating and communicating knowledge is encapsulated in the terms of reference which state that the mechanism should *"Provide a forum to identify barriers and share innovative solutions and actions ..."*.⁴⁴
118. In support of this function the GCM/NCD was involved in establishing a series of working groups, with membership comprising subject matter experts nominated by Member States *"to provide advice and recommendations to the Director-General of WHO"*.⁴⁵ Two working groups were active during the period covered by this evaluation:
 - a working group on Health education and health literacy for NCDs (the draft report is imminent); and
 - the Second WHO Civil Society Working Group on NCDs.
119. The Second WHO Civil Society Working Group on NCDs was established in April 2019 to continue the work of its predecessor which was established to advise the Director-General prior to the Third High-level Meeting of the UN General Assembly on the prevention and control of NCDs in 2018. Its role is to mobilise civil society relevant to NCDs to:
 - Support the follow up and implementation of the outcomes of the 2018 Third High-level Meeting of the UN General Assembly on the prevention and control of NCDs, and ensure NCDs are prioritized in global health and sustainable development agendas;
 - Maximize the opportunity of the 2019 UN High-level Meeting on UHC for NCD prevention and control; and
 - Identify and maximize the opportunities to forge synergies with civil society from other areas of global health.
120. To date, the Working Group has completed eight and started work on a further eight of 29 deliverables in its workplan.
121. Furthermore, the GCM/NCD has also contributed to the WHO NCD/WIN Technical Working Group on COVID-19 and NCDs that was established in April 2020 and is led by the co-chairs of the NCD/WIN Network. The working group involves wide participation from WHO and external

⁴⁴ Document A67/14 Add.1, Appendix 1, Terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add1-en.pdf, accessed 16 November 2020).

⁴⁵ Working groups in the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD) 2016–2017 (<https://www.who.int/global-coordination-mechanism/working-groups/Information-Note-3/en/>, accessed 16 November 2020).

stakeholders and was described as a useful resource by most stakeholders interviewed. The role of the GCM/NCD in this group, including its contribution to webinars (paragraph 112) seems to be well appreciated.

122. Five Task Groups were also created by the WHO NCD/WIN Technical Working Group on COVID-19 and NCDs to focus on specific work streams and deliverables in the areas of: advocacy; governance; prevention; surveillance/R&D; and treatment. Each group includes members from both the GCM/NCD and UNIATF.
123. As a further response to the COVID-19 pandemic and its implications for NCDs, a programme of 'NCD Sprints' has also been proposed as a means to involve GCM/NCD participants in rapid action to generate and subsequently drive implementation of solutions to address national, regional or global barriers which hinder action.
124. The number and variety of actions outlined above indicate that the GCM/NCD has devoted significant effort to supporting innovation and removal of barriers at the global, regional and national levels, most notably in the context of the COVID-19 pandemic. Despite those efforts, non-State actors and civil society organizations involved in research on NCDs considered that, on a broader timeframe, the GCM/NCD had not taken advantage of opportunities to disseminate findings or support their translation into action at the country level.
125. Key informants did not identify innovation as an area where the GCM/NCD had been effective. Member State responses to the evaluation questionnaire also offered no views on results achieved in relation to this function.

Advancing multisectoral action

126. The work of the GCM/NCD has reinforced the importance of multisectoral approaches in implementing the NCD-GAP and key informants from all stakeholder groups confirmed that the GCM/NCD had been effective in attracting a significant number of participants from a variety of sectors.
127. Member States participating in the evaluation indicated that the GCM/NCD helped to raise awareness about the importance of multistakeholder action and facilitated multistakeholder dialogue at the global level. However, they also considered that actionable guidance emanating from the dialogues was lacking, notably practical tools to help countries engage multisectorally, and with the private sector in particular.
128. Many non-State actor representatives reported that the establishment of the GCM/NCD enabled a "*quantum leap*" in the quality of their relationship with WHO, and thus also in their effectiveness in supporting implementation of the GAP. The GCM/NCD has helped to "*join the dots*" and facilitate access to what has sometimes appeared to non-State actors as a complex and impenetrable organization where structure and personnel at headquarters appear to undergo frequent changes.
129. Several non-State actors commented positively on the degree to which they believed the diversity of the GCM/NCD participants has supported multisectoral actions. It is, however, notable that the majority of non-State actor participants are health sector bodies and it is not clear to what extent the GCM/NCD has sought actively to engage with non-health bodies as potential participants. WHO's "*disease focused*" agenda was also seen as inhibiting multisectoral action in respect of broader health system-wide responses and the efforts to address the social and economic determinants of health.
130. Key informants noted in particular that there is limited private sector representation among current participants. That was considered to be due, in part at least, to the requirements of FENSA. In addition, priority in accepting applications for participation is given to international business associations and individual private entities are only able to seek to become participants

when no relevant international or regional association exists.

131. At the same time, it is apparent that NCD technical departments are themselves engaging in multisectoral action independently of the GCM/NCD. Examples were cited of private entities working effectively with the relevant technical departments on issues relating to nutrition and reduction of trans-fat, and physical activity. Another example is the NCD MAP toolkit, managed by one of the NCD technical departments, which guides policy-makers and programme managers in developing, implementing and evaluating national multisectoral NCD plans. It covers the main steps from situation assessment, stakeholder engagement, and setting national NCD targets to implementation and monitoring and evaluation, including practical templates and examples. Countries are encouraged to adapt the tool to their national context. Some stakeholders considered that there is still a need for better coordination of NCD efforts across WHO.
132. As noted above, the 2020 workplan for the GCM/NCD includes a commitment to develop a technical package to support governments to establish or strengthen multistakeholder dialogue and/or engagement/accountability mechanisms. Noting that commitment stems from a resolution adopted by the UN General Assembly in October 2018,⁴⁶ a number of key informants expressed disappointment at what they perceived to be a lack of progress.
133. Some stakeholders also sought to contrast efforts to advance multisectoral actions at the global and national levels. It was suggested that most effective initiatives to prevent or control NCDs are, necessarily, tailored to national contexts and as such require collaboration among national partners, for example: government agencies to effect legislative changes; industry to regulate products; health care providers to plan and deliver services; and civil society bodies to mobilise communities. The fact that the GCM/NCD has not, to date, delivered any significant, tangible outputs to advance multisectoral action at the country level was, therefore, seen as a weakness.

Advocating for the mobilization of resources

134. The GCM/NCD is tasked with “*identifying and sharing information on existing and potential sources of finance and cooperation mechanisms*”⁴⁷ to support implementation of the NCD-GAP.
135. Central to the GCM/NCD recent efforts was the Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control, which took place in Copenhagen, Denmark in April 2018, attracting more than 300 delegates. The report from the Dialogue sets out a series of 20 recommendations for action, most of which are directed towards governments.
136. In common with other major meetings, conferences, etc. which the GCM/NCD organised or supported, feedback on the Copenhagen event was generally positive, however some key informants questioned the extent to which it would lead to concrete action at the country level.
137. Crucially, the mechanism’s function does not require it to mobilise resources but rather to support the efforts of others to do so. Nevertheless, some key informants appeared to believe that it did (or should) in fact play an active part in resource mobilization.

⁴⁶ Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (A/RES/73/2) (<http://www.un.org/en/ga/search/viewdoc.asp?symbol=A/RES/73/2>, accessed 16 November 2020).

⁴⁷ Document A67/14 Add.1, Annex, Appendix 1, Terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add1-en.pdf, accessed 16 November 2020).

