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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

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Acronyms

CoP	Community of Practice
CSWG	Civil Society Working Group
DALY	disability-adjusted life years
ERG	Evaluation Reference Group
FENSA	Framework of Engagement with Non-State Actors
GAP	Global Action Plan
GCM or GCM/NCD	WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases
GNP	Global NCD Platform
GPW	General Programme of Work
HLM4	Fourth High Level Meeting of the UN General Assembly on prevention and control of NCDs
ICWG	Informal Consultative Working Group
KAP	Knowledge Action Portal
LMICs	low- and middle-income countries
M&E	monitoring and evaluation
MM	multisectoral and multistakeholder
NCDs	noncommunicable diseases
PLWNCDs	people living with noncommunicable diseases and mental health conditions
PS Tool	Private Sector Engagement Tool
SDG	Sustainable Development Goal
ToR	terms of reference
UNIATF or Task Force	United Nations Inter-Agency Task Force on NCDs
UNEG	United Nations Evaluation Group
WHA	World Health Assembly

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 draft terms of reference for a global coordination mechanism as outlined in paragraphs 14–15 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020” (1). 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 (2, 3).

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.

1.0 Introduction and Background

1.1 Global context on noncommunicable diseases

NCDs, including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes 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. Of the 10 leading causes of death globally, seven are NCDs. NCDs are also responsible for two thirds of all disability-adjusted life years (DALYs) globally.¹

WHO estimates that 77% of all NCD deaths and 85% of premature deaths occur in LMICs. Also, the burden of NCDs disproportionately falls on the most vulnerable population groups.

Despite the growing attention to NCDs at the global level and the inclusion of NCD-related targets in the Sustainable Development Goals (SDGs), notably target 3.4 which calls for a one-third reduction of premature mortality from NCDs and promotion of mental health and well-being by 2030, current evidence suggests that most countries are not on track to achieve these targets.²

1.2 Object of the evaluation – GCM/NCD

1.2.1 Background

As a path towards addressing these pending gaps, there is an increasing recognition by Member States of the importance of strong collaborative multisectoral and multistakeholder approaches to address the broad range of social, economic and governance issues that impact the prevention and control of NCDs and mental health conditions (1, 4, 5). A key challenge to NCD prevention and control is that the main drivers and risk factors – including poverty, air pollution, physical inactivity and the marketing and sale of tobacco, alcohol and processed foods – all lie beyond the sphere of control of government health departments or national health systems.

The responsibility for addressing these underlying determinants sits across multiple sectors across government departments, such as education, employment, transportation, trade, finance, environment, agriculture and manufacturing. It also requires effective collaborations with key stakeholders, including civil society, academia, private sector entities and individuals with lived experience of health conditions. The rising global burden of NCDs urgently requires policy-makers to engage with and work across these non-health sectors and stakeholders.

Given this recognition, 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” (1). Subsequently, at the Sixty-seventh World Health Assembly the terms of reference and workplan of the WHO GCM/NCD were presented, effectively launching it in 2014 (2, 3).

¹ Evaluation of GCM/NCD terms of reference.

² Ibid.

According to those terms of reference, the “scope and purpose of the global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest.” The functions of the GCM/NCD were defined as advocating and raising awareness, disseminating knowledge and information, encouraging innovation and identifying barriers, advancing multisectoral action and advocating for mobilizing resources.

A preliminary independent evaluation of the GCM/NCD was submitted to the WHA71 in 2018 (6, 7). A final evaluation covering the period 2014–2020 was completed in 2021 (8) (9) and submitted at EB148 (10) and at WHA74 (11). A management response for the latter evaluation was published in October 2021 (12). At WHA74, an options paper for the future of the GCM was tabled as requested in Executive Board decision EB148(7) (13). Also in 2021, the Global NCD Action Plan 2014–2020 was extended to 2030 accompanied by the NCD implementation road map 2023–2030, as requested by Member States at the 148th session of the Executive Board. A draft GCM workplan was presented to the Executive Board’s 150th session (document EB150/7, Annex 10) (14), with Executive Board decision EB150(4)(14). At WHA75, the Health Assembly adopted the GCM workplan in decision WHA75(11) and its annex 15 (15).

At WHA74, Member States assessed the final evaluation’s findings and recommendations. The evaluation was complemented by an options paper prepared by the GCM/NCD Secretariat, proposing how the GCM/NCD functions could align with the extended Global NCD Action Plan. The mandate of the GCM/NCD was extended through decision WHA74(11) (16), by which Member States confirmed “the role of the GCM/NCD in WHO’s work on multistakeholder engagement for the prevention and control of NCDs” and extended its terms of reference, enabling multisectoral and multistakeholder responses at country level to accelerate progress towards achieving SDG Target 3.4³ and national NCD targets. WHA74(11) also requested “a mid-term evaluation in 2025” through an “independent evaluation [submitted] to the Seventy-eighth World Health Assembly”.

1.2.2 Current work of GCM/NCD

In response to the recommendations of the 2020 final evaluation, GCM/NCD now focuses its work on five workstreams which are reflected in the GCM/NCD workplan 2022–2025, adopted in decision WHA75(11):

- i. **Knowledge collaboration:** as an operational backbone for knowledge collaboration and the dissemination of innovative multistakeholder responses at country level, by raising awareness and promoting knowledge collaboration among Member States and non-State actors and by cocreating, enhancing and disseminating evidence-based information to support governments on effective multisectoral and multistakeholder approaches;

³ SDG Target 3.4 is Noncommunicable diseases and mental health: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

- ii. **Global stocktaking:** as an enabler for the global stocktaking of multistakeholder action at country level and for codesigning and scaling up innovative approaches, solutions or initiatives to strengthen effective multisectoral and multistakeholder action;
- iii. **Engaging non-State actors:** by providing and updating guidance to Member States on engagement with non-State actors, including on the prevention and management of potential risks;
- iv. **National Multistakeholder responses:** as a global facilitator for the strengthened capacity of Member States and civil society to develop national multistakeholder responses for the prevention and control of NCDs; and
- v. **Civil Society:** as a convener of civil society, including people living with NCDs, to raise awareness and build capacity for their meaningful participation in national NCDs responses.

The workstreams for the GCM/NCD, and related activities and outputs are shown in Table 1 below.

Table 1. Workstreams of the GCM/NCD 2022–2025

Workstream	Activities	Flagship Publications/Outputs
1) Knowledge collaboration	Knowledge Action Portal (KAP), ⁴ stocktaking, country stories	KAP , Country Case Studies , Knowledge Action Portal on NCDs Knowledge Action Portal on NCDs
2) Global stocktaking	Stocktaking	Global Mapping report Compendium Report
3) Guidance on engaging NSAs	Develop a tool, provide capacity development to countries, Civil Society Working Group	Decision-making tool on engaging with private sector Capacity-building workshop Eastern Europe and Central Asia
4) National multisectoral and multistakeholder coordination mechanisms	Develop guidance, provide capacity development to countries, GCM/NCD Engagement Strategy	Under development Engagement Strategy
5) Civil society and PLWNCDs	National Multistakeholder and Multisectoral Collaboration Framework developed, policy briefs with WHO Regional Office ⁵ , NCD Lab ⁶ , WHO Symposium on PLWNCDs, CSWG ⁷	PLOS Article on the WHO framework for meaningful engagement of PLWNCDs , ⁸ Regional Briefs on framework for meaningful engagement, Intention to Action Series (e.g., Regional Reflections – building consensus and highlighting regional priorities on activating meaningful engagement.), NCD Lab

1.2.3 Operating environment

GCM/NCD operates at global, regional and national levels in the complex environment of multistakeholder and multisectoral action on NCDs. According to WHO, prevention and control of NCDs includes their associated

⁴ KAP is the GCM/NCD's online knowledge repository and community platform.

⁵ Policy briefs are on "Operationalizing meaningful engagement of people living with NCDs and mental health and neurological conditions".

