



World Health
Organization



Executive summary

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

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Cover photo description: Women working on their nutritional projects, part of an education programme to prevent noncommunicable diseases by promoting a healthy diet in Tulagi, Solomon Islands, March 2021.

Credit: WHO / Blink Media / Neil Nuia

Executive summary

Introduction

Noncommunicable diseases (NCDs) are one of the greatest global health and development challenges of our time. These conditions are responsible for an estimated 41 million deaths each year globally, of which 17 million are considered premature mortality, affecting individuals aged 30–69. WHO estimates that 77% of all NCD deaths and 85% of premature deaths occur in low- and middle-income countries (LMICs). Also, the burden of NCDs disproportionately falls on the most vulnerable population groups. Given this recognition, resolution WHA66.10 called for “developing a draft term of reference for the global coordination mechanism as outlined in the paragraphs 14-15 of the WHO global action plan for the prevention and control of noncommunicable diseases”. Subsequently, at the Sixty-seventh World Health Assembly the terms of reference and workplan of the WHO Global Coordination Mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) were presented.

The GCM/NCD operates at the global level to support regional and national stakeholders to address the complex environment of multistakeholder and multisectoral action on NCDs. The GCM/NCD programme, as reflected in the GCM/NCD workplan 2022–2025, focuses on five workstreams: (1) **knowledge collaboration** to promote evidence-based multisectoral approaches; (2) **global stocktaking** to scale innovative solutions; (3) **engaging non-State actors** by providing updated guidance; (4) **facilitating national multistakeholder responses** to strengthen NCD prevention; and (5) **convening civil society**, including people living with NCDs, to enhance awareness and participation in national responses.

The object of this mid-term evaluation is, as requested by Member States through decision WHA74(11), to assess the new operating model of the GCM/NCD launched in 2022 under its 2022–2025 workplan and building upon the 2020 final evaluation of the GCM/NCD covering the period 2014–2020 and the earlier 2018 preliminary evaluation of the GCM/NCD. The evaluation focuses on progress, achievements, challenges and recommendations for enhancing the GCM/NCD’s role in advancing multisectoral and multistakeholder engagement for the prevention and control of NCDs. This evaluation covers the period from 2022 to 2024.

Specific objectives of this evaluation are to:

- assess progress in the role of the GCM/NCD in WHO’s work on multisectoral and multistakeholder engagement for the prevention and control of NCDs;
- identify key achievements and challenges in GCM/NCD’s role in advancing multisectoral and multistakeholder engagements; and
- make recommendations on how to strengthen the GCM/NCD’s impact in advancing multisectoral and multistakeholder engagement for NCDs.

Methodology

The evaluation was formative, non-experimental and theory-based. Its formative nature focused on assessing the processes and approaches employed by the GCM/NCD in delivering its workplan. The evaluation adopted a theory-based approach using the Knowledge Transfer Model, which evaluates the reach, usefulness and use of the GCM/NCD's knowledge products and initiatives. The evaluation was conducted between July and November 2024 in four phases: i) inception planning, ii) data collection, iii) analysis and iv) reporting.

The evaluation used a mixed methods approach, including document reviews, interviews and focus groups, to gather evidence from a representative sample of 36 stakeholders across various sectors and regions.

Evaluation findings

Findings on relevance

Q1. How appropriate is the new GCM/NCD operating model in advancing multisectoral and multistakeholder collaboration towards NCD targets and Sustainable Development Goal (SDG) 3 at global, regional and national levels as well as within WHO General Programme of Work (GPW))?

The new GCM/NCD operating model demonstrates significant appropriateness in advancing multisectoral and multistakeholder collaboration towards achieving NCD targets and SDG 3 at global, regional and national levels, as well as within WHO's GPW. The GCM/NCD operating model has advanced collaboration and the NCD agenda but can improve its impact by expanding its stakeholder base, striving for balanced representation across stakeholders (e.g., beyond civil society organizations (CSOs) based in developed countries), increasing regional awareness and navigating private sector engagement within WHO's Framework of Engagement with Non-State Actors (FENSA) guidelines. The GCM/NCD has advanced global multistakeholder engagement, but regional awareness varies, and private sector involvement is limited. The need for the GCM/NCD to go beyond health sector stakeholders to be truly multisectoral was also identified.

Q2. To what extent does the GCM/NCD consider gender equality, health equity (leaving no-one behind) and human rights?

The GCM/NCD is seen as effectively incorporating gender equality, health equity and human rights principles, particularly in its work with people living with NCDs and mental health conditions (PLWNCDs), the NCD Lab and the Civil Society Working Group (CSWG), though gaps remain in addressing specific populations and representation in leadership.

Findings on effectiveness

Findings on effectiveness address two questions:

Q3. To what extent has the GCM/NCD workplan been implemented to effectively support the delivery of its five functions in synergy?

Q4. What results from implementation of GCM/NCD interventions (since its extension) have been achieved at global, regional and national levels, in alignment with WHO GPW, the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030 and its implementation roadmap?

