

# **Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD)**

## **Volume 2: Annexes**

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# Annex 1: Terms of reference of the evaluation

## Rationale

1. The terms of reference (TOR) of the Global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) were endorsed by the Sixty-seventh World Health Assembly (WHA).<sup>1</sup> The GCM/NCD is planned to function from 2014 to 2020 in line with the initial duration of the WHO Global NCD Action Plan 2013-2020. A preliminary evaluation was conducted in 2017 and reported to the Seventy-first WHA through the 142<sup>nd</sup> session of the WHO Executive Board (EB) in January 2018.<sup>2</sup> A final evaluation of the GCM/NCD will be presented for consideration of Member States to the Seventy-fourth WHA in 2021 through the 148th meeting of the EB, 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.
2. The purpose of the GCM/NCD is 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 any undue influence by any form of real, perceived or potential conflicts of interest. 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.
3. The GCM/NCD is led by Member States. Other participants may include United Nations (UN) funds, programmes and organizations and other relevant intergovernmental organizations and non-State actors.
4. WHO acts as the Secretariat with the following main functions:
  - a. to develop draft work plans for the GCM/NCD as well as the draft terms of reference (TOR) for any Working Group,
  - b. to convene, as appropriate, and service the meeting of the GCM/NCD, as well as any Working Group meetings,
  - c. to support implementation of the functions of the GCM/NCD,
  - d. to act as a point of enquiries and information regarding the GCM/NCD and to manage a website and virtual forum for the GCM/NCD, including and up-to-date list of Participants, an inventory of the activities related to the GCM/NCD, a virtual practice community and opportunities for virtual consultations,
  - e. to provide inputs related to the GCM/NCD to the reports on progress made in implementing the WHO Global NCD Action Plan 2013-2020 to the WHA in 2016, 2018 and 2021, and

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<sup>1</sup> Terms of Reference for the global coordination mechanism on the prevention and control of noncommunicable diseases. Sixty-seventh World Health Assembly (A67/14 Add.1, Appendix 1 [https://apps.who.int/gb/ebwha/pdf\\_files/WHA67/A67\\_14Add1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add1-en.pdf)).

<sup>2</sup> Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases. Seventy-first World Health Assembly (A71/14 Add.1).

- f. to facilitate and enhance, as appropriate, coordination of activities, multistakeholder engagement and action across sectors among the Participants of the GCM/NCD, in line with its functions.
5. The final evaluation of the GCM/NCD is a corporate priority of the 2020-2021 evaluation workplan, approved by the 146th session of the Executive Board in January 2020.<sup>3</sup>

## Purpose and Scope

6. The purpose of the final evaluation is 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.
7. The final evaluation will assess the results derived from the implementation of the work plan covering the periods 2018-2019, which took into account the recommendations of the preliminary evaluation, as well as the work plan for 2020.<sup>4</sup>
8. The final evaluation will also consider the lessons learned and the uptake of the recommendations of the preliminary evaluation of the GCM/NCD, which were reported to the Seventy-first WHA through the 142nd session of the WHO Executive Board in January 2018.
9. The preliminary evaluation assessed the extent to which the WHO 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, sustainability and efficiency, taking into account the terms of reference and the work plans covering the periods 2014–2015 and 2016–2017.

## Evaluation questions

10. High-level evaluation questions are as follows:
 

**EQ 1:** How relevant was the GCM/NCD to the achievement of the 2025 voluntary global targets?<sup>5</sup> (relevance)

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

**EQ4:** Which were the main influencing factors that either facilitated or hampered the successful delivery of the GCM/NCD work plans?

**EQ5:** How did WHO work with others to advance the implementation of the work plans of the GCM/NCD?

## Target audience and expected use

11. The principal expected use of this evaluation is to provide learning and useful recommendations to Member States, the WHO Secretariat, and relevant non-State actors, regarding the added value of the GCM/NCD as a catalyser and facilitator to the implementation of the WHO Global NCD Action Plan 2013–2030. The learning drawn from this evaluation will be also useful to Member States and the WHO Secretariat, including its

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<sup>3</sup> Evaluation: update and proposed workplan for 2020–2021. 146th session of the WHO Executive Board (EB 146/38).

