



# Independent evaluation of the UN Inter-Agency Task Force on the Prevention and Control of Non- communicable Diseases

## Web annexes

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Caption: Seventy-fifth World Health Assembly, Geneva, Switzerland, 22-28 May 2022

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# 1. Terms of Reference (May 2024)

## I. Background

1. The [United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases](#) (NCDs), (*hereafter referred to as the Task Force*) provides a platform for cooperation among UN system agencies and intergovernmental organizations to support governments address NCDs and mental health conditions. The Task Force was established by the UN Secretary-General in 2013 pursuant to [ECOSOC Resolution E/RES/2013/12](#) and reports annually to the Economic and Social Council (ECOSOC) of the UN.

2. According to the Task Force's [Terms of Reference \(ToR\)](#), actions of the Task Force and its members are to support, in accordance with their respective mandates, the realization of the commitments made in the Political Declaration of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of NCDs and further elaborated in the [WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020](#) (WHO Global NCD Action Plan), now extended to 2030. The main focus of this action plan is on four types of noncommunicable disease—cardiovascular diseases, cancer, chronic respiratory diseases and diabetes—which make the largest contribution to morbidity and mortality due to noncommunicable diseases, and on four shared behavioural risk factors—tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. It also has the following voluntary global targets:

- A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
- At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.
- A 10% relative reduction in prevalence of insufficient physical activity. A 30% relative reduction in mean population intake of salt/sodium.
- A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years.
- A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances. Halt the rise in diabetes and obesity.
- At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
- An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

3. The Task Force consists of 45 UN agencies and programmes, intergovernmental organizations, and development banks with a Secretariat at the World Health Organization (WHO). Within WHO, the Task Force Secretariat is part of the Global NCD Platform department which includes the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD). The aim of the GCM/NCD is to facilitate multistakeholder engagement and cross-sectoral collaboration to prevent and control NCDs. The Task Force provides a platform for leveraging Task Force members' individual mandates, comparative advantages, and capacity for enhanced collective results.

4. Between 2014 and 2017 the Task Force operated through two biennial workplans ([2014-2015](#) and [2016-2017](#)). Since then, two strategies ([2019-2021](#) and [2022-2025](#)) have guided the work of the Task Force. The latter includes a

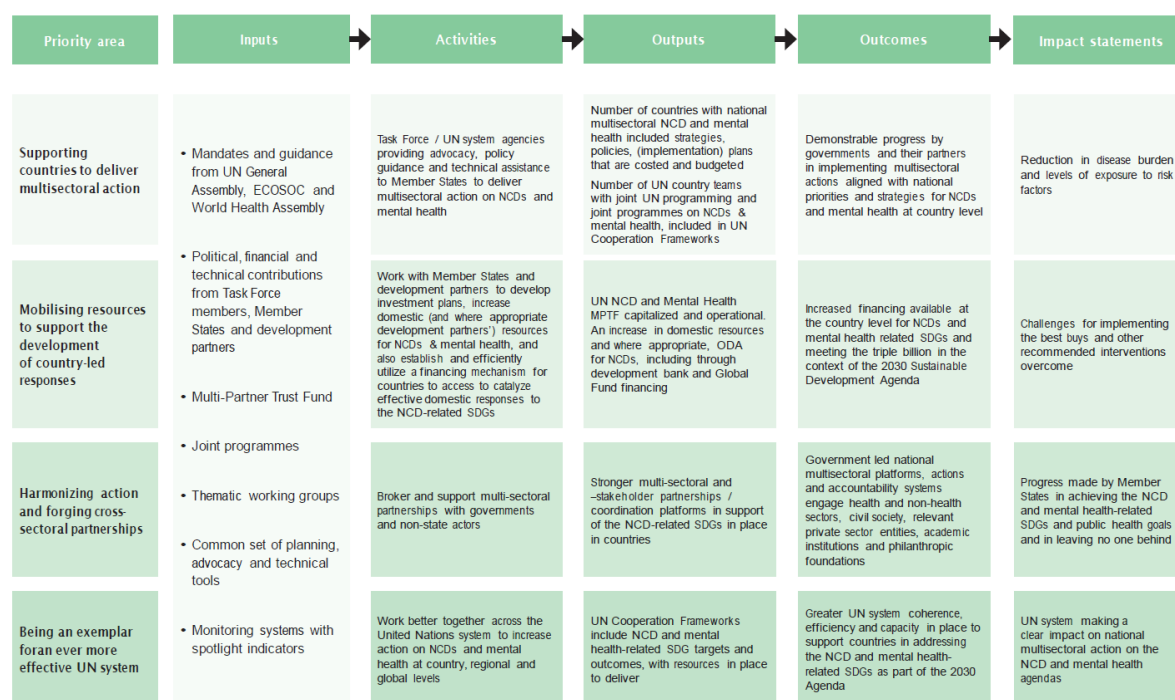


Theory of Change (ToC) and an accompanying monitoring and evaluation framework. The 2019-2021 and 2022-2025 strategies have similar monitoring and evaluation frameworks.

5. The annual reports of the Task Force describe the work of the Secretariat and its members, challenges being faced, with recommendations for ECOSOC's consideration. Between 2013 and 2021, [resolutions](#) on the work of the Task Force were agreed by ECOSOC. In 2022 and 2023 ECOSOC agreed [decisions](#) on the work of the Task Force. Reports, resolutions and decisions are available [here](#).

6. This is the first independent evaluation of the Task Force. The Task Force Secretariat and its members are commissioning this evaluation and these ToRs have been discussed at the twenty-first meeting of the Task Force in October 2022. WHO Evaluation Office will provide quality assurance of the products and the process, including ensuring the independence of the evaluation. Comments were also received from Task Force members (including WHO technical departments) following that meeting and addressed in the final ToRs. WHO regional offices were also invited to provide comments on the ToRs. To note that a [mid-point evaluation](#) of the implementation of the WHO Global NCD Action Plan was conducted in 2020 that included the work of the Task Force as well as recommendations for the Task Force. A summary of findings and recommendations is available [here](#). In addition, an [Evaluation Brief](#) exists in the six official UN languages, as well as a [Management Response](#) (2022). This evaluation considered the contribution of the Task Force to WHO Global NCD Action Plan, but it was not a comprehensive review of the Task Force.

7. The following is the logic framework of the Task Force, as described in its [strategy for 2022-2025](#).



Source: Logic and change model, UN Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, 2022-2025 Strategy

## II. Rationale and scope

8. As this is the first independent evaluation of the Task Force, and given that the current strategy ends in 2025, the tenth-year anniversary of its establishment provides an important opportunity to conduct this independent evaluation of the work of the Task Force. The evaluation will provide recommendations for enhancing its effectiveness in supporting Member States and their development partners to scale up action on NCDs and mental health conditions, in line with SDG target 3.4<sup>1</sup> and as part of universal health coverage and the broader Sustainable Development Agenda, 2030, only six years away. The evaluation will also feed into the development of the next Task Force strategy and where appropriate updating the current strategy.

9. While the major focus of this evaluation will be the implementation of the recent two strategies (2019-2023 and 2022-2025), the evaluation will also assess progress made in the first 10 years of the Task Force since its inception, key achievements and challenges (includes two phases: (i) 2013-2017 where there were biennial workplans with many activities based on the Task Force's authorizing documents; and (ii) 2019-2023 based on the two Task Force strategies, with complementary Theories of Change). The scope of the evaluation is global in nature, with focusing on countries and action areas as referenced in the Task Force's strategies and workplans.

10. The scope of this evaluation is summarized as below:

Time frame	The evaluation will cover the period from 2014 to 2023, inclusive.
Geographic areas	The scope of the Task Force is global in nature, with focusing on countries and action areas as referenced in the Task Force's strategies and workplans.
Stakeholders	Task Force Secretariat, Task Force members, Member States and their development partners, including civil society.
Users	The Task Force Secretariat, Task Force members, Member States, international investors in health and development and wider development partners.
Thematic	Cross-cutting thematic issues on gender, equity, human rights, and disability inclusion.
Outputs	Outcomes and outputs specified in the Task Force strategy, ToC and monitoring and evaluation framework.
What not to be included in the evaluation	The evaluation is limited to the specified objectives and workplan of the Task Force.

10. Guided by the main UN Evaluation Group (UNEG) evaluation criteria, the evaluation will consider the relevance, effectiveness, coherence and where possible, the impact and sustainability dimensions of the Task Force. It will assess the conceptualization and implementation of the Task Force mandate and strategy across the partnership, along with specific contributions and added value of the Task Force in delivering results in response to the outputs and outcomes contained in the Task Force's ToC.

## III. Users of the evaluation

11. As described in para The primary users of this evaluation are the Task Force Secretariat and the Task Force members, mainly to learn from the implementation of the strategic plans of the Taskforce. Other intended users of the evaluation include the WHO Headquarters NCD Department, WHO Regional Offices, WHO Country Offices, Member States, national governments, international investors in health and development and wider development partners.

<sup>1</sup> By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being.

<b>Internal stakeholders</b>	<b>Role and interest in the evaluation</b>
The Task Force Secretariat	The evaluation could provide specific insights into the key achievements, challenges, and suggest way forward in addressing those challenges.
Task Force members	The results of the evaluation will inform the design and implementation of the next strategic plan of the Taskforce.
WHO Headquarters NCD Department	WHO Headquarters NCD Department is responsible for WHO strategies on NCDs, in developing norms and standards to address NCDs, and in evidence generation. Results of this evaluation will have major implications for further aligning the priorities and defining future strategies at the global level.
WHO Regional Offices	WHO Regional Offices are responsible to set and implement regional NCD agenda, adapting norms and standards and in coordinating and providing technical assistance to Member States. Results of this evaluation will have major implications for further aligning the priorities and defining future strategies at the regional level.
WHO Country Offices	WHO country Offices are responsible to set and implement national NCD agenda, and in coordinating and providing direct technical assistance to Member States. Results of this evaluation will have major implications for further aligning the priorities and defining future strategies at the national level.
Member States	The Member States have a direct interest in being informed about the evaluation and support needed for clearer and more impactful WHO, specifically on the NCD actions.
WHO Secretariat	The Secretariat is responsible for setting global agenda on NCDs in ensuring alignment with external and internal policies and approaches on NCDs.
<b>External stakeholders</b>	
International investors in health and development and wider development partners	Donor agencies and other international investors in health and development are interested in knowing how to improve collaboration with WHO and to rollout impactful interventions.
Multilateral agencies and other partners	Multilateral agencies and other partners are interested to know the effectiveness and efficiency of such collaborative efforts.

#### **IV. Purpose and Objectives**

##### ***Purpose***

11. The aim of the evaluation is to provide an independent, comprehensive and robust assessment of the Task Force, including its strategy, interventions, operations, performance and results, as well as its engagement and coordination with partners. The evaluation will document successes, challenges and best practices, and will provide lessons learned and recommendations for future use by the Task Force to inform policy and decision-making.

12. This evaluation is intended to be both formative and summative, with a strong focus on learning. In terms of learning, it will offer Task Force members to reflect on successes and achievements, identify challenges encountered, and understand why certain accomplishments were not achieved. In turn, this will help inform the development of the new strategy (2026-2030), improve coordination, collaboration and overall management, and enhance the ability of the Task Force to support countries to achieve SDG 3.4 in the context of the broader Sustainable Development Agenda and more specifically the WHO Global NCD Action Plan, 2013-2030, and other relevant global strategies and plans. From an accountability standpoint, the evaluation will provide its external stakeholders (e.g., ECOSOC members, Member States of WHO and other agencies of the Task Force, development partners) with an

objective, and impartial perspective on these issues in a manner that can help them better understand the accomplishments of the Task Force and challenges in its efforts to achieve results.

### **Objectives**

13. The objectives of the evaluation will be to:

A. Assess the work of the Task Force towards the achievement of its stated purpose<sup>2</sup> and of its four strategic priorities and related outputs/outcomes as defined in its strategy, ToC and monitoring and evaluation framework (accountability);<sup>3 4</sup>

B. Document the facilitating factors and challenges that hindered the progress; and

C. Provide lessons, and make recommendations for future use for the Task Force and its members to:

- inform policy, decision-making, means to scale up delivery of intended results and refinement of its strategy and monitoring and evaluation framework;
- improve coordination, collaboration and overall management in order to enhance the ability of the Task Force to support countries to achieve SDG 3.4 in the context for the broader Sustainable Development Agenda and more specifically the WHO Global NCD Action Plan, 2013-2030;
- provide inputs for the next Task Force strategy.

### **V. Evaluation questions**

15. Deriving from the objectives, the following indicative evaluation questions addressing the key UNEG evaluation criteria have been formulated by the Task Force Secretariat in consultation with the Task Force members and the WHO Evaluation Office. Taking into account of evaluability and feasibility, the evaluation questions and sub-questions will be finalized during the inception phase by the evaluation team in agreement with the EMG and ERG after discussions with key stakeholders and the initial document review.

<b>Evaluation questions</b>	<b>Evaluation sub-questions</b>	<b>Linking to evaluation objective (Paragraph 13)</b>
<b>EQ1:</b> How well have the priorities of the Task Force aligned with the stated needs of governments, non-state actors, the affected	1.1 How well aligned has the objectives and design of the Task Force been with the stated needs of the Governments involved and with non-state actors?	A

<sup>2</sup> (per para 2 of the 2013 ECOSOC resolution: to “coordinate the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations to support the realization of the commitments made by Heads of State and Government in the Political Declaration of the High level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, in particular through the implementation of the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.”

<sup>3</sup> (1) Supporting countries in delivering multisectoral action on the non-communicable disease-related Sustainable Development Goal targets; (2) Mobilizing resources to support the development of national responses to reach the non-communicable disease-related Goal targets; (3) harmonizing action and forging partnerships; and (4) being an exemplar of United Nations reform.

