

## **Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases**

1. Further to resolution WHA66.10 (2013), the Director-General developed draft terms of reference for a global coordination mechanism on the prevention and control of noncommunicable diseases, aimed at facilitating engagement among Member States, United Nations funds, programmes and agencies and other international partners, and non-State actors. The draft terms of reference were endorsed at the Sixty-seventh World Health Assembly in May 2014.<sup>1</sup>
2. As specified in the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases,<sup>2</sup> a preliminary evaluation of the mechanism by the World Health Assembly took place in 2017 in order to assess its results and added value.
3. In accordance with the proposed modalities of the preliminary evaluation, the Secretariat is submitting the executive summary of the preliminary evaluation to the Seventy-first World Health Assembly through the Executive Board at its 142nd session (see Annex).<sup>3</sup>

### **ACTION BY THE EXECUTIVE BOARD**

4. The Board is invited to note the report.

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<sup>1</sup> See documents A67/14 Add.1, Appendix 1, and WHA67/2014/REC/3, summary records of the Sixty-seventh World Health Assembly, Committee A, seventh meeting, section 2.

<sup>2</sup> See document A67/14 Add.1, Appendix 1, paragraph 19.

<sup>3</sup> The full report of the preliminary evaluation is available on the website of the WHO Evaluation Office, see <http://www.who.int/evaluation>.

## ANNEX

### PRELIMINARY EVALUATION OF THE WHO GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

#### EXECUTIVE SUMMARY<sup>1</sup>

In 2013, the Sixty-sixth World Health Assembly adopted resolution WHA66.10, in which it requested the Director-General to develop draft terms of reference for a global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) aimed at facilitating engagement among Member States, United Nations funds, programmes and agencies, and other international partners and non-State actors. The draft terms of reference were endorsed at the Sixty-seventh World Health Assembly in May 2014.<sup>2</sup>

The GCM/NCD is a global Member State-led coordinating and engagement platform. Its purpose and scope are to: “facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding WHO and public health from undue influence by any form of real, perceived or potential conflict of interest”.<sup>3</sup> In addition: “The GCM/NCD will build on country needs and will ultimately aim at supporting country efforts across sectors to implement the WHO Global NCD Action Plan 2013–2020”.<sup>4</sup>

Guided by, and in line with, the six objectives of the WHO Global NCD Action Plan 2013–2020, the functions/objectives of the mechanism are as follows:

- **advocating for and raising awareness** of the urgency of implementing the WHO Global NCD Action Plan 2013–2020; mainstreaming the prevention and control of noncommunicable diseases in the international development agenda; and giving due consideration to the prevention and control of such diseases in discussions on the post-2015 development agenda;
- **disseminating knowledge and sharing information** based on scientific evidence and/or best practices regarding the implementation of the WHO Global NCD Action Plan 2013–2020, including health promotion, prevention, control, monitoring and surveillance of noncommunicable diseases;

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<sup>1</sup> Full report in English available on the website of the WHO Evaluation Office (see <http://www.who.int/evaluation>).

<sup>2</sup> See documents A67/14 Add.1, Appendix 1, and WHA67/2014/REC/3, summary records of the Sixty-seventh World Health Assembly, Committee A, seventh meeting, section 2.

<sup>3</sup> See document A67/14 Add.1, Appendix 1, paragraph 1.

<sup>4</sup> See document A67/14 Add.1, Appendix 1, paragraph 3.

- **encouraging innovation and identifying barriers** by providing a forum to identify barriers and share innovative solutions and actions for the implementation of the WHO Global NCD Action Plan 2013–2020;
- **advancing multisectoral action** by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the WHO Global NCD Action Plan 2013–2020; and
- **advocating for the mobilization of resources** by identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the implementation of the WHO Global NCD Action Plan 2013–2020.<sup>1</sup>

In addition to Member States, other participants of the GCM/NCD may include, as appropriate: United Nations funds, programmes and organizations and other relevant intergovernmental organizations; and non-State actors.<sup>2</sup> Since 2016, the engagement of non-State actors with the GCM/NCD has been aligned with the requirements of the WHO Framework of Engagement with Non-State Actors.