3.2.2 What were the major gaps in the achievement of the results?

138. The evaluation has identified a number of gaps in the results achieved by the GCM/NCD.
139. Review of the 2018–2019 workplan suggests some clear shortcomings:
- Action 2.4 refers to development and dissemination of annual activity reports describing progress made in the implementation of the workplan – but no activity report was prepared for either 2018 or 2019;
 - Actions 4.2 & 4.3 refer to support to Member States in collaboration with UNIATF and relevant technical units – but other than individual GCM/NCD staff joining some UNIATF missions there are no reports of such support having been delivered in a formal, systemised manner (see ‘Support at the country level’ below);
 - Action 5.2 indicates that the GCM/NCD will “map and publish” participants’ commitments to implement the NCD-GAP – those data are not currently available via the GCM/NCD website or elsewhere.
140. Several actions listed in the 2020 workplan have also not yet been completed (or initiated) but since the evaluation was completed before the year-end, and the COVID-19 pandemic has had significant impact on progress, it is not appropriate to consider any gaps in achievements at this stage.
141. There can be no doubt that the most significant, and persistent, gap in the GCM/NCD achievements has been the failure to develop an explicit TOC and results framework to explain the logic behind its activities, track their progress and assess their impact.
142. The preliminary evaluation recommended that the GCM/NCD develop a “*monitoring framework to enable regular tracking and reporting of progress*” and the subsequent General Meeting of the GCM/NCD called on the GCM/NCD secretariat to develop “*a clear strategy and results framework for the GCM/NCD that links its activities to intended impact and results*”.⁴⁸
143. To date, no such framework has emerged and the resultant absence of measurable goals or targets in workplans or elsewhere means it is difficult to provide a definitive assessment of the extent to which results have or have not been achieved.⁴⁹
144. Several key informants indicated that, in the absence of evidence, they were unsure of the extent to which the work of the GCM/NCD had contributed to Member States’ efforts to prevent and control NCDs. Member State respondents to the questionnaire highlighted that the GCM/NCD facilitated action across the NCD-GAP through provision of support and technical guidance to Member States and by providing a platform for sharing knowledge and experiences.

Support at the country level

145. At the country level, knowledge of, and engagement with, the GCM/NCD appears to be limited. For example, in the Member State questionnaire, out of 39 Member States responding to the combined GCM/NCD and NCD-GAP questionnaire, only 16 provided answers to questions related to the GCM/NCD. The remaining 23 Member States did not provide responses to GCM/NCD questions, with several of them indicating at the outset that they were not aware of the mechanism or did not know enough about it.

⁴⁸ WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. Report of the General Meeting, Geneva, Switzerland, 5–6 November 2018. Geneva: World Health Organization; 2019 (WHO/NMH/NMA/GCM/19.02) (<https://apps.who.int/iris/bitstream/handle/10665/310961/WHO-NMH-NMA-GCM-19.02-eng.pdf?sequence=1&isAllowed=y>, accessed 16 November 2020).

⁴⁹ Four of the 15 actions in the 2018–2019 workplan merely require GCM/NCD to ‘continue’ an activity.

146. Several key informants identified gaps in the GCM/NCD effectiveness in providing support at the country level and especially in low- and middle-income countries which together account for more than 80% of the global burden of disease attributed to NCDs.⁵⁰
147. The GCM/NCD was seen as working principally at the global level. Member States have clearly benefitted from participation in global meetings, communities of practice, working groups and other initiatives organised by the GCM/NCD. They also have access to materials via the KAP and other channels. Nevertheless, there was a perception that countries had not received the support they needed to turn knowledge into action; or to adapt materials developed at the global or regional levels for practical application to guide national multisectoral initiatives.
148. At the country level, ministries of health are the natural partners of the GCM/NCD but may have limited voice on broader policy issues. The role of UNIATF, its ability to engage across a broader spectrum of government agencies and other bodies and, in particular, its work on investment cases and its input to the United Nations Development Assistance Framework (UNDAF), appears better suited to gaining senior-level engagement on a whole-of-government basis at the country level.
149. The GCM/NCD links at the country level were described as weak and there was a perception that its workplans were not driven by countries' priorities. Key informants suggested that the GCM/NCD should work more closely with WHO regional and/or country offices and provide more/better support for the establishment and/or operation of national coordination mechanisms.
150. Such views were not universally held, however, and it was noted that countries with well-developed approaches to UHC might require less support from the GCM/NCD.
151. It is also apparent that there is an unclear delineation of the respective roles of the GCM/NCD and UNIATF in respect of support for NCD work at the country level. UNIATF's ability to undertake joint programming missions in support of whole-of-government and whole-of-society approaches to NCDs was seen as a significant strength.

Limited private sector engagement

152. Several key informants commented that the GCM/NCD had been successful in bringing together a variety of NGO's and civil society organizations but less successful in engaging the private sector.
153. Private sector bodies were not always clear what their role was. They were typically eager to support the GCM/NCD but unclear how best to do so. Some groups had significant research findings to contribute to the NCD agenda, but they had found it more effective to do so by engaging with the relevant WHO technical department.
154. As noted above, the requirement that international business associations should be given priority as participants has limited the ability to engage more actively with individual private sector bodies at the global, regional or country levels.
155. Clearly, a degree of caution is appropriate in the light of the GCM/NCD commitment to *"safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest"*.⁵¹ At the same time, stakeholders acknowledged that private

⁵⁰ WHO Health statistics and information systems. Disease burden and mortality estimates (https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html, accessed 16 November 2020).

⁵¹ A67/14 Add.1, Annex, Appendix 1, Terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add1-en.pdf, accessed 16 November 2020).

companies and other private sector bodies may be in a position legitimately to support efforts to prevent and control NCDs – especially at the country level. It was also noted that some non-State actors working in the field of NCDs at the global and other levels have developed robust protocols to avoid conflicts of interest and, as a result, consider that they enjoy productive relationships with private companies.

156. It was suggested that the GCM/NCD might benefit from seeking to collaborate with a more diverse range of private sector bodies such as those engaged in information and communications technology, banking and finance, entertainment and individual sports organisations, but only if the nature and purpose of their engagement is clear and does not jeopardize or duplicate work already under way by WHO technical departments.

3.2.3 What has been the added value of the GCM/NCD at country or regional level?

157. Some Member State respondents to the evaluation questionnaire believed that the convening role of the GCM/NCD was important in bringing together partners from multiple sectors. The preliminary evaluation echoes these findings with 40% of Member State respondents at that time considering that the mechanism added value to a large or a very large extent for NCD work in their own countries.
158. Non-State actors in particular viewed the GCM/NCD as having added value at the country and regional levels, principally through its successes in advocacy and awareness-raising. Several stakeholders considered that it is the only body with the scope and status to do so effectively.
159. Involvement in working groups, communities of practice and other GCM/NCD initiatives has also provided opportunities for experts from the country and regional levels to contribute to work on important aspects of the NCD agenda. By doing so, those experts are also better equipped to share skills and knowledge but the extent to which they are able to do so is unclear.
160. Despite those accomplishments, several key informants (including those from Member States and WHO regional offices) expressed a view that the GCM/NCD has added little value at the regional and/or country level.
161. A number of reasons were suggested:
 - lack of a clear results framework that could focus the GCM/NCD attention and efforts on supporting policy and practice changes at the country level – or allow any such achievements to be demonstrated;
 - absence of a consistent set of non-State interlocutors for the GCM/NCD at the regional and country levels – reflecting the fact that there are few non-State actors at the regional or country levels among GCM/NCD participants;
 - difficulties encountered by the Second WHO Civil Society Working Group on NCDs in achieving its objective to “*mobilise a network of champions*” to advocate for UHC and NCDs;
 - limited access to, or use of, GCM/NCD knowledge products such as the KAP and working group reports at the regional and country levels;
 - difficulties in ensuring uptake of recommendations from GCM/NCD-facilitated meetings, dialogues, etc. by WHO staff and/or counterpart organisations at the regional or country levels;
 - delegates who attend global events may not be best placed to drive uptake of recommendations at the country level; and
 - a number of planned activities, including strategic round tables and piloting capacity-building approaches with a view to developing technical packages aimed at supporting governments, had not been completed.