<sup>4</sup> (1) Supporting countries in delivering multisectoral action on the non-communicable disease-related Sustainable Development Goal targets; (2) Mobilizing resources to support the development of national responses to reach the non-communicable disease-related Goal targets; (3) harmonizing action and forging partnerships; and (4) being an exemplar of United Nations reform



<p>population, and with strategic priorities of its key UN agency members in light of the SDGs?</p> <p>(Relevance)</p>	<p>1.2 How well aligned has the objectives and design of the Task Force been with the specific needs of the affected population?</p> <p>1.3 To what extent has the objectives and design of the Task Force been aligned with the strategic priorities of its key UN agency members in light of the SDGs?</p> <p>1.4 How has the objectives and design of the Task Force changed over time, and how well has the Task Force adapted its response to rapidly changing needs of its various stakeholders?</p> <p>1.5 To what extent has the objectives and design of the Task Force been explicitly informed by gender analysis and undertaken in a gender sensitive manner?</p>	
<p><b>EQ2:</b> To what extent has the Task Force coordination and collaboration, including through its joint programmes, working groups and more recently the Health4Life Fund, been compatible with other internal and external initiatives?</p> <p>(Coherence)</p>	<p>2.1 To what extent has the Task Force strategies and work addresses synergies and interlinkages between other NCD initiatives and interventions of WHO?</p> <p>2.2 To what extent has the Task Force strategies and work successfully promoted complementarity of actions from other global and national actors?</p> <p>2.3 What is the observable added value of the members of the Task Force acting together?</p>	C
<p><b>EQ3:</b> To what extent What results has the Task Force achieved, its objectives and results, whether intended or unintended?, and what have been enabling and hindering factors?? What challenges have emerged?</p> <p>(Effectiveness, Efficiency)</p>	<p>3.1 How well are governance structures, processes, and mechanisms efficient to: (i) coordinate and implement activities for maximum impact; (ii) monitor implementation and respond to incoming information; (iii) make adequate risk-based decisions to respond to changing circumstances; and (iv) engage with partners at global and at country levels.</p> <p>3.2 To what extent the Task Force strategies achieved its objectives and results?</p> <p>3.3 To what extent has the implementation of the Task Force strategies produced unintended outcomes (positive or negative) and how has it managed these?</p> <p>3.4 What have been the main internal and external factors influencing the Task Forces' ability to respond in the most relevant, effective, and equitable manner possible?</p>	A
<p><b>EQ4:</b> To what extent the benefits of the Task Force strategies and its implementation likely to continue?</p> <p>(Sustainability)</p>	<p>4.1 How well did the Task Force contribute to or achieve the needed systemic and structural changes, including processes and capacities, so that root causes are addressed and results sustained?</p> <p>4.2 Are the results of the implementation of Task Force strategies, including institutional changes, durable over time?</p>	A, B, C
<p><b>EQ5:</b> To what extent has the Task Force strategy and work addressed gender, equity and human rights concerns, disability inclusion, as well as other overarching principles in the WHO Global NCD Action Plan, 2013-2030 to ensure that activities are consistently and meaningfully</p>	<p>5.1 To what extent has the Task Force promoted at national and global levels to leave no one behind (i.e. the most vulnerable populations)?</p> <p>5.2 How does the Task Force support inclusion of gender equity and human rights considerations in the development of frameworks, indicators, data collection tools and analytical methods to inform decision-making?</p> <p>5.3 How does the Task Force support the disability inclusion considerations in the development of frameworks, indicators,</p>	A, B, C

informed by considerations of overall equity? (Cross-cutting)	data collection tools and analytical methods to inform decision-making?	
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#### IV. Methods

16. The methodology described in this section is indicative and evaluators are welcome to adapt and integrate the approach and propose adjustments needed to accomplish the initiative. These can include additions to the evaluation design; approaches to be adopted; appropriate sampling strategy; data collection and analysis methods; and an evaluation framework. The proposals should also refer to methodological limitations and mitigation measures.

17. The design of the evaluation will be theory based in assessing the effectiveness of processes supporting the design, planning and implementation. With a strong focus on utilisation, the approach of the evaluation will concentrate on engaging with the principal users of the evaluation- the key stakeholders across the participating agencies.

18. The evaluation is expected to use a **mixed methods** approach and will collect and analyse qualitative and where possible quantitative<sup>5</sup> data, with a view to increase validity through triangulation. The evaluation team will maximize participation of the various stakeholder groups within the Task Force through a variety of data gathering methods such as:

- **Documents for review:** The evaluators will review and assess the evidence already available and literature on good practices, definitions, and theoretical frameworks in international cooperation and partnerships. This documentation includes, but is not limited to, background papers, progress reports, internal and external reviews and evaluations, and selected regional- and country-level strategic materials.
- **Up to 50 to 60 virtual key informant interviews (KIIs) and 10-15 focus group discussions:** Key informant interviews and focus group discussions will be conducted with a selected sample of key informants, including internal stakeholders across all levels of all the member organisations involved and key external partners directly contributing to the Task Force.
- **Survey:** With a view to maximise participation, Task Force member organizations, as well as other recipients suggested by the evaluators during the inception phase, may be given the opportunity to respond to a short survey.
- The evaluators will assess the options and describe in detail the suitable methods to meet the purpose, scope and objectives of this evaluation. The methodology will be further refined in the inception phase.

19. Given the nature of the Task Force and its working methods, the evaluation would benefit from a “developmental evaluation” approach whereby stakeholders are engaged in validating findings and co-creating recommendations. This will be considered as part of the inception phase.

20. The evaluators will develop a list of stakeholders to be interviewed, which will be informed by suggestions from the Task Force Secretariat (including names of Task Force member focal points). Stakeholders will include Member States that received support from the Task Force and other development partners that funded and/or worked with the Task Force in the past. The consultants will develop an approach for obtaining information from stakeholders (for review by the evaluation management and reference groups (see Section V).

<sup>5</sup> E.g. number of meetings held, briefings undertaken, reports and publications developed and published, joint missions and investment cases as well as any information on changes in resources (human and financial) across Task Force members.

21. The evaluators will need to apply UNEG/WHO norms and standards for evaluations, ethical matters and issues of data management (see WHO Evaluation Handbook and UNEG Standards and Norms), as well as environmental considerations, as relevant.

## **V. Management and governance arrangements**

22. Evaluation team: The evaluation will be conducted by a team of two to three external consultants with experience, knowledge and skill mix in evaluating global health partnerships and initiatives as well as knowledge of UN organizations. The team lead should have at least 10 years of experience in leading evaluations preferably of global initiatives and partnerships. At least one of the consultants will need to demonstrate sufficient skills and experience in the areas of NCDs, gender, equity and human rights, and disability inclusion.

23. Evaluation management: The Task Force Secretariat will manage the logistical aspects of the evaluation, including the recruitment. In order to ensure independence of the process and the products, the WHO Evaluation Office will be the direct focal points for the evaluation team. Oversight and guidance will be provided by two entities created specifically for this evaluation, as described below.

24. The first is an Evaluation Management Group (EMG) that is responsible for overall decision-making on the evaluation products and processes. The EMG will ensure that the evaluation considers the perspectives of relevant Evaluation Reference Group (ERG) stakeholders, but ultimately decides on the evaluation scope, timeline, methodology and process. The EMG also approves final products and supports the management response process. The WHO Evaluation Office will coordinate the work and inputs of the Management Group.

25. The EMG will be composed of no more than four evaluation experts drawn from Evaluation Offices of the Task Force Member agencies (including WHO). EMG members will be selected on a voluntary basis, and WHO Evaluation Office will chair the EMG. In case if there is no interest for participation in EMG from the Evaluation Offices of the Member Agencies, WHO Evaluation Office will provide guidance and make decision on the evaluation products and processes.

26. The Management Group members will:

- approve the overall evaluation scope, timeline and methodological approach;
- ensure that contributions of ERG members and other stakeholders is incorporated at key evaluation touch points (deliverables), where appropriate;
- approve the profile of evaluation team members;
- approve key deliverables (including the draft inception and draft report), fact-checking and supporting finalization of products;
- manage the implementation of the communication and dissemination plan and the relevant dissemination events.

27. The second entity is an Evaluation Reference Group (ERG) that is responsible to provide overall guidance to the evaluation. The ERG will ensure that the evaluation considers the perspectives of relevant stakeholders, and benefits from the knowledge and understanding of the subject matter or technical knowledge required for this evaluation. ERG is also intended to ensure support and ownership of key stakeholders throughout the process.

28. The ERG will be composed of one focal point representative from a small number of Task Force members that have volunteered to serve in this capacity following a request from the Task Force Secretariat to all, as well as the Task Force Secretariat.

29. The ERG will:

- participate in the three to four key meetings (remotely or in-person) with the evaluation team during the inception and draft report phases;

- review key deliverables (including the draft inception and draft report), fact-check, and provide advice and comments;
- advise on and support the implementation of the communication and dissemination plan, including by suggesting/supporting relevant dissemination events.

30. In addition to the two entities, the **WHO Evaluation Office** will support the evaluation through quality assurance.

## VI. Phases of evaluation

31. Inception phase. The evaluation team will undertake the following tasks during this phase:

- refine and further develop the methodology for the evaluation, including creating a specific ToC for the evaluation (as required given the existing Task Force ToC);
  - Note: suggestions for revising the Task Force ToC are part of the overall evaluation process and should be reflected in the final report and recommendations as relevant.
- conduct inception interviews with selected key stakeholders (up to 10) to understand the scope and expectations, and to refine the methods, including the evaluation questions;
- review documents and identify gaps in information;
- as part of the methodology design, identify (a) stakeholders for key informant interviews, (b) determine whether a survey would be useful and, if so, sample frames;
- identify how best to use a developmental evaluation approach, and conduct a stakeholder mapping;
- revise/refine the evaluation criteria and questions as necessary, and develop the evaluation matrix;
- define how to consider questions on gender, equity and human rights, and disability inclusion, and incorporate them into the methodology;
- define and assess data needs and availability to support the evaluation;
- deliver the draft inception report and, based on the feedback from the WHO Quality Assurance Advisor, EMG and ERG, revise it.

32. Data collection phase. The evaluation team will undertake the following steps during this phase:

- coordinate the data collection interviews and focus group discussions and administer other tools as agreed with the EMG;
- gather additional documents through KIIs, and review those, as required;
- make sure that different stakeholder groups as well as genders are adequately included in the sample, and the ethical standards in evaluation are maintained;
- data gaps are identified and attempted to cover during the completion of the data collection phase.

33. Analysis and drafting phase. The evaluation team will undertake the following tasks during this phase:

- triangulate the evidence to arrive at findings and conclusions;
- present the key findings, conclusions and potential recommendation areas to the Task Force Secretariat;
- co-create recommendations through a workshop with key stakeholders;
- draft the report and revise based on the initial feedback from the QAA.

34. Finalization of the report and dissemination. The evaluation team will undertake the following tasks to finalise the report and to effectively disseminate:

- present the report to EMG and ERG, and revise the report with the inputs from the EMG and ERG;
- prepare a 2-page evaluation brief;
- present the report to the Task Force Secretariat;
- the consultants may be asked by the EMG to prepare specific short presentations to communicate the evaluation findings and recommendations;

- in addition, the EMG will guide opportunities for presenting and disseminating the evaluation report (e.g., governing body meetings of UN agencies, ECOSOC meeting, and whether support from the consultants will be required).

## VII. Timeframe, key deliverables and budget

35. The exercise will last approximately 6-7 months

	<b>Tasks</b>	<b>Key deliverables</b>	<b>Responsible party</b>
Month 1	Convening of EMG and ERG, agreement on overarching aspects of the exercise, drafting and finalization of consultant(s) selection		Secretariat; EMG oversight
Month 2	Inception phase	Inception report	Evaluation team lead
Month 3-4	Data collection (desk review, interviews, and survey) by consultants		Evaluation team
Month 5-6	Analysis and delivery, drafting of report, including workshops to validate findings and develop recommendations	Draft evaluation report	Evaluation team lead
Month 7	Finalization of report and presentation to the Task Force for discussion, lesson learning and influencing future activities and approaches of the Task Force	PowerPoint Presentation	Evaluation team lead, with ERG and EMG input
Month 7 and 8, as necessary	Final review by EMG and dissemination	Final report and a 2-page evaluation brief	EMG Secretariat (dissemination)

36. The expectation is that consultants will interview the Task Force Secretariat and members of the Task Force and other stakeholders that are based in Geneva in person but will connect remotely to interview Task Force members and stakeholders based outside Geneva.

## 2. Evaluation matrix

Key evaluation question	Evaluation subquestion	Measure of assessment	KII	Survey	Deep dives	Documents review
1. How well have the priorities of the Task Force aligned with the stated needs of governments, non-state actors, the affected population, and with strategic priorities of its key UN agency members in light of the SDGs? ( <i>relevance</i> )	1.1 How well aligned have the objectives and design of the Task Force been with the stated priorities of the governments involved in its work and with the needs of the affected populations?	Evidence of alignment with priorities stated by Member States in global commitments  Perception of alignment and relevance by external stakeholders (governments, civil society organizations...)	x		x	x
	1.2 To what extent have the objectives and design of the Task Force been aligned with the strategic priorities of its members?	Evidence of alignment with strategic frameworks for member agencies  Perceived alignment by stakeholders	x	x		x
	1.3 How have the objectives and design of the Task Force changed over time, and how well has the Task Force adapted its response to changing needs of countries?	Evidence of change in stated priorities according to context  Perceived adaptation to changing priorities by external stakeholders	x	x	x	x
2. To what extent has the Task Force coordination and collaboration, including through its joint programmes, working groups and more recently the Health4Life Fund, been compatible with other internal and external initiatives? ( <i>coherence</i> )	2.1 To what extent have the Task Force strategies and work promoted synergies and interlinkages with other relevant global health initiatives, including NCD and mental health initiatives and interventions of WHO and other members of the Task Force?	Evidence of synergies with global initiatives on NCDs and global health WHO-led and other global/regional health partnerships	x	x	x	x
	2.2 To what degree have the Task Force's collaborative efforts helped strengthen synergies, avoid duplication and leverage the	Evidence of increased alignment of Task Force members at country level)	x	x	x	x



Key evaluation question	Evaluation subquestion	Measure of assessment	KII	Survey	Deep dives	Documents review
3. What results has the Task Force achieved, whether intended or unintended, and what have been enabling and hindering factors? What challenges have emerged? <i>(effectiveness)</i>	unique strengths and resources of the member organizations?					
	3.1 How effective has the Task Force Secretariat been in fulfilling its expected functions including: (i) coordinating the implementation activities; (ii) monitoring and evaluating contribution; (iii) making adequate decisions to respond to changing circumstances; and (iv) engaging with partners at global, regional and country levels.	Evidence of initiatives by Secretariat in line with its functions  Perception of effectiveness of Secretariat by Task Force members and other stakeholders	x	x		x
	3.2 To what extent has the Task Force achieved its stated objectives and expected results as outlined in its strategic documents?	Evidence of progress against stated outputs and outcomes in the TOC  Perceived contribution of Task Force to progress on outcomes	x	x	x	x
	3.3 What have been the main internal and external factors influencing the Task Forces' ability to respond in the most relevant, effective and equitable manner possible?	Analysis of influencing factors based on ToC	x	x	x	x
	3.4 How efficiently has the Task Force used the resources at its disposal (including financial, human, physical, intellectual, organizational and political capital, and partnership)?	Evidence from budget analysis  Perceived efficiency of Task Force Secretariat	x	x		x
4. To what extent are the benefits of the Task Force strategies and its implementation likely to continue? <i>(sustainability)</i>	4.1 Have appropriate steps been taken to ensure the continued institutionalization and scaling up of successful Task Force interventions within national health systems and other relevant platforms?	Evidence of efforts by Task Force to ensure the conditions of sustainability	x		x	x
	4.2 Are the results of the implementation of Task Force strategies, including institutional changes, durable over time?	Evidence of scale-up/institutionalization of Task	x	x	x	x