⁶ The NCD Lab supports promising grassroots innovations on NCD interventions to achieve scale by building knowledge and forging strategic partnerships.

⁷ The CSWG is a GCM/NCD group established to coordinate CSOs and their advocacy efforts on NCDs. The current iteration of the CSWG is focused on the preparatory process for HLM4.

⁸ WHO Framework for Meaningful Engagement of People Living with NCDs, Mental Health and Neurological Conditions (henceforward referred to as the framework for meaningful engagement).

determinants and risk factors⁹, necessitating collaboration both within and beyond the health sector. This approach, commonly termed multisectoral action, is also referred to as intersectoral, cross-sectoral, Health in All Policies, or a whole-of-government approach (17). The multistakeholder perspective highlights that addressing NCDs cannot be achieved by the public sector alone. It requires coordinated efforts involving civil society (including PLWNCDs), private industry, academia and all levels of government working collaboratively.

Organizationally, the GCM/NCD sits within the WHO Global NCD Platform Department (GNP) that aims to coordinate and mobilize meaningful and effective commitments and contributions from United Nations organizations and non-State actors to support the overall strategic directions and priorities of WHO's work on NCDs, signalling institutional support and prioritization for the importance of bringing together multisectoral and multistakeholder agendas to the global NCD response (18). The GNP brings together the GCM/NCD with the mandate to engage non-State actors and UNIATF with the mandate to engage the UN system. The GNP was originally placed in the Office of the Deputy Director-General, and recently moved to the Division of UHC/Communicable and NCDs reporting to its Assistant Director-General (ADG/UCN), for better interaction and complementarity with the NCD and NCD-related departments in the division. The GCM is a network that is fully part of WHO, inclusive of its governance, and organizational and administrative structure, reporting through the ADG/UCN and the Director-General to WHO's governing bodies.¹⁰

1.2.4 Stakeholders

The GCM/NCD operates at the global, regional and national levels, engaging a diverse range of stakeholders both within and outside the WHO. Internally, these stakeholders include WHO headquarters' departments, such as the Global NCD Platform, the UNIATF and the NCD Department. Externally, the GCM/NCD collaborates with its Participants, which encompass CSOs, academic institutions, certain industry associations and Member States (see Table 2 and, for a list of Participants, see (18)).

Table 2. GCM/NCD stakeholders

Internal to WHO	External to WHO
Global NCD Platform	Member States
UNIATF ¹¹	GCM/NCD Participants:
NCD Department	- CSOs
Mental Health and Substance Abuse Department	- Academia
	- Industry Associations
WHO regional and country offices	- PLWNCDs

The GCM/NCD engages with a wide range of organizations and individuals beyond its formal GCM/NCD Participant pool through various activities. For instance, during the three-year development of the framework for the meaningful engagement of PLWNCDs, the GCM/NCD reported contributions from over 700 individuals across more than 100 countries.

⁹ Risk factors include tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution and are driven by a range of social determinants.

¹⁰ This contrasts with the UNIATF that was created by an ECOSOC resolution and for which there are reporting lines to the ECOSOC and to WHO's governing bodies.

¹¹ Includes its Steering Committee and reporting to ECOSOC.

The GCM/NCD Engagement Strategy defines the roles and responsibilities of both the GCM/NCD Secretariat and its Participants. GCM/NCD Participants commit to supporting, copromoting, codesigning and/or co-implementing GCM/NCD activities. Additionally, they assist in disseminating WHO's work, actively participate in GCM/NCD events and share relevant information with the GCM/NCD for further dissemination via the Knowledge Action Portal (KAP).

1.2.5 Theory of change

The GCM/NCD logic model, developed in 2021, was reviewed during the inception phase of the evaluation, where several issues were identified. These included: (i) inconsistencies in the phrasing of some outputs, such as references to the utilization of GCM/NCD products, which are more appropriately classified as outcomes; (ii) a lack of differentiation between short-term, intermediate and long-term outcomes; and (iii) the absence of an explicitly articulated theory of change. Due to the condensed timeline of the evaluation, there was insufficient time to revise the logic model appropriately.¹² As a result and considering that the evaluation had a formative focus and was based on the GCM/NCD workplan, the logic model was not utilized in the evaluation process.

The evaluation employed a theory-based approach by utilizing a causal pathway (19),¹³ referred to as the Knowledge Transfer Model, which encompasses the elements of reach, usefulness and use (20). This model was deemed appropriate given the focus of the GCM/NCD workplan on the development of outputs, many of which are knowledge products and normative guidance. The model enabled evaluators to assess the achievement of results at each level of outcome — immediate, intermediate and long-term (see Table 3, below).

For instance, an output could be a knowledge product, such as the WHO Framework for Meaningful Engagement. The model evaluates its reach (i.e. who accessed the product), its immediate outcome (i.e. the product's relevance and ability to meet the needs of the target audience, defined as usefulness), and its use (i.e. the extent to which the target audience applies the knowledge or information). This use implies a behavioural change, leading to a change in state or a measurable impact.

Table 3. Knowledge Transfer Model

Level of Result	Definition	Result
Immediate reach	The extent to which <u>WHO publications</u> GCM/NCD publications attain their intended audiences	Target audience have access to GCM/NCD publications.
Immediate usefulness	The perceived quality of GCM/NCD publications in terms of being appropriate, relevant, applicable and practical.	The content and presentation of GCM/NCD publications address the needs of target audience. GCM/NCD publications perceived as authoritative, credible, reputable and trustworthy.
Intermediate use	The application of knowledge gained from GCM/NCD publications with regards to decision-making.	GCM/NCD publications that contribute to global, regional, national multistakeholder and/or multisectoral collaboration on prevention and control of NCDs

¹² A programme logic model is best developed in a participative and consultative manner, often requiring several iterations to gain buy-in of stakeholders. In addition, it is best practice to articulate the theory of change along with the logic model, including causal pathways, with an accompanying performance measurement framework.

¹³ The causal pathways perspective builds on the concepts of “causal pathways” or “results chains” which are used to articulate causal chains that can lead to particular outcomes and impacts.

Another important aspect of GCM/NCD work is its participative, consultative and inclusive approach. The evaluation therefore attempted to assess stakeholder engagement and collaboration. For that purpose, engagement modalities as described in the GCM/NCD Engagement Strategy were used to assess the level of engagement of GCM/NCD Participants. Table 4 describes the levels of engagement as outlined in the GCM/NCD Engagement Strategy.

Table 4. Levels of stakeholder engagement – scorecard

Level of Engagement	Explanation
Level 1	Inform and exchange: information dissemination and knowledge collaboration (e.g. KAP, newsletters, information sessions)
Level 2	Involve: consultations, dialogues, communities of practice and events.
Level 3	Collaborate: GCM/NCD general meetings, expert groups, working groups and steering groups
Level 4	Partnering: collaborating through in-kind or financial contributions.

2.0 Evaluation objectives

2.1 Purpose

This mid-term evaluation has been requested by Member States through decision WHA74(11). The evaluation is formative, focused on the new operating model of GCM/NCD launched in 2022 as outlined in its workplan for 2022–2025. As a formative evaluation, the purpose of this mid-term evaluation is to provide lessons learned in the design and delivery of the GCM/NCD in terms of how the GCM/NCD is contributing to supporting Member States on implementing and sustaining multisectoral and multistakeholder engagements for the prevention and control of NCDs. The evaluation will be presented to Member States as part of the Secretariat's report on NCDs to the 156th Executive Board in February 2025.

2.2 Objectives

The evaluation has the following specific objectives:

- 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 the 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.

2.2.1 Scope

The scope of the evaluation covers:

- **time period:** 2022–2024. The evaluation focused on progress since the launch of the GCM/NCD workplan 2022–2025. The new operating model of GCM/NCD launched in 2022 as outlined in its workplan for 2022–2025 was used as a basis to assess progress and time trends and challenges with implementation;
- **geographical coverage:** at the three levels of WHO (global, regional, country); and
- **thematic coverage:** the entire function of the GCM/NCD as per its priority areas of work.