<sup>4</sup> Proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases for 2020. 144th session of the WHO Executive Board (EB144/20 Add.1)

<sup>5</sup> In addition, the evaluation will look at relevance to the achievement of the GPW13 goals and outputs and the alignment with the WHO NCD work on SDG 3.4 (to reduce premature mortality from NCDs and enhance mental health) and other related SDG targets.

headquarters, regional offices and country offices, to strengthen the design and implementation of the mandate of the GCM/NCD with regards to its possible extension.

## **Approach and deliverables**

12. The evaluation will be based on a rigorous and transparent methodology addressing all evaluation questions in a way that serves the objectives of accountability and learning. It will be based on the quality criteria defined in the WHO Evaluation Practice Handbook and on the norms and standards established by the UN Evaluation Group (UNEG). It will also adhere to the WHO cross-cutting strategies on gender, equity, vulnerable populations and human rights.
13. The evaluation will rely on a cross-section of information sources using a mixed methodological approach to ensure triangulation of information. It will rely mostly on relevant document review, and internal and external key stakeholder feedback through semi-structured interviews and electronic surveys.
14. The evaluation design and analytical approach will be grounded on a Theory of Change and supported by an Evaluation Matrix.
15. The evaluation report will present evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It will be relevant to decision-making needs, and with that purpose it will include evidence-based conclusions and recommendations addressing all relevant questions and issues of the evaluation.
16. The final evaluation report will be posted on the WHO Evaluation website ([www.who.int/about/evaluation/en/](http://www.who.int/about/evaluation/en/)).
17. The management response to the evaluation recommendations will be prepared by senior management of WHO and posted on the WHO Evaluation Office website alongside the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization as appropriate.
18. It is expected that the evaluation will start in the second quarter of 2020 and with the final report available end October 2020.

## **Evaluation management**

19. The evaluation will be conducted by the WHO Evaluation Office. The evaluation team will comprise a senior evaluation officer supported by 2 external consultants.

## Annex 2: Evaluation methodology and evaluation matrix

### Evaluation approach

1. The final evaluation built on the preliminary evaluation, and as such embodied a high degree of continuity with the preliminary evaluation in its scope, methods, and overall approach – adapted to the current logistical limitations associated with the COVID-19 pandemic.
2. The final evaluation assessed the results derived from the implementation of the work plan covering the period 2018-2019, which reportedly took into account the recommendations of the preliminary evaluation, as well as the work plan for 2020.<sup>6</sup> 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.
3. The approach and methodology followed in the final evaluation was based on sound evaluation criteria as established by the WHO Evaluation Practice Handbook<sup>7</sup> and the United Nations Evaluation Group (UNEG) norms and standards for evaluation<sup>8</sup> as well as its ethical guidelines. The evaluation served the dual purposes of accountability and learning.

### Evaluation questions

4. Due to the complementary nature of the two-phased evaluations, the high-level evaluation questions were similar to those that guided the preliminary evaluation:
  - EQ 1: How relevant was the GCM/NCD to the achievement of the 2025 voluntary global targets?<sup>9</sup> (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 TOR? (effectiveness)
  - EQ3: Which were the main influencing factors that either facilitated or hampered the successful delivery of the GCM/NCD work plans?
  - EQ4: How did WHO work with others to advance the implementation of the work plans of the GCM/NCD?

### Theory of change

5. In light of the lack of a robust results framework for the NCD/GCM, as noted in the preliminary evaluation, and in order to guide the evaluation approach, the evaluation team proposed a theory of change (TOC) (Figure 1), which:
  1. describes the relationships between the inputs, activities, outputs and expected outcomes of the GCM/NCD as envisaged in its workplans; and

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<sup>6</sup> Proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases for 2020. 144th session of the WHO Executive Board (EB144/20 Add.1).

<sup>7</sup> WHO Evaluation Practice Handbook available at [https://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf?sequence=1)

<sup>8</sup> UNEG Norms and standards for evaluation available at <http://www.unevaluation.org/document/download/2787>

<sup>9</sup> In addition, the evaluation looked at relevance to the achievement of the GPW13 goals and outputs and the alignment with the WHO NCD work on SDG 3.4 (to reduce premature mortality from NCDs and enhance mental health) and other related SDG targets.