Key evaluation question	Evaluation subquestion	Measure of assessment	KII	Survey	Deep dives	Documents review
5. To what extent has the Task Force strategy and work addressed gender, equity and human rights concerns, disability inclusion, as well as other overarching principles in the WHO Global NCD Action Plan 2013–2030 to ensure that activities are consistently and meaningfully informed by considerations of overall equity? ( <i>gender, equity and human rights</i> )	5.1 To what extent has the Task Force promoted at national and global levels to leave no one behind (i.e. the most vulnerable populations) and a rights-based approach?	Force initiatives at country level by member states				
		Perceived sustainability of Task Force's interventions				
		Evidence of Task Force initiatives focused on health equity	x	x	x	x
	5.2 To what degree have specific actions and interventions been implemented by the Task Force to promote gender equality and address the unique NCD-related risks and vulnerabilities of different gender groups?	Evidence of health equity/non-discrimination integrated across Task Force's interventions				
		Evidence of Task Force initiatives focused on gender	x	x	x	x
	5.3 How does the Task Force support the disability inclusion considerations in the development of frameworks, indicators, data collection tools and analytical methods to inform decision making?	Evidence of gender equality integrated across Task Force's interventions				
		Evidence of Task Force interventions integrating disability inclusion considerations	x	x	x	x

### 3. Stakeholders consulted

Table 1. Stakeholders interviewed as part of the evaluation

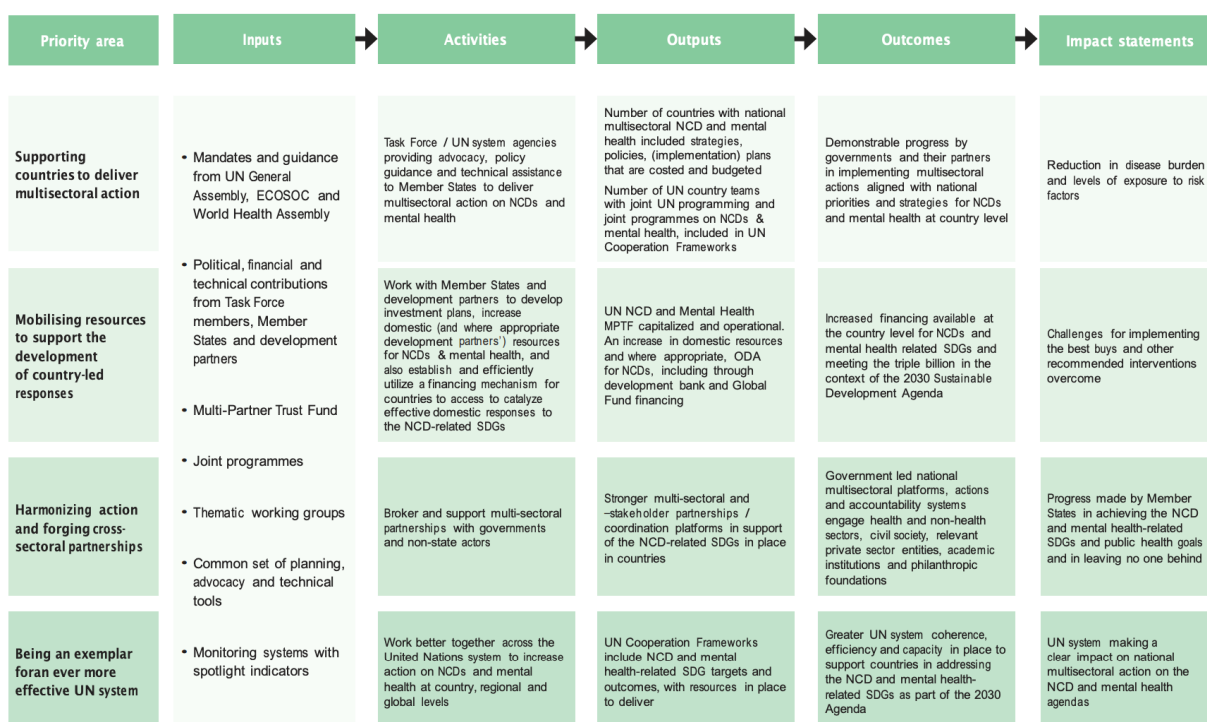
Stakeholder category	Organizations met	Number of interviews
UN Task Force on NCDs	Secretariat	7
Task Force Members – Task Force focal points and other staff working on health and NCDs	FAO, FCTC, IAEA, IDLO, OHCHR, UN Habitat, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNODC, UNRSF, World Bank, WHO, WTO	23
WHO	WHO headquarters departments on NCDs, Mental Health, Health Promotion, Resources Mobilization, Evaluation, GCM, Global NCD Platform	12
	WHO regional office staff working on NCDs and Mental Health: PAHO, EMRO, SEARO, AFRO	6
	WHO NCD focal points and other staff in country offices: Armenia, Ethiopia, Georgia, Kyrgyzstan, Malaysia, Singapore and Brunei, Nigeria, Philippines, Thailand	12
Donors funders	Government of Scotland, Gulf CDC, Tanzania NCD Alliance, Africa CDC, EU	4
Members States/ministries of health representatives	Armenia, Nigeria, Kyrgyzstan	4
Non-State Actors	Tanzania NCD Alliance, Resolve to Save Lives, Movendi, United for Global Mental Health, Global NCD Alliance, International Union for Cancer Control, Nigeria Hearts	8

# 4.Theory of change

The Task Force Strategy includes a logic and change model, which shows the different results that the Task Force seeks to contribute to in four priority areas, as presented in Figure 1 below.

Figure 1. Logic and change model of the Task Force.

## LOGIC AND CHANGE MODEL (9, 15)



Source: UN Interagency Task Force on NCDs Strategy (2022–2025)

This model served as a basis to develop a Task Force theory of change (ToC) model for the purpose of the evaluation. This revised model (Figure 2) outlines the current understanding of the Task Force members of the contribution pathways and outlines key assumptions that were not included in the logic and change model. Compared to the change model presented in the current Task Force Strategy, the revised ToC introduces the following modifications:

The ToC provides more detail on the **impact** that the Task Force seeks to contribute to. The health impact sought by the Task Force's members goes beyond the SDG 3.4 target<sup>6</sup> to include a life course dimension (including age groups beyond the 30–70 range) as well as including a reduction in morbidity as well as in mortality, with a focus on vulnerable groups (for example refugees and migrants, people living with disability). The socio-economic aspects of impact also go beyond the macro-economic level to include increased opportunities for individuals through reducing

<sup>6</sup> The SDG 3.4 target is, by 2030, to reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and to promote mental health and well-being.

health inequities. At systems level, the Task Force seeks to contribute to stronger, more resilient and more sustainably financed health systems that address comorbidities with communicable diseases and to potentiate co-benefits with other areas of rights beyond health (rights to a healthy environment, rights of the child). Key changes needed to achieve those changes are that countries: (i) implement the NCD best buys, (ii) better integrate NCDs in primary health care (PHC) and universal health care (UHC) policies, strategies and programming and (iii) address social and commercial determinants of health and promote mental health and well-being.

Key *assumptions* identified for those changes relate to the external forces that may affect health systems and societies, such as global and national fiscal space, climate change, urbanization, the way global targets are set (for example whether they exclude any age groups) and key changes in epidemiology and external shocks such as pandemics. In adverse contexts, participants noted that maintaining the status quo on NCD and mental health indicators may reflect a positive contribution to health system resilience.

To contribute to these results, the Task Force focuses on four *outcomes*, which build on those that are outlined in the current strategy and form the backbone of the Task Force's contribution.

- Governments progress sustainably in implementing multisectoral actions on NCDs and mental health. This includes that at municipal level authorities and partners work in urban settings to ensure that cities are reducing NCD risk factors and promote mental health and that the role of communities in driving change, their voice and accountability to them are promoted.
- Better financial frameworks on prevention and control of NCDs and for mental health are in place. This requires that partners and national governments mobilize more resources (both domestic and external) for NCDs and mental health.
- National Governments effectively engage all key actors in the NCD and mental health response, from government, agencies, civil society and the private sector.
- UN agencies increase their efforts on NCDs and mental health and better align and coordinate their support to countries at global, regional and country levels.

The main *assumptions* relating to those outcomes outline key dependencies: on sustained political will from national governments to pursue the NCD and mental health agenda; on populations' attitudes towards health advice and injunctions; on donors' motivation to contribute to long-term systemic changes needed; and within the UN on addressing competition for resources and clarifying respective mandates on NCDs to ensure alignment and facilitate collaborations while collectively increasing UN engagement on NCDs and mental health.

Key *outputs* identified under each of those four areas reflect the results to which the activities of the Task Force have contributed in countries where it has actively engaged.

- In relation to Governments implementing multisectoral responses, key expected outputs are that:
  - countries have NCD strategies and conducive policy frameworks in place, including at subnational levels planning/budgeting;
  - the focus from governments tackling NCD risk factors is on addressing commercial and social determinants of health as part of the right to health agenda instead of primarily focusing on individual responsibility; and
  - the strengthening of NCD and mental health services takes place as part of the PHC/UHC agenda (e.g. NCDs covered in UHC packages) inclusive of community health systems and supporting the health workforce.

- In relation to better financial frameworks on prevention and control of NCDs and for mental health, expected outputs for the Task Force are that:
  - there is a well-resourced, operational MPTF/Health4Life fund tracking progress on expected outcomes;
  - there is increased financing for NCDs and mental health at country level, including from official development assistance where appropriate; and
  - there are increased domestic resources for NCDs and mental health (e.g. NCDs and mental health are prioritized in health financing reforms, allocative efficiency increased).
- In relation to national governments effectively engaging all key actors in the NCD and mental health response, key expected outputs are:
  - better government-led governance/coordination of the NCD response, through stronger partnerships and multisectoral coordination in country through existing/new mechanisms to implement multisectoral action plans on NCDs and mental health; and
  - references to NCDs in broader agendas to ensure buy-in from countries and relevance to specific country needs.
- In relation to UN agencies increasing their efforts on NCDs and mental health and better aligning and coordinating their support, key expected outputs are that:
  - the NCD agenda is activated in the Task Force members, as evidenced in increased activities and investment in programme and policy work beyond mention of NCDs in the strategic plan;
  - the UNCTs in countries have joint programmes on NCDs and mental health; and
  - the United Nations Sustainable Development Cooperation Frameworks include NCDs and mental health priorities.

A number of *assumptions* were identified in relation to those outputs, mainly concerning the role of the Task Force: that the national governments request support from the Task Force, that the role of the Task Force as a mediator/arbitrator among agencies to facilitate coordination is accepted and recognized by all key stakeholders and that UN agencies are able to learn and apply successful collaboration practices, including translating any learning from humanitarian to development settings.

These outputs are expected to be achieved through the **activities** conducted by the Task Force, which are summarized as follows:

- providing advocacy and policy guidance including human rights-based approaches;
- providing political and technical assistance on NCDs and mental health to countries, particularly to strengthen whole-of government and whole-of society action through action between two or more Task Force members, such as developing investment cases;
- utilizing financing mechanisms/health financing reforms to integrate NCDs and mental health;
- brokering and supporting multisectoral partnerships;
- conduct joint missions that respond to context specific needs;
- raising awareness on NCDs and mental health within own agencies;
- exchanging information regularly through thematic working groups;
- developing a common strategy and M&E system aligned to/integrated into agencies' own frameworks;



- participating in global forums to ensure NCDs are integrated in global agendas; and
- reporting annually to the UN Economic and Social Council/highlighting the importance of financing NCDs and mental health.

The main *inputs* that the Task Force disposes of to realize these activities fall under the categories of:

- UN Economic and Social Council /UNGA mandate and guidance
- political, financial, technical contributions by agencies
- the Task Force Secretariat
- agencies' focal points and working groups
- political, financial, technical contributions by partners.

There are key *assumptions* relating to the availability of those inputs, in particular that turnover of focal points in agencies does not hamper the work of the Task Force and that the context of shrinking resources for UN development work and the change in the engagement of the Russian Federation as the historical donor and champion of the Task Force due to the current geopolitical context does not significantly impact the ability of the Task Force to operate.

Figure 2. Revised ToC for the evaluation

EQ 3.2,  
EQ 5

EQ 3.3,  
EQ 3.4

EQ 1

## Inputs

## Activities

## Outputs

## Outcomes

## Impact

Task Force (TF)  
ECOSOC/UNGA  
mandate and  
guidance

Political, financial,  
technical  
contributions by  
agencies

Task Force  
Secretariat

Agencies' focal  
points and working  
groups (WG)

EQ  
3.5

Limited  
turnover  
in TF focal  
points

Context of  
shrinking core  
resources for  
UN/shift to  
humanitarian  
funding does  
not hamper TF  
work

Despite changes in  
historical donors (e.g.,  
Russian Federation) TF  
able to maintain activities

Provide advocacy and policy guidance  
including human rights based approaches  
(HRBA)

Provide technical assistance on NCD and  
mental health (MH) to countries

Develop investment cases

Utilize financing mechanisms/health  
financing reforms to integrate NCDs and  
MH

Broker and support multisectoral  
partnerships  
Conduct joint missions that respond to  
context specific needs

Raise awareness on NCDs and MH within  
own agencies

Exchange information regularly through  
thematic working groups

Develop a common strategy and M&E  
system aligned to /integrated in agencies'  
own frameworks

Participate in global forums to ensure  
NCDs are integrated

Reporting annually to  
ECOSOC/highlighting importance of  
financing NCDs/MH

EQ  
3.1

Countries with NCD strategies and conducive policy  
frameworks, including at subnational levels  
planning\* budgeting

Commercial and social determinants of health are  
addressed as part of the right to health agenda vs primary  
focus on individual responsibility to address risk factors

Strengthening of NCD and MH services takes places as part  
of the PHC/UHC agenda (e.g. NCDs covered in UHC  
packages) inclusive of community health systems and  
supporting the health workforce

Well resourced, operational MPTF/Health4Life fund  
tracking progress on outcomes

Increased financing for NCDs and MH including official  
development assistance (ODA) where appropriate (TF  
work on fiscal/legislative and regulatory issues on  
financing). Where are NCDs included in financing and  
budgeting at national /subnational levels?/Check costed

Contribution to increase in domestic resources for NCDs  
and MH(e.g. NCDs and MH prioritized in health financing

Better government-led governance/coordination of the  
NCD response, through stronger partnerships and  
multisectoral coordination in country through  
existing/new mechanisms to implement multisectoral  
action plans on NCDs and MH (e.g. Thailand, "Eswatini, SP  
including evaluating plans, recommendations) and  
legislation

Link NCDs to broader agendas to ensure buy-in from  
countries, ensure relevance to specific countries/expressed

National  
governments  
request support  
from the TF

NCD agenda is activated in the TF members, beyond  
mention in strategic plan in programme/policy work.  
Awareness in the different agencies, and TF provides a  
synthesis of their work

UNCT have joint programmes on NCDs and MH

UNSDCF includes NCDs and MH priorities

Role of TF as arbiter  
between agencies and  
conflict resolution in  
case of perceived  
competition is accepted  
and recognized

Agencies in countries  
can translate learning  
from more effective  
collaboration achieved  
in humanitarian  
response

Community health  
is key to implement  
package of services  
in humanitarian  
response – does it  
include NCDs?