Summary of key findings

- *Over the past three years, the work of the GCM/NCD has been guided by two workplans covering 2018–2019 and 2020 respectively.*
- *Workplans are not based on an explicit TOC or presented in a format that offers a clear indication of anticipated outputs – the results framework recommended by the preliminary evaluation is still not in place and objective assessment of GCM/NCD achievements continues to be problematical.*
- *The timing of the evaluation coupled with the impact of the COVID-19 pandemic mean it is inappropriate to review progress against the 2020 workplan.*
- *It is apparent that a number of actions proposed in the 2018–2019 workplan were not completed although additional, unanticipated but significant work was undertaken in support of the WHO Independent High-level Commission on NCDs.*
- *The GCM/NCD has undertaken significant activity in respect of advocacy and awareness-raising – principally via support for major global events and development of materials associated with those events – however the value added by global meetings and dialogues was questioned and, while the GCM/NCD has devoted considerable effort to dissemination activities, it is not clear whether they have been well targeted, and hence fully effective.*
- *Work to disseminate knowledge and information have centred on development of the KAP and peer-reviewed publications coupled with support for communities of practice and webinars.*
- *The GCM/NCD has been effective in providing civil society organizations and other non-State actors with opportunities to interact more closely with WHO and its working groups have supported multisectoral action and contributed to development of innovative solutions to the global challenge of NCDs.*
- *There have been fewer tangible achievements in respect of other functions. Resource mobilization efforts, in particular, have been less visible, with the exception of the major WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control (Copenhagen, Denmark, April 2018).*
- *The GCM/NCD appears to have struggled to develop effective approaches for delivering support at the country level and achieving impact from its engagement with the private sector.*
- *FENSA provides clear ‘rules of engagement’ to guide stakeholder relationships, but was also considered by some as an obstacle to the GCM/NCD ability to operate in a nimble manner with the private sector*
- *Overall, while the GCM/NCD has been very active, there is little evidence that positive results have flowed from that activity with stakeholders often struggling to identify specific examples of changes in policy or practice stemming from the work of the GCM/NCD.*

3.3 EQ 3 – Which were the main influencing factors that either facilitated or hampered the successful delivery of the GCM/NCD workplans?

3.3.1 Which issues fostered and which ones hampered the GCM/NCD secretariat's contribution?

162. This question considers the influence of key structural elements of the Organization as well as external factors on the delivery of the GCM/NCD expected outcomes.

Were the GCM/NCD design, role, overall strategy, governance and accountability mechanisms commensurate with its tasks?

163. Respondents in the preliminary evaluation considered that both the clarity of the goals, functions and objectives of the mechanism and the strategic fit of its workplans were 'adequate' or 'highly adequate' in supporting the achievement of the GCM/NCD objectives at that time. The GCM/NCD convening role in bringing together State and non-State actors was heralded a success. But, despite this clarity, the preliminary evaluation found that the work of the mechanism overlapped with other technical areas and that a better definition of roles and responsibilities of the mechanism and the WHO technical programmes working on NCDs, especially in relation to the country reach of their work, was needed. In response to an open-ended question in the preliminary evaluation on possible barriers that hinder the progress of the mechanism, some Member States cited the lack of a focused strategy and governance mechanism to guide the work of the GCM/NCD. There is consistency across both evaluation periods that financial resources were inadequate in supporting the achievement of the GCM/NCD objectives. Staffing levels have been reduced from nine staff members in 2017 to four fixed-term staff in 2020.
164. Building on this, evidence from key informants suggests that the lack of a clear and explicit delineation of the GCM/NCD role may have led to duplication of efforts, unclear lines of accountability, tensions and, as a consequence, missed opportunities to realize potentially powerful synergies. Examples identified by stakeholders within WHO included the GCM/NCD undertaking technical work rather than providing support to technical departments, while representatives of external bodies explained they were sometimes confused as to the most appropriate entry point for dialogue with WHO.
165. Many stakeholders suggested that the GCM/NCD lacked a clear strategic vision or sense of direction and, as noted in the preceding section, the broad and imprecise nature of workplans coupled with the lack of annual reports as originally planned, means it is difficult clearly to establish what has been accomplished.
166. The GCM/NCD has undergone several changes to its senior personnel and its reporting lines within the Organization at WHO headquarters during the timeframe of the current evaluation including, most recently, as part of the WHO transformation.
167. Some stakeholders, both from within and outside headquarters, considered that repeated organizational changes may have affected the GCM/NCD visibility, positioning in relation to other partners, engagement style, vision and direction and made it more difficult for the GCM/NCD to build and maintain momentum in executing its functions.
168. There were differing views on the question of the GCM/NCD current position within the headquarters structure and its reporting relationship.
169. On the positive side, the move to co-locate the GCM/NCD and UNIATF within the GNP, reporting directly to the Deputy Director-General, was seen as adding to the perceived status and authority of the mechanism within the Organization. It was also seen to provide opportunities for enhanced collaboration (although few examples were identified of significant collaboration

stemming from the change).

170. Set against that, however, were concerns that separating the GCM/NCD from the NCD technical departments increased the risk of the mechanism pursuing its own agenda and seeking to undertake technical work with perceived risks of duplication of efforts and/or inconstant policy positions emerging.
171. Furthermore, many stakeholders considered that there was a lack of clarity in terms of the role of the GNP as a department encompassing the GCM/NCD and UNIATF, each with different reporting lines and no clear synergies between them.
172. The fact that the GCM/NCD was established as a Member State-led body provides it with status and legitimacy. At the same time, however, it has been challenging for the GCM/NCD and Member States to establish an effective accountability relationship that is underpinned by robust governance structures.
173. FENSA was considered as a positive factor that provided clear 'rules of engagement' to guide stakeholder relationships but also as an obstacle to the GCM/NCD ability to operate in a nimble manner with the private sector. The preliminary evaluation highlighted the important role of the GCM/NCD as the first body to implement the FENSA, contributing significantly to the operationalisation of the Framework criteria and modes of implementation.

How did the funding levels and their timeliness affect the results achieved?

174. As shown in Table 1 total expenditure attributed to the GCM/NCD in the biennium 2018–2019 was close to US\$ 5.5 million. Staff costs accounted for 60% of total expenditure (US\$ 3.26 million) with a further 26% identified as related to performance of the GCM/NCD functions and the balance (14%) arising from unanticipated work by the GCM/NCD in support of the WHO Independent High-level Commission on NCDs.

Table 1: Expenditure of GCM/NCD in 2018–2019. WHO headquarters (US\$)

	<i>GCM workplan</i>	<i>WHO Independent High-level Commission on NCDs</i>	<i>Total</i>
Staff	3 259 237		3 259 237
Activities	1 406 954	776 585	2 183 539
<i>Advocacy & awareness-raising</i>	3%		
<i>Knowledge-sharing</i>	32.4%		
<i>Identification of barriers & innovative solutions (incl. Integrated response initiative)</i>	12.7%		
<i>Advancing multisectoral action</i>	4.3%		
<i>Identifying and sharing information on sources of finance and cooperation mechanisms</i>	15.4%		
<i>GCM General Meeting</i>	25.4%		
<i>Management, administration, other (incl., one- WHO workplan)</i>	6.8%		
GRAND TOTAL	4 666 191		5 442 776

Source: GSM

175. In the period 2018–2019, about 54% of the funding came from flexible contributions, mostly in the form of assessed contributions. Of the remaining 46%, the main sources of funds were voluntary contributions from the Governments of Germany, the Russian Federation, and the Swiss Development Cooperation Agency, which respectively accounted for 34%, 16% and 12% of the voluntary contributions. The World Diabetes Foundation and the International Federation of Pharmaceutical Manufacturers Associations each contributed to about 13% of the voluntary contributions. Other donors also contributed smaller amounts.

176. The GCM/NCD budget for the biennium 2020–2021 is about 63% lower than in the previous biennium. The budget for staff costs in 2020–2021 is about 9% lower than the corresponding figure in the biennium 2018–2019. Budget implementation in the current biennium has been negatively affected by the COVID-19 pandemic.
177. In the 2020–2021 biennium, about 87% of the activity budget is currently provided by the Ministry of Health of the Russian Federation, which also funds 14% of the staff costs. Assessed contributions are the main source of funding for the remaining staffing costs.
178. The heavy reliance on a single donor during the current biennium is considered a potential source of risk. The evaluation did not find evidence of effective resource mobilization strategies targeting new donors to raise funding.
179. Many stakeholders agreed that there was a degree of misalignment between the levels of funding available to the GCM/NCD and the scale and scope of its planned activities. Some saw that as a reason for increased funding while others suggested that the GCM/NCD should consider a less ambitious workplan. There was, however, a clear and consistent view that funding for NCD on a global scale was inadequate and, in that respect, the situation for the GCM/NCD was not atypical.
180. Recently, WHO has been planning to establish a flexible pooled funding mechanism on a pilot basis. The pooled fund would aim to leverage resources of WHO Member States and other GCM/NCD participants, as well as other non-State actors, to support effective implementation of the GCM/NCD terms of reference and workplans as well as wider GNP activities.
181. It is anticipated the approach could enhance participants' engagement with GCM/NCD and reduce administrative overheads while also helping to protect the GCM/NCD and its work from any actual or perceived influence due to provision of earmarked funding.
182. Concurrent with moves by WHO to establish a pooled funding mechanism, the Director-General recently approved a proposal from UNIATF to set up a multi-partner trust fund to catalyse country action for non-communicable diseases and mental health⁵² which *“aims to mobilize at least USD 200 million for disbursement over five years, to support up to 25 countries in accelerating country-level actions towards achieving national and global NCD targets”*.⁵³ It was not clear how the two funding mechanisms would operate simultaneously in ways that avoid duplications and, if possible, maximise synergies.