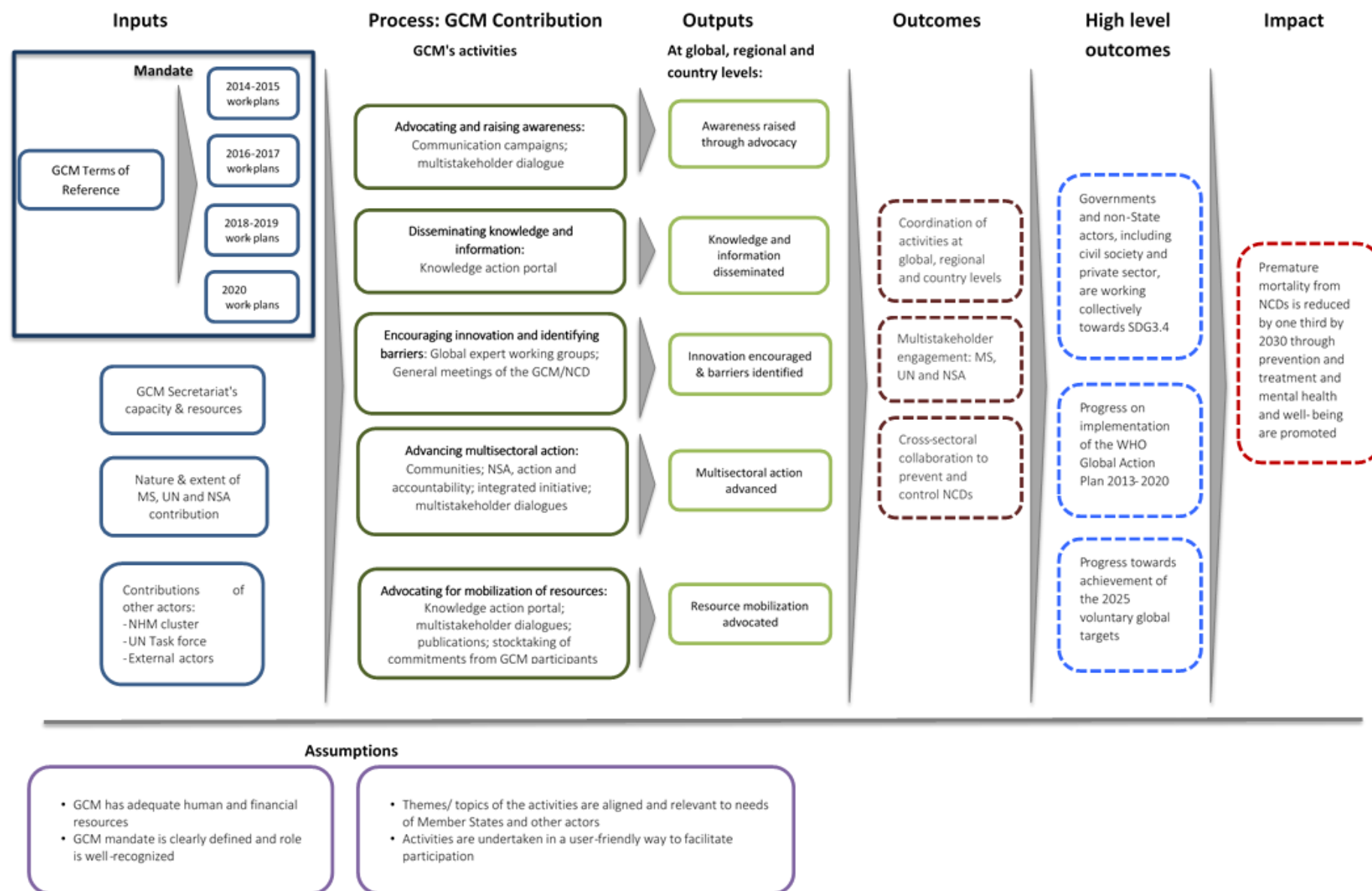
2. identifies the main assumptions underlying those.
6. It is worth emphasizing that the TOC presented in Figure 1 is an inferred one, created retrospectively to guide the evaluation team's assessment of the GCM/NCD's relevance, effectiveness and efficiency. It is not to be used to retroactively hold those responsible for the GCM to account for any areas that are not consistent with the official documents guiding its implementation.
7. The evaluation focused on the activities and resulting outputs of GCM/NCD. It also considered the relevance and programmatic effectiveness of GCM/NCD's contribution, and internal and external factors that have influenced the ability of GCM/NCD to deliver on its mandate.

