Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (NCD-GAP)

Volume 2: Annexes

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List of acronyms

ACTIVE	A technical package to promote physical activity
ADG	Assistant Director-General
AFR	WHO African Region
AIDS	Acquired Immunodeficiency Syndrome
AMR	WHO Region of the Americas
AP	Action Plan Implementation Progress Indicator
CEO	Chief Executive Officer
CHOICE	Choosing Interventions that are Cost-Effective
COM	Commitment Fulfilment Progress Indicator
COVID	Coronavirus Disease
CSO	Civil Society Organization
DAH	Development Assistance for Health
DALY	Disability-Adjusted Life Year
ECHO	Ending Childhood Obesity
ECOSOC	United Nations Economic and Social Council
EML	Essential Medicines List
EMR	WHO Eastern Mediterranean Region
EMRO	WHO Regional Office for the Eastern Mediterranean
EUR	WHO European Region
EURO	WHO Regional Office for Europe
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
FENSA	Framework of Engagement with Non-State Actors
GAP	Global Action Plan
GCM/NCD	Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases
GISAH	Global Information System on Alcohol and Health
GNI	Gross National Income
GPW13	WHO Thirteenth General Programme of Work, 2019–2023
GSM	WHO Global Management System
HEARTS	A technical package to promote cardiovascular health
HIC	High-Income Countries
HIV	Human Immunodeficiency Virus
IAEA	International Atomic Energy Agency
IARC	International Agency for Research on Cancer
IFBA	International Food and Beverages Association
IHME	Institute of Health Metrics and Evaluation
ILO	International Labour Organization
IOM	International Organization for Migration
IPCHS	Integrated People Centred Health Services
I$	International Dollar[1]
iTFA	Industrially-Produced Trans-Fatty Acids
LIC	Low-Income Countries
LMIC	Lower-Middle-Income Countries
MCH	Maternal and Child Health
MPOWER	A technical package to reduce tobacco use
MS	Member State

[1] A hypothetical unit of currency that has the same purchasing power parity that the U.S. dollar had in the United States at a given point in time

NCCP	National Cancer Control Plan
NCD	Noncommunicable Disease
NGO	Non-Governmental Organization
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
PEN	Package of Essential NCD Interventions
REPLACE	A technical package to eliminate industrially-produced trans fats
SAFER	A technical package to reduce the harmful use of alcohol
SDG	Sustainable Development Goal
SEAR	WHO South-East Asia Region
SHAKE	A technical package to reduce population salt intake
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SRH	Sexual and Reproductive Health
STEPS	STEPwise Approach to NCD Risk Factor Surveillance
TB	Tuberculosis
TFA	Trans-Fatty Acids
TOR	Terms of Reference
UHC	Universal Health Coverage
UICC	Union for International Cancer Control
UMIC	Upper-Middle-Income Countries
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNIATF	United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
US$	United States Dollar
WASH	Water, Sanitation and Hygiene for All
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WPR	WHO Western Pacific Region

Annex 1: Terms of reference

Mid-point evaluation of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020[1]

Terms of Reference

CONTEXT

The mandate to conduct the mid-point evaluation of the progress achieved in the implementation of the WHO Global NCD Action Plan 2013-2020 derives from paragraph 1.1 of resolution WHA66.10, which endorsed the Global Action Plan. Paragraph 60 of the Global Action Plan requests the WHO Secretariat to convene a group of stakeholders to conduct a mid-point evaluation. As stated in paragraphs 26 of report A72/19 and 25 of report EB145/6, the mid-point evaluation has been delayed due to financial constraints. During discussions at EB145, Member States reiterated the relevance and urgency of conducting the evaluation. In response, the WHO Secretariat is pleased to confirm that it will conduct this evaluation in 2020.

BACKGROUND

1. NCDs are the leading cause of death in the world. The four main noncommunicable diseases - cardiovascular disease, cancer, chronic lung diseases and diabetes - kill three in five people worldwide. Premature deaths from NCDs, however, can be prevented by changing policies and actively engaging not only the health sector, but also sectors beyond health that have a bearing on NCDs. Effective action will save millions of lives and avoid suffering.

2. To strengthen national efforts to address the burden of NCDs and attain the nine global targets for NCDs[2], the 66th World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (NCD-GAP)[3], which includes 6 key objectives as follows:

- **Objective 1**: to raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy

[1] Now 2013-2030, as per decision A72(11) which extended the period of the action plan until 2030, available at http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf

[2] Paragraph 1(3) of resolution WHA 66.10 available at http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf?ua=1

[3] Paragraph 1(1) of resolution WHA 66.10

- **Objective 2:** to strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs
- **Objective 3:** to reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments
- **Objective 4:** to strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage
- **Objective 5:** to promote and support national capacity for high-quality research and development for the prevention and control of NCDs
- **Objective 6:** to monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.

3. The NCD-GAP follows on from commitments made by Heads of State and Government in the United Nations Political Declaration on the Prevention and Control of NCDs[4], recognizing the primary role and responsibility of Governments in responding to the challenge of NCDs and the important role of international cooperation to support national efforts.

4. The NCD-GAP provides a road map and a menu of policy options for all Member States and other stakeholders, to take coordinated and coherent action, at all levels, local to global, to attain the nine voluntary global targets, including that of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025.

5. In May 2019, WHA72 confirmed the objectives of WHO's Global Action Plan for the prevention and control of noncommunicable diseases 2013–2020[5] as a contribution towards the achievement of Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and other noncommunicable disease-related goals and targets, and extended the period of the action plan to 2030 in order to ensure alignment with the 2030 Agenda for Sustainable Development.

CONTEXT OF THE MID-POINT EVALUATION

6. In accordance with paragraph 60 of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and in conformity with the evaluation workplan for 2018–2019, the Secretariat will convene a representative group of stakeholders, including Member States and international partners to conduct a mid-point evaluation of progress on the implementation of the Global Action Plan. The results will be reported to WHO's Executive Board meeting in January 2021. The evaluation has been delayed due to financial constraints.

PURPOSE AND OBJECTIVES

7. The purpose of the mid-point evaluation is to assess the accomplishments of the six objectives of the NCD-GAP, as well as the lessons learned throughout implementation of the NCD-GAP in Member States; by international partners and non-state actors; and at the three levels of the World Health Organization.

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[4] Resolution A/RES/66/2 available at https://undocs.org/A/RES/66/2

[5] [5] Decision WHA72(11) available at http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf

8. The objective is to provide lessons-learned and recommendations to scale up actions to combat NCDs. The purpose of the mid-point evaluation is as follows:

a) To document successes, challenges and gaps in the implementation of the NCD-GAP since 2013;

b) To provide lessons learned and recommendations to improve the implementation of the NCD-GAP until 2030;

c) To provide inputs for the next WHO Global Status Report on NCDs, as well as other reports, including on contributions to reducing premature mortality from NCDs by promoting mental health, reducing deaths due to air pollution, and strengthening health systems.

EXPECTED USE

9. Framed as a formative evaluation, this exercise will serve as a powerful tool to reflect on lessons learned and accelerate the implementation of the NCD-GAP actions for Member States; international partners and non-state actors; and the WHO Secretariat in reducing premature mortality from NCDs and achieving SDG target 3.4 by 2030.

10. The learning drawn from this evaluation will be useful for Member States; international partners and non-state actors; and the three levels of the WHO Secretariat involved in promoting, implementing and monitoring national action in addressing NCDs, to intensify efforts during the next years, including by addressing the underlying social, economic and environmental determinants of NCDs and the impact of economic, commercial and market factors, as well as by improving disease management to reduce morbidity, disability and mortality.

11. The results of the evaluation will be reported to the meeting of WHO Executive Board in January 2021.

TARGET AUDIENCE

12. The principal target audiences of this evaluation are the Member States; international partners and non-state actors; and the WHO Secretariat.

SCOPE AND FOCUS

13. The scope of the NCD-GAP endorsed in 2013 includes: 1) four types of noncommunicable diseases —cardiovascular diseases, cancer, chronic respiratory diseases and diabetes—which make the largest contribution to morbidity and mortality due to noncommunicable diseases, and 2) four shared behavioural risk factors—tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

14. In line with the scope of the NCD-GAP, the evaluation will mainly consider the achievements of six objectives of the NCD-GAP by using 9 action plan indicators[6] and relevance, effectiveness and efficiency of the contributions from Member States; international partners and non-state actors; and the WHO Secretariat. In addition, the evaluation will also assess: 1) impact of the NCD-GAP by using the 25

outcome indicators included in the global monitoring framework and SDG indicator 3.4.1[7] for measuring the achievement of SDG target 3.4, the progress achieved in the implementation of national commitments included in the 2011 UN Political Declaration and the 2014 UN Outcome Document on NCDs by using the 10 global NCD progress monitor indicators[8].

APPROACH AND DELIVERABLES

15. The evaluation will be implemented based on the existing accountability frameworks including: 1) 9 process indicators to measure NCD-GAP implementation[9], 2) Global NCD progress monitor (10 process indicators) [10] [11], 3) 9 the global NCD targets including 25 indicators[12], 4) SDG progress indicator; 5) deliverables from the Secretariat; 6) assessing country capacity[13] and 7) Noncommunicable diseases country profiles 2018[14] . Table 1 below provides an approach to assessing the contribution from Member States; international partners and non-state actors; and the WHO Secretariat.

Table 1: Assessing the contribution from Member States, partners and the Secretariat

Domain	Indicators to measure progress				
	9 NCD GAP Indicators	Global NCD progress monitor (10 process indicators)	9 global NCD targets-2025, including 25 indicators	SDG 3.4 progress indicator	Deliverables from the secretariat
Actions by MS	✓	✓	✓	✓	
Actions by Secretariat	✓	✓	✓	✓	✓

[7] UNGA: A/RES/70/313 available at http://ggim.un.org/documents/A_RES_71_313.pdf

[8] EB136(13): 10 progress indicators, available at: http://apps.who.int/gb/ebwha/pdf_files/EB136/B136_11-en.pdf

[9] Document A67/14 Prevention and control of noncommunicable diseases -annex 4-appendix: 9 NCD action plan indicators available at http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14-en.pdf

[10] EB136(13): 10 progress indicators, available at: http://apps.who.int/gb/ebwha/pdf_files/EB136/B136_11-en.pdf

[11] WHO technical note: Noncommunicable Diseases Progress Monitor. available at https://www.who.int/nmh/events/2015/Updated-WHO-Technical-Note-NCD-Progress-Monitor-September-2017.pdf?ua=1

[12] Resolution A/RES/66.10: Appendix 2 Comprehensive global monitoring framework, including 25 indicators, and a set of nine voluntary global targets for the prevention and control of noncommunicable diseases: available at http://apps.who.int/gb/ebwha/pdf_files/WHA66-REC1/A66_REC1-en.pdf#page=25

[13] See https://www.who.int/ncds/surveillance/ncd-capacity/en/

[14] See https://www.who.int/nmh/publications/ncd-profiles-2018/en/

Actions by partners	✓	✓	✓	✓	

16. In line with common practice, the representative group of stakeholders referenced in paragraph 60 of the NCD-GAP, will serve as the Evaluation Advisory Group (EAG), and will be supported by an Evaluation Support Team (EST).

17. The EST will be comprised of two evaluators to be appointed by the WHO Director-General's Representative for Evaluation and Organizational Learning.

18. The EAG will be comprised of 6 self-selected representatives from the Permanent Missions to the UN (Geneva) and 9 international experts. The Missions in Geneva will be invited to appoint one representative per region. The WHO Deputy Director-General will appoint 9 international experts taking into account the criteria set out in paragraph 27. The Chair and Vice-Chair of the EAG will be appointed by the WHO Deputy Director-General in full consultation with the 6 representatives from the Permanent Missions. The Chair will be a representative from a Member State. The Vice-Chair will be an international expert.

19. The EST will develop an inception report for consideration by the EAG. The inception report will include a rigorous and transparent methodology to achieve the dual objectives of accountability and learning. The methodology will demonstrate impartiality and lack of bias by relying on a cross-section of information sources from various stakeholder groups and using a mixed methodological approach to ensure triangulation of information through a variety of means. The evaluation will rely mostly on document review and internal and external stakeholder feedback, through interviews and surveys.

20. The EST will follow the principles set forth in the WHO Evaluation Practice Handbook and the United Nations Evaluation Group (UNEG) norms and standards for evaluations as well as ethical guidelines. The EST will also adhere to WHO cross-cutting strategies on gender, equity, vulnerable populations, and human rights, and include, to the extent possible, disaggregated data and analysis.

21. The EST will support the EAG through preparation of the inception report, the draft evaluation report and the final report that includes recommendations. The evaluation report will be based on the quality criteria defined in the WHO Evaluation Practice Handbook. It will present the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It should be relevant to decision-making needs, written in a concise, clear and easily understandable language, of high scientific quality and based on the evaluation information without bias.

22. The evaluation report will include an executive summary and evidence-based conclusions and recommendations directly derived from the evaluation findings and addressing all relevant questions and issues of the evaluation.

23. The evaluation report will be posted on the WHO Evaluation Office website (www.who.int/about/evaluation/en/).

24. The management response to the evaluation recommendations will be prepared by 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.

25. It is expected that the evaluation will start during November 2019 and be conducted in 2020. A first virtual meeting of the EAG was expected to be convened in early November 2019 but there have been delays in appointing expert members. The first meeting is now expected in January 2020..

EVALUATION MANAGEMENT

26. The evaluation will be commissioned by the ADGs UHC-CD-NCD and UHC-HP, with support of the WHO Evaluation Office, and an evaluation manager identified by the WHO Internal Horizontal Network for Collective Action towards the NCD-related SDG targets (NCD/WIN) which is co-chaired by both ADGs.

27. With reference to paragraph 18, the selection of 9 international experts by the WHO Deputy Director-General is guided by the following criteria:

a. expertise in the subjects in line with the scope and focus of the NCD-GAP:
    1) public policies to reduce premature deaths from the four main NCDs, reduce the four main behavioural risk factors, reduce air pollution, and/or promote mental health
    2) how to accelerate national efforts towards the achievement of UHC, in particular how to progressively cover people with quality essential health services for the prevention and control of NCDs and quality, safe, effective, affordable and essential NCD medicines, vaccines and health technologies, and how to stop the rise and reverse the trend of catastrophic out-of-pocket health expenditures due to NCD-related expenses;
    3) how to prioritize the implementation of effective, high impact, quality-assured, people-centred, gender- and disability-responsive and evidence-based interventions to meet the health needs of all throughout the life course, including costing and cost-effectiveness;
    4) how to strengthen country-level surveillance and monitoring systems, including surveys that are integrated into existing national health information systems, and include monitoring exposure to risk factors, outcomes and health system responses; and/or
    5) how to promote actively national and international investments and strengthen national capacity for quality research NCD with a focus on implementation.
b. Proven international experience, including with a significant amount of publications;
c. Reflecting gender balance;
d. Reflecting equitable regional representation;
e. Independence and impartiality (with no conflicts of interest).

28. The roles of the EAG include:
a) Provide guidance on the evaluation of the NCD-GAP;
b) Review the inception report;
c) Review draft and Finalize the report of the NCD-GAP evaluation.

29. More detailed terms of reference for the EAG will be developed by the EST and agreed in the first EAG meeting.

29. The EAG will be supported by the evaluation manager, NCD Department, NCD-related Departments, and an EST in the conduct of its work. The evaluation manager follows the day-to-day evaluation work in close liaison with the WHO Evaluation Office. The WHO Evaluation Office will provide guidance on the evaluation.

TIMELINE

30. The timeline is as follows:

January 2020	Selection of the external evaluators	Completed
February 2020	Establishment of the EAG	
10 March 2020	Briefing of the EAG	Virtual meeting
31 March 2020	Review the draft inception report	Virtual meeting
2 June 2020	Briefing of the EAG on progress	Virtual meeting
27-28 August 2020	Review the draft evaluation report	Face-to-face meeting in Geneva
October 2020	Submission of the final summary report to WHO Governing Bodies	
January 2021	WHO Executive Board will consider the final summary report	

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Annex 2: Documents reviewed

UNGA high level meeting declarations

1. A/RES/66/2 Political declaration of the high-level meeting of the General Assembly on the Prevention and Control of NCDs, 2012 https://undocs.org/en/A/66/L.1
2. A/RES/68/300 Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs, 2014 https://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1
3. A/RES/73/2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs, 2018 https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2
4. A/RES/74/2 Political declaration of the high-level meeting on universal health coverage, 2019 https://undocs.org/en/A/RES/74/2

Other UN background documents

5. Implementing the internationally agreed goals and commitments in regard to global public health, Ministerial Declaration ECOSOC, 2009 https://www.un.org/en/ecosoc/docs/declarations/ministerial_declaration-2009.pdf
6. Rio Political Declaration on Social Determinants of Health, World Conference on Social Determinants of Health, 2011 https://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf?ua=1
7. A RES/66/288 The future we want Resolution adopted by the General Assembly on the 27th July 2012 https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_66_288.pdf
8. Helsinki Statement on Health in All Policies, 8th Global Conference on Health Promotion, WHO, 2013 https://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf
9. A/RES/69/313 Addis Ababa Action Agenda, Resolution adopted by the General Assembly on the 27 July 2015 https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_69_313.pdf
10. A/RES/70/1 Transforming our world: the 2030 Agenda for Sustainable Development, Resolution adopted by the General Assembly on the 25 Sept 2015 https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf
11. Stronger Collaboration, Better Health: Global Action Plan for Health Lives and Well-Being for All, 2019 https://www.who.int/publications/i/item/9789241516433
12. Global Compact for progress towards UHC https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_Official_documents/UHC2030_Global_Compact_WEB.pdf
13. Leaving No One Behind: A UNSDG Operational Guide for UN Country Teams United Nations Sustainable Development Group 2019 https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft
14. Convention on the Rights of Persons with Disabilities, UN Human Rights Office of the High Commissioner, 2020 https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#1

WHO planning documents

15. WHO Twelfth General Programme of Work, 2014-2019 https://apps.who.int/iris/bitstream/handle/10665/112792/GPW_2014-2019_eng.pdf?sequence=1
16. WHO Thirteenth General Programme of Work 13, 2019-2023 https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf
17. EB140/36 Draft proposed Programme Budget 2018-2019 https://apps.who.int/gb/ebwha/pdf_files/EB140/B140_36-en.pdf
18. EB/144/5 Draft proposed Programme Budget 2020-2021 https://www.who.int/docs/default-source/documents/draft-working-document-operationalization-proposed-programme-budget-2020-2021.pdf?sfvrsn=28daa95c_2
19. The WHO Internal Horizontal Network for collective action towards the NCD-related targets (NCD/WIN) Conceptual Framework

NCD-related declarations by Member States

20. European Charter on counteracting obesity, Istanbul, 2006 https://www.euro.who.int/__data/assets/pdf_file/0009/87462/E89567.pdf
21. Port of Spain Declaration Uniting to stop the epidemic of chronic NCDs, CARICOM, 2007 https://caricom.org/declaration-of-port-of-spain-uniting-to-stop-the-epidemic-of-chronic-ncds/
22. Libreville Declaration on Health and Environment on Africa, WHO Regional Office for Africa, 2008 https://www.afro.who.int/sites/default/files/2017-06/decLibrevilleDeclaration.pdf
23. Doha Declaration on NCDs and Injuries, 2009 https://www.un.org/en/ecosoc/newfunct/pdf/doha-declaration.pdf
24. Statement of Commonwealth Action to combat NCDs, Commonwealth Heads of Government meeting, 2009 https://library.commonwealth.int/Library/Catalogues/Controls/Download.aspx?id=2357
25. Dubai Declaration on Diabetes and NCDs in the Middle east and North Africa (MENA) Region, 2010 http://www.novonordisk.co.kr/content/dam/Denmark/HQ/aboutus/documents/changing-diabetes-leadership-forums/Dubai%20Declaration%20on%20Diabetes%20and%20Chronic%20NCDs_EN_FINAL.pdf
26. Parma Declaration on Environment and Health, Fifth Ministerial Conference on Environment and Health, 2010 https://www.euro.who.int/__data/assets/pdf_file/0011/78608/E93618.pdf
27. Honiara Commitment, ninth meeting of Ministers of Health for the Pacific Islands Countries, 2011 https://iris.wpro.who.int/bitstream/handle/10665.1/10866/Honiara_commitment_2011_eng.pdf
28. Aruba Declaration on Obesity, Pan American Conference, 2011 https://www.paho.org/hq/dmdocuments/2011/obesidad-Conferencia-Panamericana-sobre-la-obesidad.pdf
29. Moscow Declaration, First Global Ministerial Conference on Healthy Lifestyles and NCD Control, 2011 https://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/moscow_declaration_en.pdf?ua=1
30. Montevideo Roadmap 2018-2013 on NCDs as a Sustainable Development priority WHO Global Conference on Noncommunicable Diseases: Pursuing policy coherence to achieve SDG

target 3.4 on NCDs, WHO, 2017 https://www.who.int/conferences/global-ncd-conference/Roadmap.pdf

NCD global strategies and plans

31. Global strategy for the prevention and control of NCDs, 2000 https://apps.who.int/gb/archive/pdf_files/WHA53/ea14.pdf?ua=1
32. 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs, WHO, 2008 https://www.who.int/nmh/publications/ncd_action_plan_en.pdf
33. Global Action Plan for the Prevention and Control of NCDs 2013-2020 https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf?sequence=1
34. The updated Appendix 3 of the WHO Global NCD Action Plan 2013-2020 'Best buys' and other recommended interventions for the prevention and control of NCDs 2017 https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1&isAllowed=y

World Health Assembly key resolutions and decisions on NCDs

35. WHA 53.17 Resolution on the prevention and control of NCDs, 2000 https://apps.who.int/gb/ebwha/pdf_files/WHA53/ResWHA53/17.pdf
36. WHA 61.14 Resolution on Prevention and control of NCDs: implementation of the global strategy, 2008 https://apps.who.int/gb/archive/pdf_files/A61/A61_8-en.pdf
37. WHA 64.11 Preparation of the high-level meeting of the United Nations General Assembly on the prevention and control of NCDs, endorsement of the Moscow declaration, 2011 https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R11-en.pdf
38. WHA 65.6 Outcomes of the high-level meeting of the General Assembly on the prevention and control of NCDs and the first Global Ministerial Conference on Healthy Lifestyles and NCDs control, 2012 https://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_6-en.pdf
39. WHA 66.10 Follow-up to the political declaration of the high-level meeting of the General Assembly on the Prevention and Control of NCDs, 2013 https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf?ua=1
40. WHA 66.8 Draft comprehensive global monitoring framework and targets for the prevention and control of NCDs, 2013 https://apps.who.int/gb/ebwha/pdf_files/wha66/a66_8-en.pdf
41. WHA 67.14 Report on Progress made in implementing the 2008-12 Action Plan for the Global Strategy for the Prevention and Control of NCDs, 2014 https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14-en.pdf
42. WHA 68.11 Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of NCDs, 2015 https://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_11-en.pdf
43. WHA 69.10 Prevention and control of NCDs: responses to specific assignments in preparation for the third high-level meeting of the United Nations General Assembly on the Prevention and Control of NCDs in 2018, 2016 https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf
44. WHA 70.11 Preparation for the third high-level meeting of the General Assembly on the Prevention and Control of NCDs, to be held in 2018, 2017 https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf
45. WHA 71.14 Preparation for the third high-level meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, 2018 https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14-en.pdf