Governments progress sustainably in implementing multisectoral actions on NCDs and  
MH – gains are maintained across changes  
At municipal level, authorities and partners work in urban setting to ensure that cities  
are reducing NCD risk factors and promoting MH

Population level  
reticence to control  
on their health  
does not hinder  
progress on risk  
factors

Focusing on  
best buys and  
population  
coverage does  
not hinder  
leaving no one  
behind' and  
delivering to the  
last mile

Data for health  
policy and  
lifecourse  
tracking of  
NCDs /MH is  
sufficient to  
guide  
response

Accountability of  
government for  
regulatory  
/legislative  
change

Sustained political  
will

Better financial frameworks on prevention and control of NCDs and for MH.  
Partners and national governments mobilize resources (both domestic and ODA) for  
NCDs and mental health

The fact the NCDs  
and not prioritized by  
donors does not  
disincentivize  
investment by  
governments

Donors take into  
account broader/long  
term benefits of  
addressing NCDs

EQ 4

National governments effectively engage all key actors in the NCD and MH response,  
from government, agencies, civil society (CS), private sector

Vertical line  
ministries silos  
do not  
significantly  
hamper  
coordination

NCD team in  
Ministry of  
Health is  
senior enough  
to convene  
other actors

Head of  
government  
supports the  
NCD and MH  
agenda

Civil space  
is protected  
and there  
are strong  
CSOs

UN agencies increase their efforts on NCDs and MH, and better align and coordinate  
their support to countries

Overlap in  
mandates to  
NCDs and  
competition for  
resources does  
not significantly  
hinder  
collaboration

NCDs still seen as  
a WHO agenda,  
need to be pushed  
up the chain in the  
agencies

WHO leadership on NCDs is  
collaborative throughout the  
different relevant technical  
departments and senior  
management

NCD coordination  
work links to  
other global  
health alignment  
initiatives

Role and scope of work of  
the TF is clear, e.g. if  
UNICEF/WHO collaborate  
on MH at technical level? Linkages/articulation  
to other NCD related  
work in the agencies?

Large number of TF  
members does not hinder  
identifying joint priorities  
and collaborations

EQ 2

Countries:  
Implement  
best buys and  
other policy  
measures to  
reduce  
prevalence of  
risk factors and  
address  
social and  
commercial  
determinants  
of health,  
including  
through  
partnerships  
with private  
sector where  
appropriate.  
Promote  
mental health  
and well-  
being.  
Identify and  
address  
health  
inequities  
through  
multi-sectoral  
approach

Reducing the  
NCD and MH  
burden including  
through  
prevention of risk  
factors and health  
promotion  
contribute to  
stronger, more  
resilient health  
systems which  
are sustainably  
financed.

NCD and MH  
services better  
integrated in PHC  
including  
community  
health including  
families and  
carers,  
community  
structures and  
patients networks  
and support  
groups

NCD and MH  
responses  
potentiate co-  
benefits with  
addressing rights  
to a healthy and  
sustainable  
environment,  
child rights

Avoidance of  
losses from NCD  
costs leads to  
better revenue  
for countries and  
sustainably  
financing  
development

NCDs and  
MH are  
integrated in  
PHC/HSS

Reduced  
premature  
mortality and  
morbidity from  
NCDs and MH  
throughout the  
lifecourse  
including children  
and elderly  
contributes to  
improved QALYs+  
reduction in  
childhood deaths  
from preventable  
diseases.  
Reduction in  
morbidity in  
specific  
vulnerable groups  
(e.g. refugees and  
migrants)

Addressing NCDs  
and their risk  
factors results in  
improved socio-  
economic  
development  
Increased  
opportunities for  
individuals  
(human  
development  
approach) through  
reduced health  
inequities

Understanding  
that in some  
contexts  
maintaining status  
quo may be a  
desirable impact

Climate change,  
counterforces do  
not significantly  
hamper any  
progress on NCDs

Massive changes  
in epidemiology  
e.g. in sub-  
Saharan Africa-  
urbanization,  
young populations  
are taken into  
account when  
setting targets

# 5. Data collection tools

Table 2: KII Guides

Evaluation question	Task Force agencies' focal points and other respondents	Other development partners at global and regional levels	Country counterparts (national governments, NSA)
Introductory questions	Introductions and involvement with Task Force's work Familiarity with Task Force's role, objectives and activities	Introductions and involvement with Task Force's work Familiarity with Task Force's role, objectives and activities	Introductions and involvement with Task Force's work Familiarity with Task Force's role, objectives and activities
1. How well have the priorities of the Task Force aligned with the stated needs of governments, non-state actors, the affected population, and with strategic priorities of its key UN agency members?	How well aligned have the objectives and design of the Task Force been with the stated priorities of the national governments?		How well aligned have the objectives and design of the Task Force been with the stated priorities of the national governments and with the needs of the affected populations?
	How about with the needs of the marginalized populations, including those living with NCDs/mental health conditions and those at elevated risk?		
	To what extent have the objectives and design of the Task Force been aligned with the strategic priorities of your organization?		
	How have the objectives and design of the Task Force changed over time in response to changes in context/needs of countries?	How have the objectives and design of the Task Force changed over time in response to changes in context/needs of countries?	How have the objectives and design of the Task Force changed over time in response to changes in context/needs of countries?
	To what extent have the objectives and design of the Task Force been explicitly informed by gender analysis and undertaken in a gender sensitive manner?	To what extent have the objectives and design of the Task Force been explicitly informed by gender analysis and undertaken in a gender sensitive manner?	To what extent have the objectives and design of the Task Force been explicitly informed by gender analysis and undertaken in a gender sensitive manner?
2. To what extent has the Task Force coordination and collaboration, including through its joint programmes, working groups and more recently the Health4Life Fund, been compatible with other	To what extent have the Task Force strategies and work promoted synergies and interlinkages with other relevant global health and development initiatives, including NCD initiatives and interventions of WHO?	To what extent have the Task Force strategies and work promoted synergies and interlinkages with other relevant global health initiatives, including NCD initiatives and interventions of WHO?	

Evaluation question	Task Force agencies' focal points and other respondents	Other development partners at global and regional levels	Country counterparts (national governments, NSA)
initiatives by member agencies?	How effective are the Task Force's efforts in catalysing multisectoral action and coordination across the UN system, member states, civil society and the private sector? To what extent have member agencies been involved in the work of the Task Force?	How effective are the Task Force's efforts in catalysing multisectoral action and coordination across the UN system, member states, civil society and the private sector?	How effective are the Task Force's efforts in catalysing multisectoral action and coordination across the UN system, member states, civil society and the private sector? To what extent have member agencies been involved in the work of the Task Force?
3. What results has the Task Force achieved its objectives and results, whether intended or unintended, and what have been enabling and hindering factors? What challenges have emerged?	How effective has the Task Force Secretariat been in fulfilling its role and objectives? How has the Secretariat's contribution evolved over time?	How effective has the Task Force Secretariat been in fulfilling its role and objectives?	How effective has the Task Force Secretariat been in fulfilling its role and objectives? How has the Secretariat's contribution evolved over time?
	What has been the contribution of the Task Force to: <ul style="list-style-type: none"> <li>governments implementing multisectoral responses</li> <li>better financial frameworks on prevention and control of NCDs and for mental health</li> <li>national governments effectively engaging all key actors in the NCD and mental health response</li> <li>UN agencies increasing their efforts on NCDs and mental health and better aligning and coordinating their support</li> </ul>	What has been the contribution of the Task Force to: <ul style="list-style-type: none"> <li>governments implementing multisectoral responses</li> <li>better financial frameworks on prevention and control of NCDs and for mental health</li> <li>national governments effectively engaging all key actors in the NCD and mental health response</li> <li>UN agencies increasing their efforts on NCDs and mental health and better aligning and coordinating their support</li> </ul>	What has been the contribution of the Task Force to: <ul style="list-style-type: none"> <li>governments implementing multisectoral responses</li> <li>better financial frameworks on prevention and control of NCDs and for mental health</li> <li>national governments effectively engaging all key actors in the NCD and mental health response</li> <li>UN agencies increasing their efforts on NCDs and mental health and better aligning and coordinating their support</li> </ul>
	Are there other positive or negative changes that the Task Force's work has contributed to in your area of work?	Are there other positive or negative changes that the Task Force's work has contributed to in your area of work?	Are there other positive or negative changes that the Task Force's work has contributed to in your country?
	What have been the main facilitating and hampering factors influencing the Task Force success in delivering intended results?	What have been the main facilitating and hampering factors influencing the Task Force success in delivering intended results?	What have been the main facilitating and hampering factors influencing the Task Force success in delivering intended results?

Evaluation question	Task Force agencies' focal points and other respondents	Other development partners at global and regional levels	Country counterparts (national governments, NSA)
	How efficiently has the Task Force used the resources at its disposal (including financial, human, physical, intellectual, organizational and political capital, and partnership)?	How efficiently has the Task Force used the resources at its disposal (including financial, human, physical, intellectual, organizational and political capital, and partnership)?	
	What resources (human or financial) have the member agencies contributed to the Task Force's functioning and activities?		What resources (human or financial) have the member agencies contributed to the Task Force's functioning and activities?
4. To what extent are the benefits of the Task Force strategy and its implementation likely to continue in the long term, including if the Task Force ceased to exist?	What steps have been taken to ensure the continued institutionalization by national governments and the scaling-up of the contribution of the Task Force? (for example: new ways of working, joint programmes)	What steps have been taken to ensure the continued institutionalization by national governments and the scaling-up of the contribution of the Task Force? (for example: new ways of working, joint programmes)	What steps have been taken to ensure the continued institutionalization by national governments and the scaling-up of the contribution of the Task Force? (for example: new ways of working, joint programmes)
	Are the contributions of Task Force likely to be durable over time?	Are the contributions of Task Force likely to be durable over time?	Are the contributions of Task Force likely to be durable over time?
5. To what extent has the Task Force strategy and work addressed gender, equity and human rights concerns, disability inclusion, as well as other overarching principles in the WHO Global NCD Action Plan, 2013–2030 to ensure that activities are consistently and meaningfully informed by considerations of overall equity?	How has the Task Force integrated rights-based approaches and health equity in its work? What are key results it has contributed to on this?	How has the Task Force integrated rights-based approaches and health equity in its work? What are key results it has contributed to on this?	How has the Task Force integrated rights-based approaches and health equity in its work? What are key results it has contributed to on this?
	How has the Task Force integrated a gender lens in its work, for example considerations in the development of frameworks, indicators, data collection tools and decision-making?	What has been the contribution of the Task Force to integrating gender equality in the NCD agenda globally and regionally?	What has been the contribution of the Task Force to integrating gender equality in the NCD agenda at country level?
	How has the Task Force integrated disability inclusion considerations in its work? What are key results it has contributed to on this? How has the Task Force ensured that people with disability can participate in its work and access its products?	How has the Task Force integrated disability inclusion considerations in its work? What are key results it has contributed to on this?	How has the Task Force integrated disability inclusion considerations in its work? What are key results it has contributed to on this?
Concluding questions	Do you have any recommendations in terms of improving the Task Force's relevance, effectiveness and contribution going forward?	Do you have any recommendations in terms of improving the Task Force's relevance, effectiveness and contribution going forward?	Do you have any recommendations in terms of improving the Task Force's relevance, effectiveness and contribution going forward?

## Country next steps

- There is need for more continuous engagement by the Task Force after the joint mission, to secure and sustain political buy-in as well as advocacy efforts.
- There is need to strengthen the role of the UNCT in the mission follow-up. Suggestions have been made in this respect by country actors in line with the joint mission recommendations: to convey a meeting of all UN agencies in country to revisit the recommendations of the Task Force visit and develop a joint workplan for the UN agencies engaged to some degree on NCD and mental health in Nigeria and build NCDs and mental health into UN agencies country workplans.<sup>1</sup>
- There is a need for the UNCT to support the ministry of health advocacy efforts to direct a fraction of taxes on tobacco/alcohol/unhealthy foods to the NCD and mental health response implementation.<sup>2</sup>
- There is a need for more country involvement in the planning phase of joint missions and programmes. When implementing joint programmes like the UNPD/WHO UHC Partnership, consider disbursing funds at country level and ensuring that country actors are involved in the operational planning to avoid issues in implementation.

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<sup>1</sup> The joint mission recommends: “The UN Resident Coordinator should task one of the existing UN working groups in Nigeria to review the recommendations of this report and develop a prioritized action plan for UN support to the Government on TB and NCDs, including through the NCD Technical Working Group”

<sup>2</sup> The joint mission recommends: “In addition to domestic resources that come predominantly from general taxation, maximize opportunities to raise funds for NCDs and TB from taxing health-harming products, such as tobacco, alcohol and sugar-sweetened beverages.”



# 6. Evaluation survey questionnaire

## Introduction page

Thank you for taking part in this survey, which is being implemented as part of the joint independent evaluation of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. A team of two evaluators, composed of Florianne Gaillardin and Sugitha Sureshkumar, has been commissioned by WHO to conduct the evaluation, and this survey is one of various data collection methods being used to gather views on the work of the Task Force.

The purpose of the survey is to gather the perspectives of Task Force members and national governments stakeholders on the relevance, coherence, effectiveness and sustainability of the Task Force's work. Participation in the survey is entirely voluntary, and your responses are fully confidential and anonymous. No personally identifiable information will be shared beyond the two evaluators, and nothing in the report will be attributable to anyone completing the survey.

The results of the survey will be used alongside other sources of evidence to inform the evaluation. No questions are compulsory, but we encourage you to answer as many as you are able to. The survey will take around 30 minutes to complete.

**Please click [here \(link\)](#) for English version, [here \(link\)](#) for French version, or [here \(link\)](#) for Spanish version of the survey.**

## Preliminary questions

The purpose of these questions is to identify which stakeholder category you belong to and your familiarity with the UN Task Force on NCDs. Your responses will help us to develop a disaggregated analysis of the survey's results and explore potential similarities or differences of views within or between key stakeholder groups.

1. What is your gender?
  - Female
  - Male
  - Non-Binary/non-conforming
  - Prefer not to say
2. Do you consider yourself to have a disability?
  - Yes
  - No
  - Prefer not to say
  -
3. How familiar are you with the work of the Task Force?

