

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

## Executive Summary

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WHO/DGO/EVL/2025.55

Photo credit: WHO / Pierre Albouy

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

# Executive summary

## 1. Overview of the evaluation object

The decentralized independent evaluation of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (NCDs) was commissioned by the Task Force Secretariat and its members. This is the first independent evaluation of the work of the Task Force since its creation in 2013. The Task Force consists of 46 UN agencies, funds, programmes, intergovernmental organizations, and development banks with a secretariat at the World Health Organization (WHO). Its purpose is to support 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, as well as the subsequent commitments made in the High-level meetings on NCDs of 2014 and 2018, ECOSOC resolutions and decisions on the work of the Task Force and in the WHO Global NCD Action Plan extended to 2030. The Task Force reports annually to ECOSOC, which has issued resolutions on the Task Force across its existence.

## 2. Evaluation objectives and intended audience

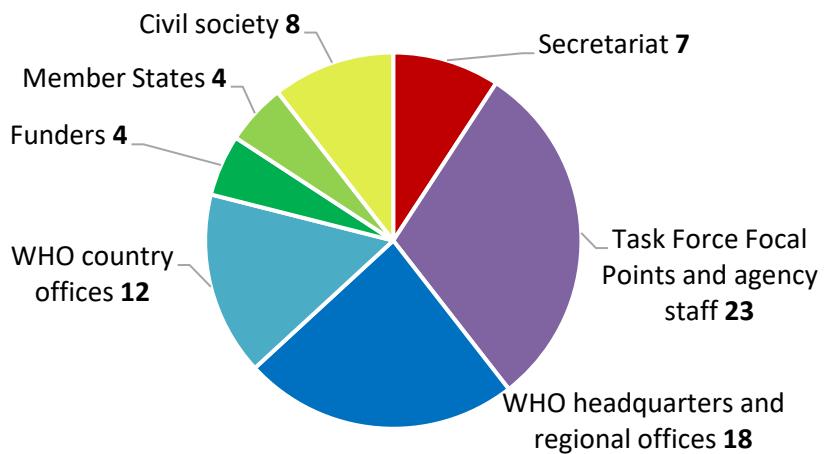
The purpose of the evaluation is to provide an independent assessment of the Task Force strategy, interventions, operations and performance as well as to provide lessons learned on its engagement and coordination with partners. The evaluation is both formative and summative, with the summative aspect assessing the Task Force's contribution to its mandate and objectives as outlined in ECOSOC resolutions – considering both historical developments and the current strategy period. The time frame of the evaluation covers the period from 2014 to 2024.

The evaluation focuses on the implementation of the recent two strategies (2019–2021 and 2022–2025), and also includes progress made since the creation of the Task Force. The evaluation considers the work of the Task Force at global level with a particular focus on actions mentioned in the Task Force's strategies and work plans, and activities implemented in 61 countries. Specifically, the evaluation objectives are to assess the work of the Task Force towards the achievement of its strategic priorities; document the facilitating factors and challenges that hindered progress and provide lessons and recommendations for the next Task Force strategy. The key audiences for this evaluation are the Task Force Secretariat, its members and Member States of the United Nations Economic and Social Council (ECOSOC) and WHO.

## 3. Methodology

The evaluation opted for a non-experimental evaluation design and used a theory-based approach, testing the causal pathways and assumptions laid out in the evaluation reconstructed theory of change (ToC). A mixed methods approach was employed to gather data and information from quantitative and qualitative sources both through a review of secondary sources and primary data collection. It sought views from a variety of informants at global, regional and country levels. Using OECD criteria, the evaluation assessed the relevance, coherence, effectiveness, efficiency and sustainability of the Task Force, as well as how it promotes health equity, gender equality and disability inclusion. The evaluation team reviewed over 100 documents, conducted key informant interviews, undertook two deep dive studies in Kyrgyzstan and Nigeria and implemented a survey with Task Force focal points. Key informant interviews were conducted with 76 respondents (40 men and 36 women), the stakeholders being distributed as follows:

Fig 1. Respondents to key informant interviews



Key stakeholders contributed to the evaluation design through a theory of change workshop during inception, discussing conclusions and then co-creating recommendations through a two-day workshop held at WHO, Geneva on the 14 and 15 October 2024. Summary findings were presented to the twenty-third meeting of the Task Force (30–31 October 2024).