46. WHA 72.11 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs, 2019 https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_19-en.pdf
47. WHA 73.5 Annex 5 of the WHA 73/5 'WHO's engagement with private sector entities for the prevention and control of noncommunicable diseases' https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_5-en.pdf

Global Coordination Mechanism

Background documents

48. A67/14 Terms of reference for the global coordination mechanism on prevention and control of NCDs, 2014 https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14-en.pdf
49. WHO global Coordination Mechanism on the prevention and control of NCDs Progress Report 2014-2016 https://www.who.int/global-coordination-mechanism/news/gcm-ncdprogress-report14-16.pdf?ua=1
50. Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases. Office of Evaluation. World Health Organization; 2017 https://www.who.int/docs/default-source/documents/evaluation/preliminary-evaluation-ncds.pdf?sfvrsn=b5737024_2
51. Report on progress made in implementing the workplan of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases covering 2016-2017. Report by the Director-General. Seventy-first World Health Assembly. (Document A71/14. Annex 2); 2018. https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14-en.pdf
52. General meeting of the WHO Global Coordination Mechanism of the Prevention and Control of Non-communicable Diseases: Meeting Report, 2018 https://www.who.int/news-room/events/detail/2018/11/05/default-calendar/the-general-meeting-of-the-who-global-coordination-mechanism-on-the-prevention-and-control-of-noncommunicable-diseases

Online resources

53. 2014-2019: 5 years of the GCM on NCDs https://www.who.int/docs/default-source/ncds/gcm/2014-2019-5-years-of-the-global-coordination-mechanism-on-ncds.pdf?sfvrsn=f6367bd2_4
54. Knowledge and Action Portal https://www.knowledge-action-portal.com/
55. Research Connect https://www.knowledge-action-portal.com/research_connect
56. Knowledge repositories https://www.knowledge-action-portal.com/knowledge/all
57. Communities https://www.who.int/global-coordination-mechanism/dialogues/dialogue-international-partnership/en/
58. Beat NCDs https://www.who.int/beat-ncds/en/
59. NCDs and Me http://apps.who.int/ncds-and-me/
60. Campaigns KAP https://www.knowledge-action-portal.com/advocacy_campaigns
61. News and Events page, including newsletter

Multistakeholder Dialogues

62. Report of the first dialogue convened by the WHO GCM on NCDs, Geneva, 2015 https://www.who.int/global-coordination-mechanism/final_meeting_report_dialogue_ncd_development_april15_en.pdf
63. Dialogue on how to strengthen international cooperation on NCDs within the framework of North-South, South-South and triangular cooperation, second dialogue meeting report,

Geneva, 2016 https://www.who.int/global-coordination-mechanism/publications/dialogue-report-nov-dec-2015.pdf?ua=1

64. Working together to tackle NCDs, GMC/NCD Global Dialogue meeting on the role of non-State actors in supporting member states to tackle NCDs final report, Balaclava, 2016 https://www.who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-report-oct2016.pdf?ua=1 https://www.who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-report-oct2016.pdf?ua=1
65. Highlights from the WHO Conference on NCDs: enhancing policy coherence to prevent and control NCDs meeting report, Montevideo, 2017 https://www.who.int/conferences/global-ncd-conference/montevideo-report.pdf?ua=1
66. Global Dialogues on Partnerships for Sustainable Financing of NCD Prevention and Control meting report, Copenhagen, 2018 https://www.who.int/global-coordination-mechanism/activities/dialogues/copenhagen-report.pdf?ua=1
67. WHO Global Meeting to Accelerate Progress on SDG target 3.4 on Noncommunicable Diseases and Mental Health in Muscat, Oman 2019 https://www.who.int/docs/default-source/ncds/2556-ncd-global-meeting-booklet-14-11-19.pdf?sfvrsn=1e819c3f_3
68. Strategic Multistakeholder Rountables at regional, subregional & national levels

Webinars

69. PowerPoint Presentations http://158.232.12.119/global-coordination-mechanism/news/webinars/en/

Working groups

70. Final Report and Recommendations form the Working Group on ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 45(d) of the political declaration of the high-level meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases https://www.who.int/global-coordination-mechanism/working-groups/final_5_1with_annexes6may16.pdf
71. Final report and recommendations from the Working Group on ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases.https://www.who.int/global-coordination-mechanism/working-groups/final_3_1report_with_annexes_6may16.pdf?ua=1
72. Final report Working Group of the Inclusion of NCDs in Other Programmatic Areas WHO GCM/NCD (Working Group 3.1, 2016_17) https://www.who.int/global-coordination-mechanism/working-groups/final_3_1report_with_annexes_6may16.pdf?ua=1
73. Final Report WHO GCM/NCD Working Group on the alignment of international cooperation with national NCD Plans (Working Group 3.2, 2016-2017) https://www.who.int/global-coordination-mechanism/activities/working-groups/3-2-report.PDF?ua=1
74. Interim Report WHO GCM/NCD Working Group on Health Education and Literacy for NCDs (Working Group 3.3, 2016-2017) https://www.who.int/global-coordination-mechanism/activities/working-groups/wg3.3-interim-report.pdf?ua=1

GCM Workplans

75. A76/14 Proposed workplan for the GCM on the prevention and control of NCDs 2014-2015 https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add3Rev1-en.pdf?ua=1

76. A68/11 Proposed workplan for the GCM on the prevention and control of NCDs 2016-2017 https://www.who.int/global-coordination-mechanism/about/gcmncd-workplan-2016-2017b.pdf?ua=1
77. A70/27 Proposed workplan for the GCM on the prevention and control of NCDs 2018-2019 https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf
78. Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Prevention and control of noncommunicable diseases. Proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases for 2020. 144th session of Executive Board. (Document EB 144/20 Add.1); 2018. https://apps.who.int/gb/ebwha/pdf_files/EB144/B144_20Add1-en.pdf

UNIATF Taskforce

Background documents

79. Terms of Reference for the UN interagency task force on the prevention and control of NCDs, WHO, 2015 https://www.who.int/ncds/un-task-force/ToR_UNIATF.pdf
80. United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases 2019–2021 Strategy https://apps.who.int/iris/bitstream/handle/10665/279895/WHO-NMH-NMA-19.98-eng.pdf?ua=1

ECOSOC reports and resolutions relating to UNIATF

81. Resolution adopted by the Economic and Social Council on 22 July 2013, Economic and Social Council, 2013 E/RES/2013/12 https://www.who.int/nmh/ncd-task-force/tf-2013.pdf?ua=1
82. ECOSOC UNIATF resolution, 2014 https://www.un.org/ga/search/view_doc.asp?symbol=E/RES/2014/10
83. ECOSOC UNIATF resolution, 2015 https://www.un.org/ga/search/view_doc.asp?symbol=E/RES/2015/8
84. ECOSOC UNIATF resolution, 2016 https://www.un.org/ga/search/view_doc.asp?symbol=E/RES/2016/5
85. ECOSOC UNIATF resolution, 2017 https://undocs.org/E/RES/2017/8?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+LatestUnDocuments-EconomicSocialCouncilDocuments+%28Economic+%26+Social+Council+documents+issued+at+United+Nations+Headquarters%29
86. ECOSOC UNIATF resolution, 2018 https://www.un.org/ga/search/view_doc.asp?symbol=E/RES/2018/13
87. ECOSOC UNIATF resolution, 2019 https://undocs.org/E/2019/L.16
88. Report of the Secretary General to ECOSOC, 2020 https://undocs.org/E/2020/51?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+LatestUnDocuments-EconomicSocialCouncilDocuments+%28Economic+%26+Social+Council+documents+issued+at+United+Nations+Headquarters%29
89. ECOSOC UNIATF resolution, 2020 https://undocs.org/E/2020/51?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+LatestUnDocuments-EconomicSocialCouncilDocuments+%28Economic+%26+Social+Council+documents+issued+at+United+Nations+Headquarters%29

UNIATF workplans and reports

90. UNIATF Workplan 2014-2015 https://www.who.int/nmh/uniatf-workplan-2014-2015-20141023.pdf
91. Final Report UNIATF 2014-2015 https://www.who.int/nmh/ncd-task-force/uniatf-final-report-workplan-2014-2015.pdf
92. UNIATF Workplan 2016-2017 https://www.who.int/ncds/un-task-force/uniatf-work-plan-2016-2017.pdf
93. Final Report UNIATF 2016-2017 https://www.who.int/ncds/un-task-force/Final-report-work-plan_2016-2017.pdf
94. United Nations Inter-agency task Force on the Prevention and Control of NCDs, 2019-2021 Strategy https://apps.who.int/iris/bitstream/handle/10665/279895/WHO-NMH-NMA-19.98-eng.pdf?sequence=5&isAllowed=y
95. Galvanizing multisectoral response to NCDs and tuberculosis in Nigeria, Joint UN-Government high-level mission, 24-28 February 2020
96. Progress Report Implementation of the recommendations of the United Nations Inter Agency Task Force Mission, Draft July 2020
97. Investing in the prevention and control of non-communicable diseases for sustainable development: Countries discussed the role of investment cases, Moscow, UNIATF WHO Secretariat-UNDP, October 2019 https://www.who.int/ncds/un-task-force/october2019-investment-case/en/
98. NCDS in Emergencies, UNIATF, 2016 https://apps.who.int/iris/bitstream/handle/10665/204627/WHO_NMH_NVI_16.2_eng.pdf?sequence=1

UNIATF briefing papers

99. 2018 NCD Political Declaration: 10 takeaways for the UN system, Briefing Paper UNIATF, WHO, 2018 https://apps.who.int/iris/bitstream/handle/10665/312150/WHO-NMH-NMA-19.93-eng.pdf
100. 2018 ECOSOC Resolution Briefing Paper UNIATF, WHO, 2018 https://apps.who.int/iris/bitstream/handle/10665/312149/WHO-NMH-NMA-19.94-eng.pdf?ua=1
101. WHO GPW13 : How the UN system adds value, Briefing Paper UNIATF, WHO, 2019 https://apps.who.int/iris/bitstream/handle/10665/312148/WHO-NMH-NMA-19.91-eng.pdf?ua=1
102. Task Force strategic priorities and WHO GPW13, WHO 2019 https://apps.who.int/iris/bitstream/handle/10665/312152/WHO-NMH-NMA-19.92-eng.pdf?ua=1
103. Noncommunicable disease programme Briefing note for the CCS mid-term evaluation team, November 2019
104. Responding to the Challenge of NCDs, UN Agency Briefs, 2019 https://apps.who.int/iris/bitstream/handle/10665/327396/WHO-UNIATF-19.98-eng.pdf?sequence=1&isAllowed=y

Multi-partner trust fund

105. Catalytic Fund for Non-Communicable Diseases and Mental Health, Version 4.2, UNIATF https://www.who.int/ncds/un-task-force/catalytic-flyer.pdf?ua=1
106. Draft MPTF NCD Terms of Reference 26 June 2020
107. MPTF Result Matrix - 10 June 2020

108. MPTF Theory of Change - 10 June 2020
109. United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-communicable Diseases and Mental Health: Responding to the socio-economic impact of 12 million premature deaths every year in low- and middle-income countries https://www.who.int/ncds/un-task-force/catalytic-flyer.pdf?ua=1
110. United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-communicable Diseases and Mental Health: booklet
111. NCDs and Mental Health, Case Studies from across the UN system, UNIATF WHO 2019 https://apps.who.int/iris/bitstream/handle/10665/326627/WHO-UHC-CD-NCD-19.88-eng.pdf?ua=1
112. Outline Business Plan for a Catalytic Multi-Donor Trust Fund for the Prevention and Control of Noncommunicable Diseases and Mental Health, Health Finance Institute (undated) https://www.who.int/ncds/governance/high-level-commission/MDTF-4-business-plan-HFI.pdf

Independent High-level Commission on NCDs

113. Terms of Reference for the WHO Independent High-level Commission on NCDs, 2017 https://www.who.int/ncds/governance/high-level-commission/NCDs-High-level-Commission-TORs.pdf?ua=1
114. Report of the first meeting, WHO Independent High-level Commission on NCDs, 2018 https://www.who.int/ncds/governance/high-level-commission/first-meeting-report.pdf?ua=1
115. Report of the Technical Consultation, WHO Independent High-level Commission on NCDs, 2018 https://www.who.int/ncds/governance/high-level-commission/HLC_Final_report_of_the_Technical_Consultation_21-22_March_2018-CORR1.pdf
116. Time to Deliver, Report of the WHO Independent High-Level Commission on NCDs, 2018 https://apps.who.int/iris/bitstream/handle/10665/272710/9789241514163-eng.pdf?sequence=1&isAllowed=y
117. It's Time to Walk the Talk, Final report of the WHO Independent High-Level Commission on NCDs, 2019 https://apps.who.int/iris/bitstream/handle/10665/330023/9789241517003-eng.pdf?sequence=11&isAllowed=y

WHO Global Ambassador for NCDs

118. Saving lives, spending less. A strategic response to NCDs, WHO, 2018 https://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf?sequence=1&isAllowed=y
119. The Power of Cities: Tackling NCDs and road traffic injuries, WHO 2019 https://apps.who.int/iris/bitstream/handle/10665/329429/WHO-NMH-PND-2019.9-eng.pdf?ua=1

Research

120. Prioritised Research Agenda on noncommunicable diseases, WHO, 2010 https://apps.who.int/iris/bitstream/handle/10665/44569/9789241564205_eng.pdf?sequence=1
121. Research for universal health coverage: World health report, WHO, 2013 https://www.who.int/whr/2013/report/en/

122. A guide to implementation research in the prevention and control of NCDs, WHO, 2016 https://apps.who.int/iris/bitstream/handle/10665/252626/9789241511803-eng.pdf?sequence=1
123. Review of National Cancer Control Plans, UICC, Lancet Oncology, 2018 https://www.uicc.org/sites/main/files/atoms/files/180927_NCCP_Review-2Pager_EN_Final_WEB.pdf
124. Global Research Observatory, https://www.who.int/research-observatory/why_what_how/en/index1.html
125. Achieving Measurable Progress Towards the NCD Targets: The Importance of National Cancer Control Plans (NCCPs) International Cancer Control Partnership (undated) https://www.uicc.org/sites/main/files/atoms/files/180927_NCCP_Review-2Pager_EN_Final_WEB.pdf
126. Strengthening Capacity for Noncommunicable Disease Implementation Research in the WHO European Region, WHO, 2019 https://www.euro.who.int/__data/assets/pdf_file/0018/416502/NCD-res-cap-5.pdf?ua=1

Monitoring and evaluation

127. Global Status Report on NCDs 2010 https://www.who.int/nmh/publications/ncd_report_full_en.pdf
128. Global Monitoring Framework GAP NCDs 2013 https://www.who.int/nmh/global_monitoring_framework/2013-11-06-who-dc-c268-whp-gap-ncds-techdoc-def3.pdf?ua=1
129. Global Status Report on NCDs 2014 http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1
130. Technical note, How WHO will report in 2017 to the United Nations General Assembly on the progress achieved in the implementation of commitments included in the 2011 UN political declaration and 2014 UN outcome document on NCDs, 2015 https://www.who.int/nmh/events/2015/technical-note-en.pdf?ua=1
131. Appendix to Technical note How WHO will report in 2017 to the United Nations General Assembly, 2015 https://www.who.int/nmh/events/2015/technical-note-appendix-en.pdf?ua=1
132. Updated technical note How WHO will report in 2017 to the United Nations General Assembly, 2017 https://www.who.int/nmh/events/2015/Updated-WHO-Technical-Note-NCD-Progress-Monitor-September-2017.pdf?ua=1
133. 71/313 Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development, 2017 http://ggim.un.org/documents/A_RES_71_313.pdf
134. Status of Health-Related SDGs, 2018 https://www.who.int/gho/publications/world_health_statistics/2018/EN_WHS2018_Part2.pdf?ua=1
135. Global Health Estimates 2016: Disease burden by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018. https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html
136. WHO methods and data sources for global burden of disease estimates 2000-2016 Department of Information, Evidence and Research WHO, Geneva, 2018 https://www.who.int/healthinfo/global_burden_disease/GlobalDALY_method_2000_2016.pdf
137. GPW13 Results Framework Mapping GPW13 indicators to SDG and WHA Resolution indicators https://www.who.int/docs/default-source/documents/gpw/mapping-gpw13-outcome-indicators-to-sdg-indicators.pdf?sfvrsn=7bcb77eb_4
138. WHO GPW13 Impact Measurement, WPRO regional Committee Meeting 2019

139. STEPwise approach to noncommunicable disease risk factor surveillance (STEPS), WHO, 2019 https://www.who.int/ncds/surveillance/steps/resources/en/
140. Framework of Engagement with Non-State Actors WHO, 2019 https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf
141. Thirteenth General Programme of Work (GPW13) Methods for Impact Measurement, WHO, 2020 https://www.who.int/docs/default-source/documents/about-us/gpw13-methods-for-impact-measurement.pdf?sfvrsn=56cf3c4b_2&download=true
142. Cost effectiveness and strategic planning (WHO-CHOICE) https://www.who.int/choice/cost-effectiveness/en/
143. Global Health Observatory data repository https://apps.who.int/gho/data/node.main.A905?lang=en
144. Global Health Expenditure Database https://apps.who.int/nha/database

NCD-GAP country level reports

145. Link to NCD document repository https://extranet.who.int/ncdccs/documents/?lang=en
146. Link to NCD CCS, Assessing national capacity for the prevention and control of NCDs https://www.who.int/ncds/surveillance/ncd-capacity/en/
147. NCD Country Capacity Survey, WHO, 2001 https://www.who.int/ncds/surveillance/ncd-capacity/CCS_2001.pdf?ua=1
148. NCD Country Capacity Survey, WHO, 2005 https://www.who.int/ncds/surveillance/ncd-capacity/CCS_2005.pdf?ua=1
149. NCD Country Capacity Survey, WHO, 2010 https://www.who.int/ncds/surveillance/ncd-capacity/national_capacity_prevention_ncds.pdf?ua=1
150. NCD Country Capacity Survey, WHO, 2013 https://www.who.int/ncds/surveillance/ncd-capacity/NCD_CCS_2013_report.pdf?ua=1
151. NCD Country Capacity Survey, WHO, 2015 https://apps.who.int/iris/bitstream/handle/10665/246223/9789241565363-eng.pdf?sequence=1
152. NCD Country Capacity Survey, WHO, 2017 https://apps.who.int/iris/bitstream/handle/10665/276609/9789241514781-eng.pdf?ua=1
153. NCD Country Capacity Survey, WHO, 2019 https://www.who.int/publications/i/item/ncd-ccs-2019
154. NCD Country Profiles, WHO, 2011 https://www.who.int/nmh/publications/ncd_profiles_report.pdf
155. NCD Country Profiles, WHO, 2014 https://apps.who.int/iris/bitstream/handle/10665/128038/9789241507509_eng.pd?sequence=1
156. NCD Country Profiles, WHO, 2018 file:///Users/florianne/Downloads/9789241514620-eng%20(1).pdf
157. NCD Progress Monitor 2015 https://apps.who.int/iris/bitstream/handle/10665/184688/9789241509459_eng.pdf?sequence=1
158. NCDs Progress Monitor 2017 file:///Users/florianne/Downloads/9789241513029-eng.pdf
159. Getting to 2018: Progress Monitor on NCDs, Preparing for the third UN high-level meeting on NCDs, WHO, 2018 https://www.who.int/nmh/events/2015/ncd-handout.pdf?ua=1
160. NCD Progress Monitor 2020 https://www.who.int/publications/i/item/ncd-progress-monitor-2020
161. PowerPoint Presentation, NCD Progress Monitor 2020 Surveillance, Monitoring and Reporting Unit Department of Noncommunicable Diseases WHO
162. Excel spreadsheet PM2020

NCD country level information

163. Do lifestyle interventions work in developing countries? Findings from the Isfahan Healthy Heart Program in the Islamic Republic of Iran, Nizal Sarrafzadegan et al., 2009 https://apps.who.int/iris/bitstream/handle/10665/270367/PMC2649597.pdf?sequence=1&isAllowed=y
164. "Isfahan Healthy Heart Program": A Practical Model of Implementation in a Developing Country, Nizal Sarrafzadegan et al., Progress in Preventive Medecine, 2018 https://doi.org/10.1097/pp9.0000000000000014
165. Minutes from the National MHPSS TWG Meetings Iraq\Erbil January 2020
166. Towards a healthier Kyrgyz Republic Progress Report 2020 on Health and Sustainable Development, WHO EURO, 2020 https://www.euro.who.int/__data/assets/pdf_file/0005/459347/healthier-Kyrgyz-Republic-progress-report-2020.pdf
167. WHO Country Cooperation Strategy Thailand 2017-2021 https://apps.who.int/iris/bitstream/handle/10665/255510/9789290225829-eng.pdf?sequence=1&isAllowed=y
168. Progress Report (DRAFT: 17 July 2020) Implementation of the recommendations of the United Nations Inter Agency Task Force Mission, Thailand, 2018
169. Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases Thailand, August 2018 https://apps.who.int/iris/bitstream/handle/10665/275090/WHO-NMH-NMA-18.70-eng.pdf?sequence=1&isAllowed=y
170. Noncommunicable disease programme Briefing note for the CCS mid-term evaluation team, Thailand, 21 November 2019 http://origin.searo.who.int/thailand/areas/ccs-ncd-proposal-eng.pdf
171. Proposal Prevention and Control of Noncommunicable Diseases RTG-WHO Country Co-operation Strategy, Thailand, January 2017—December 2021 http://origin.searo.who.int/thailand/areas/ccs-ncd-proposal-eng.pdf
172. WHO support for health system development in Ukraine 2016–2019, WHO EURO, 2019 https://www.euro.who.int/__data/assets/pdf_file/0006/413925/WHO_Health-Systems_support_Ukraine.pdf
173. Ukraine Review of Health Financing Reforms 2016-2019, WHO-World Bank Joint report, WHO Euro, 2019 https://www.euro.who.int/__data/assets/pdf_file/0020/414551/WHO-WB-Joint-Report_Summary_Web.pdf
174. COVID-2019 preparedness and response WHO Country Office in Ukraine, Summary of activities May 2020 https://reliefweb.int/sites/reliefweb.int/files/resources/Ukraine%202020%20Humanitarian%20Response%20Plan%20to%20COVID-19.pdf
175. Tackling noncommunicable diseases in Ukraine 2015 – 2019, WHO EURO, 2020 https://www.euro.who.int/__data/assets/pdf_file/0009/425763/Tackling-noncommunicable-diseases-in-Ukraine-2015-2019.pdf
176. Tobacco Control in Ukraine: Assessment of current status of tobacco control and opportunities for further development, WHO EURO, 2020 https://www.euro.who.int/__data/assets/pdf_file/0011/439238/Tobacco-control-in-Ukraine-assessment.pdf
177. Better Health, Better Lives: combating Non-Communicable Diseases in the Context of Norwegian Development Policy (2020-2024) Norwegian Ministry of Foreign Affairs, 2019 https://www.regjeringen.no/globalassets/departementene/ud/vedlegg/utvikling/betterhealth_summary.pdf