Was the staffing at headquarters, regional and country offices adequate in view of the objectives to be achieved?

183. The GCM/NCD is currently staffed by a team lead, a technical officer, and a team assistant working with two or three consultants. An additional senior staff member with skills in managing partnerships has also recently been appointed. A senior technical officer who formerly worked with the GCM/NCD is based in the Office of the Deputy Director-General and plays a cross-cutting role between the GCM/NCD and the UNIATF. All staff are based in WHO headquarters but it was suggested that a presence at the regional or country level might assist work on multistakeholder coordination.

⁵² Eleventh meeting of the UN Inter-Agency Task Force on the Prevention and Control of NCDs on COVID-19 and the NCD-related SDGs (<https://www.who.int/publications/m/item/summary-of-11th-unaitf-covid-19-meeting>, accessed 16 November 2020).

⁵³ Catalytic Fund for Non-Communicable Diseases and Mental Health (<https://www.who.int/ncds/un-task-force/catalytic-flyer.pdf>, accessed 16 November 2020).

184. While it was suggested that staffing levels may have limited the mechanism's capacity to deliver its workplan, many stakeholders inside and outside WHO were of the opinion that the key functions of awareness-raising, advocacy and knowledge-sharing, could in fact be delivered with small and focused teams.
185. Many stakeholders, including within the GCM/NCD secretariat, WHO and the non-State actor community, voiced the need to match the skill-mix of the secretariat to its functions. It was considered that the GCM/NCD would benefit from strengthening its capacities in aspects such as diplomacy/negotiation, communications, advocacy and community mobilization. Knowledge and practical experience of the rules of engagement under FENSA is also important and it is anticipated that the recently-appointed senior staff member with skills in managing partnerships (see paragraph 183) will be able to contribute in that regard.

Were the organizational culture and extent of collaboration and coordination within and across major offices adequate in view of the objectives to be achieved?

186. The preliminary evaluation recommended "*strengthening coordination and harmonizing procedures*" between the GCM/NCD and relevant technical programmes and between the GCM/NCD and the UNIATF. As outlined above, however, the division of labour between different units is still not sufficiently clear and ambiguities continue to create potential duplication of efforts as well as competition for resources, influence and visibility among external stakeholders.
187. The separation of responsibility for technical issues relating to NCDs across two headquarters Divisions as a result of the WHO transformation may have added complexity to internal relationships, increased the effort needed to maintain effective communication and heightened the risk of duplication of efforts. The formation of the NCD/WIN Network together with the positioning of both the GCM/NCD and UNIATF within GNP in the Office of the Deputy Director-General may help to alleviate any such problems.

Other factors that influenced progress of implementation of the GCM/NCD workplan

188. Evidence from key informants and document review suggested that the contributions of the GCM/NCD were also aided by:
 - the added momentum given to the global efforts to prevent and control NCDs as a result of the Third High-level Meeting of the UN General Assembly on the prevention and control of NCDs, held in 2018;
 - the fact that GCM/NCD is viewed by external stakeholders as providing a 'one stop shop' via which they can gain access to relevant areas of expertise across the whole of WHO; and
 - the GCM/NCD workplan for 2020 is more succinct with fewer strategic priorities – although, as noted, there continues to be no results framework.
189. Issues which were seen as hampering the GCM/NCD contribution include:
 - insufficient active engagement by participants in the work of the GCM/NCD – while participants are generally keen to participate in global meetings, etc. and to contribute to confirming future directions for the mechanism, they often have limited involvement in follow-up activities;
 - the COVID-19 pandemic has affected delivery of the 2020 workplan – although some stakeholders saw opportunities for renewed momentum in the near future given the acknowledged links between COVID-19 and NCDs; and

- the requirement that priority in selection of private sector participants must be given to industry bodies may have limited the ability of the GCM/NCD to work with a broader range of private sector players.

3.3.2 To what extent did the WHO Secretariat act upon the recommendations of the preliminary evaluation regarding the implementation of its own accountability mechanisms?

190. The preliminary evaluation identified several weaknesses in the accountability arrangements for the GCM/NCD. The evaluation report noted that the GCM/NCD workplans had not been fully implemented and reports that *“a significant number of non-State actors and interviewees considered that the GCM/NCD needs a stronger strategic focus”*. The evaluation also identified a need for *“better definition of roles and responsibilities of the GCM/NCD and the WHO technical programmes working on NCDs, especially in relation to country-level work”*.
191. The preliminary evaluation did not explicitly address accountability but its recommendation that *“the GCM/NCD should develop a medium-term strategic plan with a clear vision and a robust results framework”* was an attempt to address the weaknesses identified.
192. As noted above, no evidence was found that the GCM/NCD has responded adequately to that recommendation.

3.3.3 How did the GCM/NCD secretariat work and lead the delivery of the corresponding workplans?

193. The GCM/NCD secretariat produced workplans for 2014–2015, 2016–2017, 2018–2019 and 2020 – all of which were presented to the relevant WHA.⁵⁴
194. Comments from key informants on, and documentary review of, the two workplans that are within the scope of the current evaluation (2018–2019 & 2020) suggested that the 2020 document is more focused. It presents fewer planned actions (10 as opposed to 15 in the 2018–2019 workplan) and they are grouped under three strategic priorities in contrast with the five objectives adopted in earlier workplans.
195. Review of the workplans suggests that they are often limited in the extent to which they define specific, measurable goals or targets. That could be seen to reflect the absence of a coherent TOC underpinning the work of the GCM/NCD. Nevertheless, there has been some improvement across the two workplans. Many of the actions in the 2018–2019 workplan signal an intention merely to continue, or support particular activities whereas all but two of the actions in the 2020 workplan are aimed at delivering defined outputs.
196. As already mentioned, the broad nature of the actions proposed in the 2018–2019 workplan means it is not possible to offer an objective assessment of the extent to which it was delivered.
197. At the time of writing it is not appropriate to judge whether the targets set out in the workplan for 2020 have been met.
198. As previously indicated, the 2018–2019 workplan includes, as one of the proposed actions, *“Develop and disseminate an annual activity report describing progress made in the implementation of the workplan”*. No such report was made available to the evaluation team and there is no reference to an equivalent action in the 2020 workplan.
199. Other than references to the GCM/NCD in wider-ranging reports to the WHA (as detailed above) the only formal progress report for the GCM/NCD is a document entitled *“2014–2019: 5 Years*

⁵⁴ A67/14 Add.3 Rev.1; A68/11, Annex 3; A70/27, Annex 3; and A72/19, Annex 5 respectively.

of *The Global Coordination Mechanism on NCD*” which provides a high-level summary of the GCM/NCD outputs and activities but does not link them to the relevant underlying workplans.⁵⁵

200. The scope and purpose of the GCM/NCD, as set out in its terms of reference also includes “safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest”.
201. The GCM/NCD is recognised as having been one of the earliest elements of WHO that was impacted by FENSA in managing its engagement with the private sector. Key informants, from within and outside WHO, acknowledged that the GCM/NCD secretariat had been effective in doing so although some (including GCM/NCD staff) suggested that FENSA may at times have been unhelpful both in terms of the administrative burden that compliance has placed on the secretariat as well as the way in which it has constrained partnerships with some private sector bodies who could support the objectives of the NCD-GAP.

