

United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-Communicable Diseases and Mental Health

Operations manual for the startup phase

13 June 2023

1. Introduction

The United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-Communicable Diseases and Mental Health (MPTF) is the first and only financing mechanism which provides a platform for pooling resources at a global level to respond to country-led demand for catalytic funding to stimulate multisectoral responses to non-communicable diseases (NCDs) and mental health.

The Operations Manual describes the way that the MPTF will operate in line with the Terms of Reference.¹ The manual describes: (i) activities to be funded by the MPTF; (ii) MPTF pillars and windows; (iii) country eligibility; and (iv) the grant making process, including operational cycles, types of proposals, and proposal selection criteria.

The audience for the Manual is: (i) countries applying for support from the MPTF; (ii) partners investing or considering investing in the MPTF – as well as those advocating for greater investment; and (iii) the MPTF Steering Committee, Core Team, and Secretariat.

The Operations Manual is aligned with the 8 principles set out in the ToRs (Box 1)

Box 1. Principles of the MPTF

- i. Funds and activities are used to catalyze sustainable country responses – and not to replace them. Activities must therefore be clearly linked to longer-term sustainable plans.
- ii. Activities are country-led and are clearly aligned with government and UN agency strategies and plans, including those associated with COVID-19 response and recovery and aligned with UN sustainable development cooperation frameworks.
- iii. Action is aligning to the 2030 Agenda for Sustainable Development and NCD-related SDGs, including commitments in the 2011 UNGA Political Declaration on NCDs, 2014 Outcome Document, 2018 Political Declaration, and 2019 Political Declaration on UHC.
- iv. The need for whole-of-government and whole-of-society approaches to achieve NCD and mental health outcomes and address wider social, economic and environmental determinants of health.
- v. Full use of institutional mandates, strengths, and value-added activities across the NCD and Mental Health Catalytic Fund partners without duplication, utilizing existing standards and initiatives, knowledge platforms, groups, panels, networks, and lessons learned.

¹ <https://www.who.int/publications/m/item/mptf-ncd-terms-of-reference>

vi. Alignment with international human rights standards and ensuring that a gender and equity lens is applied in all work executed by the implementing partners and countries.

vii. Use of existing data and supporting the generation of data, where possible, to monitor progress and impact – as part of this there will be a commitment to an independent evaluation of the fund within the first 5 years of its existence.

viii. Resources are raised in a transparent and collaborative manner in line with WHO and UN best practice, in a way that ensures cost-efficiency and effectiveness, with a view to catalyzing longer-term resources for countries to sustainably deliver multisectoral action on NCD and mental health prevention and management.

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2. Activities funded by the MPTF

In line with the ToRs, the MPTF will support countries to scale up action on reducing the burden of the main NCDs (i.e., cardiovascular disease, cancer, diabetes, and chronic respiratory diseases) and their common risk factors (i.e., tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and air pollution), and the burden of mental health conditions.

Proposals will support cost-effective, evidence-based, and feasible interventions aligned with the global frameworks summarized in Annex 1. Initial proposals will prioritize addressing NCDs and mental health as part of the response to and recovery from the COVID-19 pandemic. Areas that the MPTF will support are described in the ToRs and shown in Box 2.

Box 2. Areas that the MPTF will support

1. *Mobilization and effective use of domestic funding for a scaled up NCDs and mental health response* – including through investment analysis, health taxes, national plan development, prioritization and costing, and government-led fund allocation in line with broader efforts to strengthen governance and systems for health.
2. *Developing, implementing, monitoring and enforcing effective policy, legislative and regulatory measures, including fiscal measures, aimed at minimizing the impact of the main risk factors for NCDs and mental health conditions to enable people to live longer, healthier and happier lives and meet their full potential* including through legal environment analysis and tailored support to parliamentarians, finance ministries and other key actors as well as mental health service reform/reconfiguration (from institutions to community-based care).
3. *Ensuring equitable access to essential NCD health services, medicines, vaccines, diagnostics, and health technologies and equitable access to healthcare for mental health conditions* as part of universal health coverage benefit packages, including through digital solutions.
4. *Promoting policy coherence and mutual accountability across government sectors and spheres of policy making that have a bearing on NCDs*; – including through pro-health partnerships with the private sector, community, and other stakeholders, combined with improved management of conflicts of interest and protection against industry interference in relation to NCDs and mental health. Support will also be available to strengthen governance and coordination mechanisms, as well as monitoring and evaluation.
5. *Engaging and building capacity and ownership across all relevant stakeholders, including civil society, communities and the private sector, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships, to mobilize population-wide responses to NCDs and mental health conditions* – including through innovative risk communication and use of emerging communication