## Evaluation methodology

8. The evaluation team used the evaluation matrix as the core guide to its work. The matrix was based on the high-level questions and sub-questions elaborated in the TOR (see Table 1 below).
9. The evaluation relied on a cross-section of information sources using a mixed-method approach to ensure triangulation of all available evidence. It relied mostly on document review, including use of relevant secondary data produced by the Secretariat, as well as primary data sources such as questionnaires complemented by internal and external stakeholder feedback through interviews.
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. **Document Review:** this included a range of existing secondary data (full list of documents reviewed available in Annex 4).
12. **Questionnaires:** structured questionnaires were administered to two stakeholder groups: Member States and non-State actors in official relations with WHO (see Annex 5). The mid-point evaluation of the WHO 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. In July 2020, emails were sent to identified national NCD focal points in each Member State, in the languages routinely used with them for communications about data collection for country capacity surveys (English, French, Russian, Spanish and Portuguese), asking them to respond to a short structured questionnaire. The initial deadline was extended twice to allow the maximum number of Member States to respond. 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.
13. **Key informant interviews:** the evaluation team conducted 46 semi-structured interviews with key stakeholders, including Member States representatives (12 co-chairs of working groups were contacted but only four provided inputs to the evaluation), UN agencies, academia, civil society organizations, private sector associations, other development partners and WHO staff. Due to COVID-19 constraints, all interviews were conducted remotely. A full list of persons interviewed is contained in Annex 3.



**Figure 1: GCM/NCD Inferred Theory of Change**



14. **Data analysis:** each main line of data collection was summarized in the form of a method-specific summary; the evaluation matrix was then populated with these method-specific summaries to help facilitate triangulation. Secondary data sources, including the preliminary evaluation report as well as other documentation and records, were analysed jointly with primary data collected during the evaluation. In relation to primary data sources, qualitative data collected through the questionnaires and interviews were analysed by identifying emerging themes and subthemes. Finally, the data were triangulated and common response patterns identified.
15. **Reporting:** based on the evaluation findings, the team formulated answers to the evaluation questions. These answers informed the drafting of the conclusions, on the basis of which the evaluation team provided practical, operational recommendations for future adjustments and actions. Additional outputs to help facilitate real-time organizational learning were developed as necessary.
16. **Linkages with the mid-point evaluation of the implementation of the NCD-GAP:** due to the COVID-19 pandemic, implementation of the mid-point evaluation of the implementation of the NCD-GAP was delayed, leading to the concurrence of that evaluation with the final evaluation of the GCM/NCD. Since both evaluations addressed similar audiences and stakeholder categories, efforts were made to exploit synergies between the two and minimize the burden of the data collection mechanisms on stakeholders. For example, the opportunity of the Member State and non-State actor questionnaires for the NCD-GAP evaluation was used to include a small number of questions specifically related to the GCM/NCD (i.e. rather than creating a separate questionnaire for the latter) in the NCD-GAP questionnaires.
17. The interview guides used for the key informant interviews and the set of questions related to the GCM/NCD used in the combined questionnaires are available in Annex 5.

## Limitations of the evaluation

18. There were a number of limitations to the evaluation and its processes:
  - the lack of an overarching results framework for the mechanism to systematically report on the GCM/NCD secretariat's contribution, leading to difficulties in assessing results achieved and progress against targets;
  - 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;
  - the COVID-19 context and the concurrence of this evaluation with the mid-point evaluation of the NCD-GAP resulted in the same questionnaires being issued to Member States and non-State actors for both evaluations, given that the stakeholder groups were the same in each instance. This 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.
19. Nevertheless, despite these limitations, the evaluation was able to gather robust data from all stakeholder groups, which was rigorously triangulated in order to identify solid patterns and trends.