Summary of key findings

- *Many of the concerns identified by internal and external stakeholders can be attributed to a lack of clarity in the definition of the GCM/NCD role and responsibilities in respect of NCD-GAP implementation as well as its relationships with other parts of WHO.*
- *Being a Member State-led mechanism is a source of legitimacy, which at the same time poses challenges to the effective accountability of the mechanism. Accountability weaknesses highlighted by the preliminary evaluation have not been addressed.*
- *Fundamental managerial tools such as a clear TOC, results framework and a solid strategy have not been developed as recommended by the preliminary evaluation and, while there has been some improvement in the specificity of workplans, details linking activities to measurable goals or targets are still absent.*
- *There is believed to be a misalignment between the resources available to the GCM/NCD (staffing levels and funding) and the scale and scope of its work. Continued reliance on assessed contributions and a single source for the majority of its voluntary contributions is a significant risk to the sustainability of the mechanism, which the proposed flexible funding pool may help to alleviate.*
- *The GCM/NCD requires strong leadership and skills within the secretariat that align with purpose and upcoming functional requirements of the mechanism, including in areas such as diplomacy, communications, advocacy and community mobilization.*
- *Unclear delineation of responsibilities has led to duplication, overlaps, and competition for resources between the GCM/NCD and NCD technical units and between the GCM/NCD and UNIATF. At the same time, opportunities to capture synergies among those entities are not being realized.*
- *Although the COVID-19 pandemic has adversely affected delivery of the 2020 workplan, it may be a source of renewed momentum in the near future.*

⁵⁵ 2014–2019: 5 Years of The Global Coordination Mechanism on NCDs (<https://www.who.int/docs/default-source/ncds/gcm/2014–2019-5-years-of-the-global-coordination-mechanism-on-ncds.pdf?sfvrsn=f6367bd24>, accessed 16 November 2020).

3.4 EQ 4 – How did WHO work with others to advance the implementation of the workplans of the GCM/NCD?

3.4.1 How effective has the engagement strategy been for Member States, UN agencies and other intergovernmental organizations and non-State actors at global level?

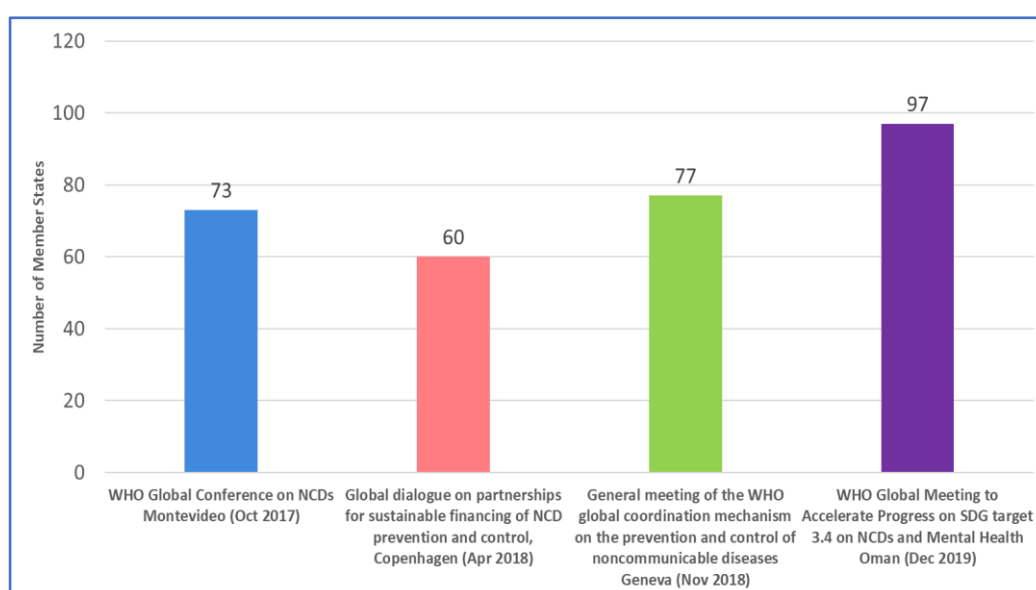
202. The GCM is led by Member States. In the preliminary evaluation, the majority of Member State respondents considered that the GCM/NCD secretariat's collaboration with Member States had been effective or very effective to support the implementation of the NCD-GAP. However, one-fifth of Member State respondents considered that collaboration to be ineffective. A number of barriers limiting engagement were cited including: limited country reach, including the scarce contextualization of outputs; and limited opportunities for continued engagement. The preliminary evaluation found that the GCM/NCD had mainly engaged and interacted with ministries of health and diplomatic missions based in Geneva and also with health-related nongovernmental organizations. It further considered that the level of engagement and collaboration with the UNIATF needed to be improved to avoid overlap. It recommended that the GCM/NCD:

“formulate a clear engagement strategy for Member States, United Nations funds, programmes and organizations and other relevant intergovernmental organizations, and non-State actors”.

203. This recommendation, formulated in 2017, has not been followed through and, as a consequence, the mobilization of other ministries beyond the health sector remains at a low level and joint collaboration with the UNIATF is limited.
204. Many key informants commented favourably on the extent to which the GCM/NCD working groups had facilitated effective engagement among their members but there were also suggestions that there was less engagement with those GCM/NCD participants that were not directly involved as working group members.
205. Relationships with Member States are fundamental to the work of the GCM/NCD. Almost all Member States (186 in total) had been represented at one or more of the four most recent high-level, global events involving the GCM/NCD.⁵⁶ In particular, the meeting held in 2019 in Oman showed the highest country participation with over 90 countries being represented (see Figure 3).
206. Nevertheless, as previously noted, the evaluation has identified the lack of country focus as an area of weakness for the GCM/NCD. The majority of Member State representatives who responded to the evaluation questionnaire either indicated they were not aware of the mechanism or left the relevant section of the questionnaire blank. Of those who did respond to the GCM/NCD questions, most of them valued the opportunities that the GCM/NCD provided for dialogue among Member States and with WHO as well as sharing experiences and raising awareness about NCDs and the NCD-GAP.

⁵⁶ WHO Global Conference on NCDs (Montevideo, Uruguay – October 2017);
WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control (Copenhagen, Denmark - April 2018);
General Meeting of the WHO GCM/NCD (Geneva, Switzerland - November 2018);
WHO Global Meeting to Accelerate Progress on SDG target 3.4 on NCDs and Mental Health (Muscat, Oman - December 2019).

Figure 3: Member States represented at high-level NCD meetings



207. Communities of practice and webinars are additional approaches adopted by the GCM/NCD in order to enhance Member State engagement although, as noted earlier, their impact has been diminished somewhat by limitations on participation in discussions, and difficulties in sustaining dialogue in the periods between events and activities.
208. Country support plans often include requests for policy dialogue on matters relating to NCDs which clearly represent an opportunity for the GCM/NCD and other relevant parts of WHO. Recent moves to develop partnerships and engagement mechanisms at the country level coupled with the proposed technical package to support Member State governments' multi-stakeholder mechanisms (see paragraph 131) may facilitate such work.
209. The majority of civil society organizations participating in the evaluation expressed appreciation for the opportunities for engagement offered by the GCM/NCD and examples were provided of specific new initiatives that have resulted from interactions facilitated via the mechanism.
210. Civil society organization representatives interviewed by the evaluation team described the GCM/NCD as an important conduit for accessing resources and expertise within WHO which can provide them with opportunities to learn and be heard. In several cases, those were clearly the main aspects where the GCM/NCD had added value. As said during the interviews *"they provide information to stakeholders, they provide a platform to stakeholders, they give voice to stakeholders"*.
211. Some civil society organizations were more critical of the style of engagement by the GCM/NCD which they described as being passive and not always receptive to their expertise and initiatives. Others appreciated the access to the NCD space that the GCM/NCD provided at a time when the structure and organisation of the NCD agenda was confusing, and fragmented at best, inside WHO.
212. The suggestion that emerges from interviews with civil society organizations is that they believe they gain a great deal from their participation in the GCM/NCD which they consider adding weight and impact to their own agenda. Conversely, however, they believe they often struggle to contribute meaningfully in return. In essence, they perceive the flow of benefits between civil society organizations and the GCM/NCD as often being one-way with the result that they have been unable, more recently, to contribute to the GCM/NCD agenda and activities.