technologies, as well as stronger social contracting for government–civil society partnerships. Early-life prevention of NCDs and mental ill health will be a critical element of this.

6. *Strengthening the collection and use of data for NCDs and mental health* – including STEPS surveys² and other relevant studies to understand who is most at risk and how to protect them through improved policies and programmes as well as equitable access to health care delivery and related services. Data and operational research are also required to inform and stimulate action to reduce inequalities around NCDs and mental health.

Support can also be for innovation and/or implementation research across any of the above areas.

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Examples of activities that would be eligible for funding through the MPTF are described in Box 3.

Box 3. Examples where catalytic support can scale impact:

- Development of policies, legislative frameworks, treatment guidelines and other tools that support a country's NCDs and mental health response.
- Integration of NCDs and mental health into primary health care, UHC, pandemic preparedness and response, and relevant macro health and development financing processes such as integrated national financing frameworks.
- Efficient design and implementation of mental health and NCDs interventions within large-scale health and development programmes, including those funded by national governments, international finance institutions such as the World Bank/AfDB/ADB, multilaterals such as the Global Fund, bilateral development partner agreements, and/or philanthropic contributions.
- Designing and implementing pro-health fiscal and regulatory policies and legal frameworks, some of which will mobilize resources for health e.g., through earmarked tax revenue.
- Realizing efficiency gains in healthcare system transformation e.g., through addressing comorbidities as part of people-centred health service delivery, or through improved data and access to digital technology.
- Domestic resource mobilization e.g., through in-country partnerships with philanthropic or private sector actors aligned with the government's goals, ensuring appropriate due diligence and conflicts of interest management.
- Realizing efficiency gains in access to medicines and medical products e.g., through supporting regional pooled purchasing arrangements, tackling corruption, addressing legal obstacles, or mobilizing partnerships with private sector for increased access and supply chain strengthening.

3. MPTF pillars and windows

The MPTF has developed a pillars and windows framework to accommodate donor and beneficiary country priorities. Countries may have needs and priorities specific to one or more thematic and structural areas pertaining to NCDs and/or mental health, and investors may wish to earmark funds according to their institutional priorities.³

² <https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps>

³ To help ensure maximum flexibility and adaptation to national priorities, resource partners are encouraged to provide contributions to the MPTF as multi-year, non-earmarked contributions. All earmarked funding must adhere to the MPTF implementation and reporting systems. Efforts should be made to ensure that earmarked funding aligns with country plans and existing systems and avoids creating parallel institutions or systems.

The MPTF will operate through four pillars, each with one or more windows. Proposals may end up having overlapping priorities as these pillars and windows are not discrete in practice, however, funders and countries will be guided by the Secretariat in selecting the most relevant pillar/window. All applications will be encouraged to propose innovation, digital inclusion and activities that advance socio-economic inclusion and human rights as cross-cutting priorities.

The relationship between the pillars and the areas of work in Table 1 is illustrated in Annex 2.