2.2.2 Evaluation criteria and questions

The evaluation matrix in Annex 1 was designed based on the OECD-DAC evaluation criteria, including relevance, effectiveness, efficiency and coherence. It incorporated subquestions tailored to address the specific objectives of the evaluation. The finalized evaluation questions are outlined below. The full list of questions and subquestions can be found in Annex 1.

Criterion 1: relevance

- Q1. How appropriate is the new GCM/NCD operating model in advancing multisectoral and multistakeholder collaboration towards NCD targets and SDG 3 at global, regional and national levels as well as within WHO (Global Programme of Work)?
- Q2. To what extent does the GCM/NCD consider gender equality, health equity (leaving no one behind) and human rights?

Criterion 2: effectiveness

- 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, WHO global NCD action plan 2013–2030 and its implementation roadmap?
- Q5. What factors influence GCM/NCD implementation, and which challenges, opportunities and areas of improvement have emerged?

Criterion 3: efficiency

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

Criterion 4: 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?
- 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?

3.0 Methodology

3.1 Evaluation design

The evaluation design and methodology are based on the terms of reference (ToR), discussions during the Inception Phase and on the adherence to the Practical guide to evaluation for programme managers and evaluation staff (21), United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2016) and the UNEG Ethical Guidelines (2020) (22).

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. For instance, significant emphasis is placed by the GCM/NCD on ensuring participative, consultative and inclusive processes in its activities and product development. The evaluation attempted to assess that, in part by interviews and document review but also using a theoretical engagement framework (see Section 3.2 below) to quantify the level of engagement by various stakeholders.

While the formative approach emphasized the delivery of outputs as outlined in the workplan, the theory-based component assessed the achievement of results. This was accomplished using knowledge transfer models to evaluate the reach and utilization of the GCM/NCD products (see Section 1.2.5, Theory of Change). The evaluation used mixed methods, capturing and analysing both qualitative and quantitative data through interviews, document review and focus groups

3.1.1 Gender equality, health equity and human rights

The evaluation adheres to the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation. It does so by introducing one evaluation question (Q2. *To what extent does the GCM/NCD consider gender equality, health equity (leaving no one behind) and human rights?*) which specifically addresses the inclusion of women and vulnerable groups, such as PLWNCDs.

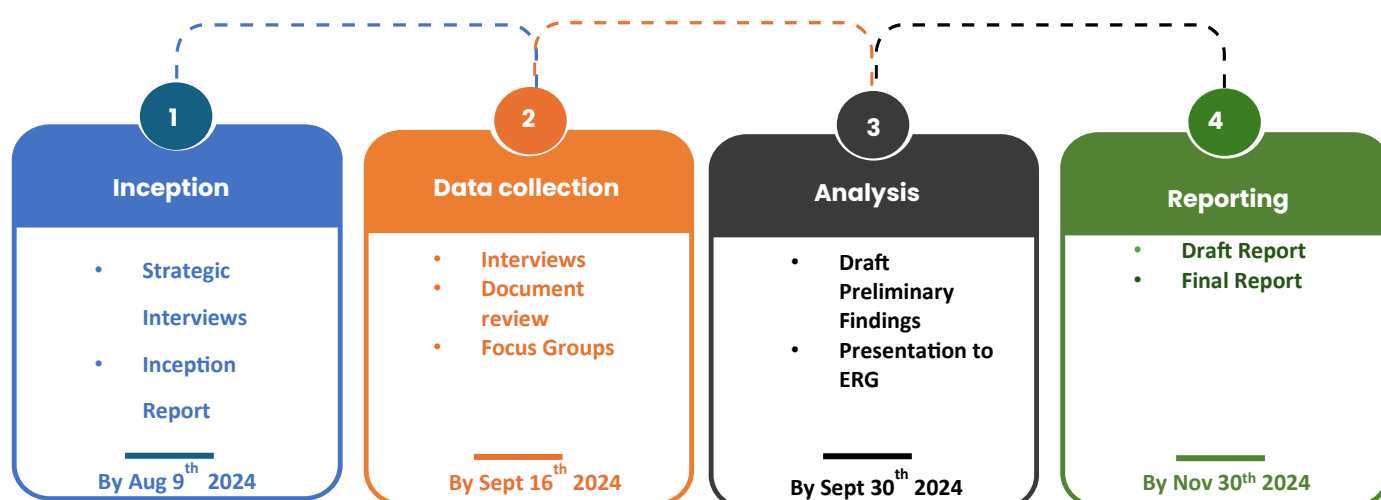
Furthermore, gender representation was tracked across interviews and focus groups to ensure diverse and balanced perspectives. All members of the evaluation team held, at a minimum, the certification in Gender-Based Analysis+ (GBA+) training (23),¹⁴ reinforcing their capacity to integrate these critical dimensions into the evaluation process.

3.2 Approach

The evaluation was conducted in four phases: i) inception planning, ii) data collection, iii) analysis and iv) reporting between July and November 2024 (see Fig. 1).

¹⁴ GBA+ includes an intersectionality assessment framework.

Figure 1 Phased approach



3.2.1 Inception phase

The evaluation ToR outlined the evaluation criteria and questions, which were refined during the inception phase. This phase included conducting seven strategic interviews, a preliminary document review and a presentation of the methodology (stakeholder analysis, theory of change, challenges, methodological approach) to the Evaluation Reference Group (ERG). These inputs informed the drafting of the inception report, which was submitted for review and subsequently shared with the GCM/NCD programme and the ERG for feedback and WHO EVL for quality assurance. Following the receipt of comments, the inception report was revised, and the final report was submitted on 14 August 2024.

For the document review, the evaluation team collaborated with the WHO EVL Evaluation Manager and the GCM/NCD to identify documents that were both relevant and useful for this evaluation.

Following a stakeholder analysis, interviewees and focus group participants were categorized based on two criteria:

1. the specific GCM/NCD workstream they were involved in; and
2. their stakeholder type, including:
 - GCM Participant – Member State;
 - GCM Participant – CSO;
 - WHO GCM/NCD staff;
 - WHO Headquarters staff;
 - WHO regional office staff; and
 - WHO country office staff.

Table 5 presents the categorization of participants for both interviews and focus groups.

Table 5. Stakeholder analysis: mapping interview and focus group participants

Workstream Category	KAP	Multi- sectoral Action	Private Sector Tool	PLWNCDs	NCD Lab	CSWG	Cross- cutting	Total
CSO – Participant	1 (f)	2 (1f)	0	3 (3f)	2 (2f)	1 (f)		9
WHO GCM/GNP	1	2 (1f)	0	1	1 (f)	1 (f)	3 (2f)	9
WHO HQ	1 (f)	1 (f)	1 (f)		1 (f)		4 (2f)	8
WHO country off.		1	2 (1f)	0				3
WHO regional off.		0	0	2 (1f)	0			2
Member State - Participant		3 (1f)	2 (1f)	0				5
Total	3	9	5	6	4	2	7	36