**Table 1 - Evaluation matrix**

Evaluation sub-questions	Indicator/measure	Data sources
<b>EQ1 - How relevant was the GCM/NCD to the achievement of the 2025 voluntary global targets?</b>		
1.1 How useful are the 5 objectives to comply with the general purpose of the GCM/NCD of supporting the achievement of the 2025 voluntary global targets, the GPW13 goals and outputs and aligning with the WHO NCD work on SDG 3.4?	<ul style="list-style-type: none"> <li>○ Trend in usefulness ratings by stakeholders (from preliminary evaluation survey and final evaluation questionnaire)</li> <li>○ Relevant aspects of GCM/NCD identified by stakeholders under the 5 objectives in the recent years (2018-2020)</li> </ul>	Document review KII questionnaires
1.2 Are the contributions of the secretariat avoiding duplication of efforts with other actors?	<ul style="list-style-type: none"> <li>○ Clarity of roles and responsibilities of the GCM/NCD and the WHO technical NCD programmes at regional and country level</li> <li>○ Satisfaction of State and non-State actors with the work of the GCM/NCD in supporting implementation of the WHO Global NCD Action Plan</li> </ul>	Document review KII Questionnaires
1.3 (Following the preliminary evaluation) has the secretariat adopted a new strategy to address objectives 4 and 5, that is to promote sustained cross-sectoral action and advocate for resource mobilization?	<ul style="list-style-type: none"> <li>○ Strategic directions leading to enhance the GCM/NCD capacity to identify and promote sustained cross-sectoral action and advocate for resource mobilization (Objectives 4 and 5)</li> </ul>	Document review KII
1.4 In the current context (of the NCD-GAP extension to 2030, the WHO transformation agenda and the GPW13), what is the relevance of the GCM/NCD as a platform for the NCD agenda and the GAP?	<ul style="list-style-type: none"> <li>○ Current relevance of the GCM/NCD as a multistakeholder mechanism according to: Member States, non-State actors, multilateral organisations, and WHO stakeholders at the 3 levels</li> </ul>	Document review KII Questionnaires
<b>EQ2 - Which were the main results and added value of the GCM/NCD secretariat towards achieving the five objectives of the GCM/NCD as outlined in its TOR?</b>		
2.1 What have been the main results in the period 2014-2020 in terms of: <ul style="list-style-type: none"> <li>• Advocating and raising awareness</li> <li>• Disseminating knowledge and information</li> <li>• Encouraging innovation and identifying barriers</li> <li>• Advancing multisectoral action</li> <li>• Advocating for the mobilization of resources</li> </ul>	<ul style="list-style-type: none"> <li>○ Completion of activities and outputs as identified in the preliminary evaluation and against 2018-2019 and 2020 work plans</li> <li>○ Presence of a robust theory of change and results framework with targets expressed in terms of objectives and achievements</li> </ul>	Document review KII Questionnaires

2.2 What were the major gaps in the achievement of results?	As 2.1 above	Document review KII Questionnaires
2.3 What has been the value added of the GCM/NCD at country level?	Value added of the GCM/NCD at country level in terms of: <ul style="list-style-type: none"> <li>○ Provision of tools and materials of a practical nature applicable to country contexts</li> <li>○ Increased reach of the outputs through active dissemination strategies and follow-up</li> <li>○ Enhanced functioning and outcomes of the working groups</li> <li>○ Enhance efforts to identify and share information on existing and potential sources of finance and cooperation mechanisms.</li> <li>○ Contribution of the GCM/NCD to the implementation of Framework of Engagement with Non-State Actors (FENSA) within WHO, including enhanced criteria for engagement with non-State actors, and developed expertise to ensure necessary quality control for its application</li> </ul>	Document review KII Questionnaires
2.4 What are the main lessons learned regarding the value-added of the GCM/NCD in maximizing progress of the Global Action Plan on NCDs?	<ul style="list-style-type: none"> <li>○ Lessons learned identified by the different stakeholders</li> </ul>	Document review KII
<b>EQ3- Which were the main influencing factors that either facilitated or hampered the successful delivery of the GCM/NCD work plans?</b>		
3.1 Which issues fostered, and which ones hampered the GCM/NCD Secretariat's contribution?	In particular considering: <ul style="list-style-type: none"> <li>○ Adequate resourcing of GCM/NCD activities</li> <li>○ Strategic clarity of the mechanism and definition of roles and responsibilities of various WHO actors working on NCD, including ownership of GCM/NCD's mandate and of its recommendations</li> <li>○ Coordination and communication of work on NCD within WHO at all three levels</li> <li>○ Visibility and dissemination of GCM/NCD products</li> </ul>	Document review KII Questionnaires
3.2 To what extent did the WHO Secretariat act upon the recommendations of the preliminary evaluation regarding the implementation of its own accountability mechanisms?	<ul style="list-style-type: none"> <li>○ Process and extent to which the GCM/NCD has adapted its plans and activities to take on board the 6 recommendations of the preliminary evaluation</li> </ul>	Document review KII