Table 1: MPTF Grantmaking Pillars and Windows Framework

Pillar 1: Integration		
1A: NCDs and Mental Health in Pandemics COVID-19 response & recovery Pandemic preparedness & response	1B: Health Financing UHC and HSS Co-morbidities (e.g., HIV, TB through Global Fund co-morbidities policy) Parallel Financing (e.g., with World Bank)	1C: NCDs and Mental Health in Populations in Special Settings People in conflict, disaster, humanitarian, migration settings Other vulnerable and marginalized populations
Pillar 2: Risk Factor Prevention		
2A: Healthy Living Physical inactivity Tobacco use Unhealthy diets Harmful use of alcohol	2B: Climate & Health Air pollution	2C: Psychosocial Support & Suicide Prevention Highly hazardous pesticides Lack of socioemotional learning Stigma and discrimination
Pillar 3: Strengthening Health Systems & Integrated Service Delivery		
3A: NCDs Diabetes Cancers Respiratory illness Cardiovascular disease Other NCDs	3B: Mental Health Conditions Mental disorders Neurological disorders Substance use disorders	
Pillar 4: Disease Elimination		
Cervical cancer		

Pillar 1: Integration

This window will support new and continuing work on integration of NCDs and mental health into existing or emerging agendas, frameworks, and amongst populations in special settings based on country demand. Specifically, it will support integration into health financing agendas and mechanisms e.g., universal health coverage (UHC) and HIV, for example, through supporting inclusion of NCDs and mental health in Global Fund grant applications through the co-morbidities policy. It will cover other areas such as COVID-19 response and recovery, and pandemic preparedness and response; and will address NCDs and mental health for populations in settings with a high risk of people being left behind.

Pillar 2: Healthy living and risk factor prevention

This window will support risk factor prevention for NCDs and mental health conditions through supporting upstream measures such as policy, legislative and regulatory measures, including fiscal measures; multisectoral planning, coordination, and prevention of industry interference; and targeted interventions such as risk communications campaigns.

Pillar 3: Health systems strengthening and integrated service delivery

This window will support activities that integrate NCDs and mental health into health systems across all levels, including in primary and community healthcare, secondary and tertiary hospital-based care, palliative treatment, and in establishing and strengthening referral pathways and registries for longitudinal support across the life-course.

Pillar 4: Disease elimination

This pillar will support country action under the Joint Action for Cervical Cancer Elimination whose targets are 90% of girls fully vaccinated with the HPV vaccine by the age of 15; 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.⁴

4. Country eligibility

The ubiquity of NCDs and mental health conditions, and the need to scale up prevention in all countries, means that country eligibility will not be based on disease and/or risk factor burden. Country eligibility will be based, however, on income category, and all low- and middle-income countries will be eligible for grants. High income countries (HICs) could be considered eligible on an exceptional basis where their inclusion demonstrates clear added value as part of a multi-country grant and/or where excluding them could be detrimental to achieving the objectives of a regional process.

Multi-country and regional proposals are encouraged to support:

- South-to-south cooperation and triangular cooperation, including for example:
 - collective action on commercial determinants of health;
 - harmonizing effective and pro-health legal, regulatory and/or fiscal policies, for example health taxes, and stimulating political and advocacy action for enforcement;
 - health-in-all policies approaches to international trade law, regional trading bloc agreements, etc.
- Action to improve the health of migrant populations, where an integrated national approach may not be sufficient.

5. Allocation

Grant amounts will range between USD 250,000 for the smallest single grant, and USD 5 million for the largest single grant over a 3-year grant period⁵, with case-by-case exceptions made based on Steering Committee approval. While country-level Participating UN Organizations (PUNOs) are the recipients of funds from the UN MPTF Office, the expectation is that a significant portion of funds disbursed by the MPTFO through WHO, UNDP and UNICEF to a country following proposal approval should go to national governments and CSO implementing partners. The expectation is that overall this will typically be around 2/3 – 3/4 of the total grant.

6. Grant making process

6.1 Operational cycle

The MPTF will operate in *3-year cycles*. It is currently likely that funds will be mobilized into the MPTF incrementally, therefore the initial approach is for proposals to be invited periodically based on

⁴ <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

⁵ These amounts have been determined based on the projected costs of successfully implementing a catalytic intervention in an average low-or middle-income country, taking into consideration the need to optimize the transaction costs of grant management.

availability of funds. Initial grants will be made once the MPTF accrues USD 250 000,⁶ to ensure that early investments are substantive and that there are sufficient resources to support the grantmaking process.