## 4. Key findings

### Relevance

There is a high demand for the Task Force's coordination role among Member States and UN agencies based on its unique mandate from ECOSOC and the World Health Assembly. The Task Force objectives and design are well aligned to the strategic priorities of several historically engaged agencies. There are, however, variations in the relevance of the Task Force's work to its members' priorities. The Task Force's mandate has gradually expanded over time to include mental health and financing of national NCD and mental health responses, in recognition of the progress made as well as the changing global health landscape and priorities. This increased mandate, and in particular the provision of technical assistance at country level, has led on occasions to a risk of overlap with other WHO offices and teams working on NCDs, requiring better alignment of strategies and workplans. Both member agencies and external stakeholders expect the Task Force to continue to revise its priorities in light of the current global health context, finding a balance between keeping relevant to emerging issues and focusing resources on its core value added.

### Coherence

At global level, the Task Force has contributed to building synergies among UN agencies on NCDs through initiating joint programmes including on governance, cervical cancer, tobacco control, harmful use of alcohol and digital health as well as through the Health4Life Fund. However, it is unclear that the Task Force has had sufficient leverage to influence the UN to deliver its ambitious mandate as joint accountabilities are not in place. The efforts of the Task Force have raised the profile of NCDs in some of its member agencies. Overall, there is poor visibility on agencies' level of financial resources on NCDs, and the time allocation for the positions of Task Force focal points varies. With regards to coherence within WHO, there is ample evidence of WHO NCD teams' involvement in Task Force activities at headquarters level. However, on occasion the Task Force's expanded mandate has led to a risk of overlap with

other WHO teams working on NCDs, highlighting the need to enhance the alignment of strategies and workplans. In addition, synergies and interlinkages with WHO interventions have been hampered by the fragmentation of the NCD and mental health agendas in WHO, which has resulted in unclear lines of reporting and lack of alignment. The current institutional set up within WHO does not sufficiently empower the Task Force to implement its UN-wide coordination mandate, and there have also been missed opportunities by the Task Force to leverage WHO resources as part of its work.

### **Effectiveness and efficiency**

The Secretariat has been highly effective in coordinating Task Force activities. Examples include the biannual Task Force meetings, the organization of side events on NCDs at global events, the development of joint NCD programmes, convening Task Force thematic working groups, involving Task Force members in country level work, and active communication on social networks and through a well-designed website. Engagement of Task Force members and partners has been a strong point of the Task Force Secretariat, as evidenced in the high attendance at Task Force meetings as well as in the participation of high-level stakeholders, including heads of agencies and ministers across government, in its joint missions to countries.

The work of the Task Force is particularly complex to monitor and report on given that there are no formal lines of accountability to ensure that members report on progress on joint measurable and time bound targets. The Secretariat has, however, been able to document progress towards its strategic objectives through studies and publications. The Task Force Secretariat has also been able to respond to external events, such as the need for increased coordination during the COVID-19 pandemic. There are instances where Task Force joint missions have contributed to improving multisectoral responses in countries; there is particularly strong evidence of countries using investment cases to progress on the governance, financing and coordination of NCD responses. While an increasing number of UN country development assistance frameworks mention NCDs, the Task Force has only contributed to a limited extent to UN country teams' capacity to support NCD multisectoral responses. The Task Force has been efficient in utilizing resources, with a lean Secretariat that relies on agencies focal points to deliver the work. Most of the Secretariat's budget is spent on country level work, investment cases representing the largest part of the budget. The Health4Life fund has so far raised over US\$ seven million and is dedicated to raising catalytic resources to support country responses, underscoring an efficient allocation of resources for effective country support.