The terms of reference of the GCM/NCD clarify that the responsibilities of the participants will be to: “support the implementation of the WHO Global NCD Action Plan 2013–2020 through results-oriented efforts” and to “support national efforts for the prevention and control of noncommunicable diseases, inter alia through exchange of information on best practices and dissemination of research findings and enhanced North–South cooperation, as well as South–South cooperation, triangular cooperation and regional cooperation mechanisms, with special attention to technical assistance”.<sup>3</sup>

The terms of reference of the GCM/NCD further indicate that the “lifespan of the GCM/NCD is planned to be from 2014 to 2020, in line with the WHO Global NCD Action Plan 2013–2020” and that “a final evaluation will be presented for consideration of Member States to the World Health Assembly in 2021, to assess the effectiveness of the GCM/NCD, its added value and its continued relevance to the achievement of the 2025 voluntary global targets, including its possible extension”.<sup>4</sup>

The Director-General established, on 15 September 2014, the GCM/NCD secretariat within the Office of the Assistant Director-General for Noncommunicable Diseases and Mental Health. The Office of the Assistant Director-General also hosts the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, which is a component of the GCM/NCD,<sup>5</sup> is convened and led by WHO and reports to the United Nations Economic and Social Council.<sup>6</sup>

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<sup>1</sup> See document A67/14 Add.1, Appendix 1, paragraph 4.

<sup>2</sup> See document A67/14 Add.1, Appendix 1, paragraph 5.

<sup>3</sup> See document A67/14 Add.1, Appendix 1, paragraph 6.

<sup>4</sup> See document A67/14 Add.1, Appendix 1, paragraph 19.

<sup>5</sup> See document A67/14 Add.1, Appendix 1, paragraph 8.

<sup>6</sup> See: Terms of reference for the UN Interagency Task Force on the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2015 ([http://www.who.int/ncds/un-task-force/ToR\\_UNIATF.pdf?ua=1](http://www.who.int/ncds/un-task-force/ToR_UNIATF.pdf?ua=1), accessed 14 December 2017).

The terms of reference of the GCM/NCD<sup>1</sup> also include a preliminary evaluation of the GCM/NCD by the World Health Assembly, to take place in 2017, in order to assess its results and added value. Oversight of the evaluation is performed by an evaluation management group, composed of the Chairmen and Vice-Chairmen of Committees A and B of the Seventieth World Health Assembly. The Evaluation Office is supporting the Health Assembly in conducting the evaluation. The results of the evaluation will be submitted to the Seventy-first World Health Assembly, through the Executive Board at its 142nd session.

The preliminary evaluation aims to assess the results of the GCM/NCD and to provide an understanding of how results and outcomes have been achieved between 2014 and 2017. It therefore examines their relevance, effectiveness and efficiency, taking into account the terms of reference of the mechanism and the workplans covering the periods 2014–2015 and 2016–2017. It also examines achievements in relation to the WHO results chain, including the work of the WHO Secretariat for the GCM/NCD, conducted in accordance with its workplans.

Guided by the WHO evaluation practice handbook and the United Nations Evaluation Group norms and standards for evaluations, the evaluation adopted a mixed-method approach, using a combination of qualitative and quantitative data collection tools.

- **Document review:** a range of internal documents were reviewed, including:
  - WHO governing body documents relating to the activities and achievements of the GCM/NCD, including workplans and progress reports;
  - documents and reports from the mechanism’s working groups, dialogues and communities of practice;
  - relevant WHO documentation on noncommunicable diseases;
  - budget, expenditure and performance data of the GCM/NCD secretariat for 2014–2015 and 2016–2017.
- **Online surveys:** two online surveys were conducted, covering all aspects of the work of the mechanism. Both surveys were launched on a secure WHO electronic platform on 9 October 2017 and closed on 20 November 2017:
  - an online survey for Member States, as primary stakeholders of this mechanism, addressed to national noncommunicable diseases focal points in Member States – a total of 61 respondents from 50 Member States completed the survey;
  - an online survey addressing non-State actors that participate in the mechanism – 21 nongovernmental organizations, two philanthropic foundations, six academic institutions and two other entities responded to this survey.
- **Key informant interviews:** the perspectives of the Co-Chairs of the working groups of the mechanism (four Co-Chairs representing three of the working groups) and of the members of

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<sup>1</sup> See document A67/14 Add.1, Appendix 1, paragraph. 19.

the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (six members) were gathered in the course of this evaluation. In addition, the evaluation team conducted 24 semi-structured key informant interviews with members of the GCM/NCD secretariat; senior staff from the WHO Noncommunicable Diseases and Mental Health cluster, and regional noncommunicable disease programmes; and relevant senior staff in the Director-General's Office.

There was extensive outreach. The level of response to the online surveys has been taken into account when triangulating the results of the survey with the other sources. The evaluation was conducted within a time frame of seven months, commencing in May 2017. The draft report was shared with the evaluation management group for review and comments in November 2017.

## **FINDINGS**

### **Relevance**

The GCM/NCD is, to date, the first and only WHO instrument aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of noncommunicable diseases. This unique mandate, as expressed by the mechanism's goal and objectives, is recognized by Member States to be of the utmost relevance.

Member States and, to a lesser extent, non-State actors considered that the GCM/NCD is an adequate platform for coordination of activities, multistakeholder engagement and cross-sectoral action in order to contribute to the implementation of the WHO Global NCD Action plan 2013–2020.