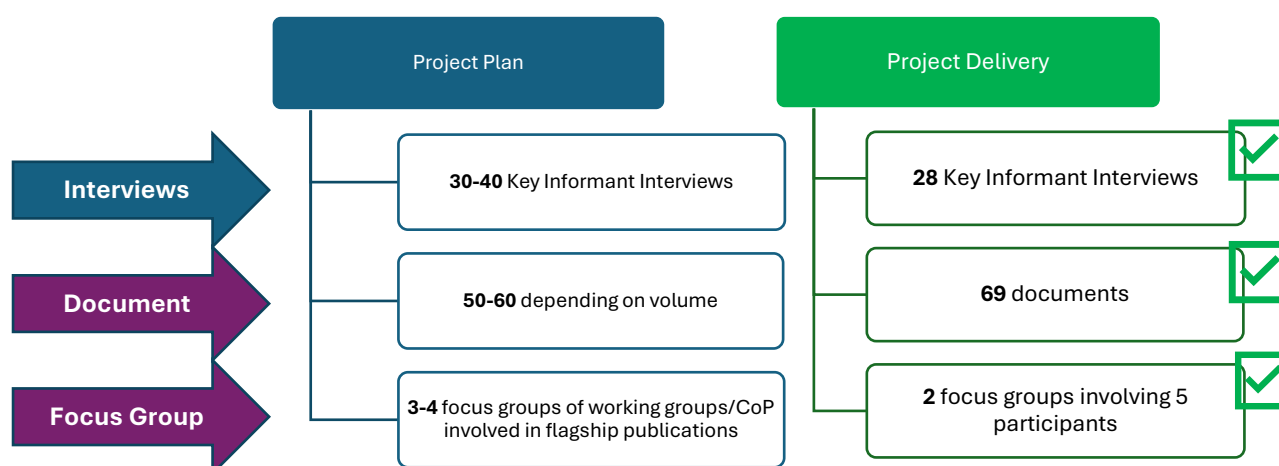
* Shaded areas are categories where there are no key informants. (f) refers to female participant.

The interview sample was representative of all key stakeholders as identified in the stakeholder analysis (see Section 1.2.4).

3.2.2 Data collection

Data collection was conducted over a five-week period, from the approval of the inception report to 13 September 2024. This phase focused on gathering data across three key lines of evidence: document review, interviews and focus groups. Figure 2 illustrates the comparison between planned and completed data collection activities.

Figure 2. Data collection



The GCM/NCD identified 55 individuals as key informants through purposive sampling. Initial contact with interviewees was made by WHO, followed by the evaluators, who sent at least two additional follow-up emails before considering individuals non-responsive. Once an interview was scheduled, the interview guide was shared with the participant. Interviews were conducted remotely using MS Teams or Zoom, and detailed notes were taken during each session. Consent was sought for recording the interviews.

Of the identified key informants, 6 declined to participate, while 13 either did not respond to repeated contact attempts or were unavailable during the data collection period. In total, 36 key stakeholders (23 women) participated in the evaluation, including 31 individuals interviewed and five individuals engaged through two focus groups.

Two focus groups were organized as part of the data collection process. One focused on individuals involved with the KAP, and the other comprised GCM/NCD consultants engaged in various workstreams.

For the document review, 69 documents were reviewed and detailed in Annex 2. These materials included previous evaluations, programme management documents (e.g. work plans, options papers, workstream mappings, etc.), and outputs produced by the GCM/NCD. Additionally, WHA resolutions and broader NCD-related materials were reviewed. The document review also incorporated web analytics from the KAP website (see Table 6) and data from the WHO Institutional Repository for Information-sharing (IRIS).

Table 6. Web analytics used to assess KAP reach and use

Web analytic of KAP	Level of measure	Description
Active users	Output (reach)	Defined as all users using the portal (registered or not). This is a proxy measure of “reach”.
Downloads	Output (reach)	Downloads are considered on a product-by-product basis and considered a proxy measure of “reach”.
Uploads of content	Outcome	This is a GCM Participant uploading a document, news story, event announcement to KAP and is a proxy measure of “use” as well as collaboration and engagement.

3.2.3 Analysis

The data analysis phase, conducted over two weeks, involved a detailed examination of each line of evidence, documented in internal technical reports. These reports provided findings for each evaluation question and subquestion. The findings were subsequently consolidated into an evidence matrix, enabling triangulation across the various lines of evidence to develop overarching evaluation summary findings for each question and subquestion.

Using these summary findings, draft conclusions and recommendations were formulated. Preliminary findings were shared with the WHO Evaluation Office and the GCM/NCD Secretariat for review and feedback on 27 September 2024. Following the receipt of comments, both a revised evidence matrix and a PowerPoint presentation were prepared and presented to the ERG on 11 October 2024.

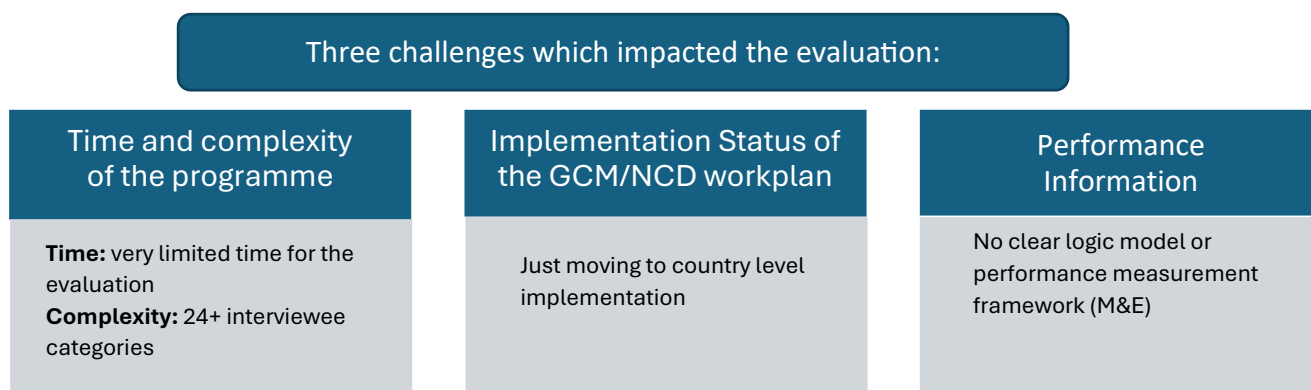
3.2.4 Reporting

During the reporting phase, feedback on the preliminary findings informed the development of a draft evaluation report, which was submitted for review by the WHO Evaluation Office and the GCM/NCD Secretariat. Comments were received and a second draft produced. This draft report was reviewed by the ERG as well as by WHO EVL for quality assurance. Based on the feedback provided, this final report was produced.

3.3 Limitations and mitigation

Limitations encountered during the data collection phase are outlined in Fig. 3 along with the mitigation measures taken. Given the multiple lines of evidence and the mitigation measures taken, the evaluation team considers the limitations to have had only a moderate impact on the overall evaluation.

Figure 3. Limitations



3.3.1 Time and complexity of the programme

The timeline for the evaluation, as outlined in its terms of reference, was initially estimated at five months. However, during the inception phase, the timeline was adjusted to ensure the report would be ready to be submitted to the WHO Executive Board in February 2025, requiring data collection to be completed within a five-week period (from the approval of the inception report on 13 August to 16 September 2024). This compressed timeline posed challenges, particularly for scheduling interviews, as it necessitated sending introductory emails followed by multiple follow-ups to coordinate suitable times. These challenges were further exacerbated by overlapping duty travel schedules and summer holiday absences among key individuals.

The evaluation was also constrained by the programme's complexity and the varying levels of stakeholder engagement. As Table 5 shows, many stakeholders were involved in only one of the five workstreams and in some cases only in a single activity within that workstream; additionally, the evaluation identified 28 distinct categories of stakeholders further complicating the data collection process.

To mitigate these challenges, the evaluation team implemented a compressed and targeted interview schedule focusing on individuals identified by the programme. Focus groups were also organized to maximize stakeholder participation. Despite these challenges, the interviews and focus groups covered a representative sample and provided adequate coverage across all workstreams.

3.3.2 Implementation status of the GCM/NCD workplan

The current mandate of the GCM/NCD emphasizes supporting multistakeholder consultations on NCDs at the country level. However, the evaluation covered only the first two-and-a-half years of a four-year workplan, during which many initiatives had not yet progressed to the country-level implementation stage.

To address this limitation, the evaluation identified instances where programme activities had reached the national level in relation to the development of program outputs. Interviews were conducted with representatives from Member States involved in these activities. This limitation had minimal impact on the evaluation's overall findings as it was a formative evaluation, and the constraint was accounted for during the evaluation design by focusing on flagship publications and using the knowledge transfer model of reach, usefulness and use.