### **Sustainability**

The increased focus on raising financial resources to support the implementation of country multisectoral responses to NCD and mental health enhances the sustainability of the Task Force interventions. The Task Forces terms of reference indicate that the WHO programme budgets will include budgetary provisions for the Secretariat. Nevertheless, the sustainability of the Task Force Secretariat and activities remains a challenge and financial commitments and accountability by Task Force members to sustain the Task Force are not embedded in its members' financial planning. The country work of the Task Force has had unequal results in terms of sustainability, some of the missions had long-term results whilst others have remained one-off events. This variability stems mainly from two factors: pre-existing conditions in countries in terms of capacity and political buy-in, and the existence of sufficient resources ensuring that country missions are embedded in longer-term plans by UN agencies in country. The Health4Life fund has mobilized new donors for NCDs despite being set-up with no funding pledges to start with. Lack of internal coordination, including donor outreach, and at times, competition for resources with some of the WHO technical departments, appears to have delayed progress on the Health4Life fund by limiting the donor pool that could be invited to contribute.

## Gender, equity and human rights

There is a Task Force Human Rights Team, which has focused on increasing the capacity and awareness of Task Force members to implement rights-based interventions. Much less attention has been paid to gender and equity in relation to NCDs. Although the Task Force and the Global Coordination Mechanism (GCM) have coordinated regularly, there is scope to further leverage the GCM's work on people with lived experiences of NCDs. Some of the Task Force members address comorbidities between mental health and disability, but the interdependencies between disability and NCDs have not been extensively addressed by the Task Force.

## 5. Conclusions

The following summarized conclusions are directly derived from the evaluation findings.

1. Despite challenges stemming from the institutional set-up within WHO and the funding of its activities, the Task Force has been an exemplar of UN working as one based on its UN-wide mandate and reporting to ECOSOC, providing a successful coordination and engagement mechanism.
2. The Task Force focus on coordination to support multisectoral action on NCDs remains highly relevant. The current strategy provides a clear five-year strategic framework but does not include a strong results framework and a medium-term plan to operationalize thematic priorities.
3. Despite an effective Secretariat team, the Task Force Secretariat role is not adequately supported by governance arrangements and resources across the UN system.
4. There is evidence that the Task Force has been effective in providing a meaningful contribution to national multisectoral responses to NCDs and mental health in some countries; however, there are limitations in effectively engaging United Nations Country Teams (UNCTs) in the follow-up of Task Force country interventions.
5. The Health4Life Fund is recognized as a potentially key enabler to catalyse funding for national NCD responses. Stronger coordination and support, in particular within WHO, are needed to ensure that donors understand the comparative advantage and value-add of investing in this multipartner trust fund.
6. Human rights are reflected in the work of the Task Force, but there is little work around embedding gender and equity.

## 6. Lessons learnt

**Key success factors for the Task Force coordination function are:**

- translating UN agencies' global commitments on alignment and coordination at country level, using joint missions and developing investment cases.
- having an active Secretariat's providing support and relationship building with member agencies; and
- independently promote the collective leadership of the UN on NCDs and supporting member agencies to maximize their contribution to the NCD agenda.
- To maximize impact at country level, the following elements are key:
  - investment cases help raise the profile of NCDs in countries but need to be accompanied by efforts to support the development, implementation and monitoring of investment plans and budgets.
  - Other modalities to work in countries beyond investment cases and joint missions are promising, such as the Health4Life fund and the WHO/UNDP Global Joint Programme on catalyzing multisectoral action.
  - Engagement with UNCTs and the Resident Coordinator Offices are key to secure sustained UN coordination on NCDs at country level.

- Maximizing Task Force alignment with WHO entities (GCM, HQ, Regional Office and Country Office NCD and mental health offices/units) will enhance synergies, coherence, efficiency and impact and avoid duplication of effort, should they arise, recognizing comparative advantages of the Task Force and WHO.

## 7. Recommendations

**The following recommendations were cocreated with the Task Force Secretariat and Task Force members during a two-day hybrid workshop (both in-person in Geneva and online) on 14 and 15 October 2024 and validated by the ERG members:**

**Recommendation 1. Build on the unique value added of the Task Force, maintain focus on alignment and coordination of the UN multisectoral response to NCDs at country level and promote its contribution to the global health coordination agenda, by:**

- maintaining the current model of the Task Force as a platform for UN agencies to coordinate and support multisectoral action at country level;
- developing the new strategy in consultation with a wide array of stakeholders, emphasizing opportunities for joint planning involving two or more Task Force members and linkages with global health coordination initiatives such as the WHO Special Programme on PHC and the Lusaka agenda; and
- increasing the Secretariat's support to Task Force members that have been less involved to date, through a targeted approach to engage agencies with a clear stake in specific issues.