Regional Documents

178. Regional framework for action to strengthen the public health response to substance use, WHO EMRO, 2016 https://applications.emro.who.int/emhj/v23/03/EMHJ_2017_23_03_129_130.pdf?ua=1&ua=1
179. Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases (NCDs), including indicators to assess country progress by 2030, WHO EMRO, October 2019 https://applications.emro.who.int/docs/EMRPUB-NCD-146-2019-EN.pdf?ua=1&ua=1
180. Addressing comorbidity between mental disorders and major noncommunicable diseases. Background technical report to support implementation of the WHO European Mental Health Action Plan 2013–2020 and the WHO European Action Plan for the Prevention and Control of Noncommunicable Diseases 2016–2025, WHO EURO, 2014 https://www.euro.who.int/__data/assets/pdf_file/0009/342297/Comorbidity-report_E-web.pdf
181. Integrating the prevention, treatment and care of mental health conditions and other nonommunicable disease within health systems, WHO European high-level conference on NCDs, WHO EURO, 2019 https://www.euro.who.int/__data/assets/pdf_file/0004/397786/Mental-Health-Conditions-ENG.pdf
182. Harmful Use of alcohol, alcohol dependence and mental health conditions: a review of the evidence for their association and integrated treatment approaches, WHO EURO, 2019 https://www.euro.who.int/__data/assets/pdf_file/0017/403181/WHO-Harmful-use-of-alcohol-ENG.pdf
183. Motion for your mind: Physical activity for mental health promotion, protection and care WHO EURO, 2019 https://www.euro.who.int/__data/assets/pdf_file/0018/403182/WHO-Motion-for-your-mind-ENG.pdf
184. Tobacco Use and Mental Health conditions: a policy brief, WHO EURO, 2020 https://www.euro.who.int/__data/assets/pdf_file/0009/429939/Tobacco-Mental-Health-Policy-Brief.pdf
185. CD55/INF/12 Plan of Action for the prevention and control of noncommunicable diseases: midterm review, WHO PAHO, 2016 https://www.paho.org/hq/dmdocuments/2016/CD55-INF-12-A-F-e.pdf
186. Interactive tool on the results of commitment indicators in PAHO, http://ais.paho.org/phip/viz/nmh_ccs_resultstool.asp
187. NCDs progress monitor 2020 Scorecard for the Americas, WHO PAHO, 2020 https://iris.paho.org/handle/10665.2/51952
188. Plan of Action for the Prevention of Obesity in Children and Adolescents, WHO PAHO, 2014 https://iris.paho.org/bitstream/handle/10665.2/49138/obesity-plan-of-action-child_eng_2015.pdf?sequence=1&isAllowed=y
189. Trans Fat Free Americas: Declaration of Rio de Janeiro, WHO PAHO, 2008 https://www.paho.org/en/documents/trans-fat-free-americas-declaration-rio-janeiro-2008
190. Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020) Draft of 31 July 2013, WHO SEARO, 2013 http://origin.searo.who.int/entity/noncommunicable_diseases/events/regional_consultation_ncd/documents/6_regional_action_plan.pdf
191. Summary: South-East Asia Regional Forum to Accelerate NCDs Prevention and Control in the Context of the SDGs, WHO SEARO, 2017 http://origin.searo.who.int/entity/nde-meetings/regional-forum-ncd-summary-report.pdf
192. NCDs education manual, WHO WPRO, 2017 https://iris.wpro.who.int/handle/10665.1/13561

193. Action for healthier families toolkit, WHO WPRO, 2018 http://iris.wpro.who.int/handle/10665.1/14024
194. Heart Care: A Primer for Policy-makers and Health-care Professionals, WHO WPRO, 2018 http://iris.wpro.who.int/handle/10665.1/14023
195. For the Future: Towards the Healthiest and Safest Region A vision for WHO work with Member States and partners in the Western Pacific, WHO WPRO, 2020 http://iris.wpro.who.int/handle/10665.1/14476

Risk factors

196. Tobacco Companies strategies to undermine tobacco control activities at the WHO, Report of the Committee of Experts on Tobacco Industry Documents, WHO, July 2000 https://www.who.int/tobacco/en/who_inquiry.pdf?ua=1
197. WHO Framework Convention on Tobacco Control, 2003 https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf?sequence=1
198. WHA56.1 Resolution WHO Framework Convention on Tobacco Control, 2003
199. MPOWER resources https://www.who.int/tobacco/mpower/publications/en/
200. Tobacco Industry interference with Tobacco Control, WHO, 2008 https://apps.who.int/iris/bitstream/handle/10665/83128/9789241597340_eng.pdf?sequence=1
201. MPOWER, WHO report on the global tobacco epidemic, 2008 https://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf
202. Protocol to Eliminate Illicit Trade in Tobacco Products WHO FCTC, 2013 https://www.who.int/fctc/protocol/illicit_trade/protocol-publication/en/
203. Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019-2025 WHO FCTC, 2019 https://apps.who.int/iris/bitstream/handle/10665/325887/WHO-CSF-2019.1-eng.pdf?ua=1
204. Tobacco Interventions Technical Briefing, for the Appendix 3 of the GAP/NCDs, 2017 https://www.who.int/ncds/governance/tobacco_use.pdf?ua=1
205. Scaling-up Access to Tobacco Cessation Support: The Tobacco Cessation Facility
206. FCTC/COP/8/11 Measures to strengthen the implementation of the Convention through coordination and cooperation, FCTC, 2018 http://tdr.who.int/fctc/cop/sessions/cop8/FCTC_COP_8_11_EN.pdf
207. WHO report on the global tobacco epidemic 2019 https://apps.who.int/iris/bitstream/handle/10665/326043/9789241516204-eng.pdf?ua=1
208. Strategies to reduce the harmful use of alcohol, WHO, 2008 https://apps.who.int/gb/ebwha/pdf_files/A61/A61_13-en.pdf
209. Global Strategy to reduce the harmful use of alcohol, WHO, 2010 https://www.who.int/publications/i/item/9789241599931
210. Alcohol Control Interventions Technical Briefing, for the Appendix 3 of the GAP/NCDs, 2017 https://www.who.int/substance_abuse/activities/global_alcohol_strategy/technical_briefing_ncd_harmful_use_alcohol.pdf?ua=1
211. Global status report on alcohol and health, WHO, 2018 https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1
212. SAFER : Preventing and reducing alcohol-related harms 2018 https://www.who.int/docs/default-source/alcohol/sagfer-framework.pdf?sfvrsn=3d085e49_4
213. Global Information System on Alcohol and Health (GISAH) WHO 2020 https://www.who.int/gho/alcohol/en/
214. Global Strategy for Infant and Young Child Feeding, WHO, 2003 https://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf?sequence=1

215. Global Strategy on Diet, Physical activity and Health, WHO, 2004 https://apps.who.int/iris/rest/bitstreams/51078/retrieve
216. Marketing of Food and non-alcoholic beverages to children, WHO, 2010
217. Second International Conference on Nutrition: Rome, 19-21 November 2014, Conference Outcome Document: Rome Declaration on Nutrition FAO and WHO, 2014 http://www.fao.org/3/a-ml542e.pdf
218. Guidelines on sugar intake for adults and children, WHO, 2015 file:///Users/florianne/Downloads/9789241549028_eng.pdf
219. WHO EURO Nutrient Profile Model WHO 2015 https://www.euro.who.int/__data/assets/pdf_file/0005/270716/Nutrient-children_web-new.pdf
220. Pan American Health Organization Nutrient Profile Model PAHO 2016 https://iris.paho.org/bitstream/handle/10665.2/18621/9789275118733_eng.pdf
221. WHO Nutrient Profile Model for the Western Pacific Region A Tool to Protect Children from Food Marketing WHO 2016 https://apps.who.int/iris/bitstream/handle/10665/252082/9789290617853-eng.pdf;jsessionid=C3BBF778743CB91DF552ED0EDBCC5303?sequence=1
222. United Nations Decade of Action on Nutrition 2016-2025, FAO-WHO, 2016 https://www.un.org/nutrition/sites/www.un.org.nutrition/files/general/pdf/1-nutrition_decade_flyer_intro_for_web.pdf
223. SHAKE technical package for salt reduction, WHO, 2016 https://apps.who.int/iris/bitstream/handle/10665/250135/9789241511346-eng.pdf?sequence=1
224. Ending inappropriate promotion of foods for infants and young children, WHO, 2016 https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf?ua=1
225. Dietary Interventions Technical Briefing, for the Appendix 3 of the GAP/NCDs, 2017 https://www.who.int/ncds/governance/unhealthy_diet.pdf?ua=1
226. Nutrient Profile Model for the Marketing of Food and Non-Alcoholic Beverages to Children in the WHO Eastern Mediterranean Region WHO 2017 https://applications.emro.who.int/dsaf/EMROPUB_2017_en_19632.pdf?ua=1
227. Nutrient Profile Model for South-East Asia Region: To implement the Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children WHO SEARO 2017 http://applications.emro.who.int/dsaf/EMROPUB_2017_en_19632.pdf?ua=1
228. Global Nutrition Policy Review Policy Review 2016-2017, WHO, 2018 https://apps.who.int/iris/rest/bitstreams/1161738/retrieve
229. REPLACE Framework, WHO, 2019 https://www.who.int/docs/default-source/replace-transfat/1-replace-framework-updated-june-2019-ke.pdf
230. Newsroom/ Fats, oils, food and food service industries should join global effort to eliminate industrial trans fat from processed food by 2023, WHO, 2019 https://www.who.int/news-room/detail/23-04-2019-fats-oils-food-and-food-service-industries-should-join-global-effort-to-eliminate-industrial-trans-fat-from-processed-food-by-2023
231. WHO (2019) Nutrient Profile Model for the African Region: A Tool for Implementing WHO Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children https://apps.who.int/iris/bitstream/handle/10665/329956/9789290234401-eng.pdf?sequence=1&isAllowed=y
232. Fats, Oils and Food Service Industries should Join the Global Effort to Eliminate Industrial Trans Fat from Processed Food by 2023, WHO, 2019, https://www.who.int/news-room/detail/23-04-2019-fats-oils-food-and-food-service-industries-should-join-global-effort-to-eliminate-industrial-trans-fat-from-processed-food-by-2023
233. International Food and Beverage Alliance (IFBA) Enhanced Commitment to Phase out Industrially Produced Trans-Fatty Acids, IFBA, 2019

https://ifballiance.org/uploads/press/pdf/5ccc4b8061475_IFBA%20iTFA%20Enhanced%20Commitment%2002.05.2019.pdf
234. Countdown to 2023: WHO Report On Global Trans Fat Elimination, WHO, 2020 https://apps.who.int/iris/bitstream/handle/10665/334170/9789240010178-eng.pdf?sequence=1&isAllowed=y
235. The Power of Nutrition https://www.powerofnutrition.org/who-we-are/
236. Global recommendations on physical activity for health, WHO, 2010 https://apps.who.int/iris/bitstream/handle/10665/44399/9789241599979_eng.pdf?sequence=1
237. Physical Inactivity Interventions Technical Briefing, for the Appendix 3 of the GAP/NCDs, 2017 https://www.who.int/ncds/governance/physical_inactivity.pdf?ua=1
238. Global action plan on physical activity 2018–2030 , WHO, 2018 https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf?ua=1
239. ACTIVE: A technical package for increasing physical activity, WHO, 2018 https://apps.who.int/iris/bitstream/handle/10665/275415/9789241514804-eng.pdf?ua%20=1
240. Promoting Quality Physical Education Policy, UNESCO 2020 https://en.unesco.org/themes/sport-and-anti-doping/sports-education/qpe#revision
241. Global Walk the Talk: The Health for All Challenge WHO 2020, https://www.who.int/news-room/events/global-walk-the-talk

Air Pollution

242. WHO guideline for indoor air quality, WHO, 2014 https://apps.who.int/iris/bitstream/handle/10665/141496/9789241548885_eng.pdf?sequence=1
243. Outline for the Development of National Programmes for Elimination of Asbestos-Related Diseases, WHO-ILO, 2014 https://www.who.int/occupational_health/publications/elim_asbestos_doc_en.pdf?ua=1
244. Preventing noncommunicable diseases (NCDs) by reducing environmental risk factors, WHO, 2017 http://apps.who.int/iris/bitstream/10665/258796/1/WHO-FWC-EPE-17.01-eng.pdf?ua=1
245. Clean Air For Health: Geneva Action Agenda First WHO Global Conference on Air Pollution and Health – summary report, 2018 https://www.who.int/phe/news/clean-air-for-health/en/
246. Noncommunicable diseases and air pollution (2019), WHO EURO https://www.euro.who.int/__data/assets/pdf_file/0005/397787/Air-Pollution-and-NCDs.pdf

Diseases management

247. Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings, WHO, 2010 https://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf
248. WHA 69.39 Integrated People Centred Services, WHO, 2016 https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1
249. NCDK NCD Health Kit in emergencies, WHO EMRO, 2016 https://www.who.int/docs/default-source/documents/emergencies/ncd-2016-content-list-rev-nov2017.pdf?sfvrsn=70538d1e_2
250. Cancer Interventions Technical Briefing, for the Appendix 3 of the GAP/NCDs, 2017 https://www.who.int/ncds/governance/cancers.pdf?ua=1
251. WHA 70.12 Cancer prevention and control in the context of an integrated approach, 2017 https://apps.who.int/iris/bitstream/handle/10665/275676/A70_R12-en.pdf?sequence=1&isAllowed=y

252. UN Joint Global Programme on Cervical Cancer (2018-2021), The United Nations Global Cervical Cancer Programme, 2016 https://www.who.int/ncds/un-task-force/un-joint-action-cervical-cancer-leaflet.pdf
253. Improving Data for Decision-making: A Toolkit for Cervical Cancer Prevention and Control Programmes WHO 2019, https://apps.who.int/iris/bitstream/handle/10665/279420/9789241514255-eng.pdf?ua=1
254. Toolkit for cervical cancer prevention and control programmes, WHO, 2018 https://apps.who.int/iris/bitstream/handle/10665/279420/9789241514255-eng.pdf?sequence=1&isAllowed=y
255. Global initiative for childhood cancer, WHO, 2018 https://www.who.int/cancer/childhood-cancer/en/
256. The HEARTS Technical Package for cardiovascular management in primary health care, 2016 https://apps.who.int/iris/bitstream/handle/10665/252661/9789241511377-eng.pdf?sequence=1
257. Cardiovascular Disease Interventions Technical Briefing, for the Appendix 3 of the GAP/NCDs, 2017 https://www.who.int/ncds/governance/cardiovascular_diseases.pdf?ua=1
258. WHA 71.25 Rheumatic fever and rheumatic heart disease Report by the Director-General, 2018 https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_25-en.pdf?ua=1
259. Global Report on Diabetes, WHO, 2016 https://apps.who.int/iris/rest/bitstreams/909883/retrieve
260. Diabetes Interventions Technical Briefing, for the Appendix 3 of the GAP/NCDs, 2017 https://www.who.int/ncds/governance/diabetes.pdf?ua=1
261. Asthma and COPD Interventions Technical Briefing, for the Appendix 3 of the GAP/NCDs, 2017 https://www.who.int/ncds/governance/chronic_respiratory_diseases.pdf?ua=1

Mental Health

262. WHA 66.8 Comprehensive mental health action plan 2013–2020, 2013 https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1
263. Integrating the Response to Mental Disorders and Other Chronic Diseases in Health Care Systems, Fundaçaõ Calouste Gulbenkian and WHO 2014 https://www.who.int/iris/bitstream/10665/112830/1/9789241506793_eng.pdf?ua=1
264. Addressing comorbidity between mental disorders and major noncommunicable diseases. Background technical report to support implementation of the WHO European Mental Health Action Plan 2013–2020 and the WHO European Action Plan for the Prevention and Control of Noncommunicable Diseases 2016–2025, WHO EURO, 2017 https://www.euro.who.int/__data/assets/pdf_file/0009/342297/Comorbidity-report_E-web.pdf
265. Global Action Plan on the public health response to dementia 2017-2025, WHO, 2017 https://www.who.int/mental_health/neurology/dementia/action_plan_2017_2025/en/
266. Policy brief Integrating the prevention, treatment and care of mental health conditions and other NCDs within health systems, WHO European high-level conference on NCDs, 2019 2019 https://www.euro.who.int/__data/assets/pdf_file/0004/397786/Mental-Health-Conditions-ENG.pdf
267. NCDs and Mental Health, Case Studies from across the UN system, UNIATF WHO 2019 https://apps.who.int/iris/rest/bitstreams/1243131/retrieve
268. Comprehensive mental health action plan 2013-2020-2030, WHO, 2020 https://www.who.int/mental_health/action_plan_2013/en/#:~:text=The%20four%20major%20objectives%20of,and%20prevention%20in%20mental%20health.

269. Tobacco use and mental health conditions, a policy brief? WHO EURO 2020 https://www.euro.who.int/__data/assets/pdf_file/0009/429939/Tobacco-Mental-Health-Policy-Brief.pdf

International Partners

270. Responding to the Challenge of Non-communicable Diseases: The World Bank Portfolio, World Bank Group, 2018 http://documents1.worldbank.org/curated/en/208501570807014679/pdf/Responding-to-the-Challenge-of-Non-Communicable-Diseases.pdf
271. High-performance health financing for universal health coverage: Driving sustainable inclusive growth in the 21ts century, World Bank Group, 2019 http://documents1.worldbank.org/curated/en/641451561043585615/pdf/Driving-Sustainable-Inclusive-Growth-in-the-21st-Century.pdf
272. Obesity: Health and economic consequences of an impending global challenge, World Bank Group, 2020 https://openknowledge.worldbank.org/bitstream/handle/10986/32383/9781464814914.pdf
273. Access Accelerated https://accessaccelerated.org/
274. Effects of food taxation in Tonga, a snapshot, FAO, 2017 http://www.fao.org/3/a-i8052e.pdf
275. Strengthening sector policies for better food security and nutrition results, FAO, 2018 http://www.fao.org/3/ca7149en/ca7149en.pdf
276. FAO framework for the urban food agenda, FAO, 2019 http://www.fao.org/3/ca3151en/CA3151EN.pdf
277. PC 127/8 Progress on updating the strategy on nutrition, FAO, 2019 http://www.fao.org/3/nb124en/nb124en.pdf
278. C 2019/31 Biennial Theme 2020-21 - Promoting healthy diets and preventing all forms of malnutrition, FAO, 2019 http://www.fao.org/3/mz668en/mz668en.pdf
279. Activity book Eating healthy matters, FAO, 2019 http://www.fao.org/3/ca4694en/ca4694en.pdf
280. What you can do to keep healthy and help achieve #zerohunger World Food Day, FAO, 2019
281. What can governments and institutions do to help achieve healthy diets and #zerohunger? World Food Day, FAO, 2019 http://www.fao.org/3/ca5483en/ca5483en.pdf
282. What can private businesses can do to make healthy diets available and affordable and achieve #zerohunger? World Food Day, FAO, 2019 http://www.fao.org/3/ca5482en/ca5482en.pdf
283. What can farmers and agribusinesses can do to make healthy diets available and affordable and achieve #zerohunger? World Food Day, FAO, 2019 http://www.fao.org/3/ca5481en/ca5481en.pdf
284. Healthy diets for a #zerohunger world, World Food Day, FAO 2019 http://www.fao.org/3/ca5268en/ca5268en.pdf
285. Regional overview of food security and nutrition, FAO PAHO WFP and UNICEF, 2019 http://www.fao.org/3/ca6979en/CA6979EN.pdf
286. The State of Food and Nutrition in the world 2020, FAO, 2020 http://www.fao.org/3/ca9692en/CA9692EN.pdf
287. Near East and North Africa Regional overview of food security and nutrition, FAO, IFAD, UNICEF, WFP and WHO, 2020 https://www.ifad.org/documents/38714170/41917111/sofi_nen_2019.pdf/a9cd065d-c595-cefa-babe-e30977a32306
288. Policy brief: responding to the challenge of noncommunicable diseases, ILO, 2020 https://apps.who.int/iris/bitstream/handle/10665/327396/WHO-UNIATF-19.98-eng.pdf?ua=1.