- Very familiar
- Familiar
- Unfamiliar
- Very unfamiliar
- NA
- 

4. Please select the stakeholder group type you identify with below:

- Task Force agency focal point
- National government

### Part 1. Relevance

The following questions ask you for your perceptions relating to the relevance of the Task Force work to national government priorities and population needs, especially the most marginalized.

5. (Government counterparts only) To what extent has the work of the Task Force aligned with the stated priorities of the national government on NCDs and mental health?

- To a large extent
- To some extent
- To a limited extent
- To no extent
- N/A or do not know

6. (Task Force agencies only) To what extent have the objectives and design of the Task Force been aligned with the strategic priorities of your organization?

- To a large extent
- To some extent
- To a limited extent
- To no extent
- N/A or do not know

### Part 2. Coherence across the UN system

The following questions ask you for your perceptions related to the coherence of UN agencies' efforts on NCDs and mental health.

7. To what extent has the Task Force work promoted synergies and interlinkages with other relevant global health and development initiatives (for example the Lusaka agenda, UHC2030), including initiatives and interventions of the UN system?

- To a large extent
- To some extent
- To a limited extent
- To no extent
- N/A or do not know

8. To what extent has the Task Force's work contributed to better alignment and coordination between UN system agencies on NCDs and mental health:

	To a large extent	To some extent	To a limited extent	Not at all	N/A or do not know
8.a At global level					
8.b At regional level					
8.c At country level					

9. (Task Force agencies only) To what extent are the Task Force's strategy,<sup>3</sup> actions from Task Force meetings, recommendations provided to the UN Economic and Social Council in annual reports and resolutions from the UN Economic and Social Council influencing your organization's work and priorities on NCDs and mental health?
- To a large extent
  - To some extent
  - To a limited extent
  - Not at all
  - N/A or do not know

### Part 3. Effectiveness

The following questions ask you for your perceptions related to the effectiveness of the work of the UN Task Force on NCDs.

10. How effective has the Task Force Secretariat been in fulfilling its expected functions:

	Very effective	Somewhat effective	Somewhat ineffective	Very ineffective	N/A or do not know
10.a Coordinating the implementation of activities among UN agencies on NCDs and mental health					
10.b Monitoring and evaluating the collective contribution of the UN on NCDs and mental health					
10.c Making adequate decisions to respond to changing circumstances					
10.d Engaging with partners at global, regional and country levels					

11. The UN Task Force has four broad strategic priorities.

The table below requires you to assess the extent to which the Task Force has contributed to the realization of results within these four areas at country level.

To what extent has the work of the Task Force contributed to:

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<sup>3</sup> The four strategic priorities of the Task Force are: 1. Support national governments to implement multisectoral responses; 2. Contribute to better financial frameworks for NCDs and Mental Health; 3. Support national governments to effectively engage all key actors in the NCDs and mental health responses; and 4. UN agencies increasing their efforts on NCDs and mental health and better aligning and coordinating their support.

	To a large extent	To some extent	To a limited extent	Not at all	N/A or do not know
1. Multisectoral responses for NCDs and mental health					
11.a Government policy and strategy frameworks on NCDs and mental health					
11.b Commercial and social determinants of health to address risk factors					
11.c Strengthening of NCD and mental health services					
2. Financial frameworks for NCDs and mental health					
11.d Increase in government resources for NCDs and mental health (e.g. NCDs and mental health are prioritized in health financing reforms, allocation of resources to these areas is more efficient)					
11.e Development partners increase financing for NCDs and mental health					
3. Support national governments to effectively engage all key actors in the NCDs and mental health responses					
11.f Better government-led governance of the NCD response, through stronger partnerships and multisectoral coordination mechanism					
11.g Link NCDs to broader agendas to ensure buy-in from countries, ensure relevance to specific countries/expressed needs					
4. UN agencies increasing their efforts on NCDs and mental health and better aligning and coordinating their support.					
11.h UN Sustainable Development Cooperation Frameworks and other policies and strategies include NCDs and mental health priorities					
11.i UN country teams develop joint programmes on NCDs and mental health					
11.j UN agencies better coordinate their interventions on NCDs					

**12.** Please describe what has been the most important achievement of the Task Force in your view, and how the Task Force has contributed to it.

**13.** Are there other positive or negative changes that the Task Force's work has contributed to in your area of work (Task Force agencies)/country (government counterparts)? If so, please describe below:

**14. (Task Force agencies only)** To what extent are you able to track human and financial resources dedicated to NCDs and mental health in your organization?

- To a large extent
- To some extent
- To a limited extent

- Not at all
- N/A or do not know

**15. (Task Force agencies only)** To what extent has being a member of the Task Force led to an increased ability to mobilize political, human and financial additional resources in your agency for NCDs?

- To a large extent
- To some extent
- To a limited extent
- Not at all
- N/A or do not know

**16. (Task Force agencies only who replied “to a large extent”, “to some extent” or “to a limited extent” to Question 15)** Please give details of the additional political, human and/or financial resources mobilized

**17. (Task Force agencies only)** What are key factors influencing the NCD and mental health agenda in your organization?

**18.** What have been the main factors influencing the Task Force success in delivering intended results?

#### **Part 4. Contribution to health equity, gender equality, disability inclusion and the promotion of a human rights-based approach in NCD and mental health agendas**

*The following questions ask you for your perceptions related to the extent to which the work of the Task Force has adopted a human rights-based approach and integrated a health equity, gender equality and disability inclusion in its work.*

**19.** To what extent have the objectives and design of the Task Force been explicitly informed by a gender analysis?

- To a large extent
- To some extent
- To a limited extent
- Not at all
- N/A or do not know

**20.** To what extent has the work of Task Force addressed the needs of the marginalized populations on NCDs and mental health?

- To a large extent
- To some extent
- To a limited extent
- Not at all
- N/A or do not know

**21. (For those who replied “to a large extent”, “to some extent” or “to a limited extent”)** Could you describe the ways in which the task force has taken into account the needs of marginalized groups?

**22.** To what extent has the Task Force integrated disability inclusion considerations in its work?

- To a large extent
- To some extent
- To a limited extent
- Not at all
- N/A or do not know

**23.** To what extent has the Task Force ensured that people with disability can participate in its work and access its products?

- To a large extent
- To some extent
- To a limited extent
- Not at all
- N/A or do not know

**24.** What are key results from the work of the Task Force in promoting rights-based approaches, gender equality and diversity and inclusion?

## Part 5. Sustainability

*The following questions ask you for your perceptions related to the sustainability of the contribution of the UN Task Force on NCDs.*

**25.** To what extent are the contributions of Task Force likely to be durable over time if the Task Force ceased to exist?

- To a large extent
- To some extent
- To a limited extent
- Not at all
- N/A or do not know

**26.** What steps have been taken to ensure that the Task Force's contribution is sustained or scaled up through government interventions at country level?

## Ending Question

**27.** Is there anything further you think it would be useful for us to know, or that you would like to share with the Evaluation Team?



# 7. References to the Task Force in its members' strategic frameworks

Table 3: Task Force relevance to strategic priorities of agencies that have co-chaired Task Force meetings

Agency	Strategy	Mentions the Task Force?	Relevance of Task Force
AIEA	Medium Term Strategy 2024–2029	No	Noncommunicable diseases such as cancer are rising at an alarming rate, with the greatest increases in low- and middle-income countries. The demand for quality health care for noncommunicable and infectious diseases will increase the need for diagnostics imaging and radiological treatments. Partnerships with the WHO, professional bodies and other organizations will continue to play a crucial role in the implementation of the Agency's activities.
FAO	Vision and Strategy for FAO's Work in Nutrition	No	Reducing wasting, stunting, underweight, micronutrient deficiencies, overweight, obesity and diet-related NCDs has the potential to contribute to reaching targets across the SDG.
FCTC	Global Strategy to accelerate tobacco control 2019-2025	Yes	Specific objective: "Develop mutually reinforcing approaches to implementing the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 through cooperation with members of the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF), the Global Coordination Mechanism for NCDs and other relevant initiatives."
ILO	Global Strategy on Occupational Safety and Health 2024–30 and plan of action for its implementation	Yes	Synergies will be maximized to improve the delivery of programmes and initiatives, and enhanced options for collaboration with the WHO will be explored to ensure mutually reinforcing and coherent advocacy and awareness-raising, policy advice and country-level interventions. Other options will be explored to increase the effectiveness of current collaborations, such as (...) the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.
OHCHR	CRC/C/GC/15: General Comment No. 15 on the right of the child to the highest attainable standard of health (2013), The Committee on the Rights of the Child	No	Although there is no mention of NCDs in the General Comment No. 14 (2000) on the right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), the CRC/C/GC/15: General Comment No. 15 on the right of the child to the highest attainable standard of health (2013), the Committee on the Rights of the Child mentions NCDs as one of the key factors affecting children's health. Within the right to health, OHCHR focuses on NCDs and particularly through the Task Force. The OHCHR <a href="#">webpage</a> on NCDs mentions that "OHCHR is a member of the Task Force and advocates for the inclusion of human rights in the work of the task force." Key areas of focus include enabling legal and policy framework; giving attention to individuals, groups and communities in

			situations of marginalization; promoting a human rights-based approach to data collection; advocating for the use of maximum resources towards health.
UNAIDS	Global AIDS Strategy 2021-2026	No	UNAIDS Strategy acknowledges the comorbidities between NCDs and HIV, in particular in relation to cervical cancer, for which women living with HIV are at increased risk.
UNDP	UNDP HIV and Health strategy 2022–2025	Yes	<p>One of the key priorities for the period is to “strengthen governance, including to address NCDs, mental health and accelerate tobacco control”. Strengthening multisectoral health governance, including of NCD, mental health and tobacco control responses, the development of investment cases and the integration of NCDs, mental health and tobacco control into development plans and strategies</p> <p>UNDP works closely with WHO as a member of the United Nations Interagency Task Force on the Prevention and Control of NCDs.</p> <p>Within the division of labour of the Inter-Agency Task Force on NCDs, UNDP (with WHO and UNAIDS) convenes the work of the United Nations and other intergovernmental organizations to strengthen national capacity, leadership, governance and multisectoral action to accelerate the country response to NCDs.</p>
UNFPA	Strategic Plan 2022_2025	No, but mentions Task Force initiative	<p>A focus on cervical cancer: preventing and managing reproductive cancers and other morbidities, such as obstetric fistula.</p> <p>This was supported by a joint programme on cervical cancer with UNFPA, WHO and IAEA, implemented between 2018 and 2021.</p>
UNHCR	UNHCR Global Public health Strategy 2021-2025	No	The Strategy mentions partnerships with several members of the Task Force, but not the Task Force itself. It includes several references to the management and control of NCDs in refugee populations and host communities.
UNICEF	Strategy for Health 2016-2030	Yes	<p>While the Strategy does not set its own targets, it aims to contribute to the fulfilment of existing global commitments, including through the SDGs, by UNICEF as part of its strategic planning process, and through other initiatives where UNICEF is a partner (e.g. the Global Vaccine Action Plan, Global Polio Eradication Initiative and UN Interagency Task Force on NCDs).</p> <p>UNICEF’s engagement with partners mentions the Task Force as well as NCD Child. However, focus on ages 5–9 for NCDs is not currently fully reflected in Task Force’s work</p>
WFP	WFP strategic plan (2022–2025)	No	When required, WFP will support double duty actions that have the potential to simultaneously reduce the risk and burden of undernutrition and overweight, obesity and diet-related noncommunicable diseases.
WIPO	WIPO Strategy on Standard Essential Patents 2024–2026	No	No mention of NCDs and mental health.
WHO	Thirteenth General Programme of Work 2019–2023	Yes	WHO will work with Member States and other partners in scaling up efforts to implement the high-impact and cost-effective measures needed, including by working through the WHO Independent High-level Commission on NCDs, the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases, the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases, the United Nations Decade of Action on Nutrition and the United Nations Road Safety

World Bank	Nutrition and Population Sector Strategy	No (precedes Task Force creation)	Collaboration, to persuade elected officials to make bold political choices for health. Task Force has mapped its strategic priorities against GPW13.
			NCDs feature prominently in the Strategy: “In the near future, non-communicable diseases (NCDs) - led mainly by cardiovascular diseases, cancers and mental illness- and injuries will add to the list of common afflictions that burden the poor and that escalate costs of health care systems. Tobacco is the most prominent cause of NCDs, along with alcohol abuse and intake of foods high in saturated fats. In many middle-income countries, cardiovascular diseases are already the leading cause of death, and in low-income countries they are becoming increasingly important.”

Source: agencies' websites

Table 4: Task Force member agencies with policy or strategy that mentions NCDs and/or have an agency brief on NCDs

Agency	Policy/strategy mentions NCDs	Agency brief	Agency	Policy/strategy mentions NCDs	Agency brief
ADB	Yes	No	UNDP	Yes	Yes
AFDB	Yes	No	UNECA	n/a	No
EBRD	Yes	No	UNEP	Yes	No
FAO	Yes	Yes	UNESCAP	n/a	No
Global Fund	Yes	No	UNESCO	Yes	No
IADB	Yes	No	UNFPA	Yes	Yes
IAEA	Yes	Yes	UNHCR	Yes	Yes
IARC	Yes	No	UNICEF	Yes	Yes
ICRC	Yes	No	Unitaid	n/a	No
IDLO	Yes	No	UNITAR	Yes	No
IFAD	n/a	No	UNITAR	n/a	No
ILO	No	Yes	UNODC	Yes	No
INCB	Yes	No	UNOSSC	n/a	No
IOC	Yes	No	UNRSF	n/a	No
IOM	Yes	Yes	UNRWA	Yes	No
ISDB	n/a	No	UNSCN	Yes	No
ITU	No	No	UNU	Yes	No
OECD	No	Yes	WFP	n/a	Yes
OHCHR	No	No	WHO	Yes	No
OIC	n/a	No	WHO FCTC	Yes	Yes
UN Habitat	Yes	Yes	WIPO	No	No
UNAIDS	Yes	Yes	World Bank	Yes	Yes
UNCTAD	n/a	No	WTO	No	No

Source: 2023 Task Force Survey and Task Force website

# 8. Deep dive studies

## Kyrgyzstan Country Deep-Dive

### Selection rationale

Kyrgyzstan was selected as one of two deep dive countries for this evaluation on the following criteria:

- a country in the WHO European region, where there is a high mortality and morbidity associated to NCDs; and
- a country where the Task Force has conducted several interventions since 2016, including a joint mission and an investment case, and dialogue is still ongoing between the Task Force and country stakeholders.

### Data sources

Three stakeholders were interviewed remotely: one from the WHO Regional Office for Europe, one from the WHO country office and one from the ministry of health.

