

Mid-term Evaluation of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases

EVALUATION BRIEF

BACKGROUND

Noncommunicable diseases (NCDs) pose a significant global health and development challenge, causing approximately 41 million deaths annually, including 17 million premature deaths among individuals aged 30–69. Lower- and middle-income countries (LMICs) bear 77% of NCD deaths and 85% of premature deaths, with the most vulnerable populations disproportionately affected. In response, WHO established the Global Coordination Mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) to support regional and national stakeholders in tackling NCDs through multistakeholder and multisectoral actions. The 2022–2025 GCM/NCD workplan focuses on five key areas: fostering evidence-based collaboration, scaling innovative solutions, engaging non-State actors, strengthening national responses, and mobilizing civil society participation. This mid-term evaluation, covering 2022 to 2024, assesses progress, achievements, challenges, and provides recommendations to enhance GCM/NCD's role in advancing multisectoral and multistakeholder engagement for NCD prevention and control.

METHODOLOGY

The evaluation followed a formative, non-experimental, theory-based approach to assess the processes and approaches used to implement its workplan. It employs the Knowledge Transfer Model to evaluate the reach, usefulness, and application of its knowledge products and initiatives. It used a mixed-methods approach, including document reviews, interviews and focus groups to gather insights from 36 stakeholders across diverse sectors and regions.

FINDINGS

Relevance

Q1. Appropriateness of GCM/NCD operating model:

The GCM/NCD operating model is relevant for advancing multisectoral and multistakeholder collaboration towards NCD targets and SDG 3 globally, regionally, and nationally. Improvements are required to expand its stakeholder base, ensuring balanced representation (e.g., beyond northern-based CSOs), increasing regional awareness, going beyond the health sector, and navigating private sector engagement within WHO's Framework of Engagement with Non-State Actors (FENSA) guidelines.

Q2. Consideration of gender equality, health equity, and human rights:

The GCM/NCD effectively integrates these principles, particularly in its engagement with people living with NCDs (PLWNCDs), the NCD Lab, and the Civil Society Working Group, but gaps remain in addressing specific populations and leadership representation.

Effectiveness

Q3, Q4. Implementation and results of GCM/NCD workplan include:

1. Strengthened knowledge dissemination through the Knowledge Action Portal (KAP), though there is inconsistent utilization due to limited awareness and engagement barriers.
2. Enhanced collaboration through resources like the Global Mapping Report and Compendium of Case Studies, though their usage by Member States requires promotion via workshops and webinars.
3. Promising initial uptake of the Private Sector Engagement (PS) Tool, with opportunities for further promotion and application at national and regional levels.
4. Foundational frameworks are strengthening national capacities, but broader scaling and guidance are needed.
5. The WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions has fostered inclusivity, but resource and capacity challenges persist at the national level.

Q5. Influencing factors and challenges:

Implementation is impacted by dissemination challenges, complexity of materials and variable engagement with Member States and WHO regional offices, all of which require strengthening.

Efficiency

Q6. Use of resources: Budget variations have led to increased reliance on voluntary contributions (donor funding) and consultants. Lack of detailed financial data prevented a cost-effectiveness analysis.

Q7. Governance structures: GCM/NCD's governance (nested within WHO) is fit for purpose, but operational efficiency could be enhanced through better monitoring, capacity-building, member engagement and tool simplification.

Coherence

Q8. Contribution to global coordination and partnerships: GCM/NCD has fostered global partnerships with a multistakeholder focus but has limited added value at the country level due to recently initiated capacity-building activities.

Q9. Alignment with other mechanisms: GCM/NCD has effectively coordinated with WHO's NCD programmes and, to some extent, with mechanisms like the UN Inter-Agency Task Force (UNIATF) but needs greater alignment at the country level.

CONCLUSIONS

Relevance

The GCM/NCD operating model is well suited to address emerging NCD challenges, such as climate change and comorbidities with communicable diseases. To realize its full potential, it needs broader engagement with non-health sectors and better regional representation. Its adaptability to shifting

public health priorities, while maintaining its focus on multisectoral collaboration, highlights its critical role in the global NCD agenda.