1. **Knowledge collaboration:** The operational backbone for knowledge collaboration and dissemination of multistakeholder responses at the country level has been strengthened, marked by increased content, user engagement and data-sharing on the Knowledge Action Portal (KAP). The KAP has shown demonstrated progress in enhancing engagement and collaboration among WHO stakeholders, though utilization is inconsistent, which is at least partially due to lack of awareness and barriers to outreach. There are also inherent challenges in how to measure engagement and use on a collaborative platform.
2. **Global stocktaking:** Global stocktaking of multistakeholder action at the country level has been enhanced through the participative development of the Global Mapping Report and Compendium of Country Case Studies, fostering collaboration and knowledge dissemination. Utilization of the Global Mapping Report and the Compendium of Case Studies by Member States is undocumented. Enhanced promotional efforts including workshops or webinars focused on applying these resources at national and regional levels are warranted.
3. **Engaging non-State actors:** This output has been realized through the development and publication in June 2024 of the *Informed decision-making on engaging with private sector entities for the prevention and control of noncommunicable diseases* (henceforth called the Private Sector Tool or PS Tool). The PS Tool has seen initial, promising uptake among Member States, with three cases of use identified by the evaluation. Enhanced promotional efforts, including workshops or webinars, focused on applying this Tool at national and regional levels are warranted.
4. **Facilitating national multistakeholder responses:** The capacity of Member States and civil society to develop national multistakeholder responses for NCD prevention and control is being strengthened through foundational frameworks, though implementation guidance is still under development. Pilot projects in select regions have demonstrated promise but require broader scaling and adaptation.
5. **Convening civil society:** The WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions has supported civil society's role in national NCD responses, fostering inclusivity and increased engagement. The Framework has demonstrated usefulness and integration into GCM/NCD activities, with opportunities to enhance national-level implementation. Challenges in resource allocation and national-level implementation persist, and future engagement efforts should address structural and capacity-related barriers.

Q5. What factors influence GCM/NCD implementation, and which challenges, opportunities and areas of improvement have emerged?

GCM/NCD implementation is influenced by 1) access and dissemination challenges, 2) complexity of materials (i.e. choice of comprehensive material, technical language) related to multistakeholder and multisectoral responses to NCDs and 3) variable engagement with Member States and WHO regional offices, all of which could be improved.

Findings on Efficiency

Q6. How efficiently has the GCM/NCD used its human and financial resources to implement the GCM/NCD workplan?

The GCM/NCD experienced a variation in its overall budget from 2019 to 2023, with a shift towards greater reliance on donor funding and consultants instead of WHO core funding and staff positions. Lack of disaggregated financial data by activity and on human resources did not allow an analysis of cost-effectiveness nor allocative efficiency.

Q7. To what extent are the governance structures and processes of the GCM/NCD fit for purpose and efficient in their operations (i.e. operational efficiency)?

The GCM/NCD governance structures (i.e. part of WHO) are considered fit for purpose and allow for efficient operations. There can be improvements in monitoring and evaluation, capacity-building at national level on GCM/NCD products, engagement with Member States, internal coordination and tool simplification, which will enhance operational efficiency.

Findings on coherence

Q8. To what extent has the GCM/NCD contributed to coordinating global approaches and partnerships for NCDs, as well as fostering alignment at the country level? What has been its added value?

The GCM/NCD has effectively contributed to collaborative global approaches and fostering partnerships for NCDs, particularly through its unique multistakeholder focus and engagement, though its added value at the country level remains limited, with capacity-building activities only recently initiated.

Q9. To what extent is the GCM/NCD aligned and collaborating with other mechanisms, task forces and similar initiatives within the landscape of NCD prevention and response?

The GCM/NCD has effectively coordinated with WHO technical NCD programmes and, to some extent, with global mechanisms like the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF), fostering complementary roles in NCD prevention. However, further alignment is needed at the country level.

Conclusions

Relevance: The GCM/NCD operating model is well-positioned to address emerging NCD challenges, including climate change and communicable disease comorbidities. However, broader engagement with non-health sectors and enhanced regional representation are critical to fully leveraging its potential. The mechanism's ability to adapt to evolving public health priorities while maintaining its core focus on multisectoral and multistakeholder collaboration underscores its significance in the global NCD agenda.

Effectiveness: While the GCM/NCD has demonstrated significant achievements, particularly in knowledge dissemination and stakeholder engagement, further investment is required to ensure widespread application of its tools and resources at the national and subnational levels. Targeted capacity-building initiatives, tailored outreach campaigns and consistent follow-up mechanisms can address the observed gaps. Additionally, the GCM/NCD's ability to integrate feedback from diverse stakeholder groups and incorporate it into its strategic planning processes will enhance its overall effectiveness.

Efficiency: Addressing inefficiencies in resource allocation and operational workflows is essential to optimize the GCM/NCD's performance. A revised Theory of Change, strengthened monitoring and evaluation (M&E) frameworks, coupled with enhanced financial management and reporting mechanisms, will improve accountability and transparency.

Coherence: The GCM/NCD has successfully aligned with WHO's departments and technical programmes for NCDs, fostering complementary roles in NCD prevention and response, and to an extent with UNIATF. However, consistent alignment at the country level remains a challenge. Overall, to further enhance its coherence requires deliberate efforts to strengthen inter-departmental collaboration within WHO and to foster deeper partnerships with external stakeholders, including non-health sectors and grassroots organizations. By aligning its activities more closely with regional and national needs, the GCM/NCD can maximize its impact, increase its efficiency and ensure sustainable progress in NCD prevention and control.

Recommendations

Recommendations related to the 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, the 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 actors, 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; and
- ii) continue proactive promotion of the PS Tool through workshops and regional events, development of country examples and 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. For the GCM/NCD, 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 the Organization and piloted to support multisectoral and multistakeholder engagement, enhance coordination and advance NCD priorities through aligned efforts and shared resources.

Recommendations related to the 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 Private Sector 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 (M&E) metrics and reporting mechanisms: The GCM/NCD should enhance its M&E systems by revising its Logic Model with a refined Theory of Change 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 the GCM/NCD's products and initiatives at all levels.

Recommendation #5: Improve accessibility and tailoring of GCM/NCD resources for local contexts: The GCM/NCD should work with WHO regional offices to improve dissemination of 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 the KAP could involve actively engaging participants to both share content and leverage additional WHO department resources to enrich the KAP's offerings.

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