The following documents were consulted (all items except the last published in Geneva by WHO):

- Annual progress report towards the implementation of the Roadmap for health and well-being in Central Asia (2022–2025); 2023 (<https://iris.who.int/bitstream/handle/10665/369601/WHO-EURO-2023-7596-47363-69541-eng.pdf?sequence=1>).
- Annual report 2023: WHO Country Office in Kyrgyzstan; 2024 (<https://iris.who.int/bitstream/handle/10665/379609/WHO-EURO-2024-10545-50317-75911-eng.pdf?sequence=1>).
- Better non-communicable disease outcomes: challenges and opportunities for health systems. Kyrgyzstan Country Assessment: Focus on cardiovascular disease; 2014 (<https://kyrgyzstan.un.org/en/download/6068/29829>).
- Gender and noncommunicable diseases in Kyrgyzstan. Analysis of STEPS data; 2020 (<https://iris.who.int/bitstream/handle/10665/337488/WHO-EURO-2020-1668-41419-56461-eng.pdf?sequence=1>).
- Joint mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases; 2016 (<https://iris.who.int/bitstream/handle/10665/332118/WHO-NMH-NMA-17.86-eng.pdf?sequence=1&isAllowed=y>).
- NCD Monitor 2022; 2022 (<https://iris.who.int/bitstream/handle/10665/353048/9789240047761-eng.pdf?sequence=1>).
- Prevention and control of noncommunicable diseases in Kyrgyzstan: the case for investment; 2017 (<https://iris.who.int/bitstream/handle/10665/351407/WHO-EURO-2017-4787-44550-63088-eng.pdf?sequence=1>).
- Further documentation to consult: Kyrgyzstan - National program on prevention and control of NCD 2013–2020. Bishkek: 2020 (<https://www.iccp->

[portal.org/system/files/plans/KGZ%202013%20National%20Program%20on%20Prevention%20and%20Control%20of%20NCD.pdf](https://portal.org/system/files/plans/KGZ%202013%20National%20Program%20on%20Prevention%20and%20Control%20of%20NCD.pdf)) (in Kyrgyz).

## National context

NCDs are responsible for 83% of all deaths in Kyrgyzstan. The STEPwise approach to surveillance (STEPS) indicates that 25.7% of the Kyrgyz population smoke, 31.4% consume alcohol, 83.7% are physically inactive, 74% do not eat the recommended amount of fruits and vegetables and 21% use salt additives during mealtime [\(2\)](#). In terms of the national response, as shown in **Error! Reference source not found.**, the country is mostly on track for NCD surveillance and policy framework, and partially on track in terms of tobacco control measures except for mass campaigns. Alcohol control is less developed, with the country either partially or not on track on the corresponding indicators. For the unhealthy diet risk factor indicators, trans fat control measures are in place, but progress remains to be done on other aspects (salt, breastfeeding substitutes and marketing to children). The country is on track for the indicator relating to physical activity promotion campaigns. In terms of NCD management, the country is on track for technical guidelines, but not in terms of cardiovascular disease services.

Table 5: Kyrgyzstan NCD profile

National NCD targets
Mortality data
Risk factor surveys
National integrated NCD policy/strategy/action plan
Tobacco: increased excise taxes
Tobacco: smoke-free policies
Tobacco: graphic warnings/plain packaging
Tobacco: ban on advertising
Tobacco: mass media campaign
Alcohol: Restriction on physical availability
Alcohol: advertising bans
Alcohol: increased excise taxes
Unhealthy diets: salt policies
Unhealthy diets: saturated/transfat policies
Unhealthy diets: marketing to children restrictions
Unhealthy diets: breastmilk and substitutes
Physical activity: public education and awareness campaigns
Guidelines for management of cancer, cardiovascular disease, diabetes and cardiovascular diseases
Drug therapy/counselling to prevent heart attacks and strokes

Source: adapted from NCD Monitor 2022

## **Task Force contributions**

### **Activities**

A Joint programming mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases to Kyrgyzstan was conducted in March 2016. Two joint United Nations follow-up visits to Kyrgyzstan were undertaken in August 2016 and October 2016 to discern the economic impact on action and inaction on NCDs in the Republic. An investment case for the prevention and control of NCDs in Kyrgyzstan was published in 2017. Three analyses were conducted. Detailing their relative returns on investment, the economic burden analysis reveals that losses from NCDs amount to a significant percentage of gross domestic product; the intervention costing analysis estimates the funding needed to implement various policy and clinical interventions for prevention; and the cost-benefit analysis compares these implementation costs with projected health gains, identifying which policy packages offer the highest returns on investment (3). Following the ministry of health's request for an economic analysis of the cost of NCDs, the economic burden reveals that government spending on health care for NCDs represents only a small portion of the total costs. The hidden expenses from lost productivity are nearly four times greater, amounting to 14.6 billion som. In total, the annual economic cost of NCDs to Kyrgyzstan is 17.1 billion som, which corresponds to 3.9% of the country's annual gross domestic product (3). Furthermore, it was seen that preventing NCDs in Kyrgyzstan is both affordable and cost-effective, requiring collaboration across various sectors beyond health, such as finance and agriculture. Economic modelling indicates that salt-reduction interventions offer the highest return on investment, with a benefit-to-cost ratio of 12 over 15 years. Increasing tobacco taxes and promoting physical activity are also highly cost-effective, with their economic benefits greatly outweighing the costs in the long run.

## **Contribution to Task Force Strategic results**

### **Multisectoral response on NCDs**

The Task Force inputs appear to have contributed to a series of advances in the national NCD response as part of the National NCD Strategy revision, including the continuation of the national Den-Sooluk programme, the cardiovascular disease management roadmap, the beginnings of a pilot project concerning the development of a Cancer Registry and contributions to the cancer control programme. The Task Force continues to support the ministry of health with intersectoral dialogue on NCD-related issues, including in the Framework of Health 2020. The government is pleased with the level of collaboration that has been fostered in-country using the multisectoral approach the Task Force advocates for: "the NCD mission was absolutely useful because for the first time the ministries and the agencies were streamlining their efforts together".

### **National coordination**

Kyrgyzstan has made significant strides in improving health sector coordination, particularly through the Kyrgyz Republic Health Sector Strategy (2019–2030). This strategy emphasizes the importance of inclusive partnerships and coordination among various stakeholders, including government bodies, international organizations and civil society, to effectively implement health programmes and achieve UHC. A commitment to health equity is reflected in the National Health Strategy, which aims to ensure access to essential quality health services for all individuals, particularly marginalized and vulnerable populations. The strategy outlines measures to reduce financial hardship and improve health outcomes across different demographic groups.

# Nigeria Country Deep-Dive

## Selection rationale

**Nigeria was selected as one of two deep dive countries for this evaluation on the following criteria:**

- a country in the WHO African region, because of the weak indicators on NCD multisectoral response in the region;
- the timing of the mission which took place in 2020, providing enough time to document medium-term changes following it; and
- the presence of the EU funded joint programme between the United Nations Development Programme and WHO UHC-Partnership which offered a mechanism to pursue interagency collaboration following the Task Force mission.

## Data sources

**Eight stakeholders were interviewed remotely:**

- Ministry of Health Mental Health and NCD Departments (2)
- WHO regional office (1)
- WHO country office (2)
- UNDP country office (1)
- Civil society organizations (2)

The following documents were consulted (unless otherwise indicated, all items published in Geneva by WHO):

- Catalysing country action for noncommunicable diseases and mental health governance and investment. Reporting 2021–2023 results from joint WHO and UNDP country activities; 2024. ([uniatf.who.int/docs/librariesprovider22/default-document-library/report-uhc-p-eu-project.pdf?sfvrsn=21977a2a\\_3&download=true](https://uniatf.who.int/docs/librariesprovider22/default-document-library/report-uhc-p-eu-project.pdf?sfvrsn=21977a2a_3&download=true)).
- NCD Monitor 2022; 2022 (<https://iris.who.int/bitstream/handle/10665/353048/9789240047761-eng.pdf?sequence=1>).
- Nigeria country cooperation strategy (2023–2027); 2024 (<https://iris.who.int/bitstream/handle/10665/378243/9789290343363-eng.pdf>).
- Nigeria country disease outlook; 2023 (<https://www.afro.who.int/sites/default/files/2023-08/Nigeria.pdf>).
- Nigeria national multisectoral action plan for the prevention and control of NCDs (2019–2025). Abuja: Government of Nigeria Federal Ministry of Health; 2019 ([https://arua-ncd.org/wp-content/uploads/2022/10/NCDs\\_Multisectoral\\_Action\\_Plan.pdf](https://arua-ncd.org/wp-content/uploads/2022/10/NCDs_Multisectoral_Action_Plan.pdf)).
- Report of the Joint United Nations High-Level Mission on Non-communicable Diseases and Tuberculosis; 2021. ([https://uniatf.who.int/docs/librariesprovider22/default-document-library/report-of-the-joint-united-nations-high-level-mission-on-non-communicable-diseases-and-tuberculosis-nigeria.pdf?sfvrsn=962ea094\\_1&download=true](https://uniatf.who.int/docs/librariesprovider22/default-document-library/report-of-the-joint-united-nations-high-level-mission-on-non-communicable-diseases-and-tuberculosis-nigeria.pdf?sfvrsn=962ea094_1&download=true)).
- United Nations Development Programme country programme document (2023–2027) ([https://www.undp.org/sites/g/files/zskgke326/files/2023-06/undp\\_nigeria\\_cpd\\_2023-2027.pdf](https://www.undp.org/sites/g/files/zskgke326/files/2023-06/undp_nigeria_cpd_2023-2027.pdf)).
- United Nations Sustainable Development Cooperation Framework (2023–2027). Abuja: United Nations Nigeria; 2023. (<https://unsdg.un.org/download/6379/77103>).

## National context

NCDs accounted for about 27% of all deaths in Nigeria in 2021. The age-standardized mortality rate across four major NCDs was 565 per 100 000 in males and 546 in females [\(4\)](#). In relation to the NCD prevention and control response, NCD progress indicators for Nigeria show that the country is on track on the NCD national targets monitoring and policy framework, and on some indicators related to controlling risk factors (tobacco advertising and health warnings, alcohol taxes and availability restriction, breastmilk substitutes). However, other aspects of the NCD response are not on track, such as tobacco smoke free policies, taxes and media campaigns, alcohol advertising bans, measures to control unhealthy diets and physical activity awareness. Indicators relating to NCD management in terms of both management guidelines for the main NCDs and availability of services are also off-track as shown in **Error! Reference source not found.** below.

Table 6 Nigeria NCD profile. Source: adapted from NCD Monitor 2022

National NCD targets
Mortality data
Risk factor surveys
National integrated NCD policy/strategy/action plan
Tobacco: increased excise taxes
Tobacco: smoke-free policies
Tobacco: graphic warnings/plain packaging
Tobacco: ban on advertising
Tobacco: mass media campaign
Alcohol: restriction on physical availability
Alcohol: advertising bans
Alcohol: increased excise taxes
Unhealthy diets: salt policies
Unhealthy diets: saturated/transfat policies
Unhealthy diets: marketing to children restrictions
Unhealthy diets: breastmilk and substitutes
Physical activity: public education and awareness campaigns
Guidelines for management of cancer, cardiovascular disease, diabetes and cardiovascular diseases
Drug therapy/counselling to prevent heart attacks and strokes

The suicide mortality rate was 4.9 per 100 000 in 2021, compared to 9 per 100 000 globally [\(5\)](#).

The national multisectoral plan on NCDs from 2019 is fully aligned to the WHO NCD GAP and its Appendix 3 on “best buys”. The country has adapted key technical guidelines on PEN+, HEARTS and the mental health GAP, as well as using the WHO tool for the national multisectoral action plan (NCD MAP Tool). The national plan mentions the need to strengthen the integration of health services for NCDs and communicable diseases such as tuberculosis. The National Tuberculosis Control guidelines also mention the need for integration with NCDs within a universal health coverage approach.



## Task Force contributions

### *Activities conducted*

A Joint UN-government high-level mission took place in February 2020. Fifteen UN agencies<sup>4</sup> visited Nigeria. The joint mission centred on catalysing the multisectoral response to NCDs and tuberculosis. The rationale behind this focus is to support the follow-up on the commitments made by the President of Nigeria at the UN High Level Meetings on tuberculosis and NCDs in 2018. The meeting was co-led by the Task Force and WHO. The joint mission identified significant gaps in fiscal, regulatory and legislative frameworks and in implementation capacity for both NCDs and tuberculosis. It also identified significant co-benefits of integrating targeted services for tuberculosis and NCDs in PHC.

Following the joint mission, Nigeria was included as one of seven countries in a European Union-funded joint programme implemented by UNDP and the WHO UHC-Partnership aimed at catalysing action for NCDs and mental health governance and investment. Although it included aspects of strengthening the overall national multisectoral response to NCDs, the joint programme, implemented between 2021 and 2023, focused more on mental health and NCDs and did not seem to include support for NCDs and tuberculosis integration.

## Contribution to Task Force strategic results

### *Multisectoral response on NCDs*

The joint mission provided a platform to secure high level commitment and buy-in to the NCD response beyond the ministry of health, including the ministry of finances and the vice presidency. The mission also visited two governorates and secured political buy-in at that level (State Governments of Lagos and Kano). Nigeria's multisectoral NCD plan (2019) was already in place at the time of the mission, and the mission could build on this to secure more political commitment to its implementation. A country respondent considered: "The mission helped to prioritize NCDs internally. Government was able to put a lot of focus on NCDs, after that the government was able to include NCD interventions in the health insurance scheme and increase financing on NCDs."

The joint mission appears to have made several lasting contributions to the national multisectoral response. Some of its recommendations were followed up through the WHO-UNDP joint programme, which made several key contributions in strengthening the policy and institutional environment for NCDs.

Part of the joint programme agenda focused on mental health, leading to the reform of the 1958 Lunacy Act and supporting the development of a mental health bill that eventually led to the setting-up of a mental health department in the ministry of health in 2022. The policy framework was also strengthened, with the national NCD multisectoral policy and national suicide prevention framework and a new mental health policy adopted.

While there appear to be clear contributions of the Task Force mission and joint programme in terms of mobilizing high level stakeholders on NCDs and mental health, follow-up actions to secure financing and follow up on commitments to ensure the effective implementation of the national NCD multisectoral action plan were not as clearly outlined. For instance, while the joint programme contributed to the creation of the mental health department, this department is largely underfunded, with no specific budget line for activities. More capacity-building is needed for it to implement the roadmap for implementation of the mental health policy and to ensure that mental health is integrated into the NCD agenda where relevant. A government respondent also noted that

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<sup>4</sup> The Africa Development Bank, FAP, IAEA, IOM, OHCHR, Public Health England, UNAIDS, UNDP, UNHCR, UNICEF, UNFPA, UNODC, USAID, World Bank and WHO.

more engagement is needed at sub-national level to maintain momentum in the governorates visited by the mission and expand activities in other directorates.