213. From a private sector engagement point of view, the feedback received was more mixed. Most representatives of the private sector saw the lack of clear goals in the GCM/NCD strategy and engagement objectives as leading more to theoretical exchanges than to practical agreements over concrete actions. They also suggested that the GCM/NCD could have gained greater benefits from stakeholders across all sectors, and especially individual private companies, by facilitating a more inclusive culture and a clearer vision for collaboration, while also respecting the need to avoid conflicts of interest. In common with civil society organizations, private sector entities expressed interest in becoming more active participants in the GCM/NCD activities, rather than simply recipients of information.
214. Many stakeholders recognized, and welcomed, the fact that the relationship of WHO as a whole with the private sector has changed significantly in recent years. The evaluation was informed of several instances where WHO units have entered into agreements with industry bodies while respecting the requirements of FENSA. In some cases, those agreements related to technical issues of relevance to the implementation of the NCD-GAP but were established bilaterally between industry and the technical department concerned without reference to, or involvement of, the GCM/NCD.

3.4.2 How effective has the GCM/NCD been in engaging with Member States through mechanisms set up with the UNIATF at country level?

215. The UNIATF Strategy for 2019-2021 identifies, as one of its four strategic priorities, 'Supporting countries to deliver multisectoral action on the NCD-related SDG targets' and states that *"The Task Force will respond to the increasing demand for context-specific technical assistance from countries to support national action and capacity building on the NCD-related SDG targets."*⁵⁷
216. Although the UNIATF strategy makes no specific reference to the GCM/NCD, it signals a commitment to work with UN country teams and regional offices to deliver technical assistance to countries.
217. The UNIATF's website indicates that country missions, visits and/or development of an investment case for NCDs (all involving WHO personnel) had been undertaken in 29 countries between 2014 and 2019.
218. The evaluation found evidence of country and stakeholder support for UNIATF country missions. These missions are seen as being effective in bringing together stakeholders from a variety of sectors as well as a range of UN agencies, and thus assisting countries in developing multisectoral approaches to address the prevention and control of NCDs. The GCM/NCD is well-placed to contribute to missions by facilitating engagement of health-related non-State actors including civil society and the private sector.

3.4.3 How effective has the mechanism been in achieving multisectoral action through enhanced engagement with other non-health government officials and non-State actors?

219. There was strong recognition of the GCM/NCD role in fostering multistakeholder engagement for the prevention and control of NCDs. It was also commended for having influenced WHO's engagement with philanthropic initiatives and private sector players. According to some interviewees, such influence and subsequent change of approach has also facilitated the

⁵⁷ United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases: 2019–2021 Strategy (https://apps.who.int/iris/handle/10665/279895?search-result=true&query=United+Nations+Interagency+Task+Force+on+the+Prevention+and+Control+of+Non-Communicable+Diseases%3A+2019-2021+strategy&scope=&rpp=10&sort_by=score&order=desc, accessed 16 November 2020).

establishment of other partnerships at the national level. The discussions around financing for NCDs and the outcomes of the 2018 Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control that took place in Copenhagen was seen as an important event in this regard. This meeting facilitated other developments in financing modalities for NCD responses.

220. In general terms, the concept of multistakeholder engagement appears to be well understood, but practical approaches for achieving such engagement are less evident. Moving from engagement to action also present challenges. The GCM/NCD has attempted to engage with stakeholders from different sectors over the years but its interlocutors remain, primarily, health sector bodies. Typically, more than two-thirds of participants at GCM/NCD meetings are from the health sector with a further one-fifth comprising diplomatic representatives. Active engagement by stakeholders from other sectors remains weaker.

3.5 Considering the post-2020 agenda and creation of the GNP, should the GCM be continued and in what form?

221. Views on this question ranged across a broad spectrum from those who advocated for the mechanism to be discontinued to others who endorsed extension of its term until 2030 albeit with some changes to its role and operating model.
222. From an evaluation perspective, the fact there appears to be no consistent view on the value of the GCM/NCD at this point in time could be seen as a further indication of the lack of a common understanding of its role, purpose and expected achievements. The only clear consensus was that continuation based on 'business as usual' would not be appropriate.

Member States

223. There was a clear consensus among Member States (key informant interviews and questionnaire responses) that continuation of the GCM/NCD should be conditional on reform of its operating model with a clear accountability and a stronger action orientation and a clearer focus on practical support for individual Member States.

Non-State actors

224. Non-State actors were generally most positive in their support for the GCM/NCD. Their suggestions for improvement included:
- clearer vision and more explicit objectives
 - more effective accountability mechanisms
 - better communication
 - stronger 'voice' and opportunities for participants to contribute to the work of the mechanism
 - enhanced focus on converting knowledge into action
 - focus on fewer activities
 - improved management
225. Where non-State actors were critical, their concerns centred on what were perceived as lack of clarity in the GCM/NCD objectives, weak accountability arrangements and the view that the mechanism may have diverted resources from technical departments where they could have been put to more effective use.

WHO staff

226. Views of key informants from within WHO were more varied and ranged from a suggestion that the GCM/NCD was no longer required and should cede its role to a body outside WHO through to strong support for the mechanism with only minor adjustments being required.
227. Several key informants from within WHO identified a need for the GCM/NCD to work more closely with other departments. Closer ties with the two NCD technical departments were the most common suggestions although it was also suggested that there are other aspects of WHO's work that also relate to NCDs. The possibility of the GCM/NCD functions being assigned to the Health and Multilateral Partnerships Department or the Department of Communications was also raised.
228. There was also frequent mention of the need, as a minimum, to reduce duplication and ambiguity by clarifying the respective roles of the GCM/NCD and the NCD technical departments. It was suggested that the GCM/NCD should only undertake activities which could not be performed by other technical departments working on NCDs.
229. Another theme that emerged from within WHO was the need for better support to Member States' efforts to prevent and control NCDs. The need for more explicit delineation of the respective roles of the GCM/NCD and UNIATF as well as more harmonious working relationships between the two teams were identified as potentially offering benefits in that regard.
230. The question of a mismatch between the GCM/NCD workload and capacity was also raised by a number of key informants suggesting that the mechanism should focus its resources on fewer activities, possibly underpinned by clearer and better-targeted terms of reference. There was little support from among WHO Staff for an increase in resources provided to the GCM/NCD.
231. Some WHO staff identified a need for participant organisations to be more actively involved in the work of the GCM/NCD either through providing more technical input or via some form of advisory board that could guide and oversee the mechanism's work.
232. It was also suggested that the GCM/NCD might benefit from seeking to collaborate with a more diverse range of private sector bodies such as those engaged in information and communications technology, banking and finance, entertainment and sports industries.
233. Key informants from within WHO who viewed the GCM/NCD less positively suggested that those functions assigned to the GCM/NCD which could not be undertaken by the existing NCD technical departments should be transferred to a new independent body external to WHO.

Summary of key findings

- *Extensive efforts on the part of the GCM/NCD to engage at the country level have delivered mixed results. While some achievements are acknowledged, many Member States appear to have little knowledge of the mechanism and others struggle to build on the GCM/NCD support and move from knowledge to action in their efforts to prevent and control NCDs.*
- *Non-State actors report significant benefits from their involvement with the GCM/NCD but are eager to be able to reciprocate by contributing more to the mechanisms' work.*
- *There was strong recognition that the GCM/NCD role is important in fostering multistakeholder engagement for the prevention and control of NCDs. It was commended, in particular, for having influenced WHO's engagement with philanthropic initiatives and private sector players.*
- *Private sector representatives consider that the GCM/NCD should do more to ensure their active engagement.*
- *UNIATF is seen as better equipped to foster multisectoral engagement at the country level due to its wider remit, but the GCM/NCD has demonstrated that it can add value to UNIATF's work.*
- *While the concept of engagement is well-recognised, further effort is needed to elaborate the causal pathway from engagement to impactful action at the country level.*
- *Views on the case for maintaining the GCM/NCD are generally (but not universally) positive – although there is a clear consensus on the need for improvements in its governance, role clarity and operating model.*

4. Conclusions

234. As a continuum of evaluative work in relation to the GCM/NCD, this current evaluation builds on the preliminary evaluation of the GCM/NCD conducted in 2017.

How relevant was the GCM/NCD to the achievement of the voluntary global targets?