**Recommendation 2. Enhance joint accountability and resourcing by Task Force member agencies.**

- Develop a new Task Force strategy by the end of the current strategic period outlining the joint contribution of its members to the implementation of the 2025 political declaration, the WHO NCD Global Action Plan (GAP) and its Implementation Roadmap for 2023–2030. This strategy should be accompanied by 2-year joint implementation plans identifying entry points in existing programmes of member agencies to integrate NCDs and mental health and priority countries; a joint accountability framework tracking UN alignment and coordination at country level; and a joint resources mobilization strategy for the next task force strategy.
- Identify and mobilize Member States champion(s) to support the development and implementation of the strategy.
- Encourage member agencies to provide dedicated staff time for participating in Task Force activities within their agencies. Focal Point positions should be of sufficient level of seniority to influence strategic and programmatic decisions as well as resource allocations.
- Enhance political will and ownership by member agencies to support the Task Force for example through an annual meeting to report to agencies' leadership for decision on Task Force proposed joint work or/and taking advantage of global events such as the UN General Assembly, the High-level Political Forum convened by ECOSOC or the World Health Assembly to do the same.

**Recommendation 3. Enhance the Task Force Secretariat governance, resourcing and leadership to ensure that it has the necessary political leadership across the UN system to deliver on its mandate, by:**

- maintaining the current level of human resources of the Task Force Secretariat;
- ensuring that member agencies contribute to the economic sustainability of the Secretariat and its activities, including by supporting fundraising for the Task Force;
- defining clear respective mandates on NCDs among Task Force members;
- enhancing dialogue across WHO to strengthen collaboration and, where required, clarifying respective roles and responsibilities between the Task Force and other parts of WHO, with the Task Force exploring opportunities for synergies with GCM in line with the recommendation of the Evaluation of GCM conducted in 2024; and
- identifying the optimal institutional positioning of the Secretariat to reflect the nature of its mandate by ECOSOC as a UN-wide coordination body and to maintain its independence as a neutral broker of the UN collaboration on NCDs.

**Recommendation 4. Enhance the effectiveness of the Task Force at country level by:**

*reviewing the country prioritization process*

- The process of selecting countries for support should include raising the profile of the Task Force and what it can bring in countries; responding to and generating demand from governments and civil-society actors for Task Force support; and mapping UN efforts on NCDs to help prioritize countries.
- A set of conditions that need to be in place in countries needs to be developed.

*employing a programme cycle approach to strengthen the capacity of UN country teams*

- Focus country-level work on strengthening UN country teams and engagement with the resident coordinators to promote joint work on NCDs;
- Consider supporting fewer countries so that sufficient resources are more likely to be available for follow-up work and M&E of interventions;
- Ensure that follow up to joint missions is embedded in agencies' country and regional plans; and
- Ensure that all joint missions include the cocreation of an action plan with the UNCT, identifying the role of each agency in the implementation of their recommendations.

*accelerating progress on the Health4Life fund*

- Ensure that Task Force members advocate for the Health4Life fund through a joint resource mobilization strategy for country responses and joined-up UN work at country level.
- Health4Life Fund resources to continue to be primarily directed to government and networks of people living with NCDs and mental health conditions in countries and to provide flexible funding for relevant activities of the Secretariat.
- Ensure the Fund can broaden its offer to any potential donor, with proposals that are complementary to Task Force members' ongoing fundraising for their NCD work.
- Work with recipient countries to showcase results from the first investment round, including through the new South-South learning lab agreed by the Steering Committee.

**Recommendation 5. Increase the capacity and focus of the Task Force's work on gender equality, equity and disability inclusion by:**

- expanding the scope of the Task Force Human Rights Team to include gender, health equity and disability inclusion;
- identifying entry points for integration of these crosscutting issues across the Task Force's portfolio; and
- meaningfully engaging with communities and networks of people living with NCDs, affected by mental health conditions and relevant vulnerable groups, including by developing synergies with the work by GCM on engagement of people with lived experiences, and by ensuring that their role in implementing Health4Life fund investments is outlined.

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