The majority of Member States and non-State actors considered the mechanism's five functions/objectives very useful to achieve the general purpose of the mechanism, in particular as a platform to share evidence-based information and best practices as well as a forum to share solutions and actions for implementation.

A certain number of areas for improvement were identified: in particular, the need to avoid duplication of efforts with other actors and the capacity of the GCM/NCD to identify and promote sustained cross-sectoral action and advocate for resource mobilization.

### **Achievement of functions/objectives**

The mechanism has carried out a significant number of activities in line with its five objectives. Objectives 1 (advocacy and awareness-raising), 2 (disseminating knowledge and sharing information) and 3 (encouraging innovation and identifying barriers) were the objectives showing the largest number of completed activities and outputs. Objectives 4 (advancing multisectoral action) and 5 (advocating for the mobilization of resources) were considered to be lagging behind and therefore require specific attention.

Despite the overall level of activity, the effectiveness of the activities and outputs in support of countries' efforts to accelerate the implementation of the WHO Global NCD Action Plan 2013–2020 was considered to be modest. Areas for improvement included: (a) the need for tools and materials of a practical nature applicable to country contexts; (b) the limited reach of the outputs due to the lack of active dissemination strategies and follow-up; and (c) the need to enhance the functioning and outcomes of the working groups through more systematic support than is currently available.

It is also worth noting that, after having assessed the usefulness and effectiveness of activities across the five objectives, there is consistently a difference between the two, i.e. activities are consistently rated more useful than effective, which might be partially due to the timing of this preliminary evaluation. However, it might also be that these activities alone are not sufficient to achieve the objectives as formulated.

The workplans' focus on activities, combined with the absence of a results framework with targets expressed in terms of objectives and achievements, are sources of concern about the capacity of the GCM/NCD to achieve all its objectives by 2020. Furthermore, the evaluation also showed that the workplans have not been fully implemented. In particular, many of the activities under objective 2 related to knowledge dissemination and exchange of information and best practices, such as the development of web-based platforms, have been delayed. This gap, together with the lack of active dissemination strategies for the outputs produced, led many Member States and non-State actors to consider that the knowledge dissemination and information-sharing function needs further work. Likewise, activities under objective 4, such as the communities of practice, have also been delayed.

In addition to the activities described in the workplans, the mechanism also deployed "integrated support to countries", aimed at coordinating activities and actors at country level. This programme was coordinated to some extent with the United Nations Inter-Agency Task Force on Non-communicable Diseases. However, its role and relationship with other WHO and United Nations country-level actors was not well understood beyond the GCM/NCD secretariat, and there was a risk of duplication with the work of the other actors. For this activity to be continued within the remit of the mechanism, it would need to be formally included in the workplans presented to the World Health Assembly, demonstrating how it contributes to achieving the objectives.

The mechanism could benefit from a robust theory of change and a results framework, as a significant number of non-State actors and interviewees considered that the GCM/NCD needs a stronger strategic focus.

### **Added value**

Member States and non-State actors recognized the added value of the mechanism for the implementation of the WHO Global NCD Action Plan 2013–2020, which rests primarily in its engagement capacity and its potential to create links between multisectoral actors, including Member States, non-State actors, United Nations actors and other WHO technical programmes, at global, regional, national and local levels. However, Member States considered that the GCM/NCD's added value at country level is still limited in terms of reach, country context of outputs and opportunities for continued engagement.

The GCM/NCD secretariat, as the first body to implement the WHO Framework of Engagement with Non-State Actors, provided added value as it contributed to the operationalization of the Framework criteria and modes of implementation. However, the GCM/NCD needs to clarify its own criteria for engagement with non-State actors, based on the Framework, and continue to develop expertise to ensure the necessary quality control for the application of the Framework.

The added value of the mechanism is dependent on the fulfilment of its scope and purpose and five functions/objectives. Concerns have been raised regarding: (a) the lack of strategic clarity of the mechanism; (b) the challenges of articulating tangible outputs from the dialogues and from the global communication campaign; (c) overlapping messages; and (d) lack of clarity of roles and responsibilities of the country level activities. In this regard, the mechanism needs to work

synergistically with relevant technical programmes within WHO at the three levels of the Organization to maximize its effectiveness.

### **Main factors influencing the achievement of objectives**

The main success factors of the mechanism are the strength of its mandate, purpose and objectives and the ability of the GCM/NCD to convene and engage Member States and non-State actors to work collaboratively in support of the implementation of the WHO Global NCD Action Plan 2013–2020.

The commitment of the GCM/NCD secretariat to the mandate of the mechanism is also widely recognized. The budget of the GCM/NCD secretariat, essentially funded from flexible sources, has grown substantially since its establishment.