6.2 Types of proposals

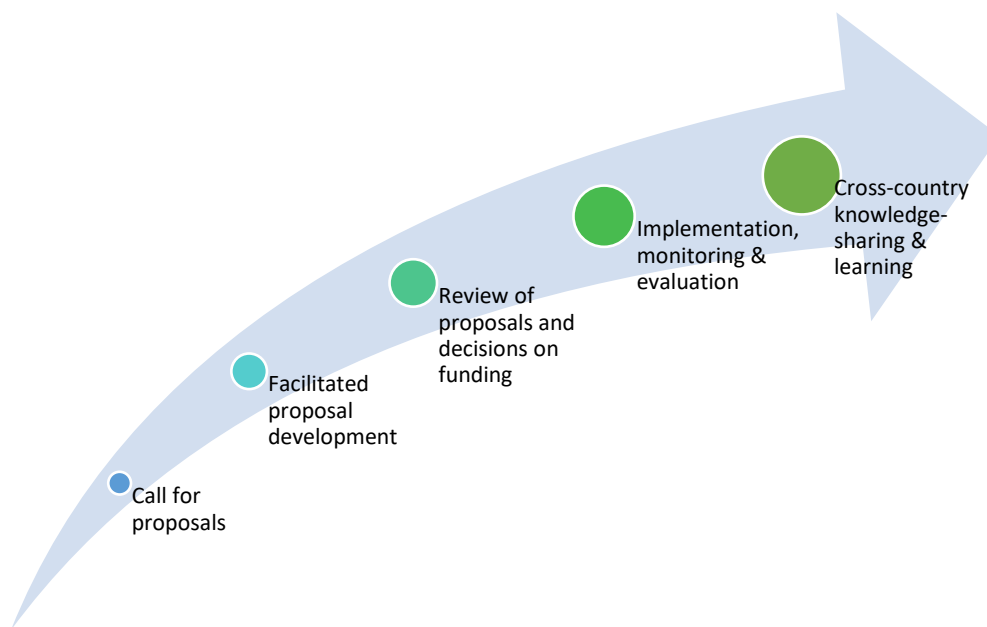
Country proposal: The most common type of proposal will be a country proposal, which is primarily for national-level work but can include sub-grants to sub-national government entities and/or other implementing partners. A country can only submit one proposal in the same funding round.⁷

Sub-national proposal: States, provinces, counties, municipalities, or cities can apply for grants for work to be conducted at the sub-national level. However, the proposal must be submitted by the national government either as a stand-alone proposal where there is no country proposal, or as a component of a country proposal.

Multi-country proposal: Two or more countries can develop and submit a joint proposal for a project to be conducted across the countries, with a lead country submitting the proposal and responsible for reporting. A country can submit a national proposal and be a part of a multi-country proposal during the same funding round.

6.3 Grant Lifecycle

There are five phases to the lifecycle of grants (Figure 1)



6.3.1 Call for proposals and initial country selection

While the aim of the MPTF will be to have an open call for proposals, for the initial 5-years (or until the MPTF is fully capitalized), a small number of low- and middle-income countries (including multi-country proposals) will be invited to apply for funding to manage expectations.

⁶ USD 250,000 is the lower limit of a single grant, and as such, would be the minimum required to commence grantmaking.

⁷ Non-state actors, such as civil society organizations, cannot directly submit applications for funding. However, they can be included as part of a country, multi-country or sub-national proposals.

The initial set of countries invited to apply will be selected by the Steering Committee, considering resources available within the MPTF and an assessment by the Core Team on the country's (UN Country Team, Government, and their partners) demonstration of how MPTF support will catalyze domestic action in scaling up one or more of the following:

- Leveraging financing – evidence that the grant can lead to the mobilization of resources from domestic budgets or through a grant or loan from an international financial institution
- Multisectoral action – evidence that the grant can lead to the mobilization of multi-sectoral and/or a multi-stakeholder action to address one or more priority needs
- Accelerated action – evidence that the grant can accelerate the scale up of action on NCDs and mental health through systems strengthening and transformation

6.3.2 Facilitated proposal development

All applications will be country-driven, led by the UN Country Team and the Government, with the expectation that other relevant non-state actors such as civil society, affected populations, relevant private sector associations and/or other groups are engaged in the process.