3.3.3 Performance information

The existing GCM/NCD logic model was not utilized in this evaluation, nor was there a supporting performance measurement framework available to monitor programme performance. However, the GCM/NCD 2022–2025 workplan includes performance indicators focused on the output level, which were incorporated into the evaluation matrix. In practice, a comprehensive programme performance measurement framework would typically include indicators for at least immediate and intermediate outcomes.

This limitation was partially mitigated by data collection efforts aligned with the subquestions and indicators outlined in the evaluation matrix, which included web analytics from the KAP.

4.0 Findings

4.1 Findings on relevance

Q1.1: How appropriate is the new GCM/NCD operating model in advancing multisectoral and multistakeholder collaboration towards NCD targets and SDG 3 at global, regional and national levels as well as within WHO (General Programme of Work)?

Finding Q1.1:

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 CSOs based in developed countries), increasing regional awareness and navigating private sector engagement within WHO's FENSA guidelines. The following are of particular note:

- While the GCM/NCD operating model is well-positioned to address emerging NCD themes, stakeholders highlight the need to build on current activities for sustained impact.
- The model has successfully engaged PLWNCDs and promoted global collaboration but lacks sufficient involvement from non-health sectors like urban planning and finance.
- Awareness among Member States is limited, and representation is dominated by large international CSOs, leaving regional and national CSOs underrepresented.

The document review (24) showed that assessing gaps in the constituencies involved in the GCM/NCD is challenging, as the list of GCM Participants is evolving and being updated with the new engagement strategy. With the introduction of the new GCM/NCD engagement strategy, the Secretariat is updating its participant list via a reapplication process using an online KAP form. As of this evaluation (September 2024), 34 non-State actors (mostly nongovernmental organizations) have completed the reapplication and committed to the new GCM engagement strategy, with an additional 30 organizations under review.¹⁵

During the period covered by the evaluation, the GCM/NCD successfully engaged a wide range of stakeholders, including formal GCM/NCD Participants and other organizations, individuals and some Member States involved at various activity levels through the GCM/NCD's workstreams.¹⁶ While the mechanism has facilitated substantial global dialogue across multiple stakeholders, its engagement has focused on the health sector. This presents a clear opportunity for expansion into non-health sectors such as urban planning, environment, transportation, finance (e.g. tax policy) and climate change, reflecting the need for broader multisectoral collaboration.

¹⁵ The GCM/NCD Engagement Strategy for GCM Participants (2023) is intended to reinvigorate the Secretariat- Participant relationship by clearly outlining the roles and responsibilities of each party. The application process includes an online registration form, screening and risk assessment by the Secretariat including FENSA clearance and balancing representation from nongovernmental organizations, academia, philanthropic foundations and the private sector.

¹⁶ Many GCM/NCD activities are well documented, including lists of participants. Examples include the reports on the four sense-making workshops on the private sector tool, as well as the WHO Informal Consultative Working Group minutes and Expert meetings.

Interviews conducted with relevant partners (WHO staff at all levels, Member States, GCM/NCD Participants) consistently highlighted the GCM/NCD's efforts to foster inclusivity, particularly in its engagement with PLWNCDs. However, some stakeholders identified areas for improvement, specifically calling for greater engagement with vulnerable groups, such as people in remote areas without electricity or digital access, national and regional organizations and the private sector.

WHO works with health ministries and that is what we have been holding onto...so I really felt that was sort of binding...but the way that GCM has helped us broaden that and sort of legitimize the way we work with civil society and acknowledging their role and help us engage with people with lived experience is something I really value and I feel that they are really helping bring different stakeholders around the table. (WHO regional office interviewee)

However, there appears to be limited awareness of GCM/NCD's efforts among Member States. Interviews indicated that while the evaluation engaged a small number of Member States, the broader picture suggests that many Member States are not fully aware of GCM/NCD activities. GCM/NCD Participants expressed a desire for more direct engagement with Member States to strengthen this connection.

Finally, there are potential imbalances in the representation within the GCM/NCD constituencies. Large international CSOs, particularly those based in developed countries, make up a sizeable portion of GCM/NCD Participants. Several interviewees pointed out that regional, national and local CSOs may be underrepresented, highlighting a potential gap in the constituency base. It should be noted, however, that this feedback primarily refers to official GCM/NCD Participants, whose involvement is still evolving. Other GCM/NCD initiatives, such as the NCD Lab, may have a broader reach, engaging a wider range of regional and local CSOs. The NCD Lab exemplifies the GCM/NCD's efforts to connect with grassroots organizations and local communities, extending beyond its international civil society participants.

The GCM/NCD operating model is well-positioned to address emerging themes and challenges in the NCD landscape. By clearly defining workstreams to focus its efforts, the GCM/NCD operating model demonstrates the flexibility to adapt to evolving trends, including multisectoral actions across interconnected agendas. Recent themes include NCDs and climate change, health emergencies and comorbidities.

Stakeholders emphasized the importance of building on existing activities, particularly by:

- leveraging convening powers to advocate for global action;
- expanding beyond the health sector to other non-health sector stakeholders;
- initiating pilot capacity-building efforts at the country level with existing products, such as with the decision-making tool for engaging the private sector and the framework for meaningful engagement of PLWNCDs; and
- strengthening the regional participation of CSOs.

Q1.2: To what extent is the design of participatory and consultative multistakeholder and multisectoral approaches meeting the needs of stakeholders at global, regional and national level?

Finding Q1.2

The GCM/NCD has advanced global multistakeholder engagement, but regional awareness varies, and private sector involvement is limited.

- The GCM/NCD has effectively promoted global multistakeholder engagement through its participatory approaches across workstreams, addressing needs for knowledge-sharing, collaboration and advocacy on NCD prevention.
- Member States appreciate tools and support, particularly from events like HLM4 and capacity-building workshops.
- Regional awareness remains inconsistent, and private sector involvement is limited. While it is important to adhere to the modalities of FENSA, real or perceived conflicts of interest and implementation of FENSA may have impeded potential collaboration in critical areas such as resource mobilization and knowledge-sharing.

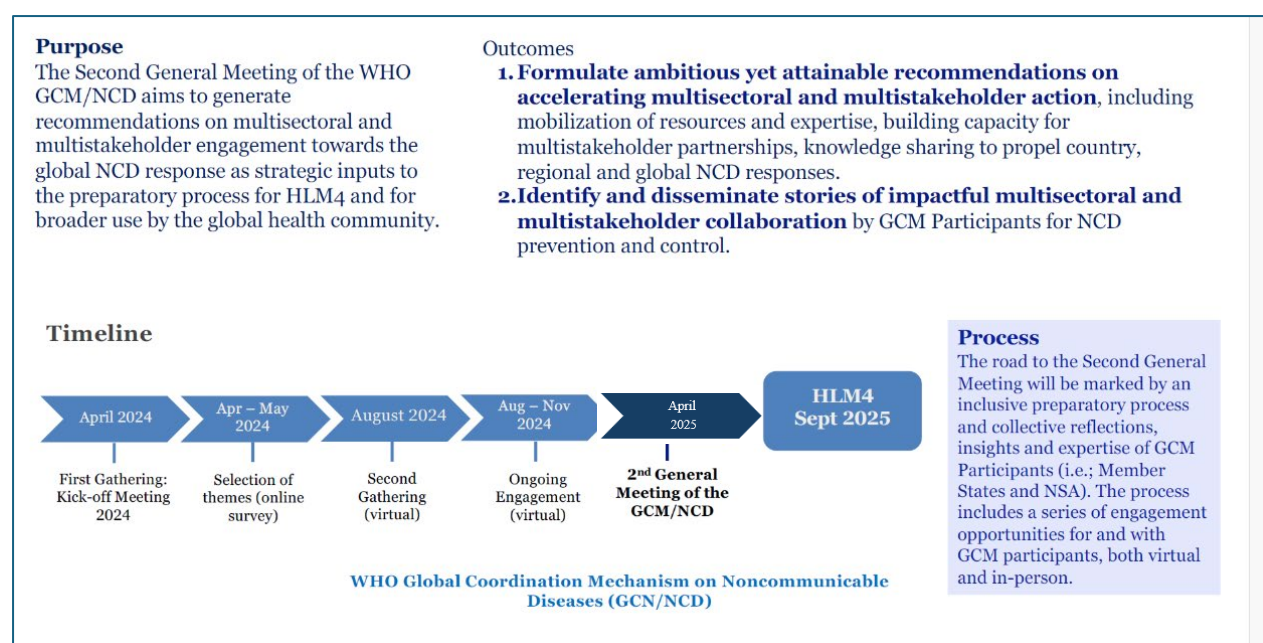
The GCM/NCD has made considerable progress in fostering multistakeholder engagement at the global level through its participatory and consultative approaches across various workstreams, product development and its support through the KAP.