235. The five functions, and hence the mandate, of the GCM/NCD continue to be relevant in supporting the implementation of the NCD-GAP and are well aligned with GPW13 and target 3.4 of SDG 3. As such, they can be considered to be 'core business' for WHO as a whole – a fact which is made clear in the wording of the NCD-GAP itself. Indeed, the evaluation identified many examples where parts of WHO other than the GCM/NCD were working effectively to support the functions.
236. Advocacy, awareness-raising and dissemination of knowledge with the goal to advance multisectoral action were perceived by the majority of stakeholders as being highly significant. The current advocacy efforts highlighting the links between COVID-19 and NCDs were perceived as relevant, particularly by civil society actors.
237. While there is clear agreement that the overall purpose and functions of the GCM/NCD continue to be relevant, specification of the functions could be improved by tailoring them to the different needs and gaps identified at the global, regional and country levels. A theory of change demonstrating the value chain of the mechanism would provide clarity in setting goals and targets and reduce the current level of duplication of efforts and overlaps both with other units in WHO and with other partners.
238. The 2017 preliminary evaluation noted the absence of a results framework and strategic plan and that is still the case. These essential managerial tools would enable the GCM/NCD to establish priorities, to demonstrate its role in support of other WHO departments and external stakeholders, to realize potential synergies and, ultimately, to confirm its relevance.

Which were the main results and added value of the GCM/NCD secretariat towards achieving the five functions of the GCM/NCD as outlined in its TOR?

239. In the period 2018–2020, a sizeable proportion of the GCM/NCD activities have been related to functions 1 (advocacy and awareness-raising) and 2 (disseminating knowledge and sharing information). In contrast, there was less evidence of tangible outputs in relation to functions 3 (encouraging innovation and identifying barriers), 4 (advancing multisectoral action) and 5 (advocating for the mobilization of resources) although all three were clearly also recognized as important.
240. The GCM/NCD activity in respect of advocacy and awareness-raising has centred on the organization of meetings, global dialogues, etc. and the immediate networking opportunities they provided. Civil society organizations frequently indicated that their participation in such events had helped to strengthen their own profile, public messaging and networks. More generally, however, it is difficult to identify specific results and practical changes in policy or practice that stem from such events.
241. The GCM/NCD has also proven effective in incorporating NCDs into COVID-19 response activities. While the COVID-19 pandemic has adversely affected delivery of the workplans, it may be a source of renewed momentum in the near future.
242. Alongside major global events and multi-stakeholder meetings, other activities undertaken by the GCM/NCD in support of its role in advocacy, awareness-raising and disseminating knowledge and sharing information included development of the KAP, live webinars,

communities of practice, working groups and research connect. While the KAP clearly has the potential to be a valuable tool for sharing knowledge and best practice, and was widely appreciated by civil society organizations, evidence suggests that further effort is needed to improve its reach to, and relevance at, the regional and country levels.

243. The Second Civil Society Working Group on NCDs and the GCM/NCD contributions to the WHO Independent High-level Commission on NCDs, which led to a series of political statements on the prevention and control of NCDs being issued, are positive examples of joint working and lobbying for change. However, the uptake and follow-up of such statements and their contribution to tangible changes at the country level are less clear. Development of practical “how to” tools and materials for adoption and use at the country level was included in the mechanism’s 2018–19 workplan but has not yet been accomplished.
244. The levels and intensity of engagement between the GCM/NCD and partners varied. The relationship with civil society actors appeared strong and highly valued for the most part, particularly, as the GCM/NCD facilitated a unique entry point to WHO and a voice to many non-State actors. However, in the absence of tools and engagement plans to guide multistakeholder and multisectoral action, it proved difficult for participants and Member States to actively contribute to the GCM/NCD activities and to drive its agenda forward. The role of business associations in helping the GCM/NCD to deliver on activities needs clarity and further work will be needed to provide concrete actionable purpose.
245. As previously mentioned, the absence of an explicit results framework with clearly defined objectives renders an objective assessment of the extent to which the GCM/NCD has met the goals set out in its workplans and the fitness for purpose of the GCM/NCD achievements more difficult.

Which were the main influencing factors that either facilitated or hampered the successful delivery of the GCM/NCD workplans?

246. Notable efforts to enhance coordination within WHO in order to achieve the NCD-related SDG targets include the recent move to bring the GCM/NCD and UNIATF together within the GNP, and the establishment of the NCD/WIN Network.
247. While some non-State actors appreciated the fact that the GCM/NCD provided a single point of access to WHO, others noted what they perceived to be an unclear delineation of roles between the mechanism, UNIATF and NCD technical departments, leading to misunderstandings and lost opportunities across the WHO NCD space and contributing to delays, overlaps and duplication of efforts.
248. The fact that the GCM/NCD is a Member State-led mechanism provides it with legitimacy and organizational support, including in the eyes of non-State actors. In practical terms, however, Member States appear to have had few opportunities to become actively engaged in guiding the work of the GCM/NCD and overseeing its progress. More frequent, routine reporting on progress against workplans to governing bodies, over and above that currently provided via the WHA, could provide scope for the GCM/NCD to benefit from Member States’ views on needs, priorities and best practices at the country level.
249. A number of key informants noted a mismatch between the (human and other) resources available to the GCM/NCD and the scope and ambition of its workplans, contributing to delays in implementing some activities. Suggestions to address the mismatch ranged from increased funding for the mechanism, to more rigorous prioritization resulting in fewer, more focused activities. The GCM/NCD leadership capacity and resources need to be matched with its functions, priorities and ambitions. Given the political sensitivities around multistakeholder

engagement, it was also suggested that, alongside technical skills in areas relating to NCDs, the GCM/NCD secretariat should also ensure it has the necessary skills in diplomacy, partnerships, advocacy and communication.

250. The planned establishment of a pooled fund to enhance sustainable financing for the GCM/NCD and Member States' efforts towards prevention and control of NCDs could deliver benefits to the GCM/NCD. However, in the light of the intention to set up the Multi-Partner Trust Fund under the auspices of UNIATF, the justification for two such funds needs to be considered.
251. As mentioned above, the GCM/NCD reporting line within the WHO organizational structure evolved over the period covered by this evaluation. Locating the mechanism in the GNP, with a direct reporting line to the Deputy Director-General, was intended to enhance the mechanism's authority, autonomy and ability to interact with a broader range of partners within and beyond WHO. Additionally, placement of UNIATF alongside the GCM/NCD within this Platform was expected to enhance cohesion between the two instruments. While it is perhaps too early to assess the effectiveness of such a move, greater separation between the GCM/NCD and the relevant NCD technical departments has reportedly increased the risks of duplication of efforts and made communication more difficult; while the relationship between UNIATF and GCM/NCD lacks synergy. Benefits could clearly be gained by clarifying roles and relationships within the GNP, as well as between the GNP and other units within WHO.

How did WHO work with others to advance the implementation of the workplans of the GCM/NCD?

252. Civil society reported significant benefits from its involvement with the GCM/NCD, and with policy dialogues in particular, although it also considered that its potential role as a contributor to (rather than a beneficiary of) the GCM/NCD work, had not been fully recognized. Private sector associations were less able to articulate specific benefits and sought more concrete joint plans of work which they considered had not yet materialized.
253. Commitments to take forward stakeholder mapping and to develop engagement strategies/tools to guide multisectoral, multistakeholder action, particularly at the country level, have featured in GCM/NCD workplans for some time. Of particular importance is the objective to develop engagement strategies and tools for country-level use, which, according to stakeholders and review of documents, has been in the pipeline for a considerable time, but not yet completed. For the most part, the GCM/NCD focus has remained global in nature, with less evidence of sustained country reach or benefit at the country level.
254. The majority of the GCM/NCD relationships with Member States, and participation in meetings, working groups, etc., involves ministries of health and/or foreign affairs (or equivalents). Given the widely recognized need for multisectoral involvement to tackle causes and consequences of NCD, greater engagement of the GCM/NCD with national, non-health agencies would enhance the benefit of the mechanism to Member States at the country level. The broader remit of UNIATF, in contrast, has enabled it to engage more effectively across a wider range of players.
255. The low response rate to the evaluation questionnaire, while undoubtedly affected by Member States' focus on the challenges of COVID-19, is also indicative of the mechanism having achieved relatively little visibility or added value at the country level.