289. Noncommunicable diseases and migration, IOM, 2018 https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/mhd_infosheet_ncds_10.09.2018.pdf
290. Why Should The Private Sector Be Engaged On Nutrition?, Scaling Up Nutrition Business Network, WFP-GAIN, 2019
291. The SUN Movement & SUN Business Network, WFP-GAIN, 2019 https://scalingupnutrition.org/sun-supporters/sun-business-network/
292. WFP Nutrition Policy & SUN Business Network, WFP-GAIN, 2019
293. OECD web page on Aid to Health https://www.oecd.org/dac/stats/aidtohealth.htm
294. Financing Global Health 2018: Countries and Programs in Transition IHME, 2019 http://www.healthdata.org/sites/default/files/files/policy_report/FGH/2019/FGH_2018_full-report.pdf

Civil Society Organizations

General

295. Sharjah Declaration on NCDs Civil Society United Towards 2030 15 November 2015 https://ncdalliance.org/sites/default/files/rfiles/Sharjah%20Declaration_FV_eng.pdf
296. Getting national NCD commissions up and running, A Framework for the Establishment and Strengthening of National NCD Commissions in the Caribbean, Healthy Caribbean Commission-The Commonwealth, 2016 https://www.healthycaribbean.org/wp-content/uploads/2017/04/Getting-National-NCD-Commissions-Up-and-Running.pdf
297. Beating NCDs equitably: Ten system requirements for health promotion and the primary prevention of NCDs, IUHPE, 2018 https://www.iuhpe.org/index.php/en/iuhpe-activities/advocacy/1328-iuhpe-campaign-beating-ncds-equitably-by-strengthening-health-promotion
298. NCD Atlas: Bridging the Gap on NCDs through civil society action, NCD Alliance, 2020 https://ncdalliance.org/sites/default/files/resource_files/NCDatlas_NCDalliance_Feb2020_FINAL.pdf
299. Bridging the gap on NCDs: From global promises to local progress, NCD Alliance, 2020 https://ncdalliance.org/sites/default/files/resource_files/Bridging%20the%20Gap_Brief_FINAL.pdf
300. Healthy Caribbean Coalition Civil Society Regional Status Report - Responses to NCDs in the Caribbean Community, 2014 https://ncdalliance.org/sites/default/files/resource_files/HCC%20NCDA%20RSR%20FINAL.pdf
301. South African Civil Society Status Report 2010- 2015 https://ncdalliance.org/sites/default/files/resource_files/SA%20NCD%20Alliance%20CSR%2015%20Sept%2024%20-%20SCREEN.pdf
302. Civil Society Report on the Situation of Chronic Non-Communicable Diseases in Brazil 2014 https://ncdalliance.org/sites/default/files/resource_files/Civil%20Society%20Report%20on%20NCDs%20%20in%20Brazil_EN.pdf
303. A civil society benchmark report: Responses to NCDs in East Africa https://ncdalliance.org/sites/default/files/resource_files/East%20Africa%20NCD%20Alliance%20Civil%20Society%20Survey%20Report.pdf

Industry interference

304. Fool Me Twice Report, Vital Strategies, 2017 https://www.vitalstrategies.org/resources/fool-twice-ncd-advocacy-report/
305. Letter of concern to the Global Fund regarding partnership with Heineken, IOGT

International, Global Alcoho Policy Alliance, NCD Alliance, 2018 https://movendi.ngo/open-letters/joint-open-letter-concern-regarding-global-fund-partnering-heineken/
306. Building momentum: lessons on implementing a robust sugar sweetened beverage tax, World Cancer Research Fund International, 2018 https://www.wcrf.org/sites/default/files/PPA-Building-Momentum-Report-WEB.pdf
307. Building momentum: lessons on implementing a robust front-of-pack food label, World Cancer Research Fund International, 2019 https://www.wcrf.org/sites/default/files/PPA-Building-Momentum-2-WEB.pdf
308. Building momentum: lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children, World Cancer Research Fund International, 2020 https://www.wcrf.org/sites/default/files/PPA-Building-Momentum-3-WEB-3.pdf
309. NCDA Statement on Private Sector Funding and Partnerships https://ncdalliance.org/ncda-statement-on-private-sector-funding-and-partnerships
310. Signalling Virtue, Promoting Harm - Unhealthy commodity industries and COVID-19, NCD Alliance, 2020 https://ncdalliance.org/sites/default/files/resource_files/Signalling%20Virtue%2C%20Promoting%20Harm_Sept2020_FINALv.pdf

Disease-specific

311. World Alzheimer Report 2014, Alzheimer's disease international, 2014 https://www.alz.co.uk/research/WorldAlzheimerReport2014.pdf
312. World Alzheimer Report 2015: The global impact of dementia, Alzheimer's disease international, 2015 https://www.alz.co.uk/research/WorldAlzheimerReport2015.pdf
313. World Alzheimer Report 2016: Improving health care for people living with dementia, Alzheimer's disease international, 2016 https://www.alz.co.uk/research/world-report-2016
314. World Alzheimer Report 2018: The state of the art in dementia research, 2018 https://www.alz.co.uk/research/WorldAlzheimerReport2018.pdf
315. World Alzheimer Report 2019: Attitudes to dementia, 2019 https://www.alz.co.uk/research/WorldAlzheimerReport2019.pdf
316. Obesity: Missing the 2025 global target, World Obesity Federation, 2020 http://s3-eu-west-1.amazonaws.com/wof-files/970_-_WOF_Missing_the_2025_Global_Targets_Report_ART.pdf
317. Children and noncommunicable diseases: Global burden report 2019, NCD Child, 2019 http://www.ncdchild.org/media/1526/ncdchild_global_final_light_final_2309.pdf
318. Health Promoting Churches: Reflections on Health and Healing for Churches on Commemorative World Health Days, Mwai Makoka, WCC, 2020 https://www.ccih.org/wp-content/uploads/2017/09/Health-Promoting-Churches-Reflections-Health-Days.pdf
319. Resolve to Save Lives https://resolvetosavelives.org/

COVID-19

320. Preliminary results: Rapid Assessment of service delivery for noncommunicable diseases (NCDs) during the COVID-19 pandemic, WHO NCD Department, 2020
321. Rapid Assessment of Service Delivery for Noncommunicable Diseases (NCDs) during the COVID-19 Pandemic: Final Results WHO 2020 https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic
322. COVID-19 and cancer, Sharpless, Science, 2020 http://doi.org/10.1126/science.abd3377
323. Presentation: Highlights from the rapid assessment of services delivery for NCDs during the COVID-19 pandemic in the WHO EMR, Dr. Asmus Hammerich, July 2020

324. Policy Brief COVID-19 and NCD risk factors, UNIATF, 2020 https://www.who.int/docs/default-source/ncds/un-interagency-task-force-on-ncds/uniatf-policy-brief-ncds-and-covid-030920-poster.pdf?sfvrsn=b8c946fa_4
325. Responding to non-communicable diseases during and beyond the COVID-19 pandemic. Examples of actions being taken by selected members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, UNIATF, WHO-UNDP, 2020 https://apps.who.int/iris/rest/bitstreams/1299986/retrieve
326. Responding to Non-communicable Diseases During and Beyond the COVID-19 Pandemic: State of the Evidence on COVID-19 and Non-Communicable Diseases: A Rapid Review UNIATF, WHO and UNDP, 2020, https://apps.who.int/iris/bitstream/handle/10665/334143/WHO-2019-nCoV-Non-communicable_diseases-Evidence-2020.1-eng.pdf?sequence=1&isAllowed=y
327. Responding to NCDs during and beyond the COVID-19 pandemic, UNIATF, WHO-UNDP, 2020 https://www.who.int/publications/i/item/WHO-2019-nCoV-Non-communicable_diseases-Actions-2020.1

UN Guiding documents on evaluation

328. WHO Evaluation Practice Handbook, WHO, 2013 https://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf?sequence=1
329. Norms and Standards for Evaluation, UNEG, 2017 http://www.unevaluation.org/document/download/2787

Other evaluations

330. Comprehensive Evaluation of the Implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, WHO Evaluation Office, 2016 https://apps.who.int/iris/bitstream/handle/10665/250705/B138_38Add1-en.pdf?sequence=1&isAllowed=y
331. Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of NCDS, WHO Evaluation Office, 2017 https://www.who.int/docs/default-source/documents/evaluation/preliminary-evaluation-ncds.pdf?sfvrsn=b5737024_2
332. WHA70/23 Review of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products, 2017 https://www.who.int/docs/default-source/documents/evaluation/review-member-state-mechanism-medical-products.pdf?sfvrsn=6a1132a0_2
333. Financing Transformative Health Systems towards Achievement of the Health Sustainable Development Goals: A Model for Projected Resource Needs in 67 Low-Income and Middle-Income Countries. Stenberg, K., et al., Lancet Global Health, 2017 https://doi.org/10.1016/S2214-109X(17)30263-2
334. Review of 40 years of Primary Health Care implementation at country level_ Draft, WHO Evaluation Office, Nov 2019 https://www.who.int/docs/default-source/documents/about-us/evaluation/phc-final-report.pdf?sfvrsn=109b2731_4
335. Initial evaluation of the Framework of Engagement with Non-State Actors, 2019 https://www.who.int/docs/default-source/documents/about-us/evaluation/fensa-report-final.pdf?sfvrsn=c62a32c5_8

Journal articles and blog posts

336. Current European guidelines for management of arterial hypertension: Are they adequate for use in primary care? Modelling study based on the Norwegian HUNT 2 population, Halfdan

Petursson et al., BMC Family practice, 2009 https://doi.org/10.1186/1471-2296-10-70
337. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries, Rob Moodie et al., The Lancet, 2013 http://doi.org/10.1016/S0140-6736(12)62089-3
338. Healthy people and healthy profits? Elaborating a conceptual framework for governing the commercial determinants of non-communicable diseases and identifying options for reducing risk exposure, Kent Buse et al., Globalization and Health, 2017 http://doi.org/10.1186/s12992-017-0255-3
339. Non-communicable disease prevention policy process in five African countries, Pamela A. Juma et al. BMC Public Health 2018,18(Suppl 1):961 https://doi.org/10.1186/s12889-018-5825-7
340. Beating non-communicable diseases equitably – let's get serious, Trevor Shilton and Graham Robertson, Global Health Promotion, 2018 http://doi.org/10.1177/1757975918797833
341. Evaluation of research on interventions aligned to WHO 'Best Buys' for NCDs in low-income and lower-middle income countries: a systematic review from 1990 to 2015, Luke Allen et al., BMJ Global Health, 2018 http://dx.doi.org/10.1136/bmjgh-2017-000535
342. Care gap: a comprehensive measure to quantify unmet needs in mental health, Pathare S et al., Epidemiology and psychiatric sciences, 2018 http://doi.org/10.1017/S2045796018000100
343. Implementation of non-communicable disease policies: a geopolitical analysis of 151 countries, Allen L et al., Lancet Glob Health, 2019 http://doi.org/10.1016/S2214-109X(19)30446-2
344. Integrating mental health with other non-communicable diseases, Dan Stein et al., BMJ 2019;365:Suppl 1 https://www.bmj.com/content/bmj/364/bmj.l295.full.pdf
345. Lifecourse approach to prevention and control of noncommunicable diseases, Mikkelsen B. and colleagues, BMJ, 2019 http://doi.org/10.1136/bmj.l257
346. Addressing NCDs: Challenges From Industry Market Promotion and Interferences, Viroj Tangcharoensathien et al., IJHPM, May 2019 http://doi.org/10.15171/ijhpm.2019.02
347. NCDs and the WHO Essential Medicines Lists: children need universal health coverage too, Nicola Gray et al., The Lancet, 2019 http://doi.org/10.1016/S2352-4642(19)30294-9
348. Addressing NCDs: Challenges from Industry Market Promotion and Interferences Int J Health Tangcharoensathien, V., et al; OPolicy Manag 2019 http://doi.org/10.15171/ijhpm.2019.02
349. Bente Mikkelsen's blog post #NextGenNCD 13/07/2020 Now is the time for a great reset on the NCD agenda https://www.ncd.one/blog
350. The Importance of a Life Course Approach to Health: chronic Disease Risk from Preconception through Adolescence and Adulthood Jacob, et al. 2017 https://www.who.int/life-course/publications/life-course-approach-to-health.pdf?ua=1
351. Global Fund Support for co-morbidities from noncommunicable diseases, note for discussion, 17/06/2020
352. Editorial: COVID-19: a new lens for non-communicable diseases, The Lancet, September 2020 http://doi.org/10.1016/S0140-6736(20)31856-0
353. Report of the WHO independent high-level commission on NCDs: where is the focus on addressing inequalities? Sigiriya Aebischer Perone et al., BMJ Global Health, May 2020 10.1136/bmjgh-2020-002820 https://doi.org/10.1136/bmjgh-2020-002820
354. Prevention of non-communicable disease: best buys, wasted buys, and contestable buys, Wanrudee Isaranuwatchai and colleagues, BMJ, 2020 https://movendi.ngo/wp-content/uploads/2020/01/Isaranuwatchai-et-al.-2020.pdf
355. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission, Gill Livingston et al., The Lancet, 2020 https://doi.org/10.1016/S0140-6736(20)30367-6
356. Implementation of Non-Communicable Disease Policies: A Geopolitical Analysis of 151 Countries, Allen, L.N et al., Lancet Global Health, 2020 https://doi.org/10.1016/S2214-109X(19)30446-2

357. Report of the WHO independent high level commission on NCDs: where is the focus on addressing inequalities? Sigiriya Aebischer Perone et al. BMJ Global Health, 2020 https://gh.bmj.com/content/bmjgh/5/6/e002820.full.pdf
358. NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4 , NCD Countdown 2030 collaborators, The Lancet, Sept 2020 https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931761-X
359. COVID-19: A New Lens for Non-communicable Diseases, Lancet, 2020 https://doi.org/10.1016/S0140-6736(20)31856-0
360. The COVID-19 Pandemic and Health Inequalities J Epidemiol Community Health. Bambra, C. et al., 2020 https://doi.org/10.1136/jech-2020-214401
361. The Lancet NCDI Poverty Commission https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31907-3.pdf

Annex 3: Respondents

Structured Questionnaires

Member States (questionnaire was sent to all Member States)

Albania
Argentina
Armenia
Bahrain
Belgium
Benin
Brazil
Brunei Darussalam
Canada
China
Croatia
Denmark
Ethiopia
Finland
France
Gabon
Germany
Guatemala
Iraq
Japan
Kenya
Madagascar
Mali
Nauru
Norway
Papua New Guinea
Paraguay
Poland
Rwanda
San Marino
Sao Tome et Principe
Saudi Arabia
Seychelles
Spain
Sri Lanka
St Kitts and Nevis
St Lucia
United Arab Emirates
United Kingdom

Non-State Actors in Official Relations with WHO (60 non-State actors requested the questionnaire)

Bill and Melinda Gates Foundation
Christoffel-Blindenmission
Doctors with Africa CUAMM

International Agency for the Prevention of Blindness
International Agency for the Prevention of Blindness Latin America
International Association of Communication Sciences and Disorders
International Commission of Occupational Health
International Society of Nephrology
International Society of Paediatric Oncology
International Union of Immunological Societies
PATH
Union for International Cancer Control
World Cancer Research Fund International
World Federation of Nuclear Medicine and Biology
World Federation of Societies of Anaesthesiologists
World Hypertension League
World Obesity Federation
World Organization of Family Doctors

WHO Collaborating Centres (37 WHO Collaborating Centres requested the questionnaire)

Cardiovascular Diseases, e-Health and Value-Based Care – Almazov National Medical Research Centre, St Petersburg
Health Promotion and Disease Prevention – Health Promotion Board, Singapore
Immunization Training and Advocacy – International Children's Centre, Ankara
Obesity Prevention, Nutrition and Physical Activity – Institute for Epidemiology and Prevention Research, Bremen
Occupational Health – German Federal Institute for Occupational Safety and Health
Population Approaches for NCD Prevention – Nuffield Department of Population Health, University of Oxford
Population Salt Reduction – The George Institute for Global Health, Sydney
Prevention of Obesity and Non-Communicable Disease – Pacific Research Centre for the Prevention of Obesity and NCD, Suva
Promoting Family and Child Health – Center for Global Health, Colorado School of Public Health
Research Community-based Action and Programme Development in Child Health – Centre for Health Research and Development Society for Applied Studies, New Delhi
Research, Education and Training in Diabetes – Diabetes Research Centre and MV Hospital for Diabetes, Chennai
Substance Abuse – National Drug Dependence Treatment Centre, New Delhi

Key Informant Interviews

WHO HQ stakeholders (of 33 interviews requested)

Shambu Acharya, Director, Director-General's Office Country Strategy and Support
Svetlana Akselrod, Head of Secretariat, Global NCD Platform
Samira Asma, Assistant Director-General for the Data, Analytics and Delivery for Impact Division
Nicholas Banatvala, GCM Manager, Head of Secretariat UNIATF
Francesco Branca, Director of the Nutrition Department
Melanie Cowan, NCD surveillance, NCD Department
Guy Fones, GCM Advisor, Acting Head of GCM-NCD
Andre Ilbawi, Technical Officer Cancer, NCD Department
Zsuzsanna Jakab, Deputy Director-General
Devora Kestel, Director, Mental Health and Substance Abuse

Ruediger Krech, Director Health Promotion Department
Etienne Krug, Director Social Determinants of Health
Bente Mikkelsen, Director, NCD Department
Chizuru Nishida, Coordinator, Nutrition Policy and Scientific Advice Unit
Werner Obermeyer, Director WHO Office at the UN
Vinayak Prasad, Programme Manager, Tobacco Control
Dag Rekve, Senior Technical Officer
Minghui Ren, Assistant Director-General UHC/Communicable and Noncommunicable Diseases
Leanne Riley, Coordinator NCD surveillance, NCD Department
Ruitai Shao, Programme Management Adviser, NCD Department
Gaudenz Silberschmidt, Director, Health and Multilateral Partnerships
Peter Singer, Special Advisor to the Director General
Soumya Swaminathan, Chief Scientist
Cherian Varghese, Coordinator, NCD Department
Temo Waqanivalu, Programme Officer, NCD Department
Naoko Yamomoto, Assistant Director-General Universal Health Coverage / Healthier Populations

WHO Regional Offices

Dan Chisholm, EURO
Fatimah El-Awa, EMRO
Asmus Hammerich, EMRO
Anselm Hennis, AMRO/PAHO (by email)
Khalid Saeed, EMRO
Hai-rim Shin, WPRO
Steven Shongwe, AFRO
Slim Slama, EMRO
Thaksaphon Thamarangsi, SEARO

WHO Country Offices

Hadeel Al Far, Jordan
Thamar Al Hilfi, Iraq
Ghada Al Kayyali, Jordan
Nazira Artykova, Kyrgyzstan
Marcia Erazo Bahamondes
Tsogzolmaa Bayandorj, Vanuatu
Dana Darwish, Jordan
Indah Devivanti, Indonesia
Renu Garg, Thailand
Jarno Habicht, Ukraine
Lucile Imboua-Niava, Senegal
Tara Kessaram, Indonesia
Kasonde Mwinga, Rwanda
Rajesh Panday, Timor Leste
Elisa Prieto, Barbados
Maria Cristina Profili, Jordan
Mansour Ranibar, Iran
Andre Rusangawa, Rwanda
Alessio Santoro, Jordan
Wendy Snowdon, Fiji

Elena Tsoyi, Uzbekistan

Civil Society (of 35 interviews requested)

Monkia Arora, Healthy India Alliance
Paola Barbarino, Alzheimer Disease International
Stephane Besançon, Santé Diabète
Stephen Connor, World Palliative Care Alliance
Katie Dain, NCD Alliance
Sandro Demaio, VicHealth
Ulysses Dorotheo, South East Asia Tobacco Control Alliance
Ibtihal Fadhil, Eastern Mediterranean, NCD Alliance
Maria Hauersley, NCD Child
Ishu Kataria, RTI International
Sarah Kline, United for Global Mental Health
Bent Lautrup-Nielsen, World Diabetes Foundation
Mwai Makoka, World Council of Churches
Rachel, Nugent, RTI International
Johanna Ralston, World Obesity Federation
Trevor Shilton, International Union for Health Promotion and Education and International Society for Physical Activity and Health
Anjali Singla, Movement for Global Mental Health
Anna Stavdal, World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians
Charlene Sunkel, Global Mental Health Peer Network

International Partners (of 18 interviews requested)

Manal Azzi, ILO
Michele Cecchini, OECD
Guangyuan Liu, FCTC Secretariat
Adriana Blanco Marquizo, FCTC Secretariat
Rory Nefdt, UNICEF
Miriam Schneidman, World Bank
Ani Shakarishvili, UNAIDS
Briony Stevens, WFP
Dudley Tarlton, UNDP
Petra ten Hoope-Bender, UNFPA
Carlos van der Laat, IOM
Trudy Winhoven, FAO
Michael Woodman, UNHCR

Private sector (of 42 interviews requested)

Arnaud Bernaert, World Economic Forum
Martin Bernhardt, Sanofi Group
Vanessa Candeias, Former Head of Global Health and Healthcare Industries, Member of the Executive Committee, World Economic Forum
Kilian Fisher, International Health, Racquet & Sportsclub Association
Julien Lafleur, International Food and Beverage Alliance
Sally Stansfield, Deloitte

Marc Van Ameringen, Future Food Platform
Amalia Waxman, Teva Pharmaceuticals

Academia/Research (of 13 interviews requested)

Luke Allen, Nuffield Department of Primary Care Health Sciences
Chaisiri Angkurawaranon, Faculty of Medicine, Chiang Mai University
Arutselvi Devarajan, WHO Collaborating Centre for Research, Education and Training in Diabetes
Surasak Kantachuvesiri, Low Salt Network, The Nephrology Society of Thailand
Pritaporn Kingkaew, Health Intervention and Technology Assessment Program
Shigeo Kono, WHO Collaborating Centre for Diabetes Treatment and Education
Angela Micah, IHME
Payao Phonsuk Food and Nutrition Policy for Health Promotion Program, International Health Policy Program
Nizal Sarrafzadegan, WHO Collaborating Centre for Research and Training in Cardiovascular Diseases Control, Prevention, and Rehabilitation for Cardiac Patients
Elizabeth Serieux, IHME
Vijay Viswanathan, WHO Collaborating Centre for Research, Education and Training in Diabetes

Annex 4: Detailed methodological description

A4.1. The overall process and methodological approach followed the principles set forth in the WHO evaluation practice handbook[2] and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation.[3]

A4.2. The purpose, objective and scope of the evaluation are described in the introduction of the main report along with the evaluation's five main questions which were structured around the evaluation's three objectives. These questions were discussed and agreed with the Evaluation Advisory Group and WHO's Evaluation Office. They were also reviewed by WHO's NCD-GAP programme. Table A4.1 presents these questions and an analysis of how they relate to the UN Evaluation Group evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability. Questions 1 and 2 were intended to guide the evaluation's data collection phase while questions 3 to 5 were intended to guide the evaluation's analysis.

Table A4.1: Main evaluation questions

		Relevance	Effectiveness	Efficiency	Impact	Sustainability
For data collection	1. To what extent has the implementation of the NCD-GAP been successful across each of the six objectives?		✔	✔		
	2. What have been the challenges and gaps in the implementation of the NCD-GAP across each of the six objectives?		✔	✔		
To guide analysis	3. What lessons have been learned to improve the implementation of the NCD-GAP?	✔	✔			✔
	4. What recommendations can be made to improve implementation of the NCD-GAP?	✔	✔			✔
	5. To what extent is the NCD-GAP programme set up to identify its contributions to expected outcomes? How could this be strengthened in the future?		✔		✔	

A4.3. The evaluation focused on assessing the extent to which the actions in the NCD-GAP had been implemented bearing in mind that these were presented as a menu of options that could be implemented by different sectors depending on regional, national and sub-national contexts. In addressing this question, the evaluation looked at a number of issues including progress made by WHO, Member States and international partners/non-State actors. This covered what types of intervention had been most successful; the extent to which key principles of the NCD-GAP including equity and human rights had been adhered to; the extent to which real, perceived or potential conflicts of interest had been managed; the extent to which multi-sectoral action had been promoted; the ongoing relevance of the NCD-GAP; and the extent to which the number of actions in the NCD-GAP continue to be relevant.

A4.4. In relation to Member States specifically, the evaluation looked at the extent to which the NCD-GAP was focused and implementable by countries, including the extent to which the revised Appendix 3 on *Best Buys* aided focus. It also considered whether the NCD-GAP might

[2] WHO (2013) *WHO Evaluation Practice Handbook* available on http://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf;jsessionid=B9451D6A553A070BADE75ED7E874F623?sequence=1 (accessed 24 September 2020)

[3] United Nations Evaluation Group (2016) *Norms and Standards for Evaluation* available on http://www.unevaluation.org/document/download/2787 (accessed 24 September 2020) and United Nations Evaluation Group (2008) *UNEG Ethical Guidelines for Evaluation* available on http://www.unevaluation.org/document/detail/102) (accessed 24 September 2020)

be more focused in future. It also looked at best practices and lessons learned from Member States.