A GCM/NCD Participant engagement survey found that GCM/NCD Participants needs, such as knowledge-sharing, collaboration and participation in global multistakeholder dialogues focused on advocacy and raising awareness of multisectoral and multistakeholder approaches for NCD prevention and control, are being addressed.¹⁷ Member States, having initially requested the creation of the GCM/NCD, have indicated in evaluation interviews that they value the tools developed and continue to require support for their implementation. The GCM/NCD addresses the needs of stakeholders through its various workstreams and by using participatory and consultative processes, such as convening awareness-raising and advocacy events or developing products like the WHO Framework for Meaningful Engagement of People Living with NCDs, Mental Health and Neurological Conditions.

Examples of the participatory and consultative processes implemented by the GCM/NCD are detailed in the Effectiveness section of the report, corresponding to specific workstreams (see Table 1 in Section 1.2.2). An example is the process designed by GCM/NCD for engaging stakeholders in preparation for HLM4 on NCDs (see Fig. 4). The figure outlines five different engagements with stakeholders leading up to HLM4.

¹⁷ GCM/NCD Participant Engagement Survey, July 2021. Among the GCM/NCD functions, knowledge dissemination, advocacy and awareness-raising and convening and networking were the most cited types of engagement with the GCM/NCD Secretariat.

Figure 4. Consultative process leading to HLM4



Source: GCM/NCD Technical Meeting Report, Outlining an Implementation Agenda HLM4, June 2024.

The following initiatives highlight key activities and engagements supported or led by the GCM/NCD to advance the prevention and control of NCDs globally, with a focus on governance, multisectoral collaboration, meaningful engagement and strategic alignment with SDG 3.4 and Universal Health Coverage.

- **Capacity-building workshop:** Supporting Eastern Europe and Central Asia (EECA) countries in strengthening governance and multisectoral action for NCD prevention and control ([Astana, Kazakhstan, 14–15 December 2023](#)).
- **Multistakeholder gathering at UNGA78:** Towards achieving Universal Health Coverage, co-hosted by WHO, NCD Alliance and the World Diabetes Foundation in September 2023 to accelerate action on SDG 3.4 and Universal Health Coverage.
- **Kick-off meeting of the WHO GCM/NCD:** April 2024, initiating efforts towards the 2025 NCD targets ([News | Knowledge Action Portal on NCDs](#)).
- First symposium on meaningful engagement of people living with NCDs, mental health and neurological conditions: May 2024, with more than 200 participants to develop strategic inputs towards HLM4 ([News | Knowledge Action Portal on NCDs](#)).
- Supported delegations of people with lived experience to technical meetings on the HLM4 timeline, such as the global high level technical meeting on noncommunicable diseases in humanitarian settings (February 2024, Copenhagen), and the NCD financing dialogue (June 2024, Washington D.C.).
- **Technical meeting on multisectoral collaboration:** June 2024, focusing on accelerating multisectoral and multistakeholder collaboration ahead of HLM4 (47 in-person participants, 54 virtual, 26 countries).

The evaluation asked interviewees to rank their level of engagement according to a scale (see Table 4, Section 1.2.5). Interviews indicated that the level of engagement can vary depending on the specific GCM/NCD activity, but most participants reported Level 3 engagement (Collaborate), with some interviewees noting Level 2 (Involve) and others reporting Level 4 (Partner). Elevated levels of engagement were particularly noted for the development of the decision-making tool for private sector engagement, the development of the framework for meaningful engagement for PLWNCDs and the NCD Labs initiative. Common across all stakeholders was involvement in working groups and steering committees. Member States interviewees also perceive the

GCM/NCD as collaborative, highlighting strong engagement and effective communication on the activities they were involved in. Country-level workshops, in particular, were highly valued because they enabled national stakeholders to directly input into the development of GCM/NCD products and tailor them to national perspectives, a view echoed by WHO country offices.

Additionally, some interviewees noted that WHO's FENSA has presented challenges in involving private sector actors. FENSA was put in place to ensure that potential conflicts of interest were identified and mitigated, especially when dealing with the private sector. Interviewees (one from WHO headquarters and one private sector representative) expressed concerns about the interpretation of FENSA and real versus perceived conflicts of interest when engaging with the private sector. Overly conservative interpretations can hinder opportunities for collaboration in areas such as joint activities, knowledge-sharing and resource mobilization.¹⁸

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

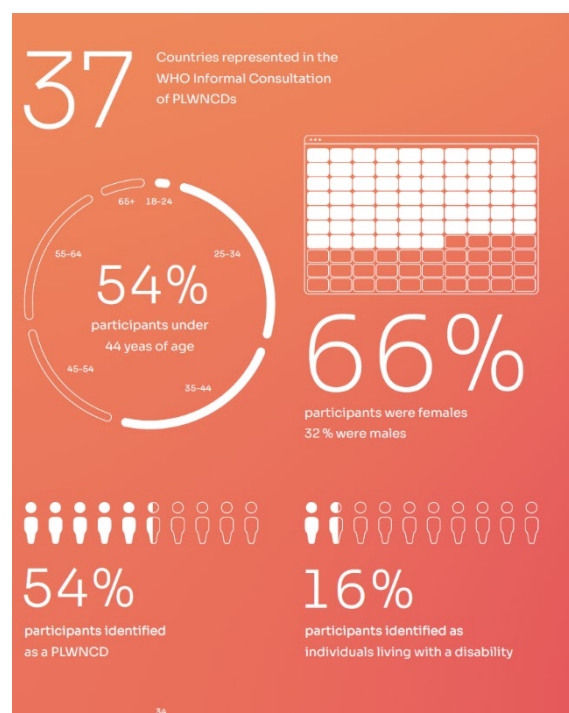
Finding Q2

The GCM/NCD is seen as effectively incorporating gender equality, health equity and human rights principles, particularly in its work with PLWNCDs, the NCD Lab and the CSWG, though gaps remain in addressing specific populations and representation in leadership.

Regarding gender equality and health equity, the document review has found that the development of products and the convening of global, regional and national consultations have made demonstrated clear attempts at including balanced gender representation and also people with lived experience from a variety of countries. For example, Fig. 5 presents a breakdown of the participants in the WHO consultation on PLWNCDs that resulted in the document, *Nothing for Us, Without Us* (25).

Another example is the development of the *Intention to Action Series: People Power*, which provides perspectives from individuals with lived experience from 12 different countries, including LMICs such as Kenya, India and Nepal. Inclusion of women and PLWNCDs is particularly evident in the development of the framework for meaningful engagement of PLWNCDs, which involved extensive consultations with representatives from diverse countries, regions, NCD types and lived experiences.

Figure 5. Inclusive consultation (source: *Nothing for Us, Without Us*)



¹⁸ Currently, two of the 34 registered GCM/NCD participants are industry associations. Other private sector entities may be involved in specific workstream activities and not necessarily registered as a GCM/NCD Participant.