Proposals will be jointly developed by governments, WHO, UNDP, UNICEF, and the wider UNDS (at country, regional and headquarter level), with the expectation that other development partners will also be involved in developing the proposals. In line with standard practice for United Nations Development Group multi-partner trust funds, proposals will be submitted by the UN Resident Coordinator on behalf of the UN Country Team, who may delegate the leadership and coordination for developing proposals to the WHO Representative (WHO/WR).

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The mechanism for developing the proposal will be up to the country concerned but evidence shows that that political leadership at the supra-ministerial level is critical to drive effective multisectoral action.

Best practice guidelines for the process of developing proposals is included in Annex 3 and will be provided to countries as part of a proposal development toolkit. The MPTF PUNOs and the Secretariat will support proposal development. A toolkit for submitting applications is under development and will be included in this manual in due course.

A small amount of funding (not more than USD 25,000) may be made available to the National Coordination Platform, or the equivalent UN and government led multisectoral group engaged in the application process, to support the development of the proposal.

6.3.3 Review of proposals and decisions for funding

The Core Team will assess proposals against the principles outlined in the ToRs, including the extent to which funds can be expected to catalyze domestic action in line with 6.3.1. This will be done in collaboration with the HQ, regional, and country office colleagues of the three PUNOs. It will include an assessment of:

- i. The use of WHO and/or broader UN-wide evidence-based interventions to catalyze effective political, financial, and technical responses.
- ii. Support for delivering on country-level NCD and mental health targets, in line with global, regional, and country-level NCD Global Action plan and Comprehensive Mental Health Action Plan targets, and SDG 3.4.1 as well as other relevant SDG targets and priorities.

- iii. Alignment with the country support plans of the PUNOs involved in developing the proposal.
- iv. Level of matching funds from domestic budgets to support the proposal budget.⁸
- v. A robust results matrix linking catalytic funding to the achievement of clear, measurable, and sustainable impact on strengthening and/or transforming systems for NCDs and/or mental health.
- vi. Demonstration of increasing, leveraging and/or more efficiently using domestic resources, as well as those from other development partners and/or international finance institutions.⁹
- vii. Demonstration of multi-sectoral approach in proposal development, delivery of proposed interventions and activities in the proposal, and monitoring and evaluation.¹⁰
- viii. A clear, feasible and measurable sustainability and transition plan for the requested support.
- ix. Demonstration of adherence to human rights principles, addressing equity issues, and strengthening participation of civil society and people living with NCDs and mental health conditions.¹¹

The Core Team's assessment of each proposal will then be submitted to the Steering Committee for review, discussion, and decision on funding (scoring matrix in Annex 4). In line with policy for all multi-partner trust funds, only the two UNDS co-chairs have authority to sign off on decisions.

6.3.4. Implementation, monitoring & evaluation

Funds will be transferred by the MPTF Office as Administrative Agent, in line with the ToRs, including the key principles in Box 4 below.

Box 4. Principles for fund transfer from Administrative Agent:

- Participating UN Organizations will operate under their own financial regulations, rules and policies and will assume full financial and programmatic accountability for the funds disbursed to them by the UN MPTF Office for the implementation of the project and will provide financial and narrative progress reports to the Administrative Agent on their activities.
- Should engagement with other UN organizations at country level be deemed pertinent in the context of the NCD and Mental Health Catalytic Fund, necessary arrangements will be taken to include these agencies as key implementing partners.
- Non-UN Organizations are also eligible for support but rather than receiving funds directly from the Trust Fund, would be funded through UN entities. Under these circumstances, they will sign MOUs with the UN entity concerned and be accountable to the relevant UN entity.

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The Trust Fund will provide intensive implementation support, frameworks for continuous process and outcome indicator data collection, and support periodic review and iteration to ensure that the intended impact of grants is achieved. Implementation support, results chain and monitoring and evaluation tools

⁸ This criterion should consider country budget cycles. Matching funds can be provided indirectly, e.g., through the establishment and/or staffing of NCDs and/or mental health departments in ministries of health.