### **National coordination**

Contribution by the joint mission to multi-stakeholder coordination led by the ministry of health appears limited, and this area is not highlighted in the recommendations. This area was covered to some extent by the joint programme, which provided support to the national NCD coordination mechanism and contributed to the launch of the National Tobacco Control Committee.

The Mission report includes recommendations on civil society engagement,<sup>5</sup> in particular in the frame of improving participation and implementing rights-based approaches. Civil society respondents interviewed considered that they had been able to participate in the joint mission to present the progress achieved and express their expectations. While the extent of the contribution of the joint mission to this is unclear, they also reported being increasingly invited to participate in coordination mechanisms on NCDs and tobacco control. One respondent considered that “there had been an improvement” on the engagement with the Federal Ministry of Health. They also recommended that a broader range of organizations are involved in the follow up to the mission, including the Nigerian Cancer Society, Hearts Foundation, Sickle Cell Foundation but also community networks of people living with mental health conditions and disabilities.

### **Better financing frameworks**

Progress on securing additional funding has been slow. The Task Force mission has recommended raising funds for NCDs and tuberculosis from taxing health-harming products, such as tobacco, alcohol and sugar-sweetened beverages. In this respect, a country respondent explained that tobacco, sweets and beverages and alcohol taxes still go to consolidated funds but are not directly allocated to the NCD division. They considered that the Task Force and UNCT could do more to support ongoing advocacy efforts by the Ministry of Health on this: “We have been pushing for a marking of a fraction of taxes for NCD prevention and control. We really want the Task Force to push on this. This would help to achieve strategic objectives.”

The development of case studies by WHO and UNDP has been identified as a key strategy to increase funding for NCDs and mental health. Although the joint programme had initially planned to conduct an NCD investment case as per the Task Force mission recommendation, this could not be delivered by the UNDP country office as the planned budget was insufficient to carry it out and so was not released to them.

### **UN working as one on NCDs**

In line with the Task Force recommendation, the current UNSCDF in Nigeria mentions NCDs as part of Output 3.1.1 [\(6\)](#), suggesting this would be an area for collaboration within the UNCT. Ministry of Health respondents considered however that the overwhelming majority of the support they receive for NCDs and mental health is from WHO and that engagement of other agencies remains limited. One country respondent commented: “We expected that after that mission there would be a lot more collaborations with others.”

The WHO Country Office in Nigeria has been able to implement follow-up activities to fulfil some of the Task Force recommendations and ensure the continuity of the joint programme contributions. Examples include integrating NCDs and tuberculosis treatment into PHC package of basic services and social protection and health insurance mechanisms and supporting the setting up of the national mental health programme. The WHO country cooperation strategy (2023–2027) strategic priority 3 includes relevant outputs on strengthening the implementation of the

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<sup>5</sup> The recommendation of the joint mission is to “leverage existing networks of civil society organizations, and other key stakeholders including from private sector, academia and partners, to monitor and provide oversight and accountability to the implementation of the National NCD Multisectoral Action Plan and National Plan for Translating the Commitments from the UNHLM on TB to Action.”

Mental Health Act and improving capacities for NCD screening, detection and management through the implementation of PEN+.

Key recommended activities by the joint mission have not been implemented, notably the NCD investment by UNDP and WHO.<sup>6</sup> The UNDP country programme document (2023–2027) does not mention NCDs or have a focus on health. There have, however, been collaborations with WHO as part of UNDP’s work on poverty reduction and governance on the development of the policy framework for NCDs. Other UN agencies appear to have had limited engagement on NCD and mental health in Nigeria. Some work is reported by UNICEF on mental health, by UNFPA on mental health as part of the gender-based violence response, by UNIC on tobacco control and by UNAIDS on strengthening the integration of HIV and NCD services. These different streams of work are considered to some extent “siloe” by respondents consulted. In this sense, the Task Force joint mission appears to have had limited success in securing UN-wide collaboration on NCDs and mental health. While some of the recommendations are being carried forward by the ministry of health and WHO, broader mobilization of resources and coordination beyond those is still limited, as was reflected in the mission report: “Overall, leadership and responsibility for action rests within the health sector rather than across government.”

## Influencing factors

- Follow-up to the joint mission by country stakeholders was hampered by the onset of the COVID-19 pandemic, which meant that most national actors involved were redirected to the COVID-19 response.
- High turn-over in government counterparts, as several NCD coordinators were in place after this, limited the ability of the ministry of health to follow up on recommended actions. As a result, national actors engaged in the joint programme were not very familiar with the UN Task Force mission outcomes.
- Based on the evidence reviewed, the involvement of country level stakeholders in the planning of the joint mission and joint programme may have been limited. One country respondent commented that “the Mission took me by surprise” and considered that there needs to be much more involvement of relevant UN country offices and national counterparts before envisaging a “country-owned process”.
- Despite the presence of the joint programme, follow-up of the joint mission was not as systematic as required, possibly because the Task Force did not have an avenue to maintain the momentum with the UNCT. A national stakeholder commented in this respect: “We expected that after that mission there would be a lot more collaborations with others. More needs to be done, we could achieve more if there was a continuous communication to the political hierarchy in the country and that is a challenge.”
- Task Force recommendations have sometimes remained high level and not clearly identified entities responsible for their implementation.<sup>7</sup>

# 9. Survey results

- Nine focal point respondents: 5 female, 3 male and one who did not indicate gender.
- All respondents indicated they were familiar or very familiar with the Task Force’s work.

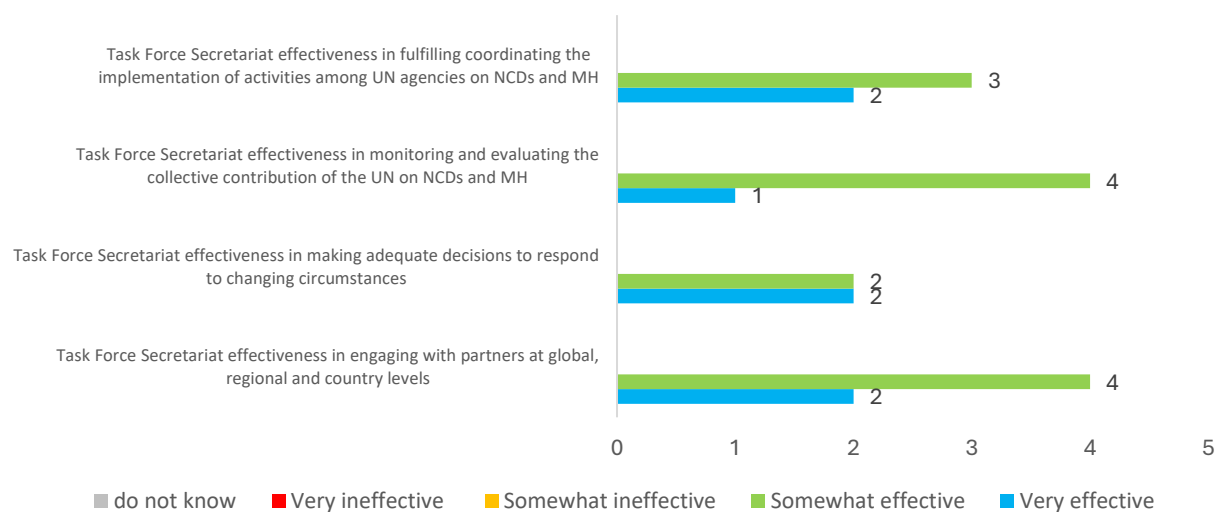
<sup>6</sup> The joint mission recommends: “An NCD investment case to be conducted under the WHO-UNDP global joint programme to catalyse multisectoral action.”

<sup>7</sup> For example, the joint mission recommends: “Address underlying determinants of health including stigma, discrimination, poor living conditions and the right of the child to grow and develop.”

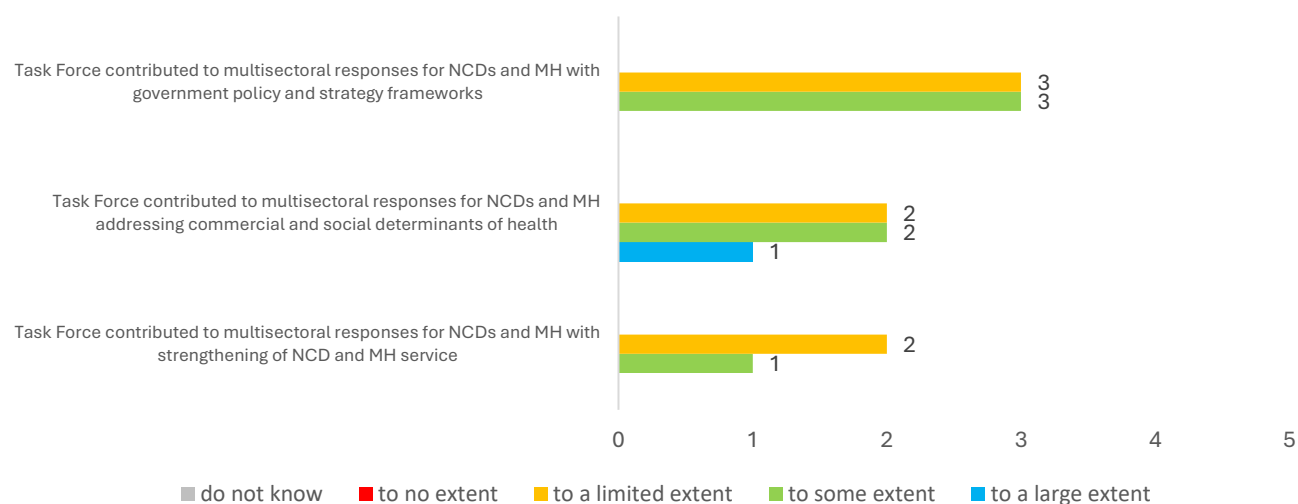
## Alignment



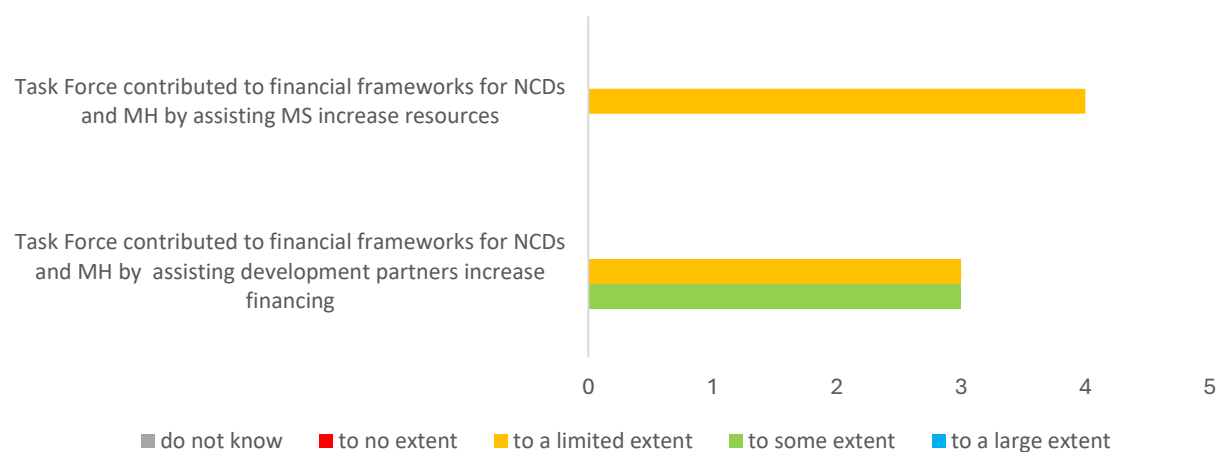
## Effectiveness of Task Force Secretariat



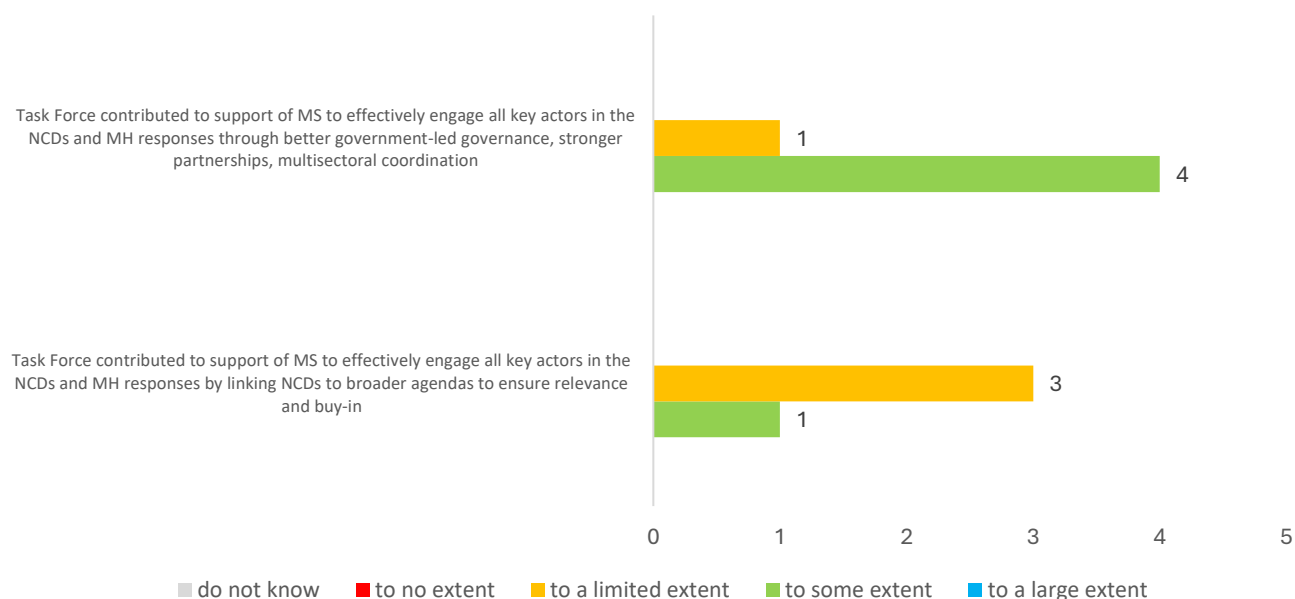
## Effectiveness on multisectoral responses for NCDs and MH