Interviews with stakeholders across various groups confirm that the GCM/NCD is viewed as effectively incorporating gender equality and gender equity, especially in its work with PLWNCDs, the NCD Lab and the CSWG. Some examples provided include having PLWNCDs not just attending technical meetings, but also acting as facilitators in those meetings. There is also the case where barriers for the participation of PLWNCDs have been addressed, for example, by paying for their time and costs to participate in meetings.

In terms of areas for improvement, several interviewees suggested that gaps remain in addressing the needs of specific populations such as the elderly, youth and Indigenous groups, although the evaluation did not validate if that was necessarily warranted or appropriate. In addition, interviewees indicated that there is room for improvement in the balance of representation in leadership positions (e.g. working groups, Co-Chairs, etc.). This was in regard to many of the leadership positions being filled by representatives from GCM/NCD Participants that are CSOs based in developed countries.

The work involved developing a meaningful engagement, and not the right to participate in health decisions – so I had hoped for a more rights-centric approach as that would be more binding on Member States – so the meaningful engagement framework has a lot less teeth and not sure it will help to cure the disparities (in participation) across countries. (Civil society interviewee)

Regarding human rights, the intent of the GCM/NCD work on PLWNCDs is health and human rights related. It is about PLWNCDs having a voice in health policy and programmes. It does not, however, take a right-based approach to the participation of PLWNCDs (i.e. the GCM/NCD documents do not state that PLWNCDs have a fundamental human right to input into health policy).

4.2 Findings on effectiveness

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

Finding Q3

Summary details on the progress on outputs for each workstream are found below.

Workstream	Rating of Output
1) Operational backbone, KAP	Demonstrated progress
2) Global stocktaking	Achieved
3) Guidance on NSAs – the PS Tool	Achieved
4) National multistakeholder and multisectoral responses	In progress
5) PLWNCDs	Achieved

The GCM/NCD is approximately two-and-a-half years into a four-year workplan. The progress made in achieving the workplan is commensurate with the stage of implementation. There are some challenges regarding the collection of performance information in assessing immediate outcomes (such as use or uptake

of the knowledge products/guidance developed by the programme), and in some cases it is too early to assess the results.

Details are found in the following sections on how that progress was assessed. The first section presents findings on outputs (Questions 3.1 to 3.5), and the subsequent section presents findings on outcomes (Questions 4.1 to 4.5). Ratings are provided on the basis outlined in Table 7.

Table 7. Output assessment ratings

Ratings for outputs	Definition
Achieved	The planned output/deliverable has been produced (100%)
In progress	Activities have been conducted but the final output/deliverable is still pending (>60%)
Limited progress	Limited number of activities have been conducted (<60%)
Demonstrated progress	Activities have been conducted and are continuous/ongoing. Deliverables have been produced. (ongoing)
No progress	No activities have been conducted (0%)

Q3.1: To what extent has the operational backbone for knowledge collaboration and the dissemination of innovative multistakeholder responses at country level been enhanced? (Workstream 1 – Output 1)

Finding Q3.1 for Output 1: Operational backbone/KAP

Demonstrated progress

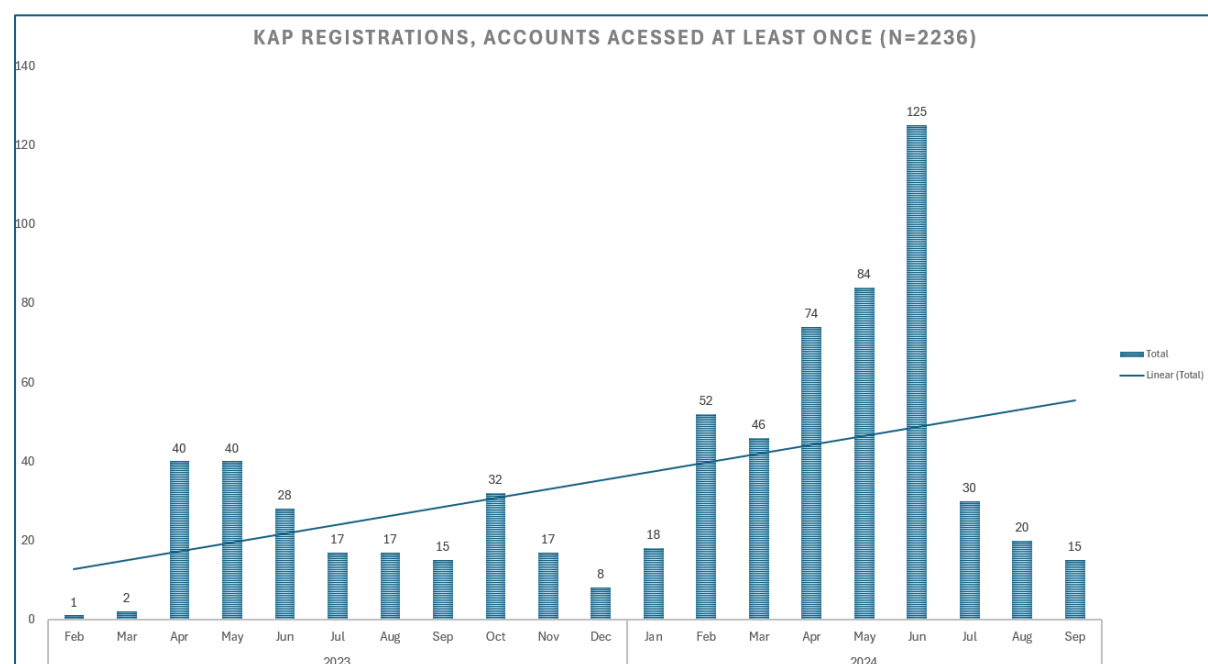
- The operational backbone for knowledge collaboration and dissemination of multistakeholder responses at the country level has been strengthened, marked by increased content, user engagement and data-sharing on the KAP.

Priority Area 1 consists of KAP, which is an online knowledge repository and community platform focused on the prevention and control of NCDs (https://www.knowledge-action-portal.com/en/about/about_the_kap). Given that it is an online portal, addressing this and the following question relies on web analytics as described in Table 6.¹⁹

Relaunched in April 2023, the KAP has made strides in promoting knowledge-sharing and supporting multistakeholder responses. Since the implementation of its Promotional Strategy in early 2024, active users have increased by 334% compared to 2021. Fig. 6 presents registered users who have accessed KAP at least once since the relaunch.

¹⁹ There are many other metrics that can be used, such as page visits, number of sessions, length of sessions, but the interpretation of those metrics can imply making many assumptions; they are not used here.

Figure 6. KAP active users, January 2023 to September 2024



Source: KAP, 2024.

Key improvements include expanded functionalities, redesigned user interface and streamlined page structure, new community features (e.g. maps, knowledge repositories, interactive noticeboard, etc.), user content collections²⁰ and integrated mailing and campaign tools. These improved functionalities along with content such as multisectoral/multistakeholder action case studies, CSWG, thematic collections and communities of practice have fostered greater data-sharing, evident in the rise of content uploads, downloads and overall user engagement.

The KAP also reflects the participatory and consultative aspects of the GCM/NCD. Currently, the platform hosts ten Communities of Practice (CoPs) (see Table 8), with seven actively posting documents and hosting events²¹ (during the period March to September 2024) while two appear inactive and one has limited activity. Membership in these CoPs ranges from 10 to 104, though the evaluation did not measure individual participation levels.

²⁰ KAP functions include the ability to create user collections. Numerous examples can be found under the Collections heading on its website.

²¹ Events may be CoP initiated or other events posted by members.