Considering the post-2020 agenda and creation of the GNP, should the GCM/NCD be continued and in what form?

256. The GCM/NCD is, to date, the first and currently only formal Member State-led mechanism within the WHO Secretariat aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of NCDs. Its unique mandate rests primarily in its engagement capacity and its potential to create links between multisectoral actors, including Member States,

non-State actors, UN actors and other technical programmes, at the global, regional and national levels.

257. The importance, interdependency and mutually reinforcing nature of the five functions assigned to the GCM/NCD was widely recognized. There was also acknowledgement that the mechanism has been effective in a number of areas, largely due to considerable effort and commitment on the part of its staff. Within WHO, however, over the past two years the GCM/NCD secretariat has undergone some level of downsizing and has recently been subsumed within the newly established GNP (which also includes the UNIATF).
258. However, views on the continued need for, and ability of, the mechanism to deliver those functions varied. Many stakeholders supported retaining the GCM/NCD in line with the continuation of the NCD-GAP and the SDG targets to 2030. However, a majority agreed it was timely for the GCM/NCD to evolve towards, or possibly be replaced by, a more targeted and action-oriented model, or alternative approach, in closer collaboration with other internal and external actors. This would include well-defined objectives and focused partnerships in support of the NCD-GAP and its voluntary targets. On balance, new means to maintain and, where possible, strengthen efforts to deliver the important functions of the GCM/NCD also need to be considered.
259. Going forward, it is clear that the status quo is not an option for the GCM/NCD. It is apparent that the functions originally envisaged for the GCM/NCD remain valid and relevant contributions to the NCD-GAP, GPW13 and the SDG targets to 2030. Future options in this regard include: (a) a strengthened, more focused approach to delivery of the vital functions currently assigned to the GCM/NCD; but also (b) to discontinue the mechanism, and establish a new operating model within WHO to ensure the functions are effectively carried forward.
260. If the GCM/NCD is to continue and contribute meaningfully with respect to its intended objective and effectively fulfil the mandate envisaged by Member States, then it needs to be strengthened with a clear role and responsibility within WHO's internal NCD organizational architecture to avoid duplication of efforts. In this scenario, Member States also need to play a stronger role in the mechanism.
261. However, an alternative model could be envisaged whereby, in place of the GCM/NCD, its functions and its external engagement/linkage dimensions can be undertaken by the GNP, one of the NCD technical departments or the Health and Multilateral Partnerships Department. In this scenario too, there needs to be a clear role and responsibility within WHO's internal NCD organizational architecture and, possibly, an avenue for Member States'/non-State actors' leadership/contribution on specific issues (e.g. through working groups as per current practice).
262. The limitations to the evaluation due to the current COVID-19 situation did not allow for adequate Member State inputs to be in a position to propose a definitive option. A further consultative process by the WHO Secretariat with Member States ahead of a decision at the Seventy-fourth WHA in May 2021 would be useful. This consultation could be supported by a Secretariat options paper based on the recommendations of the evaluation.

5. Recommendations

Principal recommendation

1. The GCM/NCD is, to date, the first and currently the only formal Member State-led mechanism within the WHO Secretariat aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of NCDs. Its unique mandate rests primarily in its engagement capacity and its potential to create links between multisectoral actors, including Member States, non-State actors, United Nations actors and other technical programmes, at the global, regional and national levels.

As the functions originally envisaged for the GCM/NCD remain valid and relevant contributions to the NCD-GAP, the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goal targets to 2030, these functions should be continued. However, the mechanism needs to evolve towards, or possibly be replaced by, a more targeted and action-oriented model, or alternative approach, in closer collaboration with relevant internal and external actors.

Options in this regard include:

- (a) a strengthened, more focused approach to delivery of the vital functions through the GCM/NCD, with a clear role and responsibility within WHO's internal NCD organizational architecture to avoid duplication of efforts. In this scenario, Member States also need to play a stronger role in the mechanism;
- (b) discontinuation of the mechanism and establishment of a new operating model within WHO to ensure the functions are effectively carried forward. This could involve the functions of the GCM/NCD and its external engagement/linkage dimensions being undertaken either by the Global NCD platform, one of the NCD technical departments or the Health and Multilateral Partnerships Department. In this scenario, there also needs to be a clear role and responsibility within WHO's internal NCD organizational architecture and, possibly, an avenue for Member States'/non-State actors' leadership/contribution on specific issues (e.g. through working groups as per current practice).

The WHO Secretariat should undertake a further consultative process⁵⁸ with Member States ahead of a decision at the Seventy-fourth World Health Assembly in May 2021. This consultation could be supported by a Secretariat options paper on the future of the mechanism.

Additional recommendations

Contingent upon the outcome of the preceding recommendation, the recommendations of the preliminary evaluation which aimed to strengthen the performance of the GCM/NCD, and which were generally not implemented, are for the most part still valid to ensure the effective coordination and implementation of the functions. As such, WHO should:

2. Develop a **medium-term strategic plan** with **clear allocation of responsibility** for the delivery of the five functions in synergy with the broader WHO strategy for implementing the NCD-GAP.
 - The WHO strategy for delivering the five functions should have a clear vision and a robust results framework based on a theory of change linking the functions with implementation of the NCD-GAP, complemented by an accountability framework (with

⁵⁸ To allow for a more substantive consultation/participation on the merits and challenges of the options proposed.

- well-defined reporting lines and modalities, together with outcome and performance indicators).
- Planning in support of those functions should be undertaken in full synergy with planning of the WHO departments and functional units that are responsible for progressing the NCD-GAP and driving achievement of its objectives by 2030 (including WHO units beyond the traditional NCD space, such as health systems, pharmaceuticals, environment and climate change, and social determinants).
3. **Enhance the country reach** of WHO's work in delivering the five functions, with a particular focus on reaching national NCD focal points and country stakeholders, in synergy with the "triple billion" goals of the Thirteenth General Programme of Work, 2019–2030.
- Influence at, and support to, the country level should set the directions of WHO at the three levels of the Organization in delivering those functions. WHO Country Offices continue to be the principal focal point for supporting national approaches to prevention and control of NCDs but this must be underpinned by a clearer strategy for inputs from the global and regional levels.
 - Future workplans, activities and associated results should be linked to a strategic plan encompassing the three levels of the Organization.
 - The delayed "how to" tools and practical materials planned in 2018–2019 should be developed to support countries to establish multisectoral, multistakeholder coordination platforms to help to address prevention and control of NCD's.
 - Engagement from country representatives should extend beyond the ministry of health to other interested sectors.
 - Collaboration and coordination with the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases should be strengthened to support country-level activities.
 - A rapid review of partnerships and participants should be conducted, in collaboration with WHO NCD technical departments, to ensure that those engaging with the functional unit are central to achieving intended results per region or country.
 - Specific outputs, such as policy dialogues and the Knowledge Action Portal, should seek to focus increasingly on providing practical guidance on how to drive multisectoral action at the country level and to attract participants whose role and status enable them to apply, at the country level, the knowledge they gain from such events.
4. Formulate a **clear engagement strategy** for Member States, United Nations funds, programmes and organizations and other relevant intergovernmental organizations, and non-State actors, including the private sector, with a view to facilitating implementation of the NCD-GAP.
- The engagement strategy should explicitly clarify the purpose and expected outputs of engagement and collaboration with partners, as well as a results framework, based on the broader strategy for delivery of the functions.
 - The engagement strategy should be aligned with a broader WHO engagement strategy for partnerships to avoid duplication of efforts.
5. Take steps to **rationalize approaches to resource mobilization** for NCD-related efforts within WHO and among Member States.
- In particular, the case for WHO establishing a pooled fund alongside the Multi-Partner Trust Fund proposed by the United Nations Inter-Agency Task Force on the Prevention

and Control of Non-communicable Diseases will require careful management and regular review.

- Efforts should also be made to ensure that NCD-related initiatives gain due recognition in the grant-making activities of the newly established WHO Foundation.
- A balance should be maintained between the human resources, including leadership and staffing levels, allocated to work on prevention and control of NCDs across WHO, and the scale and scope of the Organization's ambition and purpose.