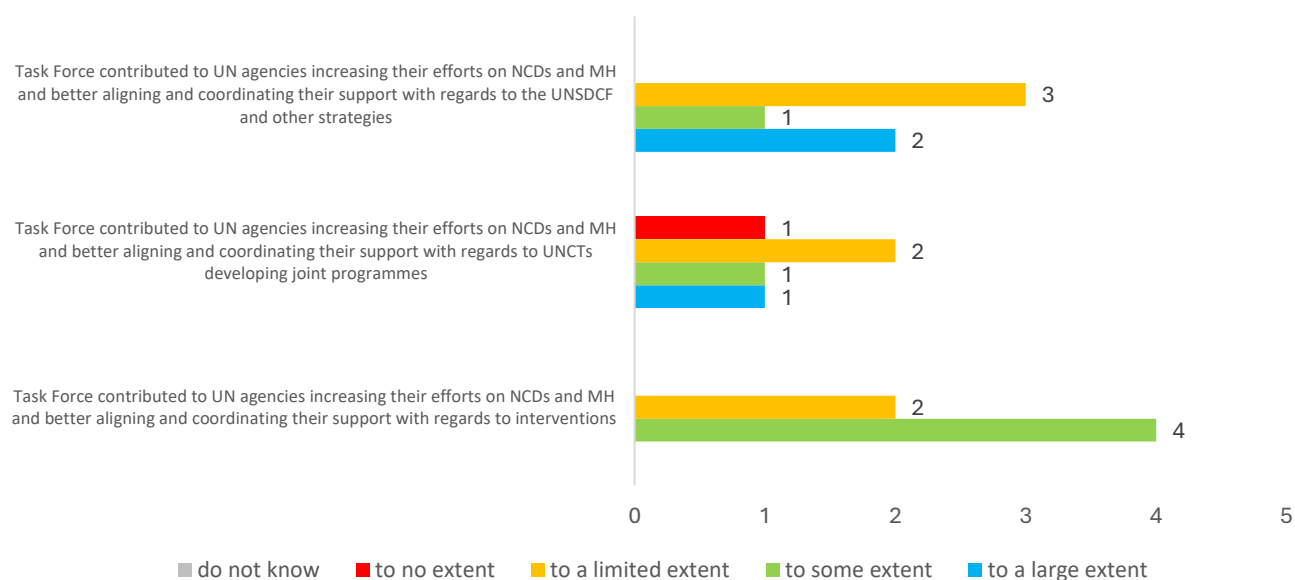
## Effectiveness on improved financial frameworks for NCDs and MH



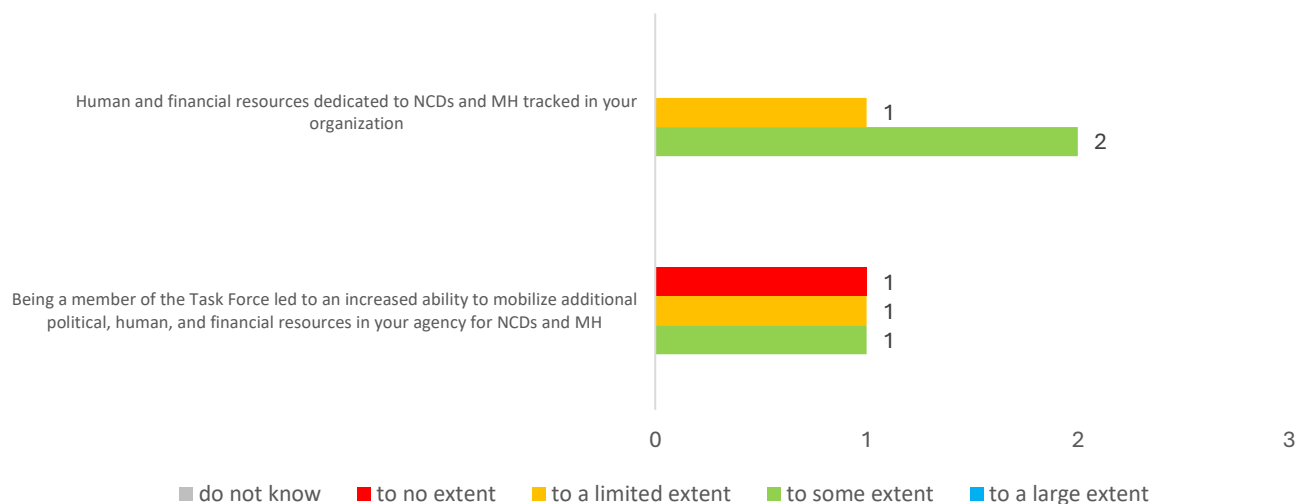
## Effectiveness on supporting Member States to engage all actors



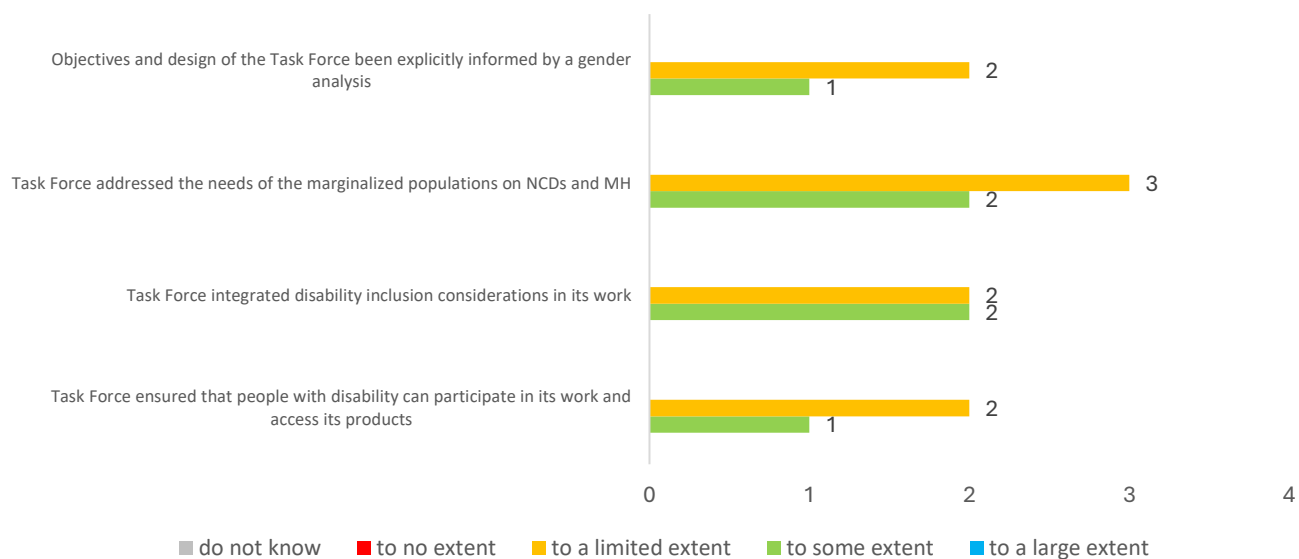
## Effectiveness on increasing UN agencies efforts on NCDs and MH



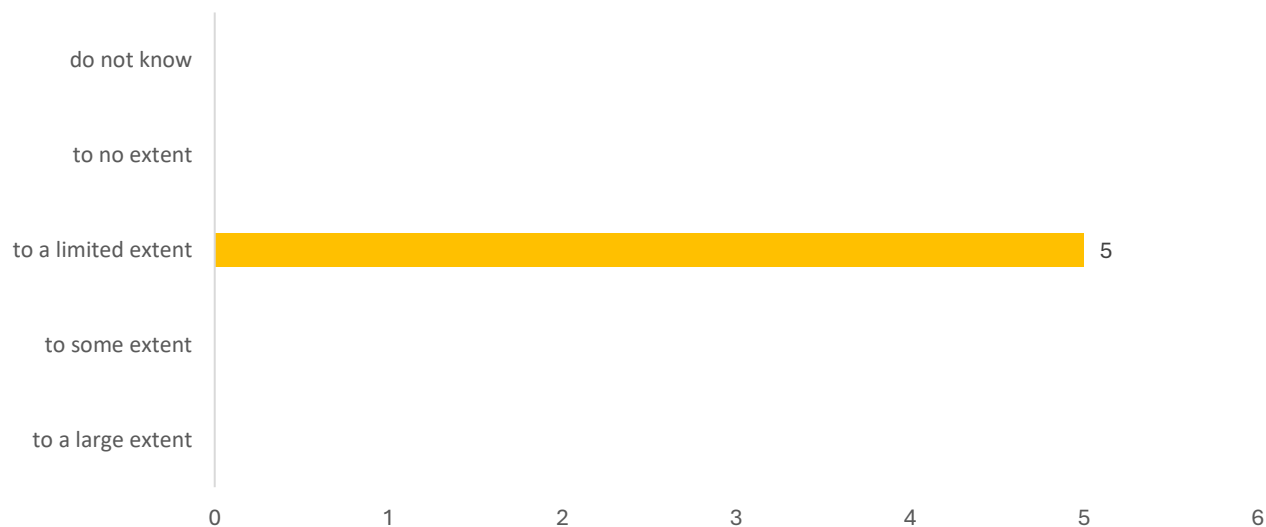
### Resourcing of NCDs by Task Force members



### Gender, equity and human rights



To what extent are the contributions of Task Force likely to be durable over time if the Task Force ceased to exist?





# 10. List of Task Force member agencies

## UN Agencies

Food and Agricultural Organization of the United Nations (FAO)  
Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)  
International Atomic Energy Agency (IAEA)  
International Fund for Agricultural Development (IFAD)  
International Agency for Research on Cancer (IARC)  
International Committee of the Red Cross (ICRC)  
International Development Law Organization (IDLO)  
International Labor Office (ILO)  
International Narcotics Control Board (INCB)  
International Olympic Committee (IOC)  
International Organization for Migration (IOM)  
International Telecommunication Union (ITU)  
Joint United Nations Programme on HIV/AIDS (UNAIDS)  
Organization for Economic Co-operation and Development (OECD)  
Organization of Islamic Cooperation (OIC)  
UNICEF (UNICEF)  
Unitaid (Unitaid)  
United Nations Conference on Trade and Development (UNCTAD)  
United Nations Development Programme (UNDP)  
United Nations Environment Programme (UNEP)  
United Nations Educational, Scientific and Cultural Organization (UNESCO)  
United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen)  
United Nations High Commissioner for Human Rights (OHCHR)  
United Nations High Commissioner for Refugees (UNHCHR)  
United Nations Human Settlements Programme (UN-HABITAT)  
United Nations Office on Drugs and Crime (UNODC)  
United Nations Office for South-South Cooperation (UNOSSC)  
United Nations Institute for Training and Research (UNITAR)  
United Nations Population Fund (UNFPA)  
United Nations Relief and Works Agency (UNRWA)  
United Nations Road Safety Fund (UNRSF)  
United Nations System Standing Committee on Nutrition (UNSCN)  
United Nations University (UNU)  
Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC)  
World Food Programme (WFP)  
World Health Organization (WHO)  
World Intellectual Property Organization (WIPO)  
World Trade Organization (WTO)

## Multilateral Development Banks

African Development Bank (AfDB)

Asian Development Bank (ADB)

European Bank for Reconstruction and Development (ERBD)

Inter-American Development Bank (IDB)

Islamic Development Bank (IsDB)

World Bank (World Bank)

## UN Economic Commissions

United Nations Economic Commission for Africa (UNECA)

United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)

# 11. Indicative M&E framework results

This annex presents available data against the indicative M&E framework of the Task Force Strategy (2022–2025). The 2021 baseline was calculated by the Task Force Secretariat based on the activities conducted during the 2019–2021 Task Force Strategy. The 2024 available data presents data gathered during the evaluation on the indicators, as well as the gaps noted in the data.

Indicator	2021 Baseline	2024 available data
1. Number of countries that request and receive policy guidance and technical support from the Task Force for which there is evidence that recommendations are being implemented	55 between 2019 and 2021	26 between 2022 and 2024 (based on Task Force website). However, there is no systematic way of documenting implementation of recommendations of joint missions. UNDP tracks implementation of recommendations from investment cases, but this is not reported by the Task Force
2. Number of UN-led global, regional and national joint programmes and initiatives in place, resourced and delivering at national level	N/A	8 Joint Programmes on NCDs, some of which have been initiated through the Task Force, others outside it: NCD 2030, FCTC 2030, Be Healthy Be Mobile, Defeat-NCD Partnership, SAFER, Global RECAP, Access Initiative for Quitting Tobacco, Cervical Cancer Joint Programme.
3. Multi-partner Trust Fund capitalized and disbursing funds to countries	No	MPTF is capitalized: 2022 first pledge from Scottish government pledged US\$ 3 million over 5 years in 2022, and Lilly Foundation US\$ 4 million. Mauritius and Philippines announced their membership in 2024, with budgetary allocation although the pledges are not yet known. 2 countries have been approved to develop full proposals: Rwanda and Zambia, for about US\$ 1 million over 3 years.
4. Number of countries with projects funded by multilateral development banks and by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria that include SDG targets related to NCDs and mental health	47 countries between 2019 and 2021	N/A. This may be obtained through the Task Force survey to its membership, which was administered in 2014, 2015, 2016 and 2023.
5. Number of countries supported by the Task Force to increase domestic and/or development assistance funding for NCDs and mental health	16 countries between 2019 and 2021	Based on the paper <i>Troisi, G et al. The reported impact of non-communicable disease investment cases in 13 countries. BMJ; 2023</i> . 14 out of 46 measures adopted in 13 countries in the study pertained to improved financing for NCDs.

		However, no economic impact assessment was conducted on investment cases. No data available for mental health
6. Number of countries that receive support from the Task Force and/or its members to strengthen multistakeholder coordination and action	N/A	N/A. This support is mainly provided through joint-missions. There is qualitative evidence, for example from Thailand on strengthening NCDs in UNCT. However, there is no system in place to track joint missions recommendation implementation in country regularly.
7. Operational partnerships between governments and the private sector catalyzed by UN system	25 countries between 2019 and 2021	N/A as above
8. Countries in which the Task Force has catalyzed multi-agency, multi-sectoral action for NCDs and mental health	N/A	N/A as above
9. Number of countries for which Cooperation frameworks include SDG targets related to NCDs and/or mental health, including target 3.a on implementation of the WHO FCTC, with evidence of funds available for joint programming and implementation	During the 2020/2021 UNITED NATIONS SUSTAINABLE DEVELOPMENT COOPERATION FRAMEWORK rollout, 79% (30/38) integrated NCDs	During the 2022/2023 UNITED NATIONS SUSTAINABLE DEVELOPMENT COOPERATION FRAMEWORK rollout, 77% (75/97) integrated NCDs
10. Task Force members have prioritized national action aligned with the “best buys” endorsed by the World Health Assembly and effective interventions, in line with countries’ response to and recovery from COVID-19	68% (2016 data)	N/A, although some information can be obtained from the peer-reviewed paper on the impact of investment cases, tracking results attributable to investment cases in 13 countries, and the second joint mission report in Sri Lanka includes a potential framework to track implementation of Task Force recommendations from the first mission which could be replicated to track contribution of the Task Force to “best buys” implementation.
11. Task Force members implement healthy workplace policies and the model policy for agencies of the United Nations system on preventing tobacco industry interference	8 Task Force Members	10 Task Force Members (based on UN Task Force survey)
12. Proportion of Task Force activities and outputs that include substantive action to promote human rights	N/A	N/A. This indicator is not tracked.

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