⁹ This differs from "matched funding" as these are not resources allocated to the activities within the proposal budget, rather, to other broader activities within the selected Pillar/Window or generally to NCDs and/or mental health. Demonstration of leveraging requires applicants to show how the MPTF funds, resources or activities, including the mobilization of the NCP or equivalent, leads to the engagement of additional resources from the government and/or a development partner.

¹⁰ Although the degree of involvement of other sectors will depend on the nature of problem being addressed and the proposed solution, the proposal should demonstrate inclusion of all government sectors and UN agencies relevant to the Pillar/Window, and inclusion of relevant non-state actors such as NGOs, academia, affected populations, relevant private sector actors, etc.

¹¹ This criterion will be assessed based on the relevant human rights, equity or CSO strengthening concern specific to the priority area of action in the proposal. For example, a mental health proposal should adhere to the Convention on the Rights of Persons with Disabilities.

are under development with the support of the WHO's Division of Data, Analytics and Delivery for Impact.

A cross-country learning platform to share knowledge across MPTF partners and to provide south-to-south collaboration through technical assistance and/or other activities will also be designed and added to later versions of this document.

7. Subsequent grants

Additional grants can only be made for a limited grant cycle; cycles beyond the first can only fund an evolution/growth of the area of funding based on satisfactory demonstration of the catalytic impact of previous grants.

Annex 1. Aligning MPTF support with broader development priorities and initiatives¹²

The NCD and Mental Health Catalytic Fund will support the delivery of:

- The Sustainable Development Goals, primarily Targets 3.4 (NCDs and mental health), 3.8 (UHC), 3.a. (WHO FCTC) and others in SDG 3 on health and well-being but also related targets across the SDGs (e.g. on poverty, inequalities, inclusive economic growth, climate action, governance, financing, partnerships, etc.).
- UN sustainable development cooperation frameworks which reflect a comprehensive and a coordinated approach by the UN country teams working with national governments, international financial institutions, bilateral donors, private sector and civil society actors to provide a joint response framework aligned with government plans and priorities.
- Global, regional and national COVID-19 responses, including in line with the 2020 UN General Assembly COVID-19 resolution,¹³ COVID-19 SERPs and the COVID-19 Recovery Multi-Partner Trust Fund, which targets those most vulnerable to economic hardship and social disruption.¹⁴ Also WHO, World Bank, ADB, and broader UN COVID-19 response and recovery plans.
- Global, regional and national pandemic preparedness architecture, including emerging frameworks and institutions such as the Health Emergencies Global Architecture, and the G20 Financing of the Global Commons for Pandemic Preparedness' intermediary fund.¹⁵
- The WHO GPW13 (with its focus on the triple billion targets – all of which addressing NCDs and mental health contributes towards), WHO Programme Budgets 2020-2021, 2020-2023 and the WHO Global NCD Action Plan 2013-2030, including the 'best buys', the Comprehensive Mental Health Action Plan 2013-2030¹⁶ and other recommended interventions; and WHO, UNDP and UNICEF country support plans (or equivalent);
- The World Bank-UN Partnership Fund for the 2030 Agenda for Sustainable Development.¹⁷
- The SDG 3 Global Action Plan for Healthy Lives and Well-being for All.¹⁸
- The Task Force's 2022-2025 Strategy.¹⁹
- The UN Secretary-General's report on repositioning the UN development system to deliver on the 2030 Agenda²⁰ and the Our Common Agenda report.²¹
- Other relevant agendas such as the Global Fund to Fight TB, AIDS and Malaria's Strategy 2023-2028.²²

¹² Pg. 21. MPTF Terms of Reference

¹³ A74/L.92. Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic.

¹⁴ UN MPTF Office. UN COVID-19 Response and Recovery Fund. <http://mptf.undp.org/factsheet/fund/COV00>. WHO sits at the Advisory Committee.