3.3 How did the GCM/NCD secretariat work and lead the delivery of the corresponding work plans?	<ul style="list-style-type: none"> <li>○ Efficient use of resources in the delivery of the work plans</li> <li>○ Maintaining safeguards for WHO and public health from any undue influence by any form of real or perceived conflict of interest</li> </ul>	Document review KII
<b>EQ4 – How did WHO work with others to advance the implementation of the work plans of the GCM/NCD?</b>		
4.1 How effective has the engagement strategy been for Member States, UN and other intergovernmental organisations, and non-State actors at global level?	<ul style="list-style-type: none"> <li>○ Operationalisation of collaboration with UNIATF</li> <li>○ Implementation of a strategy to expand participation of non-State actors including GCM/NCD criteria/quality control mechanism to engage with non-State actors based on the WHO FENSA</li> </ul>	Document review KII Questionnaires
4.2. How effective has the GCM/NCD been in engaging with Member States through mechanisms set up with the United Nations Inter-Agency Task Force (UNIATF) at country level?	<ul style="list-style-type: none"> <li>○ Enhanced development of country-focused activities and materials and dissemination strategies</li> <li>○ Strengthened coordination with UNIATF, UN and intergovernmental actors to avoid overlaps and enhanced effectiveness</li> </ul>	Document review KII Questionnaires
4.3. How effective has the mechanism been in achieving multisectoral action through enhanced engagement with other non-health government officials and non-State actors ?	<ul style="list-style-type: none"> <li>○ Formulation of a cross-sectoral engagement strategy</li> <li>○ Enhanced opportunities to facilitate the engagement of Member States including from non-health sectors</li> <li>○ Improved mechanisms to engage non-State actors, from the health and non-health sectors and the private sector, including those at national level</li> </ul>	Document review KII Questionnaires
4.4 Considering the post 2020 agenda and creation of the Global NCD Platform as an overarching mechanism for the coordination of the GCM/NCD and UNIATF, should the GCM/NCD be continued and in what form?	<ul style="list-style-type: none"> <li>○ Awareness of stakeholders of the creation of the Global NCD Platform as an overarching mechanism for the coordination of the GCM/NCD and UNIATF as part of the WHO transformation process</li> <li>○ Preferred architecture/characteristics of a post-2020 coordination mechanism for NCDs by different stakeholders</li> </ul>	KII Questionnaires

## Annex 3: List of people interviewed

Name	Affiliation
H.E. Ms Carole Lanteri,	Ambassador and Permanent Representative, Permanent Mission of the Principality of Monaco to the United Nations Office at Geneva
H.E. Mr Taonga Mushayavanhu	Ambassador and Permanent Representative, Permanent Mission of Zimbabwe to the United Nations Office at Geneva
Ministro Mr Nilo Dytz Filho	Health Counsellor, Permanent Mission of Brazil to the United Nations Office at Geneva
Ms Madeleine Heyward	Health Advisor, Permanent Mission of Australia to the United Nations Office at Geneva
Arnaud Bernaert	World Economic Forum, Health and Healthcare Industry Manager
Liane Comeau	International Union for Health Promotion and Education, Executive Director
Katie Dain	NCD Alliance, Chief Executive Officer
Robert de Kock	World Federation of Sporting Goods Industry, President
Julien Lafleur	International Food & Beverage Alliance, Deputy Secretary General
Bent Lautrup-Nielsen	World Diabetes Foundation, Head of Global Development & Advocacy
Emma Mason	World Federation of Sporting Goods Industry, Vice President
Vanessa Peberdy	International Federation of Pharmaceutical Manufacturers & Associations, Head & Lead, NCD Policy and Advocacy
Jessica Renzella	University of Oxford, WHO Collaborating Centre on Population Approaches for NCD Prevention
Morven Roberts	Global Alliance for Chronic Diseases, Chief Executive
Julia Tainijoki-Seyer	World Medical Association, Representative to the United Nations Organisations
Sanne Helt	World Bank, Chief Advisor for Global Health to Executive Director
Ilaria Schibba	World Food Programme, Team Lead for Global Nutrition Partnerships
Briony Stevens	World Food Programme
Douglas Webb	United Nations Development Programme, Team Leader Health and Innovative Financing, HIV, Health and Development Group
Zsuzsanna Jakab	WHO, Deputy Director-General
Naoko Yamamoto	WHO, Assistant Director-General, UHC/Healthier Populations
Minghui Ren	WHO, Assistant Director-General, UHC/Communicable and Noncommunicable Diseases
Svetlana Akselrod	WHO HQ, Director, Global NCD Platform
Guy Fones	WHO HQ, Unit Head, Global Coordination Mechanism on NCDs
Tea Collins	WHO HQ, Lead, Cross-cutting Initiatives, Global NCD Platform

