
Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases

Executive summary

Report by the Secretariat

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 by the Sixty-seventh World Health Assembly in May 2014.¹
2. As specified in the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases, a preliminary evaluation of the mechanism by the Health Assembly took place in 2017 in order to assess its results and added value. In May 2018, the Seventy-first World Health Assembly considered and noted the report on the preliminary evaluation.²
3. The terms of reference for the global coordination mechanism also included a final evaluation in order to assess the effectiveness of the mechanism, its added value and its continued relevance to the achievement of the 2025 voluntary global targets, including its possible extension.
4. In accordance with the modalities of this final evaluation, the Evaluation Office is submitting the executive summary of the final evaluation to the Seventy-fourth World Health Assembly (see Annex).³ The Executive Board at its 148th session noted this report;⁴ it also adopted decision EB148(7).

¹ See document A67/14 Add.1, Appendix 1; see also document WHA67/2014/REC/3, summary records of the seventh meeting of Committee A, section 2.

² See document A71/14 Add.1.

³ The full report on the final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases is available on the website of the Evaluation Office (www.who.int/evaluation, accessed 1 April 2021).

⁴ Document EB148/7 Add.2; see also the summary records of the Executive Board at its 148th session, eighth meeting.

ACTION BY THE HEALTH ASSEMBLY

5. The Health Assembly is invited to adopt the draft decision recommended by the Executive Board in decision EB148(7).

ANNEX

**FINAL EVALUATION OF THE GLOBAL COORDINATION MECHANISM ON
THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES****Executive summary****BACKGROUND**

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

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

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

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

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

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

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

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

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

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

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

EQ1: How relevant was the GCM/NCD to the achievement of the 2025 voluntary global targets?¹ (relevance)

EQ2: Which were the main results and added value of the GCM/NCD secretariat towards achieving the five functions of the GCM/NCD as outlined in its terms of reference? (effectiveness)

¹ In addition, the evaluation looked at the alignment with the goals and outputs of the Thirteenth General Programme of Work, 2019–2023 and with the WHO NCD work on target 3.4 of Sustainable Development Goal 3 (to reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being) and other related Sustainable Development Goal targets.

EQ3: Which were the main influencing factors that either facilitated or hampered the successful delivery of the GCM/NCD workplans?

EQ4: How did WHO work with others to advance the implementation of the workplans of the GCM/NCD?

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

- **document review** of a wide range of existing secondary data;
- **questionnaires** which were administered to two stakeholder groups: Member States and non-State actors in official relations with WHO. The mid-point evaluation of the NCD-GAP was conducted concurrently with this evaluation and, given the COVID-19 context and the fact that the stakeholder groups were the same for both evaluations, one consolidated questionnaire containing questions pertaining to both the NCD-GAP and the GCM/NCD evaluations was sent to each stakeholder group. For Member States, the questionnaire was sent to identified national NCD focal points in each Member State who routinely communicate with WHO on data collection for country capacity surveys. A total of 39 Member States provided feedback to the questionnaire; of these, 16 Member States responded to the questions on the GCM/NCD. All non-State actors in official relations with WHO were asked if they wished to receive a questionnaire. Requests for the questionnaire were received from 60 organizations in official relations with WHO and completed questionnaires were received from 18 organizations, with six providing contributions to this evaluation.
- **key informant interviews** (46) with key stakeholders, including Member State representatives (12 Member State representatives who had leading roles in GCM processes, such as working groups, general meetings or global meetings, were contacted but only four provided inputs to the evaluation), United Nations agencies, academia, civil society organizations, private sector associations, other development partners and WHO staff. Due to COVID-19 constraints, all interviews were conducted remotely.

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

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

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

SUMMARY FINDINGS

Relevance

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

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

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

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

Results and added value

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

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

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

20. Alongside major global events and multistakeholder meetings, other activities undertaken by the GCM/NCD in support of its role in advocacy, awareness-raising, disseminating knowledge and sharing information included development of the Knowledge Action Portal, live webinars, communities of practice, working groups and research connect. While the Knowledge Action Portal clearly has the

potential to be a valuable tool for sharing knowledge and best practice and was widely appreciated by civil society organizations, evidence suggests that further effort is needed to improve its reach to, and relevance at, the regional and country levels.

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

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

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

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

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

25. While some non-State actors appreciated the fact that the GCM/NCD provided a single point of access to WHO, others noted what they perceived to be an unclear delineation of roles between the mechanism, the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and NCD technical departments, leading to misunderstandings and lost opportunities across the WHO NCD space and contributing to delays, overlaps and duplication of efforts.