A4.5. The evaluation looked at the extent to which recent WHO transformation efforts influenced implementation of the NCD-GAP. This included looking at what roles headquarters, regional offices and country offices played previously and were playing at the time of the evaluation. Specific consideration was given to the role of WHO headquarters in the light of the recent WHO transformation. The evaluation considered the extent to which WHO had led training and capacity building on NCD for Member States and to what extent technical assistance provided by WHO had been useful to Member States, including identifying challenges and gaps in relation to the technical assistance provided. The evaluation sought to capture examples of actions at the regional level.

A4.6. The evaluation looked at the contribution of and roles played by international partners and non-State actors including dialogue and collaboration between these and other actors, e.g. WHO and Member States. The evaluation examined how well coordination mechanisms worked including the GCM, the UNIATF and the Civil Society Working Group. This included identifying the successes and challenges of multisectoral collaboration. In relation to the GCM specifically, a final GCM evaluation was taking place at the same time as this evaluation. The two evaluation teams coordinated their work closely including holding weekly conference calls and sharing interview notes, findings and analysis. The evaluation also examined the extent to which having something specific relating to NCDs in the SDGs had been helpful in the implementation of NCD-GAP.

A4.7. The evaluation considered the extent to which agreed indicators had been tracked and the extent to which they provide a comprehensive picture of progress of the NCD-GAP. The evaluation considered how successful the voluntary global targets had been as a tool of the NCD-GAP and the extent to which the global monitoring framework is adequate for future monitoring. The evaluation considered the resources available for the NCD-GAP to all actors, including Member States, international partners and non-State actors and WHO at global, regional and country levels and the extent to which these had been adequate. This included specifically looking at the level of investments in NCDs through Official Development Assistance (ODA).

A4.8. The mandate for the evaluation specified that the WHO Secretariat should convene a representative group of stakeholders, including Member States and international partners, in order to evaluate progress on implementation of this action plan at the mid-point of the plan's time frame. Lack of financial resources meant that the evaluation was substantially delayed. This delay was overcome by WHO's Evaluation Office taking on this evaluation as a corporate evaluation. In November 2019, steps were taken to establish this representative group of stakeholders as an Advisory Group for the evaluation (EAG). Six Member State representatives (from Fiji, Iran, Italy, Kenya, Sri Lanka, the United States) were selected on a regional basis. Two preliminary meetings were held with these representatives, on 27th November and 12th December 2019, in Geneva. They were joined by nine international experts in 2020. These experts were selected by WHO on the basis of certain criteria – expertise in the subjects in line with the focus of the six objectives of the NCD-GAP; professional experience abroad and proven international experience with significant publications; equitable regional representation; independence and impartiality (with no conflicts of interest); and gender balance. The first meeting of the EAG was held in Geneva on 10th March 2020. Terms of reference for the EAG were developed and are presented in Annex 5 of the evaluation's inception report. The EAG were supported in carrying out the

evaluation by an Evaluation Support Team, led by WHO's Evaluation Office's Director, Elil Renganathan and made up of two consultants, Roger Drew and Florianne Gaillardin.

A4.9. The evaluation was divided into three phases. An initial inception phase was conducted between November 2019 and June 2020. The second, data collection phase was conducted between June and August 2020 with the final analysis and reporting phase taking place between September and October 2020. There was some overlap between these phases with some data collection interviews taking place in other phases.

A4.10. The inception phase was focused on finalising the evaluation's design. This was done by identifying and reviewing more than 170 key documents. Details of these were presented in Annex 2 of the evaluation's inception report and in an annotated bibliography produced for the evaluation. Discussions and email exchanges took place within the Evaluation Support Team, with NCD-GAP staff and with EAG members. A number of key informant interviews took place during the inception phase including with members of the Evaluation Advisory Group and a number of WHO staff. Details are provided in Annex 3 of the evaluation's inception report. The inception phase culminated in the Evaluation Support Team producing an inception report in March 2020. Members of the Evaluation Advisory Group had opportunity to comment on the inception report which was then revised by the Evaluation Support Team. The inception report was approved by the EAG in June 2020.

A4.11. The NCD-GAP does not have an overall theory of change and it was decided early in the inception phase that it might not be feasible or add value to develop one specifically for the evaluation. The evaluation's data collection phase was guided by an evaluation matrix (see Table A4.2) presented in the evaluation's inception report. This shows the questions and issues that were covered, the basis on which these were answered and the data source, incorporating method of data collection. This matrix provided an overall framework for the evaluation ensuring that primary data collection tools (e.g. interview guides and structured questionnaires) covered the entirety of the evaluation questions and sub-questions but only collected the necessary data within the evaluation's scope and objectives.

A4.12. Every effort was taken to ensure that additional data was only collected when it was to be used for analysis and generation of findings. This was done by structuring and focusing data collection around the evaluation's main questions. Data collected from different sources, e.g. from document review, key informant interview and structured questionnaires was compared and used to produce a written report of findings. Quality and reliability of data was ensured by triangulating and comparing data of different types and from different sources. In producing the final report, the Evaluation Support Team assessed the strength of evidence for each main question.

A4.13. Given the nature of the evaluation and the context of the global COVID-19 pandemic, reliance was placed particularly on secondary data. In addition to documents identified during inception, further documents were identified and provided throughout the data collection period. A full list of all the more than 360 documents reviewed is presented in Annex 2 (p8). Where specific documents are mentioned in the report, they are referred to using footnotes.

Table A4.2: Evaluation matrix

Evaluation Questions	Issues	Indicators/measures/data points	Data source[5]
1.To what extent has the implementation of the NCD-GAP been successful across each of the six objectives?	Issues relating to: - Overall progress - Progress by Member States - Progress by WHO - Progress by international partners and non-state actors - Coordination - Linking to SDGs - Monitoring and evaluation of progress - Resourcing	- Extent to which the actions planned under the NCD-GAP 2013-2020 have been conducted by Member States (MS), international partners and non-state actors and WHO at all three levels - Strengths, successes and achievements of implementation of the NCD-GAP across each objective including case studies of specific approaches/initiatives documenting outstanding achievements of the NCD-GAP - Strengths, successes and achievements of the delivery mechanism of the NCD-GAP through i) the Global Coordination Mechanism (GCM), ii) cooperation at national, regional and global levels and iii) engaging with other public health actors, including foundations, civil society organizations, partnerships and the private sector - Types of technical assistance (TA) provided by the WHO Secretariat requested/reported as most useful by different stakeholders including TA providers, recipients and third party stakeholders - Extent to which activities undertaken under the NCD-GAP are sustainable	- Document review - Key Informant Interviews (KII) with WHO Headquarters (HQ), regional and selected country offices - MS consultations - KII with international partners and non-state actors
2. What have been the challenges and gaps in the implementation of the NCD-GAP across each of the six objectives?[6]	Issues relating to: - Overall progress - Progress by Member States - Progress by WHO - Progress by international partners and non-state actors - Coordination - Linking to SDGs	- Challenges and gaps reported in the implementation of the NCD-GAP across each objective including case studies documenting key challenges and the response/adaptation of the NCD-GAP in response to them - Challenges and gaps of the delivery mechanism of the NCD-GAP through i) the GCM, ii) cooperation at national, regional and global	- Document review - KII with WHO HQ, regional and selected country level offices - MS consultations - KII with international partners and non-state actors

Evaluation Questions	Issues	Indicators/measures/data points	Data source[5]
	- Monitoring and evaluation of progress - Resourcing - Effects of COVID-19	levels and iii) engaging with other public health actors, including foundations, civil society organizations, partnerships and the private sector - Ways in which challenges and gaps have been addressed and overcome	
3. What lessons have been learned to improve the implementation of the NCD-GAP?	n/a	- Lessons learned documented across programme reports, briefing notes and other documents produced in relation to the NCD-GAP - Changes in practice reported by different stakeholders (MS, WHO at the three levels and international partners and non-state actors) as a result of implementing lessons learned from the NCD-GAP	- Document review - KII with WHO HQ and regional and selected country level offices - MS consultations - KII with international partners and non-state actors
4. What recommendations can be made to improve implementation of the NCD-GAP?	n/a	- Recommendations to improve the NCD-GAP implementation produced based on evaluation findings and validated with key stakeholders	- Document review - KII with WHO HQ, regional and selected country level offices - MS consultations - KII with international partners and non-state actors
5. To what extent is the NCD-GAP set up to identify its contributions to expected outcomes? How could this be strengthened in the future?	n/a	- Documentation of existing sources of data and information on changes at outcome level under the six objectives and on global NCD targets - Strengths and weaknesses of the current MEL system for the NCD- GAP identified	- Document review - KII with WHO HQ, regional and selected country level offices - MS consultations - KII with international partners and non-state actors

[5] Wherever key informant interviews are mentioned, these may be replaced by structured questionnaires and online surveys depending on the COVID-19 situation at the time of data collection

[6] in the context of the 13th WHO GPW (2019-23); WHO Programme budget (2020-21); commitments of three UNGA Political Declarations on NCDs; the 2030 Agenda on Sustainable Development including SDG target 3.4; and the Global Action Plan of UN Organizations for Healthy Lives and Well-being for All.

A4.14. The evaluation placed particular emphasis on reviewing existing data reported to WHO by Member States for the purpose of tracking a number of different progress indicators. This did not focus on the outcome/impact-level indicators and targets that are contained within the Global Monitoring Framework. Rather, it focused mainly on three sets (or groups) of indicators:

- Nine[4] action plan implementation progress indicators[5] which were presented to WHA67 in 2014. Data on progress of these was reported to WHA69 in 2016 and for most of these to WHA72 in 2019[6]. However, for WHA72, the indicator on research[7] was not reported but was replaced by another indicator.[8] [9] The indicators in this set are summarized in Annex 1 (p1) of a detailed report on this review of progress indicator and other secondary data (a summary of which is included as Annex 5 of this report, p56). Definitions of the indicators (metadata) were taken from a 2013 document entitled Development of a Limited Set of Action Plan Indicators to Inform Progress Made in the Implementation of the NCD-GAP 2013-2020 (from p4)[10].

- Ten[11] commitment fulfilment progress indicators[12] which were used as the basis for NCD progress monitor (country by country) reports in 2015, 2017 and 2020 and will provide the basis for the UN Secretary General's report in 2024. The indicators in this set are summarized in Annex 2 (p8) of a detailed report on this review of progress indicator and other secondary data (a summary of which is included as Annex 5 of this report, p56). Definitions of these (metadata) have been taken from Appendix 1 of the Progress Monitor Report 2020 (from p205).

[4] These indicators are numbered 1-6 but indicator 3 has four sub-indicators which, if counted separately, brings the total of indicators to nine.

[5] The terminology used to describe these indicators is varied and somewhat problematic. WHO's NCD surveillance team emphasise that these are process indicators. The discussion document in which they were proposed and defined referred to them as a limited set of action plan indicators to inform reporting on progress made in the implementation of the WHO NCD-GAP and, in summary, as action plan indicators. However, there are other action plan indicators, e.g. of outcomes in the Global Monitoring Framework, so this document refers to these indicators as action plan implementation progress (AP) indicators which was the term used in a WHO PowerPoint presentation to the EAG in March 2020.

[6] The report to WHA69 was framed as a report on progress made in implementing the NCD-GAP. However, the report to WHA72 was framed as progress in strengthening national capacities for the prevention and control of NCDs. Nevertheless, it was presented immediately after a table reporting progress towards the targets of the NCD-GAP and in an identical format to that used for more formal reporting on action plan implementation progress to WHA69 creating the impression that this was a further update on action plan implementation progress. There was a formal report on NCD-GAP implementation progress to WHA71 but this did not refer to the action plan implementation progress indicators.

[7] Number of countries that have an operational national policy and plan on noncommunicable disease-related research, including community-based research and evaluation of the impact of interventions and policies.

[8] Number of countries with an operational national coordination mechanism in place for the prevention and control of noncommunicable diseases.

[9] The explanation given was that there was a lack of data for AP5 and recognition of the importance of national coordination mechanisms in NCD-GAP implementation. However, this was a one-off ad hoc arrangement and future, formal reporting on the AP indicator set will include AP5.

[10] However, this does not cover the indicator APx (Number of countries with an operational national coordination mechanism in place for the prevention and control of noncommunicable diseases) as this did not form part of the original 2013 data set.

[11] Unlike the action plan implementation progress indicators, this number only counts main indicators. If sub-indicators are also counted, the total is currently 19

[12] In the Progress Monitor 2020, these indicators are referred to as NCD progress monitoring indicators. It also explains that these are intended to show the progress achieved in countries in the implementation of selected national commitments included in the 2014 Outcome Document. For this reason and to distinguish from the action plan implementation progress indicators mentioned earlier, this document refers to these as commitment fulfilment progress (COM) indicators in line with the WHO PowerPoint presentation made to the EAG in March 2020. While the surveillance team distinguish these indicators from the process indicators for the Action Plan, these indicators are also described as process indicators, e.g. at the World Health Assembly in 2015 where it was noted that there was "*need to develop a set of process indicators, capable of application across country settings, to assess the progress made in the implementation of the road map of commitments included in the Political Declaration*". In the strictest sense, they are process indicators as they measure processes and not outcomes and impact. However, to avoid confusion, the evaluation avoids referring to process indicators as far as possible and uses the terminology described above.

- Data from additional indicators reported in WHO NCD country capacity survey (CCS) for 2019. There are similar surveys available for 2001, 2005, 2010, 2013, 2015 and 2017. These indicators do not form a formal set as such but they are described in the CCS report for 2019 and in the sections on objectives in this report. Definitions (metadata) and data for these indicators, from 2013, are available in the Global Health Observatory[13]. Many, but not all, of the action plan implementation progress[14] and the commitment fulfilment progress indicators are derived from data from the CCS. Details of these are provided in Annexes 1 and 2 (p1 and p8) of a detailed report on this review of progress indicator and other secondary data (a summary of which is included as Annex 5 of this report, p56).

A4.15. In addition, where specific indicator data was identified for particular topics, e.g. from the Global Nutrition Policy Review, this was also considered. However, such data is not comprehensive. It seems likely that there are other data sets for risk factors other than healthy diet. Data on Development Assistance for Health was obtained from IHME reports and data on national spending on NCDs was obtained from WHO's Global Health Expenditure Database[15].

A4.16. Data relating to these indicator sets was obtained from a number of sources including:

- Published data reports including reports to World Health Assemblies, Progress Monitors and Country Capacity Reports.[16] These reports largely do not contain easily analysable data but either contain reports of aggregated data (e.g. reports to World Health Assemblies and Country Capacity Reports) or country by country reports (e.g. Progress Monitors).
- Excel data sheets for data for Commitment Fulfilment Progress (COM) indicators. One data sheet was provided for 2017 and 2019 data and another for 2015 data.
- From the Global Health Observatory[13] – this contains some (but not all) of the data collected from the country capacity surveys in 2013, 2015, 2017 and 2019. The data included relates to the commitment fulfilment progress (COM) indicators and most action plan implementation progress (AP) indicators. However, the data presented is not broken down in relation to the questions used to answer particular indicators and it does not cover all AP indicators (e.g. AP4 and AP5).
- Excel data sheets providing source data from the Country Capacity Surveys in relation to COM and AP indicators for 2010[17], 2013[17], 2015, 2017 and 2019

A4.17. Table A4.3 summarizes the data that was available to the Evaluation Support Team for each of the three main data sets. The main gap was that disaggregated and source data used for reporting to World Health Assemblies was not provided.

[13] See https://apps.who.int/gho/data/node.main.A905?lang=en (accessed 10 September 2020)
[14] In the case of this indicator set, the only indicator not compiled from CCS data is the one on tobacco (AP3c).
[15] See https://apps.who.int/nha/database (accessed 10 September 2020)
[16] PAHO has an interactive website http://ais.paho.org/phip/viz/nmh_ccs_resultstool.asp which presents data for these indicators for countries of the region of the Americas (accessed 10 September 2020).
[17] AP indicators only

Table A4.3: Data available to the Evaluation Support Team for each indicator set

Data set	Description of data available	Meta data/indicator descriptions	Data disaggregated by country	Source data sets (e.g. in Excel)	Years for which there is data
Action plan implementation progress indicators	Reports to WHA in 2016 and 2019	✓	✗[18]	✗	2010, 2015, 2017
Commitment fulfilment progress indicators	NCD Progress Monitor Reports 2015, 2017, 2020 plus Excel data sheets for 2015, 2017 and 2020	✓	✓	✓	2015, 2017, 2020
NCD country capacity surveys	CCS reports	✓	✓	✓	*2001, 2005, 2010*, 2013, 2015, 2017, 2019[19]

A4.18. There are some important points to note relating to these indicators and their data sets.

- The action plan implementation progress (AP) indicators focus largely on whether countries have policies in place while the commitment fulfilment progress (COM) indicators focus on whether key actions identified in the action plan and in the *Best Buys* appendix are being implemented. More than two thirds of the COM indicators (13/19, 69%) focus on measures to address risk factors.
- The action plan implementation progress (AP) indicators are matched to NCD-GAP objectives. There is no indicator on research in the commitment fulfilment progress (COM) indicator set.
- The indicator sets do not cover all actions in the NCD-GAP but the commitment fulfilment progress (COM) indicators cover more than the action plan implementation progress (AP) indicators. The COM indicators are particularly focused on *Best Buys*.[20]
- Both sets of indicators only cover actions of Member States and not WHO or international partners and non-State actors. Although the NCD-GAP includes actions for other stakeholder groups, such as WHO and international partners/ non-State actors, there are no specific quantitative indicators for tracking the contributions of these actors. Nevertheless, narrative reports have been made to WHA69 in 2016 and WHA71 in 2018 that are relevant. In relation to WHO, these reports are structured by NCD-GAP objective. For international partners, the report to WHA69, in 2016, is for the action plan overall and not by objective.
- Some of the indicator definitions, particularly for the action plan implementation progress (AP) indicators, are out-of-date, inaccurate or lacking in sufficient detail.
- There are some issues over baselines for the action plan implementation progress (AP) indicators. The formal report to WHA69 took this as 2010 but the document outlining these indicators takes this as 2013.
- These indicators are calculated by WHO based on data that is self-reported by Member States' governments. There are some mechanisms to check and verify the reported data, including requesting and reviewing supporting documents which are stored in an extensive document repository.[21] However, these verification methods do not include in-country verification or external stakeholder scrutiny, e.g. by civil society.[22]

[18] Although this can potentially be derived from the CCS data set available on the Global Health Observatory.
[19] Only data from 2013 and later is available from the Global Health Observatory. Other years, shown in italics, only have aggregated data available in printed or PDF format. In the case of 2010 data, an Excel spreadsheet with some data has been provided by the WHO NCD surveillance team
[20] Not all the COM indicators relate to *Best Buys*. Some, e.g. on fats, relate to other effective interventions. Some *Best Buys* are not covered by COM indicators, e.g. vaccination against human papillomavirus and cervical cancer screening
[21] See https://extranet.who.int/ncdccs/documents/ (accessed 10 September 2020)
[22] The NCD Alliance has produced some civil society reports https://ncdalliance.org/what-we-do/global-accountability/civil-society-status-reports (accessed 10 September 2020) but these are fairly limited in number and geographical scope

A4.19. It is unclear why there are two distinct sets of indicators – one for monitoring progress of implementing the action plan and another for monitoring progress in fulfilling commitments made in the UN General Assembly political declaration in 2011, the 2014 outcome document and the 2018 political declaration on NCDs. Explanations given by WHO include that the sets have different purposes, that one set (AP) is about "*process*" while the other (COM) is about "*progress*" and that there is no duplication between indicators in the different sets. Some light appears to be shed on this by the record of WHA68 in 2015. There appears to have been recognition of the need for a set of "*process indicators*" to assess the progress made in the implementation of commitments made. However, there was debate about whether an additional indicator set was needed or whether existing action plan Implementation progress (AP) indicators would suffice. It appears that the former view prevailed as an additional set of indicators was presented to WHA72 in 2019 in the form of a technical note (Annex 6)[23].

A4.20. There is some overlap of indicators in the sets (e.g. AP1 and COM4; AP4 and COM9; and AP6 and COM2&3). In addition, there are some apparent discrepancies between the data sets which mostly relate to number of countries included; precise indicator definitions; and data completeness at the time reports need to be issued. In general, where indicators appear in both sets, data for AP indicators is more complete and up-to-date than for COM indicators.

A4.21. The original description of the action plan implementation progress (AP) indicators does match indicators to objectives of the NCD-GAP. However, it is difficult to see how the indicator for objective 1[24] matches best to that objective and not objective 2 as that objective has a specific action for Member States of "*as appropriate to national context, develop and implement a national multisectoral noncommunicable disease policy and plan; and taking into account national priorities and domestic circumstances, in coordination with the relevant organizations and ministries, including the Ministry of Finance, increase and prioritize budgetary allocations for addressing surveillance, prevention, early detection and treatment of noncommunicable diseases and related care and support, including palliative care*". Nevertheless, for reasons of consistency, this review considers that indicator (AP1) under objective 1.

A4.22. Subsequent documents, e.g. reporting to WHA69, do not emphasise that specific indicators relate to particular action plan objectives. In addition, any direct linkage between those indicators and specific objectives was potentially further undermined when, in reporting to WHA72 in 2019, the indicator related to research (AP5) was not reported and was replaced by an indicator related to a national coordination mechanism (APx) which had no connection to objective 5.[25]

A4.23. The commitment fulfilment progress indicator set does not explicitly match specific indicators to particular NCD-GAP objectives or actions.[26] Neither set matches indicators to different levels (e.g. inputs, outputs, outcomes), for example, as might be done in a results framework based on a theory of change. For the purpose of the evaluation, indicators have been matched to specific objectives. This does not mean that any particular indicator is only

[23] However, the use of this indicator set in the Progress Monitor Reports pre-dates this WHA.
[24] Number of countries with an operational multisectoral national noncommunicable diseases policy, strategy or action plan that integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional noncommunicable disease action plans 2013-2020
[25] However, the WHO Secretariat report that indicator AP5 remains part of the action plan implementation progress indicator set.
[26] As this is not the purpose of this set.

relevant to one particular objective but the Evaluation Support Team have sought to identify the objective to which an indicator mainly relates.