There is a need for a better definition of roles and responsibilities of the GCM/NCD and the WHO technical programmes working on noncommunicable diseases, especially in relation to country-level work. Additionally, there is a need for more systematic coordination and communication of work on noncommunicable diseases within WHO, including taking advantage of the GCM/NCD multistakeholder engagement platform.

Member States highlighted the need to improve: communication provided by the mechanism to national focal points; the visibility of its activities and of its website communication channels; and the dissemination of the products of the mechanism.

### **GCM/NCD engagement with other stakeholders**

Member States expressed overall satisfaction with the work of the mechanism in supporting implementation of the WHO Global NCD Action Plan 2013–2020. However, there needs to be a broader engagement of Member States and other participants in order to cover all country income groups. The uneven country reach, the need for greater country contextualization of the GCM/NCD products and the limited opportunities for ongoing engagement of Member State representatives and national focal points through electronic platforms has also restricted their engagement and participation in the activities of the mechanism.

Furthermore, engagement with Member States is essentially with ministries of health or diplomatic missions based in Geneva. The achievement of multisectoral action could be enhanced by engagement with other non-health government officials, covering the cross-sectoral areas mandated to the mechanism, and by more internal dialogue and cross-fertilization within WHO.

The GCM/NCD follows a necessary, though at times challenging, formal registration process for the acceptance of non-State actors as participants in the mechanism, in order to safeguard WHO from any undue influence by any form of real, perceived or potential conflict of interest. However, considering the low level of representation of non-State actors, in particular from non-health sectors, the mechanism needs a clear strategy to identify, engage and expand participation among non-State actors, from the health and non-health sectors and the private sector, including those at national level.

The evaluation noted the intended collaboration, according to the respective terms of reference of the GCM/NCD and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. There is a clear need to operationalize this collaboration in order to avoid

overlaps in the work of the two entities and establish clear mechanisms for coordination and collaboration between them.

The GCM/NCD is fulfilling its role as a platform for engagement of multisectoral stakeholders, and it needs to continue to diligently safeguard WHO and public health from any undue influence by any form of real or perceived conflict of interest.

## RECOMMENDATIONS

1. Taking into account the United Nations 2030 Agenda for Sustainable Development, the GCM/NCD should develop a medium-term strategic plan with a clear vision and a robust results framework which will:

- (a) guide the development of workplans, define priority activities and allocate budgets and resources in support of each of the five objectives, with special attention to objectives 4 and 5;
- (b) outline the contribution of each of the relevant GCM/NCD stakeholders towards this strategic plan; and
- (c) include a monitoring framework to enable regular tracking and reporting of progress towards the objectives.

2. Formulate a clear engagement strategy for Member States, United Nations funds, programmes and organizations and other relevant intergovernmental organizations, and non-State actors, aiming to:

- (a) enhance opportunities and processes to facilitate the engagement of all Member States by accessible and user-friendly means;
- (b) articulate opportunities and strategies to expand the engagement of Member State representatives from non-health sectors, making full use of experience gained by WHO and other agencies in other processes;
- (c) promote the engagement of United Nations funds, programmes and organizations and other relevant intergovernmental organizations in the global activities of the GCM/NCD, and identify collaborative arrangements and synergies at regional and national level; and
- (d) improve mechanisms to identify and engage non-State actors, from the health and non-health sectors and the private sector, including those at national level.

3. Develop appropriate processes for effective coordination, communication and dissemination of information on main activities and outputs by:

- (a) establishing better systems for communication and dissemination of information between the mechanism and Member States, including strengthening the use of electronic tools, web portals, exchange platforms and knowledge hubs;
- (b) strengthening coordination and harmonizing procedures between the mechanism and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, in order to avoid overlaps;



- (c) strengthening coordination and harmonizing procedures between the GCM/NCD secretariat and relevant technical programmes in the WHO Secretariat; and
  - (d) clarifying the roles and responsibilities of the GCM/NCD secretariat and the WHO technical programmes working on noncommunicable diseases, especially in relation to country-level work.
4. Enhance the country reach of the work of the GCM/NCD to ensure an active and broad dissemination of its outputs, with a particular focus on reaching national NCD focal points and country stakeholders through:
- (a) the development of tools and materials of a practical nature applicable to the country contexts;
  - (b) greater use of electronic platforms and other electronic means to enhance dissemination of information and exchange of best practices; and
  - (c) support for the strengthening of coordination with WHO and United Nations actors at regional and country levels so they can contribute to the adaptation of the GCM/NCD's global work to the regional and national settings.
5. Improve the effectiveness of GCM/NCD working groups through enhanced technical support by all relevant WHO programmes and quality control to ensure that the working groups systematically receive the necessary technical inputs and that the content and outputs are innovative, appropriate and suited to the needs of their audience.
6. Enhance efforts to identify and share information on existing and potential sources of finance and cooperation mechanisms at local, national, regional and global levels (i.e. advocate for the mobilization of resources).

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