Jack Fisher	WHO HQ, Technical Officer, Global Coordination Mechanism on NCDs
Nick Banatvala	WHO HQ, Manager, UNIATF, Global NCD Platform
Bente Mikkelsen	WHO HQ, Director, NCD
Menno van Hilten	WHO HQ, Senior External Relations Officer, NCD
Cherian Varghese	WHO HQ, Cross-Cutting Lead, NCD
Ruitai Shao	WHO HQ, Programme Management Adviser, NCD
Douglas Bettcher	WHO HQ, NCD Advisor, Office of the Director-General
Ruediger Krech	WHO HQ, Director, Health Promotion
Etienne Krug	WHO HQ, Director, Social Determinants of Health
Francesco Branca	WHO HQ, Director, Nutrition and Food Safety
Vinayak M Prasad	WHO HQ, Unit Head, TFI No Tobacco
Devora Lillia Kestel	WHO HQ, Director, Mental Health and Substance Abuse
Adriana Blanco	WHO HQ, Head, FCTC Convention Secretariat
Gaudenz Silberschmidt	WHO HQ, Director, Health and Multilateral Partnerships
Loubna Al Atlassi	WHO HQ, Coordinator, Due Diligence and non-State actors, Office of Compliance, Risk Management and Ethics
Agnès Soucat	WHO HQ, Director, Health Systems Governance and Financing
Sarah Russell	WHO HQ, Coordinator, Health Information and Advocacy
Steven Velabo Shongwe	WHO Regional Office for Africa, Coordinator for UHC/Healthier Populations
Asmus Hammerich	WHO Regional Office for the Eastern Mediterranean, Director, NCDs and Mental Health
Joao Breda	WHO European Office for the Prevention and Control of Noncommunicable Diseases, Head
Thaksaphon Thamarangsi	WHO Regional Office for South-East Asia, Director, Healthier Populations & Noncommunicable Diseases
Hai-rim Shin	WHO Regional Office for the Western Pacific, Director, Division of Healthy Environments and Populations

## Annex 4: Bibliography

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88. PowerPoint presentation, “Version 2 New Department Global NCD Platform (GCM and UNIATF) revised 11 March 2020 FINAL” – this presentation contains a slide which shows the strategic framework of the GNP, its place on the WHO organigramme, and how GNP contributes to the 2030 Agenda and GPW13 targets through the work of the GCM and UNIATF.
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#### **UNIATF**

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#### **WHO Internal Horizontal Network (NCD/WIN)**

95. Conceptual Framework of the WHO Internal Horizontal Network For Collective Action Towards the NCD-Related SDG Targets (NCD/WIN).
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# Annex 5: Interview guides and questionnaires

## 1. Interview guide for WHO staff

1. First of all, in order to set the scene, can you please describe your position and your relationship with the WHO GCM/NCD? What is your level of interaction with the mechanism?
2. In the current context (of the GPW13, the 2025 global voluntary targets and the alignment of the WHO work on NCD with SDG 3.4) how relevant has the GCM/NCD been in recent years as a multistakeholder coordination platform on NCDs?
  - a. What about the relevance of the GCM/NCD looking forward, in the context of the extension of the NCD/GAP to 2030 and WHO transformation process?
3. What have been the main achievements or results of the GCM/NCD over these past few years? Where has the mechanism made a difference?
  - a. How has the WHO GCM/NCD secretariat performed in terms of delivering its role, in terms of:
    - i. Using resources efficiently and in a result-oriented way?
    - ii. Safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflict of interest
  - b. What is your understanding of the effectiveness of the GCM/NCD in bringing together the main relevant actors to enhance the coordination of activities and cross-sectoral action at various levels?
    - i. How effective was the mechanism in engaging with Member States; with non-State actors; with UN agencies?
  - c. Was the mechanism effective in terms of internal collaboration/coordination, building synergies and avoiding overlaps with other NCD programmes in WHO?
    - i. Was the mechanism effective in terms of building synergies and avoiding overlaps with the UN Inter-Agency Task Force on NCDs?
  - d. What is in your opinion the value-added of the GCM/NCD in maximizing progress of the Global Action Plan on NCDs?
4. What would you consider are the gaps: where has the mechanism fallen short?
5. What worked well in your view?
  - a. What were the internal and external factors that have contributed favourably to the achievements of the mechanism?
  - b. What have been its key strengths?
6. What do you consider have been the major challenges that impacted the work of the mechanism so far?
  - a. Are there any areas for improvement?
7. A preliminary evaluation of the GCM/NCD was conducted in 2017. To what extent do you think the following recommendations of that evaluation have been fulfilled in the recent years of the GCM/NCD?
  - a. The GCM/NCD should 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, programmes and organizations 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 GCM/NCD to ensure an active and broad dissemination of its outputs, with a focus on reaching national NCD focal points and country stakeholders
  - e. Improve the effectiveness of GCM/NCD working groups through enhanced technical support by all relevant WHO programmes and quality control
  - f. Enhance efforts to identify and share information on existing and potential sources of finance and cooperation mechanisms at local, national, regional and global levels.
8. Based on your understanding, would you support the GCM/NCD continuation beyond 2020, in relation to the extension of the Global NCD Action Plan, and in what form?
  9. Have we covered all relevant issues? Is there anything else that you would like to add?