A4.24. Analysis of the indicator data was conducted as follows:

- Data was compiled for each indicator for each year that data was available. In most cases, this was 2013, 2015, 2017 and 2019 for AP indicators and 2015, 2017 and 2019 for COM indicators. Data was analysed by WHO region and by World Bank Country Income Group. Associations between indicator performance and World Bank Country Income Group were analysed using simple linear regression using Excel software.[27]

- Data was aggregated across the commitment fulfilment progress (COM) indicator set using two existing methods. The first, the "*fully achieved count*" has been used by WHO, including for WHA reporting, simply allocates one point for each indicator that a country has fully achieved. This generates a score out of the total number of COM indicators, i.e. 18 for 2015 and 19 for 2017 and 2019.[28] The second was described by Allen et al.[29] and is referred to as an "*implementation score*". This essentially uses the fully achieved count but also allocates half a point for each indicator that a country has partially achieved. It then converts the score to a percentage. A similar approach was used by the Evaluation Support Team for AP indicators. In this case, there is no distinction between fully achieved count and implementation score as these indicators do not contain provision for partial achievement. As with individual indicators, data was analysed by WHO region and by World Bank Country Income Group. Associations between indicator performance and World Bank Country Income Group were analysed using simple linear regression using Excel software. In addition, attempts were made to analyse data relating to possible explanations as to why some countries performed better than others despite being in the same country income group. This was done by considering overall implementation score in 2019 and improvement in implementation score between 2015 and 2019. Data was analysed as an entire set and disaggregated by country income group. Statistical analysis involved simple linear regression using Excel software. Explanatory variables considered included:

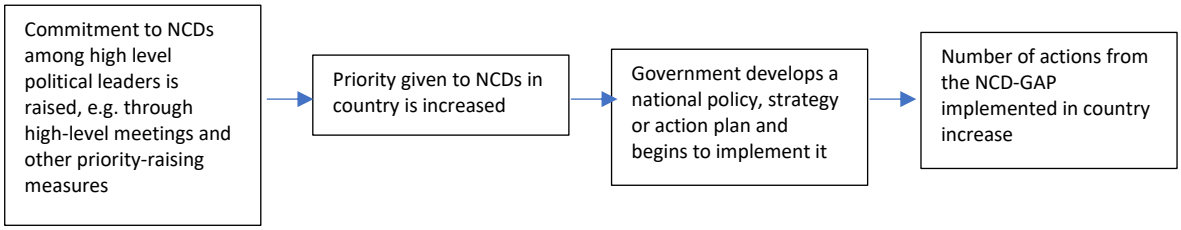
  - High level political commitment – this was measured using the existence of a national NCD policy, plan or strategy (AP1/COM4) as a proxy indicator. This involved developing a simple conceptual model which hypothesized linkages between raising the international profile of NCDs, priority given to NCDs in country, the introduction of a national policy, strategy or action plan and subsequent actions (see Figure A4.1). Analysis was then conducted using AP1, COM 4 and an assessment of when the national NCD policy, strategy of action plan had been introduced. Comparison was then made to an adjusted implementation score, from which the score for COM4 had been removed.

[27] Values were considered statistically significant where $p<.05$. Actual p values were recorded except where $p<.001$

[28] An additional indicator related to mass media activities on tobacco was added to the set between 2015 and 2017.

[29] Allen, L.N., Nicholson, B.D., Yeung, B.Y.T and Goiana-da-Silva, F. (2020) *Implementation of Non-Communicable Disease Policies: A Geopolitical Analysis of 151 Countries* Lancet Glob Health 2020, 8: e50-58 (https://doi.org/10.1016/S2214-109X(19)30446-2 accessed 26 July 2020).

Figure A4.1: Possible causal pathways through which high-level political commitment might lead to great action on NCDs in countries



- Intensity of WHO support – in the absence of any existing metric of this, the Evaluation Support Team asked NCD leads in WHO Regional Offices to grade the intensity of support provided to countries on a 0-4 scale. This generated a great deal of discussion about what intensity of WHO support meant and how this could be assessed given that NCDs comprise a wide range of diseases and risk factors with support provided by different technical officers, WHO provides a wide range of different types of technical support, different regions and different people within regions would assess this differently particularly in the absence of clear criteria and there might be concerns about appearing to criticise colleagues or countries. Nevertheless, two regions (EMR and SEAR) did manage to conduct this rapid assessment. Caution is needed in interpreting any association as this does not mean that there is necessarily a causal link between intensity of WHO support and implementation of NCD actions by countries, but this could be the case, particularly given the anecdotal evidence cited by Allen et al. Other explanations could be that WHO provides more intense support to countries that are doing better on NCDs. This seems unlikely but there could be a common factor affecting both WHO intensity of support and NCD implementation, such as availability of resources, enabling environment etc. There could also potentially be grading issues. These assessments are subjective and presumably the Regional Officers involved would have known which countries are performing well on NCDs and this could have consciously or unconsciously affected their grading.

- Strength of civil society in country – again in the absence of any existing metric of this, the Evaluation Support Team identified whether countries had an NCD Alliance member based on data available on the NCD Alliance website[30] and whether a country had an NCD network based on data presented in the NCD Alliance's NCD Atlas[31]. Associations were then sought with countries' implementation score overall and with individual COM indicators.

A4.25. Associations were also considered between having specific policies on risk factors (tobacco use; harmful use of alcohol; physical activity; healthy diet) and particular actions in these areas. Similarly, associations were considered between having guidelines, protocols and standards on the management of NCDs through primary care and having appropriate medicines available to prevent heart attacks and strokes.

A4.26. The Evaluation Support Team generated a report of this review (full and summary versions) in August 2020 and shared this with the Evaluation Advisory Group along with a progress

[30] See https://ncdalliance.org/who-we-are/ncd-alliance-network (accessed 10 September 2020)
[31] NCD Alliance (2020) *NCD Atlas Bridging the Gap on NCDs through Civil Society Action: Initiatives of National and Regional NCD Alliances* see https://ncdalliance.org/resources/ncd-atlas-bridging-the-gap-on-ncds-through-civil-society-action#:~:text=To%20showcase%20NCD%20civil%20society,of%20National%20and%20Regional%20NCD (accessed 10 September 2020)

update in relation to data collection, which explained that the data collection phase needed to be extended to the end of August 2020.

A4.27. Some additional primary data was collected through the use of structured questionnaires and key informant interviews.

A4.28. Structured questionnaires were developed by the Evaluation Support Team and presented in Annex 4 of the evaluation's inception report. A number of principles were considered when developing these questionnaires based on the framework proposed by Gendall[32] namely clearly identifying the respondent for and the objective of the questionnaire and then developing questions, words and layout based on those. Plans to test the questionnaires prior to use, that were outlined in the inception report, were not implemented because of concerns over time available for data collection and because of difficulties in identifying suitable respondents with whom to test the questionnaire without reducing the number of responses that would be received. The questionnaire development process involved some iteration between the Evaluation Support Team and members of the GCM evaluation team as some questions related to the GCM were also included in the questionnaires sent to Member States and non-State actors. Final versions of the questionnaires used are included in an Appendix to this annex.

A4.29. Structured questionnaires were administered to three stakeholder groups – Member States, non-State actors in official relations with WHO and WHO Collaborating Centres. 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. Initially, the deadline for responses was 21st August 2020 but this was extended, based on requests from Member States for more time, by a further two weeks. Responses received after this date were included where possible. Responses were received from 39 Member States. Details of which Member States responded are provided in Annex 3 (p29). Once the questionnaires had been sent to Member States, an invitation was issued to all non-State actors in official relations with WHO and WHO Collaborating Centres working in relevant areas (health promotion and education; NCDs; and risk factors) asking them if they would like to receive a questionnaire. Requests were received from 60 non-State actors in official relations with WHO and from 37 WHO Collaborating Centres. Completed questionnaires were received from 18 non-State actors in official relations with WHO and from 12 WHO Collaborating Centres. A summary of responses from each stakeholder group was generated to inform report compilation.

A4.30. Although there had been plans to conduct some interviews face-to-face in Geneva, this was not possible because of the COVID-19 pandemic. This meant that all interviews were conducted remotely, e.g. by telephone or through an Internet platform, such as Microsoft Teams, Skype, WebEx or Zoom. In a small number of cases, informants opted to respond to questions by email. In almost all cases, interviews were conducted in English, although a small number of interviews were conducted in French. Interviews were conducted based on topic guides tailored for stakeholder groups (WHO headquarters; WHO regional offices; WHO country offices; and international partners and non-State actors). These topic guides were presented in Annex 4 of the evaluation's inception report and they were provided to informants ahead of interviews when requested. More than 100 people were interviewed and details of these are presented in Annex 3 (p29). Specifically:

[32] Gendall, P. (1998) *A Framework for Questionnaire Design: Labaw Revisited* Marketing Bulletin, 9. 28-39, Article 3 - see http://marketing-bulletin.massey.ac.nz/V9/MB_V9_A3_Gendall.pdf

- Respondents in WHO headquarters were identified collaboratively between the WHO Evaluation Office and the NCD-GAP team. In addition, a limited number of additional respondents were identified in a cascade manner, i.e. one key informant recommended speaking to someone else. An initial introduction was made by the Evaluation Office and this was then followed up by the consultants. Where no response was received, at least one follow up request was made. A total of 26 interviews were conducted from the 33 requested. This was within the range of 20-30 anticipated in the inception report.

- Respondents in WHO Regional Offices were identified by the WHO Evaluation Office. An initial introduction was made by the Evaluation Office and this was then followed up by the consultants. In addition, two informants with expertise in mental health were suggested by a key informant in WHO headquarters. Responses were received from at least one person in each Regional Office in line with the plans outlined in the inception report. The response from AMRO/PAHO was in written form. Two staff from EMRO participated in the interview with the Jordan Country Office.

- Responses were sought from two Country Offices per region. Countries were selected collaboratively in discussion between the consultants, the Evaluation Office and Regional Office staff. Criteria considered included level of country response to NCDs, degree of engagement from WHO and previous Country Office engagement with evaluations. An initial introduction was made by the Evaluation Office and this was then followed up by the consultants. A number of additional country offices were included based on recommendations received in relation to mental health. A total of 19 people were interviewed in 14 Country Offices which exceeded the target of two per region in the inception report. A call was scheduled with WHO's Country Office in Lebanon but this had to be cancelled following the explosion in Beirut on 4 August 2020.

- Civil Society Respondents were identified from a list of members of a civil society working group. An initial introduction was made by the Evaluation Office and this was then followed up by the consultants. Where no response was received, at least one follow up request was made. A total of 19 interviews were conducted with representatives of civil society organizations as compared with the 35 interviews requested. This was within the range of 15-20 anticipated in the inception report.

- Academic and Research Organizations were identified in collaboration between the Evaluation Support Team and the NCD-GAP team. In addition, suggestions were made by some other key informants. An initial introduction was either made by the Evaluation Office or the consultants on the Evaluation Support Team made the approach themselves based on recommendations from others. Where no response was received, at least one follow up request was made. A total of 11 key informants from academic and research organizations were interviewed from among the 13 interviews requested. This was somewhat lower than the number identified in the inception report of 15-20. Factors behind this reduced number were the relatively low focus on research within the NCD-GAP, the limited number of suggested respondents received in this category and that some relevant organizations opted to complete the structured questionnaire instead.

- UN Agencies were identified in discussion with the UNIATF Secretariat and initial introductions were made by them and this was then followed up by the consultants. Where no response was received, at least one follow up request was made. A total of 13 interviews were conducted with UN and other multilateral agencies, e.g. OECD, from among the 18 requested. This exceeds the target of 5-10 outlined in the inception report.

- Some difficulties and delays were experienced in identifying representatives from private sector organizations to interview. These difficulties and delays were recognized and a concerted effort was made by the Evaluation Support Team, the Evaluation Office and the NCD-GAP team to identify appropriate key informants. Requests for interviews were coordinated with the GCM evaluation team. In most cases, the consultants introduced themselves directly. Where no response was received, at least one follow up request was made. A total of eight interviews were conducted with representatives of private sector organizations out of 42 requested. This is within the range of the target of 5-10 outlined in the inception report.

A4.31. The evaluation took into account learning from and approaches taken by other WHO corporate evaluations and reviews including of the Framework for Engagement with Non-State Actors (FENSA); of 40 years of primary health care implementation at country level; the reports and recommendations, including working group reports, of the WHO Independent High-Level Commission on NCDs; and of the WHO Global Coordination Mechanism on the prevention and control of noncommunicable diseases.

A4.32. Following the data collection phase, the Evaluation Support Team met virtually to review and summarise the evaluation's main findings and to identify key conclusions and recommendations. These were consolidated into a summary and main report (this document). Throughout this analysis process, comparisons were made between quantitative and qualitative data from different sources in order to answer and address the agreed evaluation questions. The reports were then shared with WHO's Evaluation Office, WHO headquarters staff and the Evaluation Advisory Group.

A4.33. As part of the consultation with the Evaluation Advisory Group, Member State representatives shared the reports with other Member States in their region and invited comments. Responses were received from eight Member States, Austria, Germany, Jamaica, Norway, Panama, Suriname, Trinidad and Tobago and Uruguay.

A4.34. The Evaluation Support Team collated comments into two logs, one for comments from the WHO Secretariat and the other for comments from the Evaluation Advisory Group and Member States. The documents were then revised based on comments received. Conclusions and recommendations were discussed at a virtual meeting of the Evaluation advisory Group on 29th and 20th October 2020. Reports were further revised prior to submission of the summary report to WHO's Executive Board for their meeting in January 2021.

A4.35. In order to aid analysis at the objective level, implementation scores were calculated for each objective based on identified indicators for each indicator. A country was given 1 point if a COM indicator was fully achieved or if an AP indicator was achieved – and half a point if a COM indicator was partially achieved. The indicators considered for each objective were as follows:

- Objective 1 – COM4
- Objective 2 – AP2 and APx
- Objective 3
    - Tobacco – COM5a-d in 2015 and COM5a-e in 2019
    - Harmful use of alcohol – COM6a-c
    - Diet – COM7a-d
    - Physical activity – COM 8
- Objective 4 – COM9 and COM 10
- Objective 5 – AP5
- Objective 6 – COM1, COM2 and COM3

A4.36. There were a number of limitations to the evaluation:

- The evaluation was considerably delayed. Initially, the plan was that this would be conducted at the mid-point of the NCD-GAP's original timeline, i.e. around 2017. Funding constraints meant this was not possible and the evaluation started at the end of 2019. It was further delayed by the process of constituting the Evaluation Advisory Group and the COVID-19 pandemic. However, a decision had been taken to extend the NCD-GAP to 2030 meaning that the evaluation took place slightly ahead of the revised timeline.

- There were some challenges in getting responses to questionnaires and in scheduling interviews because of the timing of the data collection phase (June to August) and the ongoing COVID-19 pandemic. This may have affected the response rates to each of these modalities.

- The timing of the evaluation also meant that the decision to extend the NCD-GAP had already been taken meaning that the scope for changes to be made based on evaluation evidence were limited.

- There were also some difficulties in gaining access to available indicator data. Partly, this was due to the timing of the evaluation and key staff being on leave. However, this problem would not have arisen if the relevant data sets were more easily accessible online. Most relevant data was received with the exception of the data sets used for reporting to WHA and the complete data sets from the country capacity surveys. The indicators only relate to actions taken by Member States. There are no similar indicators related to actions by WHO, international partners or non-State actors. There is some overlap of indicators in the main indicator sets and there are some data discrepancies. However, these can mostly be explained in terms of numbers of countries reporting, variations in indicator definitions used and timing cut-offs for particular data sets. Precise indicator definitions have changed over time meaning that caution and care are needed in interpreting trends over time. There is a lack of clarity over the baseline year being used by WHO for reporting on AP indicators. WHA reports have used 2010 while WHO documents and respondents indicate that the baseline year is 2013. Definitions of AP indicators are out-of-date and, in some cases, incorrect. All indicator data is self-reported by Member States. WHO seeks to verify this by requesting and checking supporting documentation but there are no other verification mechanisms.

- The evaluation methodology did not permit country case studies conducted either virtually or in-person. These would be the best method for seeking to answer

questions as to why some countries perform better than others despite being in the same country income group.

A4.37. However, while there were some limitations to the evaluation and its processes, efforts were made to mitigate these producing a robust, rigorous and high-quality evaluation of the NCD-GAP.

Appendix: Structured questionnaires

Questionnaire for Member States

1. In terms of technical assistance and engagement from WHO with Member States on the implementation of the NCD-GAP (When responding, please consider the areas of leading and convening; technical cooperation; policy and advice; capacity building; and knowledge generation):

a. What have been the successes and added value?

b. What have been the gaps and challenges?

2. In terms of implementing the NCD-GAP at country level:

a. What factors have supported implementation?

b. What factors have hindered implementation?

3. In terms of the NCD-GAP overall:

a. What have been the key strengths, successes and achievements in implementation of the NCD-GAP?

b. What have been the challenges and gaps in implementation of the NCD-GAP?

c. To what extent have the overarching principles and approaches of the GAP been followed? [Those overarching principles and approaches are human rights approach; equity-based approach; national action and international cooperation and solidarity; multisectoral action; life-course approach; empowerment of people and communities; evidence-based strategies; universal health coverage; management of real, perceived or potential conflicts of interest.]

d. To what extent are the focus and number of recommendations in NCD-GAP appropriate?

e. How useful has the Best Buys document been?

f. What were the successes and challenges associated with tracking the NCD-GAP indicators and voluntary global targets at country level?

g. To what extent has the NCD-GAP been adequately resourced nationally?

4. Given your country context currently:

a. How relevant is the NCD-GAP?

b. What has been the effect of the COVID-19 on the implementation of the NCD-GAP?

c. What are the key lessons learned and recommendations from implementing the NCD-GAP?

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

5. 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?

6. 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?

We wish to thank you for taking the time to participate in this consultation.

Questionnaire for WHO collaborating centres working in the field of NCDs

1. In terms of the NCD-GAP overall:

a. What have been the key strengths, successes and achievements in implementation of the NCD-GAP?

b. What have been the challenges and gaps in implementation of the NCD-GAP?

c. To what extent have the overarching principles and approaches of the GAP been followed? [Those overarching principles and approaches are human rights approach; equity-based approach; national action and international cooperation and solidarity; multisectoral action; life-course approach; empowerment of people and communities; evidence-based strategies; universal health coverage; management of real, perceived or potential conflicts of interest.]

d. To what extent are the focus and number of recommendations in NCD-GAP appropriate?

e. How useful has the Best Buys document been?

f. What were the successes and challenges associated with tracking the NCD-GAP indicators and voluntary global targets at country level?

g. To what extent has the NCD-GAP been adequately resourced internationally, regionally and nationally?

2. In terms of your involvement in implementation of the GAP:

a. What factors have supported that involvement?

b. What factors have hindered implementation?

3. In terms of technical assistance and engagement from WHO regarding the implementation of the NCD-GAP (when responding, please consider the areas of leading and convening, technical cooperation, policy and advice, capacity building and knowledge generation):

a. What have been the successes and added value?

b. What have been the gaps and challenges?

4. Given the current context:

a. How relevant is the NCD-GAP?

b. What has been the effect of the COVID-19 on the implementation of the NCD-GAP?

c. What are the key lessons learned and recommendations from implementing the NCD-GAP?

Questionnaire for non-State actors in official relations with WHO

1. In terms of the NCD-GAP overall:

a. What have been the key strengths, successes and achievements in implementation of the NCD-GAP?

b. What have been the challenges and gaps in implementation of the NCD-GAP?

c. To what extent have the overarching principles and approaches of the GAP been followed? [Those overarching principles and approaches are human rights approach; equity-based approach; national action and international cooperation and solidarity; multisectoral action; life-course approach; empowerment of people and communities; evidence-based strategies; universal health coverage; management of real, perceived or potential conflicts of interest.]

d. To what extent are the focus and number of recommendations in NCD-GAP appropriate?

e. How useful has the Best Buys document been?

f. What were the successes and challenges associated with tracking the NCD-GAP indicators and voluntary global targets at country level?

g. To what extent has the NCD-GAP been adequately resourced internationally, regionally and nationally?

2. In terms of your involvement in implementation of the GAP:

a. What factors have supported that involvement?

b. What factors have hindered implementation?

3. In terms of technical assistance and engagement from WHO regarding the implementation of the NCD-GAP (when responding, please consider the areas of leading and convening, technical cooperation, policy and advice, capacity building and knowledge generation):

a. What have been the successes and added value?

b. What have been the gaps and challenges?

4. Given the current context:

a. How relevant is the NCD-GAP?

b. What has been the effect of the COVID-19 on the implementation of the NCD-GAP?

c. What are the key lessons learned and recommendations from implementing the NCD-GAP?

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

5. 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?

6. 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?

Annex 5: Review of progress indicator and other secondary data in relation to objectives of NCD-GAP: Summary: August 2020

Introduction

1. This is a review of available progress indicator and other secondary data in relation to each of the six objectives of the NCD-GAP. It focuses mainly on three indicator sets:

    - Nine[33] action plan implementation progress indicators which were presented to WHA67 in 2014. Data on progress for most of these was reported to WHA69 in 2016 and WHA72 in 2019. However, for WHA72, the indicator on research[34] was not reported but was replaced by another indicator.[35] The reason for this change is not clear. [36]

    - Ten[37] commitment fulfilment progress indicators which were used as the basis for NCD progress monitor (country by country) reports in 2015, 2017 and 2020 and will provide the basis for the UN Secretary General's report in 2024.

    - Data from additional indicators reported in WHO NCD country capacity survey (CCS) for 2019. Many, but not all, of the indicators in the other two sets are based on this data set.

2. Table A5.1 summarizes the data currently available to the Evaluation Support Team for each of the three main data sets outlined in paragraph A4.14.

Table A5.1: Data currently available to the Evaluation Support Team for each data set

Data set	Description of data available	Meta data/indicator descriptions	Data disaggregated by country	Source data sets (e.g. in Excel)	Years for which there is data
Action plan implementation progress indicators	Reports to WHA in 2016 and 2019	✓	×[38]	×	2010, 2015, 2017
Commitment fulfilment progress indicators	NCD Progress Monitor Reports 2015, 2017, 2020 plus Excel data sheet for 2015, 2017 and 2020	✓	✓	✓	2015, 2017, 2020
NCD country capacity surveys	CCS reports	✓	✓	✓	*2001, 2005, 2010,* 2013, 2015, 2017, 2019[39]

[33] These indicators are numbered 1-6 but indicator 3 has four sub-indicators which, if counted separately, brings the total of indicators to nine.
[34] Number of countries that have an operational national policy and plan on noncommunicable disease-related research, including community-based research and evaluation of the impact of interventions and policies.
[35] Number of countries with an operational national coordination mechanism in place for the prevention and control of noncommunicable diseases.
[36] Reasons given include lack of baseline data, interest from the GCM team in reporting data on national coordination mechanisms and that this report to WHA was not a formal update on GAP progress.
[37] Unlike the action plan implementation progress indicators, this number only counts main indicators. If sub-indicators are also counted, the total is 19
[38] Although this can potentially be derived from the CCS data set available on the Global Health Observatory.
[39] Only data from 2013 and later is available from the Global Health Observatory. Other years, shown in italics, only have aggregated data available in printed or PDF format.