¹⁵ <https://pandemic-financing.org/>

¹⁶ <https://www.who.int/publications-detail/item/9789240031029>

¹⁷ World Bank. Partnership Fund for the Sustainable Development Goals. <https://www.worldbank.org/en/programs/partnership-fund-for-the-sustainable-development-goals/overview>

¹⁸ <https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>

¹⁹ <https://apps.who.int/iris/bitstream/handle/10665/279895/WHO-NMH-NMA-19.98-eng.pdf?ua=1>

²⁰ A/72/684-E/2018/7. UN Secretary General. Repositioning the UN development system to deliver on the 2030 Agenda: our promise for dignity, prosperity and peace on a healthy planet. General Assembly Economic and Social Council. 2017.

https://digitallibrary.un.org/record/1473546/files/A_72_684%26E_2018_7-EN.pdf

²¹ <https://www.un.org/en/un75/common-agenda>

²² <https://www.theglobalfund.org/en/strategy/>

Annex 2. Relationship of pillars & windows to areas of work & outcomes matrix

Windows			Areas of work ²³	Outcomes ²⁴
Pillar 1: Integration				
1A: NCDs & MH in Pandemics COVID-19 response & recovery Pandemic preparedness & response	1B: Health Financing UHC and HSS Co-morbidities (e.g., HIV, TB through Global Fund co-morbidities policy) Parallel Financing (e.g., with World Bank)	1C: NCDs & MH in Populations in Special Settings People in conflict, disaster, humanitarian, migration settings Other vulnerable and marginalized populations	Ensure access to essential NCD health services, medicines, vaccines, diagnostics and health technologies and ensure access to mental health services across the life-course	Increase and/or more effective use of domestic funding
			Developing, implementing, monitoring and enforcing effective policy, legislative and regulatory measures, including fiscal measures	Minimizing the impact of the main risk factors for NCDs and mental health conditions
			Pro-health partnerships with the private sector, community and other stakeholders, combined with improved management of conflicts of interest and protection against industry interference	Enhanced policy coherence and mutual accountability across government sectors and integration of NCDs and mental health in UHC
Pillar 2: Risk Factor Prevention				
2A: Healthy Living Physical inactivity Tobacco use Unhealthy diets Harmful use of alcohol	2B: Climate & Health Air pollution	2C: Psychosocial Support & Suicide Prevention Highly hazardous pesticides Lack of socioemotional learning Stigma and discrimination	Participatory and transparent multi-stakeholder platforms and partnerships as well as building capacity across all relevant stakeholders	Stronger governance and coordination mechanisms, as well as monitoring and evaluation
			Innovative risk communication and use of emerging communication technologies, as well as stronger social contracting for government–civil society partnerships, noting that early life prevention of NCDs and mental ill health will be a critical element of this	Population-wide responses to NCDs and mental health strengthening community awareness, ownership and engagement
			Pillar 3: Strengthening Health Systems & Integrated Service Delivery	
3A: NCDs Diabetes Cancers Respiratory illness Cardiovascular disease Other NCDs: SCDs, RHD	3B: Mental Health Conditions Mental disorders Neurological disorders Substance use disorders			
			Pillar 4: Disease Elimination	
Cervical cancer				
			STEPS surveys ²⁵ and other relevant studies to understand who is most at risk, how to protect them and how to ensure they have affordable access to health care delivery. Also, data and operational research.	Strengthening the collection and use of data and reducing inequalities around NCDs and mental health in and beyond the health sector

²³ Pg18. MPTF Terms of Reference

²⁴ Pg38-41. MPTF Terms of Reference

²⁵ <https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps>

Annex 3. Best practice guidance for proposal development process

The proposal development process should aim to articulate in detail the problem area to be addressed and should conduct a diagnostic to identify the bottlenecks causing the identified problem and target the proposed interventions and activities to these specific bottlenecks. In keeping with the MPTF's principles, the process should be conducted by a multi-sectoral body convened by the relevant UN agency within the UN country team and the relevant government Ministry.