## 2. Interview guide for external stakeholders

1. Can you please describe your level of interaction with the GCM/NCD?
2. In the current context (of the GPW13, the 2025 global voluntary targets and the alignment of the WHO work on NCD with SDG 3.4), how relevant has the GCM/NCD been in recent years as a multistakeholder coordination platform on NCDs?
3. What have been the main achievements of the GCM/NCD in recent years?
4. How has the WHO GCM/NCD secretariat performed in terms of:
  - a. avoiding duplication of efforts?
  - b. Safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflict of interest?
  - c. Enhancing the country reach of its work?
  - d. Engaging with the main relevant actors to enhance the coordination of activities and cross-sectoral action at various levels (Member States, non-State actors, UN agencies)?
5. What in your opinion is the main added value of the GCM/NCD in maximizing progress of the Global Action Plan on NCDs?
6. What have been the main gaps/challenges of the GCM/NCD: where has the mechanism fallen short?
7. Considering the extension of the Global NCD Action Plan to 2020, the establishment of the Global NCD Platform, would you consider the continuation of the GCM/NCD beyond 2020? And if so, in what form?
8. Is there anything else that you would like to add?



### 3. Questionnaire for Member States

If you are aware of the Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) and other coordination mechanisms on NCDs, kindly answer the next two questions:

1. What was the added value of coordination mechanisms on NCDs (GCM/NCD, UN Inter-Agency Task Force on NCDs)? Was there duplication and/or gaps?
2. Concerning the GCM/NCD specifically:
  - a. How relevant has this been as a multi-stakeholder coordination platform on NCDs?
  - b. To what extent do you consider this has been useful to your country?
  - c. In particular, what have been its main achievements of relevance to your country?
  - d. What are the main lessons learned regarding the contribution of the GCM/NCD in maximizing progress of the Global Action Plan on NCDs?
  - e. Considering the post 2020 agenda, should the GCM/NCD be continued and, if so, in what form?
  - f. Have you participated or contributed to any GCM coordination mechanisms and platforms and, if so, which ones?
  - g. Have you used any GCM resources or materials to support intersectoral collaboration in addressing the challenges of NCDs in your country? If so, which resources/materials were used and how were they used?
  - h. How has the GCM helped or facilitated processes for raising funds for the prevention and control of NCDs in your country or region?

### 4. Questionnaire for non-State actors

If you are aware of the Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) and other coordination mechanisms on NCDs, kindly answer the next two questions:

1. What was the value added of coordination mechanisms on NCDs (GCM/NCD, UN Inter-Agency Task Force on NCDs)? Was there duplication and/or gaps?
2. Concerning the GCM/NCD specifically:
  - a. How relevant has this been as a multi-stakeholder coordination platform on NCDs?
  - b. To what extent do you consider this has been useful?
  - c. In particular, what have been its main achievements of relevance?
  - d. What are the main lessons learned regarding the contribution of the GCM/NCD in maximizing progress of the Global Action Plan on NCDs?
  - e. Considering the post 2020 agenda, should the GCM/NCD be continued and, if so, in what form?
  - f. Have you participated or contributed to any GCM coordination mechanisms and platforms and, if so, which ones?
  - g. Have you used any GCM resources or materials to support intersectoral collaboration in addressing the challenges of NCDs? If so, which resources/materials were used and how were they used?
  - h. How has the GCM helped or facilitated processes for raising funds for the prevention and control of NCDs?