3. It is not completely clear why there are two distinct sets of indicators – one for monitoring progress of implementing the action plan and another for monitoring progress in fulfilling commitments made in the UN General Assembly Political Declaration in 2011, the 2014 outcome document and the 2018 Political Declaration on NCDs. Some light appears to be shed on this by the record of WHA68 in 2015. There appears to have been recognition of the need for a set of process indicators to assess the progress made in the implementation of commitments made. However, there was debate about whether an additional indicator set was needed or whether existing action plan indicators would suffice. It appears that the former view prevailed as an additional set of indicators was presented to WHA72 in 2019 in the form of a technical note (Annex 6).[40] Although these indicators are therefore not specifically intended for monitoring progress of the NCD-GAP, they are extremely relevant so will be considered here.

4. All the indicators outlined above relate specifically to expected actions of Member States. Although the GAP includes actions for other stakeholder groups, such as WHO and international partners/non-state actors, there are no specific quantitative indicators for tracking the contributions of these actors. Nevertheless, narrative reports have been made to WHA69 in 2016 and WHA71 in 2018 that are relevant and these are considered in the more detailed report.

5. The original description of the action plan implementation progress indicators does match indicators to objectives of the GAP. However, there are some anomalies, e.g. the indicator on NCD policies, strategies and action plans is matched to objective 1 despite this being described as an action under objective 2. Nevertheless, for reasons of consistency, this review considers that indicator (AP1) under objective 1. The commitment fulfilment progress indicator set does not explicitly match specific indicators to particular GAP objectives or actions. However, for the purpose of the evaluation, we have matched these indicators to the most relevant GAP objective.

What does the indicator data tell us about implementation of the Global Action Plan as a whole?

6. The starting point for this analysis is the nine action plan implementation progress indicators as the very purpose of these indicators is to monitor progress in implementing the action plan. Indeed, progress on most of these indicators was presented to WHA72 in 2019 (see Figure A5.1).

[40] However, the use of this indicator set in the Progress Monitor Reports pre-dates this WHA

7. Based on this table, it does seem that all the indicators reported show positive trends. Indeed, the report to WHA72 commented that this table showed "*the steady progress in strengthening national capacities for the prevention and control of noncommunicable diseases*". So, on that basis, it might be appropriate to conclude that reasonable progress has been made with action plan implementation.

Figure A5.1: Report made to WHA72 concerning progress on action plan implementation progress indicators

Indicator	2010	2015	2017
Number of countries with at least one operational multisectoral national policy, strategy or action plan.[1]	32/169 (19%)	69/169 (41%)	89/169 (53%)
Number of countries that have operational noncommunicable disease unit(s)/branch(es)/ department(s) within the health ministry.	90/169 (53%)	113/169 (67%)	116/169 (69%)
Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol, as appropriate, within the national context.	82/169 (49%)	114/169 (67%)	127/169 (75%)
Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity.	93/169 (55%)	120/169 (71%)	137/169 (81%)
Number of countries with an operational policy, strategy or action plan, in line with the WHO Framework Convention on Tobacco Control, to reduce the burden of tobacco use.	112/169 (66%)	138/169 (82%)	146/169 (86%)
Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets.	101/169 (60%)	124/169 (73%)	139/169 (82%)
Number of countries that have evidence-based national guidelines/protocols/standards for the management of major noncommunicable diseases through a primary care approach, recognized/approved by government or competent authorities.	No data	74/169 (42%)	84/169 (50%)
Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets.	67/169 (39%)	51/169 (30%)	70/169 (41%)
Number of countries with an operational national coordination mechanism in place for the prevention and control of noncommunicable diseases.	No data	57/169 (34%)	65/169 (38%)

8. This review sought to verify this by reviewing disaggregated data for these indicators available on the Global Health Observatory (see Table A5.2). This shows that there has been considerable improvement on some indicators, e.g. AP2 and AP3a-d. In the case of AP1 (NCD policies, strategies, and action plans), AP5 (research policies), AP6 (monitoring and surveillance systems) and APx (national coordination mechanisms), there has been progress but overall performance remains at a low level. There has been little progress in terms of developing guidelines, protocols and standards for NCD management through a primary care approach (AP4).

Table A5.2: Progress against action plan implementation progress indicators based on disaggregated data for 194 countries (colour codes show level of performance – dark green if >80%, light green if 60-79%, yellow if 40-59% and amber if <40%)

Indicator	2013	2015	2017	2019
Action Plan Indicator 1 (AP1): Number of countries with at least one operational multisectoral national policy, strategy or action plan that integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional noncommunicable disease action plans 2013–2020.	24%	37%	51%	57%
Action Plan Indicator 2 (AP2): Number of countries that have operational noncommunicable disease unit(s)/branch(es)/department(s) within the Ministry of Health, or equivalent.	51%	60%	66%	76%
Action Plan Indicator 3a (AP3a): Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol, as appropriate, within the national context.	48%	61%	71%	74%
Action Plan Indicator 3b (AP3b): Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity.	52%	64%	77%	79%
Action Plan Indicator 3c (AP3c): Number of countries with an operational policy, strategy or action plan, in line with the WHO Framework Convention on Tobacco Control, to reduce the burden of tobacco use.	63%	73%	83%	79%
Action Plan Indicator 3d (AP3d): Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets.	55%	66%	78%	80%
Action Plan Indicator 4 (AP4): Number of countries that have evidence-based national guidelines/protocols/standards for the management of major noncommunicable diseases through a primary care approach, recognized/approved by government or competent authorities.	49%	38%	46%	48%
Action Plan Indicator 5 (AP5): Number of countries that have an operational national policy and plan on noncommunicable disease-related research, including community-based research and evaluation of the impact of interventions and policies.	n/a	22%	28%	33%
Action Plan Indicator 6 (AP6): Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets.	23%	26%	38%	42%
APx: Number of countries with an operational national coordination mechanism in place for the prevention and control of noncommunicable diseases.	n/a	31%	37%	46%

9. An important finding is that all but one of the action plan implementation progress indicators show a statistically significant association with country income group (see Table A5.3).

Table A5.3: Associations between action plan implementation progress indicators and country income group (Note: blue shading indicates positive association)

Indicator	Association	p-value
AP1: National action plan	No	p=0.63
AP2: NCD unit	+	p<0.05
AP3a: Policy on harmful use of alcohol	+	p<0.05
AP3b: Policy on physical activity	+	p<0.05
AP3c: Tobacco policy	+	p<0.05
AP3d: Policy on healthy diet	+	p<0.05
AP4: Clinical guidelines	+	p<0.05
AP5: NCD research policy	+	p<0.05
AP6: NCD surveillance system	+	p<0.05
APx: National coordination mechanisms	+	p<0.05

10. In terms of the commitment fulfilment progress indicators, while WHO has data for 2015, 2017 and 2019, and has produced individual country reports for those years, aggregated reports have not yet been produced. Consequently, using the commitment fulfilment progress indicators, we have compiled a similar table (Table A5.4) to the one used for the action plan implementation progress indicators (see Figure S1). It shows the overall global performance for those three years, both in terms of proportion of countries that fully achieved each indicator and in terms of the proportion of countries that at least partially achieved each indicator.

Table A5.4: Data available on commitment fulfilment indicators fully achieved and at least partially achieved: 2017 and 2019 (colour codes show level of performance – dark green if >80%, light green if 60-79%, yellow if 40-59% and amber if <40%)

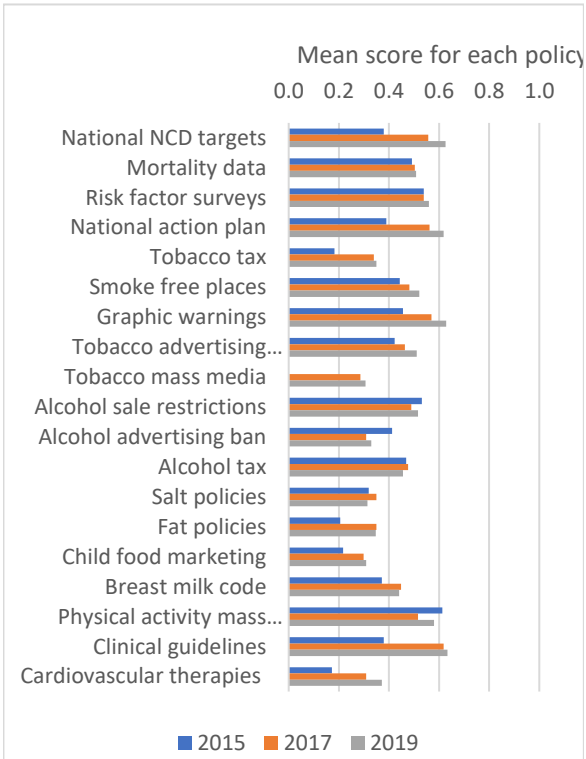
Indicator	Fully achieved			At least partially achieved		
	2015	2017	2019	2015	2017	2019
Commitment Indicator 1 (COM1): Member State has set time-bound national targets and indicators based on WHO guidance.	30%	48%	57%	45%	62%	68%
Commitment Indicator 2 (COM2): Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis.	36%	38%	40%	62%	62%	61%
Commitment Indicator 3 (COM3): Member State has a STEPS survey or a comprehensive health examination survey every 5 years.	28%	19%	27%	79%	89%	85%
Commitment Indicator 4 (COM4): Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors.	33%	51%	57%	45%	62%	66%
Commitment Indicator 5a (COM5a): Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement: a. Reduce affordability by increasing excise taxes and prices on tobacco products.	2%	16%	19%	36%	52%	51%
Commitment Indicator 5b (COM5b): Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement: b. Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport.	25%	28%	31%	64%	69%	72%
Commitment Indicator 5c (COM5c): Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement: c. Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages.	22%	40%	47%	70%	74%	78%
Commitment Indicator 5d (COM5d): Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement: d. Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship.	15%	19%	25%	70%	74%	78%

Indicator	Fully achieved			At least partially achieved		
	2015	2017	2019	2015	2017	2019
Commitment Indicator 5e (COM5e): Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement: e. Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke.	n/a	22%	20%	n/a	35%	41%
Commitment Indicator 6a (COM6a): Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol: a. Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale).	15%	14%	16%	90%	84%	87%
Commitment Indicator 6b (COM6b): Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol: b. Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media).	20%	23%	27%	63%	38%	38%
Commitment Indicator 6c (COM6c): Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol: c. Increase excise taxes on alcoholic beverages.	22%	17%	24%	73%	87%	68%
Commitment Indicator 7a (COM7a): Member State has implemented the following four measures to reduce unhealthy diets: a. Adopt national policies to reduce population salt/sodium consumption.	32%	26%	20%	32%	44%	44%
Commitment Indicator 7b (COM7b): Member State has implemented the following four measures to reduce unhealthy diets: b. Adopt national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply.	21%	35%	30%	21%	35%	39%
Commitment Indicator 7c (COM7c): Member State has implemented the following four measures to reduce unhealthy diets: c. WHO set of recommendations on marketing of foods and non-alcoholic beverages to children.	22%	30%	31%	n/a[41]	n/a	n/a
Commitment Indicator 7d (COM7d): Member State has implemented the following four measures to reduce unhealthy diets: d. Legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes.	37%	20%	18%	37%	69%	70%
Commitment Indicator 8 (COM8): Member State has implemented at least one recent national public awareness programme and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change.	61%	52%	52%	61%	52%	65%
Commitment Indicator 9 (COM9): Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities.	26%	46%	48%	50%	77%	78%
Commitment Indicator 10 (COM10): Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level.	14%	27%	34%	20%	31%	41%

[41] The definition for this indicator does not include criteria for partial achievement

11. While almost three quarters of indicators (14 of 19, 74%) show improvement in terms of countries fully achieving these between 2015 and 2019, the improvements are modest and overall performance levels are low. In 2019, only three indicators were fully achieved by a majority (more than half) of countries. If the focus is on countries which have at least partially achieved a measure, performance levels are much stronger with only six indicators not being at least partially achieved by half of countries in 2019. The same number of indicators showed improvement between 2015 and 2019 as for those that are fully achieved but the proportion was higher (78%) as only 18 indicators have provision to assess partial achievement.

Figure A5.2: Mean 2017 and 2019 implementation score for each NCD policy area across all 194 countries and territories



12. A Lancet paper[42] calculated implementation scores for individual indicators[43] across all countries. Figure A5.2 re-creates that figure extending it to include 2015 and 2019 data.[44] While those policies/indicators with higher implementation scores in 2017 increased more by 2019 than those policies/indicators with lower implementation scores in 2017, this trend is not seen if the analysis also includes 2015 data. This way of analysis does allow patterns of improvement to be seen across groups of indicators, e.g. steady improvement in relation to tobacco indicators and limited, if any, improvement in relation to indicators of harmful use of alcohol.

13. More than half of the commitment fulfilment progress indicators (11 of 19, 58%) show a statistically significant association with country income group (see Table A5.5). For four indicators, there was an apparent negative association with country income group but this was not statistically significant.

Table S5: Associations between commitment fulfilment progress indicators and country income group

Indicator		p-value	Indicator		p-value
COM1: National NCD targets		0.85	COM6a: Alcohol sales restrictions		0.33
COM2: Mortality data	✓	<0.05	COM6b: Alcohol advertising ban		0.35
COM3: Risk factor surveys	✓	<0.05	COM6c: Alcohol tax		0.14
COM4: National action plan		0.28	COM7a: Salt policies	✓	<0.05
COM5a: Tobacco tax	✓	<0.05	COM7b: Fat policies	✓	<0.05
COM5b: Smoke free places		0.14	COM7c: Child food marketing	✓	<0.05
COM5c: Graphic warnings	✓	<0.05	COM7d: Breast milk code		0.47

[42] Allen, L.N., Nicholson, B.D., Yeung, B.Y.T and Goiana-da-Silva, F. (2020) *Implementation of Non-Communicable Disease Policies: A Geopolitical Analysis of 151 Countries* Lancet Glob Health 2020, 8: e50-58 (https://doi.org/10.1016/S2214-109X(19)30446-2 accessed 26 July 2020).

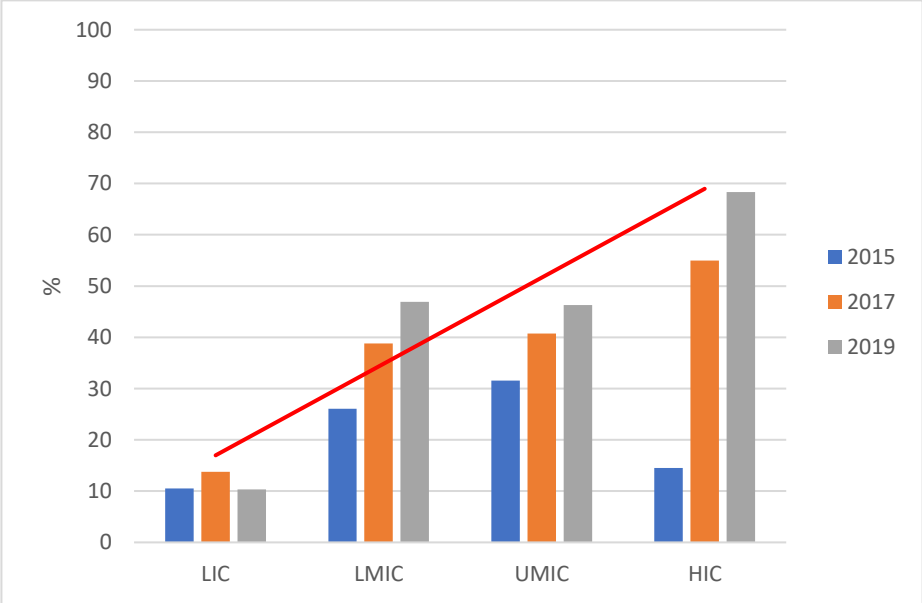
[43] By giving one point if an indicator was fully achieved and half a point if it was partially achieved

[44] The 2017 graph does not exactly match the Allen et al. published one. The most likely explanation for this is that we have 194 countries and territories currently while their analysis was based on 151.

Indicator		p-value	Indicator		p-value
COM5d: Tobacco advertising bans		0.60	COM8: Physical activity mass media	✓	<0.05
COM5e: Tobacco mass media	✓	<0.05	COM9: Clinical guidelines	✓	<0.05
			COM10: Cardiovascular therapies	✓	<0.05

14. One example of this positive association is provided for graphic warnings on tobacco packages (COM5c) in Figure A5.3. Similar graphs for all indicators are presented in the main report.

Figure A5.3: Percentage of Member States by country income group that have fully achieved implementing plain/standardized packaging and/or large graphic health warnings on all tobacco packages: 2015, 2017 and 2019



15. These indicator sets provide a way of assessing country performance overall across the action plan. Applying the method to calculate implementation scores described by Allen et al., Figure A5.4 shows the mean implementation score for Member States by region and Figure A5.5 by country income group for 2015, 2017 and 2019. There is an improvement in mean implementation score for all regions and all country income groups. In terms of regions, performance is lowest in AFR and highest in EUR. There is a positive association between mean implementation score (in 2019) and country income group (see red trend line in Figure A5.5, $p < 0.05$). A very similar picture is seen if a similar method is used to aggregate across the action plan implementation progress indicator set and details are shown in the main report.

Figure A5.4: Mean implementation score for Member States overall, by region: 2015, 2017 and 2019[45]

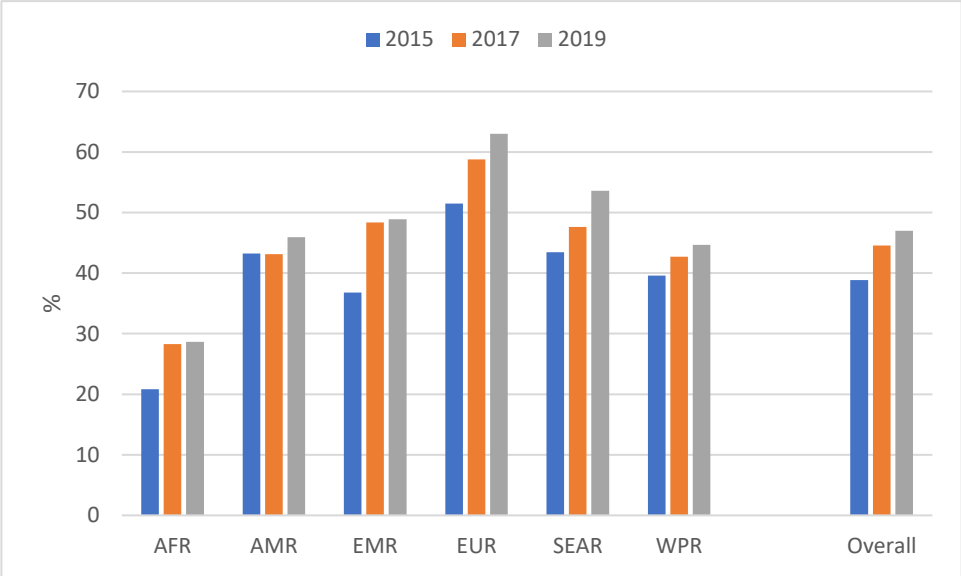
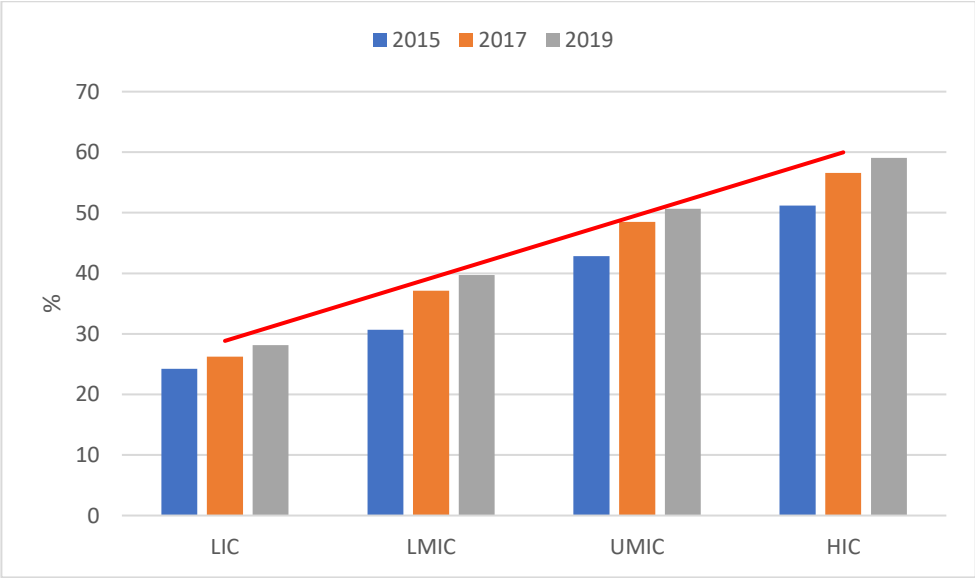


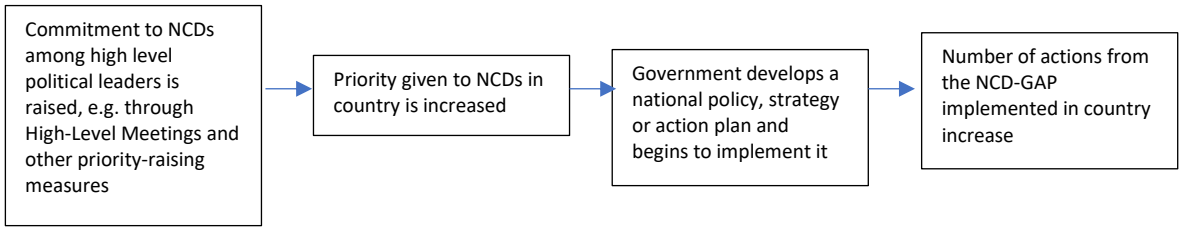
Figure A5.5: Mean implementation score for Member States overall, by country income group: 2015, 2017 and 2019



16. One question raised by Allen et al. is why some countries perform better than others within the same country income group. They included an anecdotal report from one country which attributed this to high-level political commitment and the intensity of WHO support. These and other factors would be best understood through country case studies but, in the absence of these, this review seeks to address these matters in different ways. One possible way in which high-level political commitment might translate into action on NCDs is illustrated in Figure A5.6. Some of these causal pathways appear to be embedded in the GAP and its implementation progress indicators. Having a national NCD policy, strategy or action plan was included in the indicator set as a measure of objective 1 concerning raising the priority given to NCDs. The implication therefore is that the presence of such policies, strategies and action plans is a proxy measure of government priority. However, does this lead to greater actions on NCDs?