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

27. A number of key informants noted a mismatch between the (human and other) resources available to the GCM/NCD and the scope and ambition of its workplans, contributing to delays in implementing some activities. Suggestions to address the mismatch ranged from increased funding for the mechanism,

to more rigorous prioritization resulting in fewer, more focused activities. The GCM/NCD leadership capacity and resources need to be matched with its functions, priorities and ambitions. Given the political sensitivities around multistakeholder engagement, it was also suggested that, alongside technical skills in areas relating to NCDs, the GCM/NCD secretariat should also ensure it has the necessary skills in diplomacy, partnerships, advocacy and communication.

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

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

GCM/NCD engagement with other stakeholders

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

31. Commitments to take forward stakeholder mapping and to develop engagement strategies/tools to guide multisectoral, multistakeholder action, particularly at the country level, have featured in the GCM/NCD workplans for some time. Of particular importance is the objective to develop engagement strategies and tools for country-level use, which, according to stakeholders and review of documents, has been in the pipeline for a considerable time, but not yet completed. For the most part, the GCM/NCD focus has remained global in nature, with less evidence of sustained country reach or benefit at the country level.

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

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

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

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

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

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

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

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

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

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

RECOMMENDATIONS

Principal recommendation

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

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

Options in this regard include:

(a) a strengthened, more focused approach to delivery of the vital functions through the GCM/NCD, with a clear role and responsibility within WHO's internal NCD organizational architecture to avoid duplication of efforts. In this scenario, Member States also need to play a stronger role in the mechanism;

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

43. The WHO Secretariat should undertake a further consultative process¹ with Member States ahead of a decision at the Seventy-fourth World Health Assembly in May 2021. This consultation could be supported by a Secretariat options paper on the future of the mechanism.

Additional recommendations

44. Contingent upon the outcome of the preceding recommendation, the recommendations of the preliminary evaluation which aimed to strengthen the performance of the GCM/NCD, and which were

¹ To allow for a more substantive consultation/participation on the merits and challenges of the options proposed.

generally not implemented, are for the most part still valid to ensure the effective coordination and implementation of the functions. As such, WHO should:

45. Develop a **medium-term strategic plan** with **clear allocation of responsibility** for the delivery of the five functions in synergy with the broader WHO strategy for implementing the NCD-GAP.

- The WHO strategy for delivering the five functions should have a clear vision and a robust results framework based on a theory of change linking the functions with implementation of the NCD-GAP, complemented by an accountability framework (with well-defined reporting lines and modalities, together with outcome and performance indicators).
- Planning in support of those functions should be undertaken in full synergy with planning of the WHO departments and functional units that are responsible for progressing the NCD-GAP and driving achievement of its objectives by 2030 (including WHO units beyond the traditional NCD space, such as health systems, pharmaceuticals, environment and climate change, and social determinants).

46. **Enhance the country reach** of WHO's work in delivering the five functions, with a particular focus on reaching national NCD focal points and country stakeholders, in synergy with the "triple billion" goals of the Thirteenth General Programme of Work, 2019–2023.

- Influence at, and support to, the country level should set the directions of WHO at the three levels of the Organization in delivering those functions. WHO country offices continue to be the principal focal point for supporting national approaches to prevention and control of NCDs but this must be underpinned by a clearer strategy for inputs from the global and regional levels.
- Future workplans, activities and associated results should be linked to a strategic plan encompassing the three levels of the Organization.
- The delayed "how to" tools and practical materials planned in 2018–2019 should be developed to support countries to establish multisectoral, multistakeholder coordination platforms to help to address prevention and control of NCDs.
- Engagement from country representatives should extend beyond the ministry of health to other interested sectors.
- Collaboration and coordination with the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases should be strengthened to support country-level activities.
- A rapid review of partnerships and participants should be conducted, in collaboration with WHO NCD technical departments, to ensure that those engaging with the functional unit are central to achieving intended results per region or country.
- Specific outputs, such as policy dialogues and the Knowledge Action Portal, should seek to focus increasingly on providing practical guidance on how to drive multisectoral action at the country level and to attract participants whose role and status enable them to apply, at the country level, the knowledge they gain from such events.

47. Formulate a **clear engagement strategy** for Member States, United Nations funds, programmes and organizations and other relevant intergovernmental organizations, and non-State actors, including the private sector, with a view to facilitating implementation of the NCD-GAP.

- The engagement strategy should explicitly clarify the purpose and expected outputs of engagement and collaboration with partners, as well as a results framework, based on the broader strategy for delivery of the functions.
- The engagement strategy should be aligned with a broader WHO engagement strategy for partnerships to avoid duplication of efforts.

48. Take steps to **rationalize approaches to resource mobilization** for NCD-related efforts within WHO and among Member States.

- In particular, the case for WHO establishing a pooled fund alongside the Multi-Partner Trust Fund proposed by the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases will require careful management and regular review.
- Efforts should also be made to ensure that NCD-related initiatives gain due recognition in the grant-making activities of the newly established WHO Foundation.
- A balance should be maintained between the human resources, including leadership and staffing levels, allocated to work on prevention and control of NCDs across WHO, and the scale and scope of the Organization's ambition and purpose.

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