Below are proposed best practice steps for developing a proposal for the MPTF. The timeframe will differ by country depending on its level of preparedness, but the expectation is that the process should take a maximum of 3 months.

1. Assembling of the Proposal Team that will steer and oversee the process, to be led by a government focal point and the UN Resident Coordinator, with the full engagement of the in-country offices from the three PUNOs. It will include focal points from MPTF Secretariat and relevant focal points from the PUNOs from headquarters, regional and country offices as necessary
2. Establishment, where absent, and/or mobilization of National Coordination Platform (NCP) consisting of relevant stakeholders across different sectors and levels of government, UN agencies, development partners, academic institutions, and civil society organizations
3. Convening of the NCP to develop workplan and begin activities towards the pipeline proposal, to include either in-person, hybrid or virtual mission
4. Preparatory phase which includes situational and politico-economic analysis, analysis of health financing, and specifically, NCD and/or mental health financing flows. Analysis will include desk review of policies, guidelines, national health accounts and other sources of information, and include interviews where necessary
5. Collation of information and crafting of proposal, and workshop for review and endorsement by the NCP, to include either in-person, hybrid or virtual mission
6. Submission of the proposal by the UN Resident Coordinator (who may delegate this to the WHO Representative) with confirmation that the proposal has been signed off by the government and all three PUNOs.

Annex 4. Proposal Review Scoring Matrix

Criteria	Scores		
	0	2	5
Interventions being proposed are in line with WHO and UN-wide evidence-based interventions	Proposed activities not based on global best practices	Proposed activities based on global best practices	Proposed activities based on global best practices with innovation in implementation
Support for delivering country-led NCD and mental health targets, in line with global, regional and country-level NCD Global Action plan and Comprehensive Mental Health Action Plan targets and SDG 3.4.1 as well as other relevant SDG targets and priorities.	No alignment	Partial alignment	Full alignment
Alignment with the country support plans of all PUNOs involved in developing the proposal	No alignment	Partial alignment	Full alignment
Level of matching funds from domestic budgets to support the proposal budget	No matching funding provided	Matching funding provided 0-25% of total proposal budget	Matching funding provided >25% of proposal budget
A robust results matrix linking catalytic funding to the achievement of clear, measurable, and sustainable impact on strengthening and/or transforming systems for NCDs and/or mental health	No impact matrix provided	Impact matrix with indicators not linked to national data systems and global frameworks	Impact matrix with indicators linked to national data systems and global frameworks ²⁶
Demonstration of increasing, leveraging and/or more efficiently using domestic resources, as well as those from other development partners and/or international finance institutions	No evidence of leveraging effect of grant on resources	Evidence of impact of grant on leveraging external resources, ²⁷ without evidence of domestic resource mobilization	Evidence of impact of grant on leveraging domestic resources ²⁸ , with or without evidence of leveraging external resources
Demonstration of multi-sectoral approach in proposal development, delivery of proposed interventions and activities in the proposal, and monitoring and evaluation	No demonstration of the use of a multi-sectoral approach	Inclusion of only one or two of the following: other sectors in government, other UN agencies, non-state actors	Inclusion of all of the following: other sectors in government, other UN agencies, non-state actors
A clear, feasible and measurable sustainability and transition plan for the requested support	No clear sustainability plan	Sustainability plan presented includes clear and measurable targets for embedding activities within long-term national plans and budgets	Proposed initiative already embedded within long-term national plans and budgets
Demonstration of adherence to human rights principles, addressing equity issues, and strengthening participation of civil society and people-living with NCDs and mental health conditions	No provision for advancement of human rights, equity, or inclusion of civil society/affected populations in proposal	Plans for advancement of human rights, equity, or inclusion of civil society/affected populations in proposal without indicators	Detailed plan for advancement of human rights, equity, or inclusion of civil society/affected populations in proposal with indicators

²⁶ To provide for continuous monitoring beyond the lifetime for the grant and cross-country comparison

²⁷ For example, through counterpart financing from bilateral or multilateral development partners, and/or development finance institutions

²⁸ For example, through increased allocation for priority action area from national budgets and/or earmarked sources such as health taxes