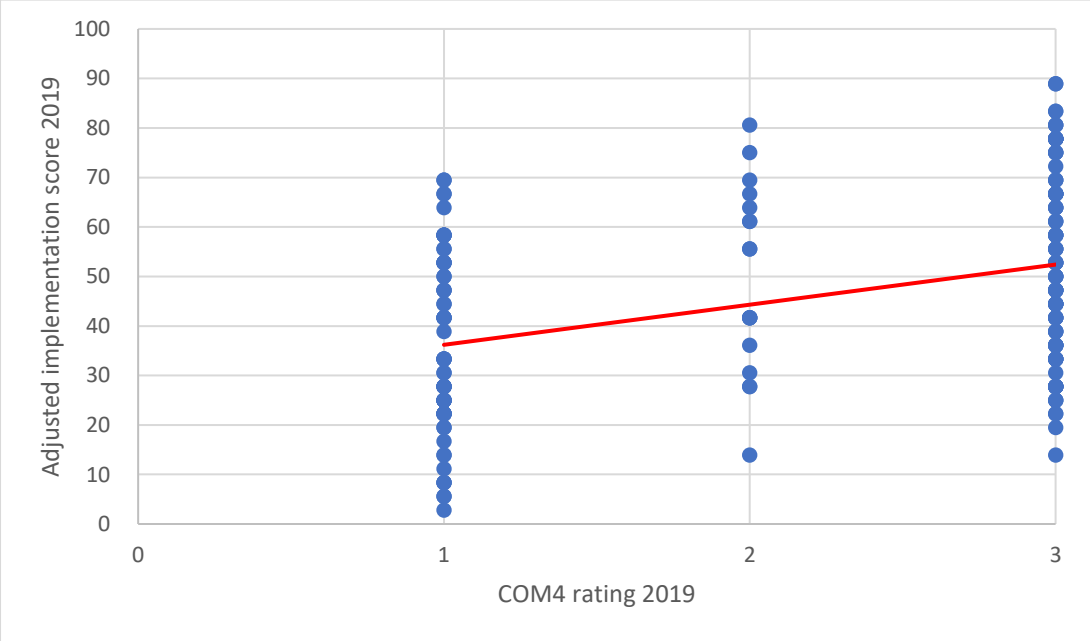
[45] Similar graphs by region are available for all indicators in the more detailed report

Figure A5.6: Possible causal pathways through which high-level political commitment might lead to great action on NCDs in countries



17. Using secondary data, we examined whether having a national NCD policy, strategy or action plan is associated with higher implementation scores across the commitment fulfilment progress indicator set. Figure A5.7 shows the statistically significant association between having an NCD policy, strategy or action plan in place and the adjusted implementation score 2019[46]. For those countries who had "*not achieved*" having an NCD policy, strategy or action plan, the mean score was 35 and this rose to 50 for those who had "*partially achieved*" this indicator and to 52 for those who "*fully achieved*" This statistically significant association is seen within some income groups, LMIC, UMIC and HIC but not among LIC. One possible explanation for this is that having an NCD policy, strategy and action plan in place (and the political commitment that this implies) will result in other NCD policies and actions provided a country has some level of resources to do this.

Figure A5.7: Comparison of adjusted implementation score[47] and the rating for COM4[48] 2019

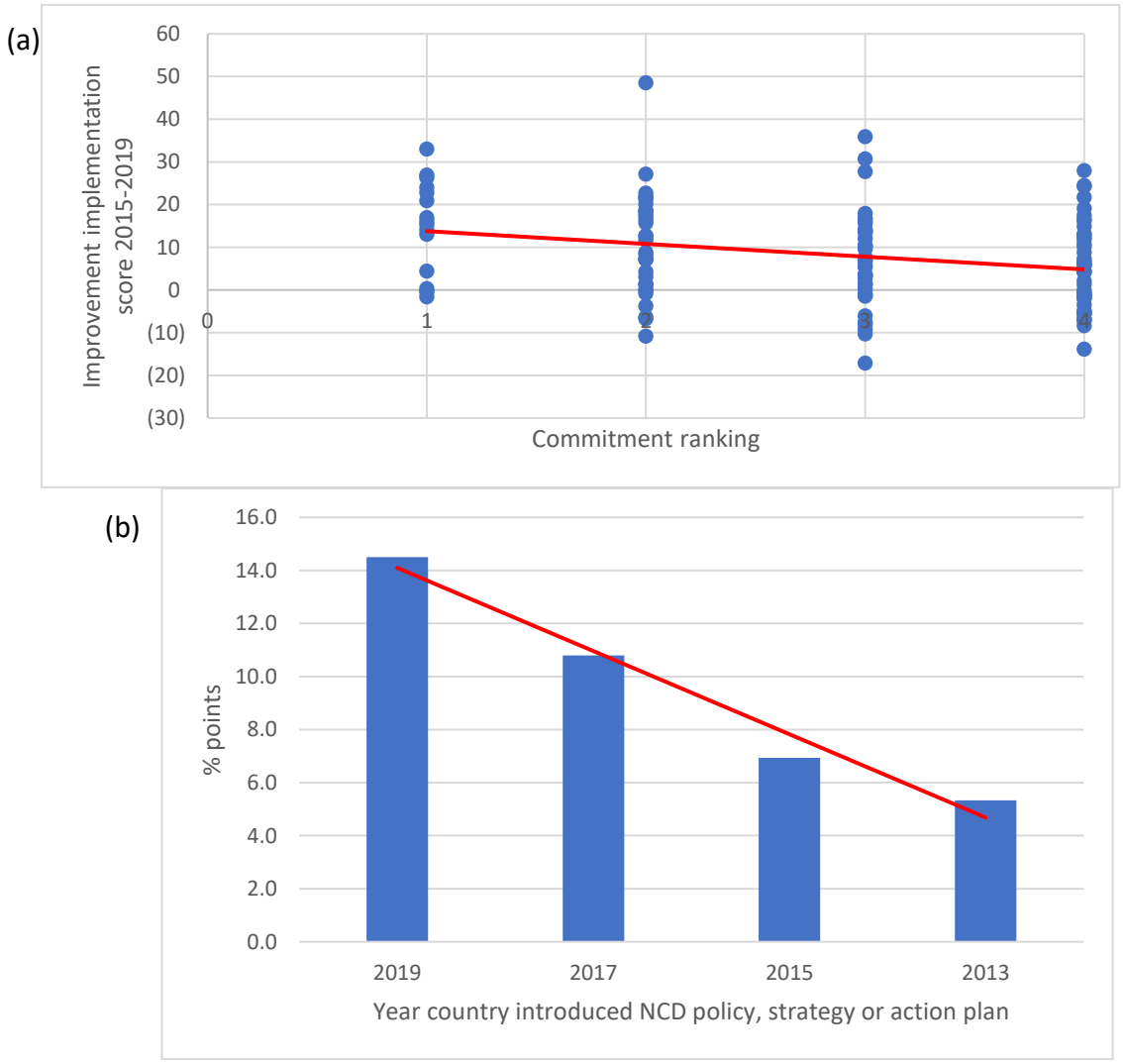


18. There was no association between having a national NCD policy, strategy or action plan and improvement in adjusted implementation score between 2015 and 2019. However, when only the length of time the policy had been in place was considered, there was a statistically significant negative association ($p<0.05$) between this and improvement in implementation score (see Figure A5.8a), i.e. more improvement was seen in those

[46] Adjusted by removing the score for having an NCD policy, strategy or action plan (COM4) in place.
[47] Without COM4
[48] Where 3 is fully achieved, 2 is partially achieved and 1 is not achieved

countries who had had the NCD policy, strategy or action plan in place for a shorter period. The mean improvement in implementation score between 2015 and 2019 was 5.3 percentage points for countries that adopted their NCD policy, strategy or action plan in 2013 and 14.5 percentage points for those who adopted the policy, strategy or action plan in 2019 (see Figure A5.8b). One possible explanation for this could be that introducing a policy, strategy or action plan may give a short-term boost to actions on NCDs but other actions, including provision of resources, will be needed for sustained progress.

Figure A5.8: Comparison of improvement in adjusted implementation score[49] between 2015 and 2019 and the time when an NCD policy, strategy or action plan was introduced (4 = from 2013, 3= from 2015, 2 = from 2017 and 1 = from 2019)

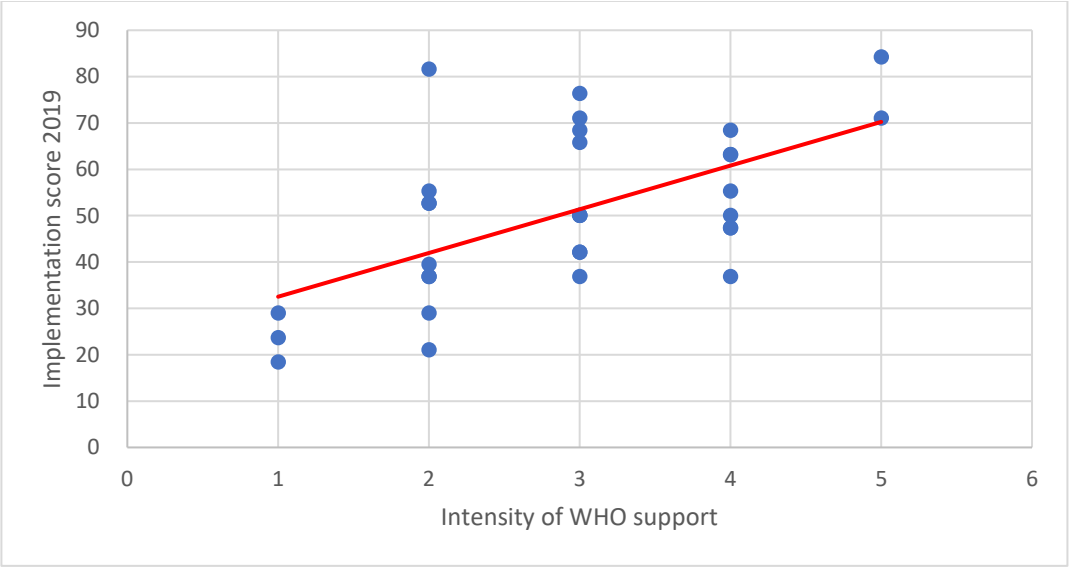


19. In order, to understand better whether there was any link between intensity of WHO support and country performance on key NCD actions, we asked NCD leads in Regional Offices to grade the intensity of support provided to countries on a 0-4 scale. To date, two regions (EMR and SEAR) have conducted this rapid assessment. Figure A5.9 maps absolute implementation scores for all commitment fulfilment progress indicators for 2019 against assessed intensity of WHO support in two regions. There is a statistically significant positive association between these two factors (shown as the red trend line

[49] Without COM4

in Figure S9, $p<0.05$). This does not mean that there is necessarily a causal link between intensity of WHO support and implementation of NCD actions by countries, but this could be the case, particularly given the anecdotal evidence cited by Allen et al. Other explanations could be that WHO provides more intense support to countries that are doing better on NCDs. This seems unlikely but there could be a common factor affecting both WHO intensity of support and NCD implementation, such as availability of resources, enabling environment etc. There could also potentially be grading issues. These assessments are subjective and presumably the Regional Officers involved would have known which countries are performing well on NCDs and this could have consciously or unconsciously affected their grading.

Figure A5.9: Comparison of implementation score 2019 and assessed intensity of WHO support: EMR and SEAR



20. One criticism of the action plan implementation progress indicators is that they mainly focus on having policies in place. This does not necessarily mean that the policy is evidence-based or implemented effectively. We explored if there was any association between having specific policies in place and implementation of key activities. Data is presented in Table A5.6. This shows, for each policy/action pair, whether there is a statistically significant association and the odds ratio for the action being fully achieved and partially achieved. If the pairs are positively associated, the odds ratio would be high. Odd ratios below one mean the pairs are negatively associated. The final columns look at what percentage of countries have an action if they have or do not have a particular policy. We also looked at whether the policy was associated with all the actions for that risk factor by using the relevant portion of the implementation score.

21. On the harmful use of alcohol, there was no association between having a policy and implementation of key actions, either assessed together ($p=0.66$) or with any of the actions individually (see Table A5.6). Indeed, for each of the actions, there is a negative association with the policy although this is not of statistical significance. For example, of countries with a policy on harmful use of alcohol, less than a quarter (23%) achieved the action on alcohol taxation whereas a third of countries (33%) without a policy achieved this action. On tobacco, there is a strong statistical association between the policies and the actions overall ($p=2.62\text{x}10^{-5}$). There is a particularly strong association with the

action on packaging and there are also statistically significant associations with advertising and campaigns but at a lower level of significance. There is no association between having a policy on tobacco and actions on either pricing or smoke-free environments (see Table A5.6). On healthy diets, there is a strong statistical association between the policies and the actions overall ($p=7.91x10^{-7}$) and to each of the actions individually. These associations are very strong with the possible exception of the action on breast-milk substitutes (see Table S6). Having a policy on physical activity is strongly associated with mass media campaigns on this. Having guidelines, protocols or standards on the management of NCDs through primary care is strongly associated with having appropriate medicines available to prevent heart attacks and strokes (see Table A5.6).

Table A5.6: Is having policies associated with implementation of key NCD actions?

Policy	Action	Significant association?	p-value	Odds ratio fully achieved	Odds ratio partially achieved	% of countries fully achieving action		% of countries partially achieving action	
						If they have policy	If they don't have policy	If they have policy	If they don't have policy
Harmful use of alcohol (AP3a)	Availability (COM6a)	No	0.35	0.69	0.66	15%	20%	93%	95%
	Advertising (COM6b)	No	0.70	0.92	1.40	31%	33%	46%	38%
	Taxes (COM6c)	No	0.72	0.61	1.33	23%	33%	77%	71%
Tobacco use (AP3c)	Pricing (COM5a)	No	0.06	1.19	2.93	21%	18%	59%	33%
	Smoke-free (COM5b)	No	0.40	1.04	1.62	32%	31%	74%	64%
	Packaging (COM5c)	Yes	$1.03x10^{-5}$	3.40	5.61	54%	26%	86%	51%
	Advertising (COM5d)	Yes	0.03	0.79	4.57	24%	28%	84%	54%
	Campaigns (COM5e)	Yes	0.04	5.85	2.96	27%	6%	53%	27%
Healthy diet (AP3b)	Salt (COM7a)	Yes	$6.09x10^{-6}$	n/a	8.65	25%	0%	52%	11%
	Fats (COM7b)	Yes	$1.27x10^{-4}$	6.35	7.15	37%	9%	48%	11%
	Marketing to children (COM7c)	Yes	$1.73x10^{-4}$	10.27	n/a	38%	6%	n/a	n/a
	Breastfeeding (COM7d)	Yes	0.04	1.43	2.40	18%	14%	74%	54%
Physical activity (AP3d)	Mass media (COM8)	Yes	$2.48x10^{-7}$	5.06	6.69	60%	23%	75%	31%
NCD management guidelines (AP4)	Drug therapy (COM10)	Yes	$5.84x10^{-5}$	3.37	3.35	50%	23%	59%	30%

22. Finally, this summary concludes with some points about these two indicator sets structured into four elements – characteristics of the data sets; data limitations; possible ways in which the data sets can be analyzed; and emerging findings:

Characteristics of the data sets

- The action plan implementation progress indicators focus largely on whether countries have policies in place while the commitment fulfilment progress indicators focus on

whether key actions identified in the action plan and in the "*best buys*" appendix are being implemented. More than two thirds of the commitment fulfilment progress indicators (13/19, 69%) focus on measures to address risk factors.

- The action plan implementation progress indicators are matched to GAP objectives. There is no indicator on research in the commitment fulfilment progress indicator set.
- The indicator sets do not cover all actions in the GAP but the commitment fulfilment progress indicators cover more than the action plan implementation progress indicators. The commitment fulfilment progress indicators are particularly focused on "*best buys*".
- Both sets of indicators only cover actions of Member States and not WHO or international partners and non-state actors.

Data limitations

- While the action plan implementation progress indicators are matched to GAP objectives, disaggregated country data is not readily available for indicators on research and surveillance (objectives 5 and 6). The research indicator was not included in a report to WHA72 when progress on other indicators was reported. There is data on whether countries have NCD research plans but progress has been slow. In 2015, just over a third of countries (60 of 169, 36%) had an operational national policy and plan on NCD-related research but, in 2019, only one third (33%) reported having such an operational policy.
- There are issues with readily accessing source data in analysable format. The evaluation team were not provided access to all data from the country capacity surveys. Researchers who published a paper in the Lancet in early 2020 had to extract the data manually from country-by-country PDFs. This is really not reasonable given that WHO has the data available in analysable form. The indicator sets and their data represent a rich data source that is not yet being maximally used and analysed. Providing easier, online access would facilitate this.
- There is some overlap of indicators in the sets (e.g. AP1 and COM4; AP4 and COM9; and AP6 and COM2&3). There are some apparent discrepancies between the data sets which mostly relate to number of countries included; precise indicator definitions; and data completeness at the time reports need to be issued.
- Some of the indicator definitions, particularly for the action plan implementation progress indicators, are out-of-date, inaccurate or lacking in sufficient detail. These need to be revised and updated.
- There are some issues over baselines for the action plan implementation progress indicators. The formal report to WHA69 took this as 2010 but the document outlining these indicators takes this as 2013. This matter does need to be resolved and clarified.
- These indicators are calculated by WHO based on data that is self-reported by Member States' governments. There are some mechanisms to check and verify the reported data, including requesting and reviewing supporting documents which are stored in an extensive document repository[50]. However, these verification methods do not include in-country verification or external stakeholder scrutiny, e.g. by civil society.

[50] See https://extranet.who.int/ncdccs/documents/

Possible ways in which the data sets can be analyzed

- These indicator sets allow country performance to be aggregated across the action plan allowing analysis of factors influencing country performance. This rapid review analyses individual indicators and indicator sets in terms of WHO region and World Bank country income group. It also seeks to analyze overall sets in terms of finding evidence for the value of high level political commitment and intense WHO technical support in terms of prevention and control of NCDs.

Emerging findings

- There is a statistically significant association between having an NCD policy, strategy or action plan and overall performance across the commitment fulfilment progress indicator set.
- There are statistically significant associations between specific policies on tobacco, healthy diet, physical activity, NCD management through primary care and identified key actions. No such association is seen with policies on harmful use of alcohol.
- Absolute levels of performance are low when consideration is given to those commitment fulfilment progress indicators that have been fully achieved. However, levels of performance are much higher when consideration is given to indicators that are at least partially achieved. This may be important, given that some of the definitions for full achievement are very specific. Whichever approach is used, progress between years has been relatively modest.
- Absolute levels of performance for some action plan implementation progress indicators are still very low. For example, as of 2019, almost half of countries (43%) don't have one operational, multisectoral national policy, strategy or action plan; more than half of countries (52%) do not have evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach; two thirds (66%) do not have an operational research strategy; more than health (58%) do not have a functional monitoring and surveillance system; and more than half (54%) don't have an operational national coordination mechanism for NCDs.
- In terms of individual indicators, the majority in both sets show a statistically significant positive association with country income group (and this association is seen for the indicator set as a whole).

Annex 6: Comparison of NCD-GAP and SDG targets and indicators

GAP Framework Element	GAP Target	GAP Indicator	SDG Target	SDG Indicator	Comment
Premature mortality from NCDs	1. A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes or chronic	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	The issue here may be whether the NCD-GAP target for 2025 is considered obsolete or is treated as a milestone to the 2030 target.
		2. Cancer incidence by type of cancer per 100 000 population		3.4.2 Suicide mortality rate	The SDG indicator relates to mental health. The Mental Health Global Action Plan (2013-2020-2030) includes the Global target 3.2 'The rate of suicide in countries will be reduced by 10% (by the year 2020, from 2012 or 2013 baseline)' and related indicator 'Number of suicide deaths per year per 100 000 population'
Harmful use of alcohol	2. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context	3. Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	It does not appear that the SDGs have a quantified target for this
		4. Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context		3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	The SDG indicator relates to mental health. The SDG indicator relates to mental health. The Mental Health Global Action Plan includes the global target 2 'Service coverage for severe mental disorders will have increased by 20% (by the year 2020)' and related indicator 'Proportion of persons with a severe mental disorder (psychosis; bipolar affective disorder; moderate-severe depression) who are using services [%]'.
		5. Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context			This indicator may be relevant to SDG target 3.4
Physical inactivity	3. A 10% relative reduction in prevalence of insufficient physical activity	6. Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily			
		7. Age-standardized prevalence of insufficiently physically active persons			

GAP Framework Element	GAP Target	GAP Indicator	SDG Target	SDG Indicator	Comment
		aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)			
Salt/sodium intake	4. A 30% relative reduction in mean population intake of salt/sodium	8. Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years			
Tobacco use	5. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	9. Prevalence of current tobacco use among adolescents			
		10. Age-standardized prevalence of current tobacco use among persons aged 18+ years	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	There seems to be a discrepancy between the NCD-GAP and the SDGs in terms of age.
Raised blood pressure	6. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	11. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) and mean systolic blood pressure			
Diabetes and obesity	7. Halt the rise in diabetes & obesity	12. Age-standardized prevalence of raised blood glucose/ diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose)			
		13. Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two			

GAP Framework Element	GAP Target	GAP Indicator	SDG Target	SDG Indicator	Comment
		standard deviations body mass index for age and sex)			
		14. Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/ m^2 for overweight and body mass index ≥ 30 kg/m^2 for obesity)			
		15. Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years 5			
		16. Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day			
		17. Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥5.0 mmol/l or 190 mg/dl); and mean total cholesterol concentration			
Drug therapy to prevent heart attacks and strokes	8. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	18. Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ≥30%, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes			
Essential noncommunicable disease medicines and basic technologies to treat major	9. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat	19. Availability and affordability of quality, safe and efficacious essential noncommunicable disease	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that	The SDG indicator differs from the NCD-GAP. Are there processes in place to track this?

GAP Framework Element	GAP Target	GAP Indicator	SDG Target	SDG Indicator	Comment
noncommunicable diseases	major noncommunicable diseases in both public and private facilities	medicines, including generics, and basic technologies in both public and private facilities	access to safe, effective, quality and affordable essential medicines and vaccines for all	include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	
Additional		20. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer		3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income	The SDG indicator relates to health in general. Is this part of UHC monitoring?
		21. Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate, within the national context and national programmes	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all 3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	The SDG indicator relates to all vaccines. NCD-GAP indicators 22 and 24 are potentially sub-sets of this.
		22. Availability, as appropriate, if cost-effective and affordable, of vaccines against human papillomavirus, according to national programmes and policies		3.b.2 Total net official development assistance to medical research and basic health sectors	The SDG indicator relates to health ODA. Is this being tracked?
		23. Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt		3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	The SDG indicator relates to health in general. Is this part of UHC monitoring? NCD-GAP indicator 18 is relevant.

GAP Framework Element	GAP Target	GAP Indicator	SDG Target	SDG Indicator	Comment
			Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis A/RES/71/313 Work of the Statistical C		
		24. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution	The SDG indicator relates to air pollution. Is this being tracked?
		25. Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies		3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	The SDG indicator relates to WASH. Is this being tracked?
				3.9.3 Mortality rate attributed to unintentional poisoning	The SDG indicator relates to unintentional poisoning. Is this being tracked?