Effectiveness

The GCM/NCD has made notable strides in knowledge dissemination and stakeholder engagement but requires more investment to ensure its tools and resources are translated, adapted and effectively utilized at national and subnational levels. Addressing gaps through capacity-building, targeted outreach and consistent follow-up will enhance its impact. Incorporating feedback from diverse stakeholders into strategic planning will strengthen its effectiveness.

Efficiency

Optimizing the GCM/NCD's resource allocation and operational workflows is essential for improved performance. A revised Theory of Change (ToC), stronger monitoring and evaluation frameworks, and enhanced financial management and reporting mechanisms are necessary to bolster accountability and transparency.

Coherence

The GCM/NCD aligns well with WHO priorities and technical programmes, and to an extent with the UNIATF, benefiting from its position within the WHO Secretariat. Strengthening unified country-level action, inter-departmental collaboration, deepening partnerships with external stakeholders and aligning activities with regional and national needs will increase its coherence, efficiency, and long-term impact on NCD prevention and control.

RECOMMENDATIONS

Alignment and coherence of GCM/NCD

Recommendation 1: Expand engagement with non-health sectors and the private sector. To address the broader determinants of health, GCM/NCD should: i) actively engage with a diverse range of participants (non-state actors), including representatives from non-health sectors (e.g., transport, environment, education) and private sector, as part of its Participant Engagement Strategy and in line with FENSA, to provide support and guidance to health authorities in engaging with government sectors beyond health to promote policy coherence to advance NCD responses; ii) continue proactive promotion of the PS Tool through workshops and regional events and development of country examples, while fostering knowledge collaboration to enhance multisectoral and multistakeholder collaboration at national and regional levels.

Recommendation 2: Strengthen internal WHO collaboration and clarify roles within the Global NCD Platform (GNP). Senior WHO leadership (Assistant Director-General/Universal Health Coverage, Communicable and Noncommunicable Diseases) and the UNIATF Steering Group should initiate a process to

review and clarify the respective roles of the GCM/NCD, UNIATF and WHO technical departments to ensure alignment and synergy in achieving their mandates, as well as to consider any future adjustments regarding structure/organizational placement within WHO. This process could include planning country missions that leverage the comparative advantages of each department/unit, including any joint missions with UNIATF. These missions should be collaboratively designed across the three levels of WHO and piloted, enhance coordination and advance NCD priorities through aligned efforts and shared resources.

Operations of the GCM/NCD

Recommendation 3: Enhance regional and national engagement through targeted capacity-building initiatives. The GCM/NCD should focus on implementing its existing workplan while supporting capacity-building and technical assistance for the use of the PS Tool and the WHO framework for meaningful engagement, with an emphasis on collaboration with WHO regional offices. Support should include: i) translating materials into WHO's official languages, ii) enabling regional offices to create region-specific adaptations and iii) securing funding for regionally tailored initiatives to facilitate effective implementation at the national level.

Recommendation 4: Refine monitoring and evaluation metrics and reporting mechanisms. The GCM/NCD should enhance its monitoring and evaluation systems by revising its Logic Model with a refined ToC and developing a comprehensive performance measurement framework that includes knowledge transfer metrics (i.e., reach, usefulness and use). This will support data-driven decision-making and better reporting on the impact of GCM/NCD's products and initiatives at all levels.

Recommendation 5: Improve accessibility and tailoring of GCM/NCD resources for local contexts. GCM/NCD should work with WHO Regional Offices to improve dissemination and accessibility to its resources through expanded translation (and simplification of language) efforts and support at the regional/country level to reflect local contexts. This includes enhancing the Knowledge Action Portal (KAP) to support regional customization of resources and deploying more targeted thematic campaigns. A refreshed engagement strategy on KAP could involve actively engaging participants to both share content and leverage additional WHO department resources to enrich KAP's offerings.

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