Table 8. Communities of practice on KAP

Community of practice	Number of members	Documents/ resources shared	Events held/ promoted	Activity
Global Alliance against Chronic Respiratory Diseases	75	92	46	Active, events planned for Sept 2024, documents posted in last 6 months
Grassroots Innovations on NCDs	104	34	10	Active: No events planned but documents posted in last 6 months
@MATESKids – Maximizing Access to Essential Supplies for Children living with NCDs	27	21	15	Active: events and document posted in last 6 months
Women and NCDs	45	24	6	Not active: no events, no documents posted since July 2023
Global Initiative for Childhood Cancer	67	50	10	Closed
Global Platform for Access to Childhood Cancer Medicines	12	6	11	Active: some events and documents posted in last 6 months
Nutrition and Cancer in children, teenagers and young adults	20	6	5	Active: documents posted in last 6 months, events posted including stakeholder consultation
SIDS Lived Experience Alliance	16	4	1	Not active: no documents, no events in last 6+ months
Self-care interventions for health	38	42	20	Closed
Cervical cancer elimination initiative – girls, women and community involvement network	10	3	5	Limited: one document in last 6 months (only 3 on site), 2 partner meetings

Source: KAP, 2024.

As noted, other output measures include active users and downloads of knowledge products. With the relaunch of the KAP in April 2023 and implementation of its engagement strategy in February 2024, there has been a marked increase in active users as demonstrated in Fig. 6. Note that there is a clear increase in active users in 2024, with active users and registered platform accounts with at least one log-in amounting to a total of 2236 registered as of September 2024.²²

Download data serve as a proxy measure of reach, though they do not directly indicate use. For example, a document may be downloaded but never read, or it might be read, used and shared further. Table 9 has a summary of downloads for some of GCM/NCD's key publications. While analysis is limited by IRIS data, which

GCM/NCD has created so many good and useful, practical tools which help countries and should be considered a success story. The Ministry of Health is interested in the KAP and the PS tool. (WHO country office interviewee)

²² The peak of registration in June 2024 is partially attributable to the closing call for submissions for the fourth cycle of NCD Labs.

only capture downloads from the past six months, these figures nonetheless offer a valuable measure of reach. Each publication will be discussed in greater detail within its respective workstream.

Table 9. Downloads of GCM/NCD products²³

Publication	Downloads last 6 months	Altmetrics
Global mapping report on multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions: experiences from around the world (September 2023)	683	3
Compendium report on multisectoral actions for the prevention and control of noncommunicable diseases and mental health conditions: country case studies (April 2024)	2366	8
Informed Decision-making on Engaging with Private Sector Entities for the Prevention and Control of NCDs (June 2024)	1192 (2 months)	11
Intention to action series: People Power. Perspectives from individuals with lived experience of noncommunicable diseases, mental health conditions and neurological conditions (March 2023)	419	3
Intention to action series: Regional reflections. Analysis from informal regional consultations with people living with noncommunicable diseases and mental health conditions (April 2024)	139	3
PLOS Article: WHO framework on meaningful engagement: A transformational approach to integrate lived experience in the noncommunicable disease and mental health agenda (May 2024)	456 (1217 views)	0
WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions (May 2023)	3645	7

Source: WHO IRIS.

The evaluation, however, did not find quantifiable evidence of individuals use of KAP's content at the country level. However, some interviews with Member States and WHO regional and country offices indicated that Member States engaged in GCM/NCD activities were aware of the KAP platform and viewed it as a valuable information source.

While the KAP website is available in WHO's six official languages, interviewees highlighted a gap in translating GCM/NCD publications into all relevant WHO official languages. Challenges remain for KAP in finding the right metrics that are appropriate and readily available in assessing the usefulness and overall use of KAP content.

I am familiar with other (GCM/NCD) products, and I do visit the KAP and am aware of other products like the engagement framework for PLWNCDs and the country case studies. It was tricky navigating it at the beginning but now I am familiar with it, and it is easy to use and access. (Member State interviewee)

²³ WHO's IRIS Information-sharing only provides information for the last 6 months. The information presented in Table 3 is as of 15 September 2024. IRIS also provides Altmetrics, which is defined as non-traditional bibliometrics proposed as an alternative or complement to more traditional citation impact metrics, such as impact factor and h-index. It can include mentions in social media or mainstream media as an example.

Q3.2: To what extent has global stocktaking of multistakeholder action at country level and for co-designing and scaling up innovative approaches, solutions or initiatives been enhanced? (Workstream 2 – Output 2)

Finding Q3.2 for Output 2: Global stocktaking

Achieved

- 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.
- Enhanced promotional efforts including workshops or webinars focused on applying these resources at national and regional level are warranted.

The global stocktaking of multistakeholder action at the country level has been achieved through the development of the Global Mapping Report and the Compendium of Country Case Studies. Both reports were created through a participatory and consultative process, which helped build Member State interest in multistakeholder approaches.

While the Global Mapping Report's reach remains unclear due to download data limitations (with IRIS tracking only the last six months), it recorded 683 downloads between its release in September 2023 and 15 September 2024. In contrast, the reach of the Compendium Report is more evident, with 2366 downloads from its publication in April 2024 to mid-September 2024.

With 95 submissions from all WHO regions in the Global Mapping Report and 17 country case studies in the Compendium, both reports have been instrumental in disseminating knowledge. According to interviews, these publications have positively influenced global stocktaking efforts and the scaling of innovative NCD approaches, particularly through regional engagement and knowledge-sharing. Nevertheless, further action is needed to ensure broader and more effective use at the country level.

The influence of these reports is also attributed to their development process, which supported regional consultations and workshops where stakeholders discussed the findings and their practical applications. According to interviewees, this approach has fostered networking and strengthened collaboration between countries at the regional level.

While most interviews indicated that the Global Mapping Report and Compendium have proven useful, some interviewees indicated that country-level dissemination could be improved. They noted that not all relevant stakeholders are aware of or are using these resources and suggested enhancing promotional efforts, including workshops or webinars focused on applying these resources at national and regional levels.

Q3.3: To what extent has guidance to Member States on engagement with non-State actors been provided and/or updated? (Workstream 3 – Output 3)

Finding Q3.3, for Output 3: Guidance on NSAs

Achieved

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* (the Private Sector Tool).

- Enhanced promotional efforts, including workshops or webinars, focused on applying this Tool at national and regional level are warranted.

The *Informed decision-making on engaging with private sector entities for the prevention and control of noncommunicable diseases*, developed to guide Member States in engaging with the private sector, was created between January 2021 and June 2024. Interest in the PS Tool has been high, with 1192 downloads recorded as of September 2024, just two months after its release.

The Tool's development was highly participative and consultative, as demonstrated in Fig. 7. A WHO Informal Consultative Working Group (ICWG), comprising up to 32 participants from all WHO levels, provided ongoing guidance. Additionally, external experts, including researchers and academics with expertise in areas such as commercial determinants of health, NCDs, policy-making, public-private partnerships and the social, ethical and legal implications of state and non-state actor collaboration, were invited to review the document. GCM/NCD Participants and other stakeholders were engaged throughout, and four regional sense-checking workshops were conducted in Botswana, India, Jordan and Moldova, involving approximately 96 participants from WHO and of health.

Figure 7. Consultation process for developing the Private Sector Tool

	2021				2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ICWG Meetings	●	●	●				●									
External expert reviews										●						
Consultations with GCM CSO participants											●					
Sense-checking workshops with countries							●	●	●	●						
Launch														●		

Most interviewees regarded the PS Tool as a valuable resource for guiding Member States in private sector engagement. The PS Tool provides essential guidance to help Member States navigate these challenges and

The GCM team presented the tool and collected feedback from country technical people, but also policy people, to understand and see if this (Tool) is really something inline and applicable for the Ministry. (WHO country office interviewee)

foster constructive engagement between governments and the private sector. However, interviewees suggested that enhanced dissemination and promotional efforts are needed to ensure that the PS Tool reaches its full potential for use at the country level.

Q3.4: To what extent has the capacity of Member States and civil society to develop national multistakeholder responses for the prevention and control of noncommunicable diseases been strengthened? (Workstream 4 – Output 4)

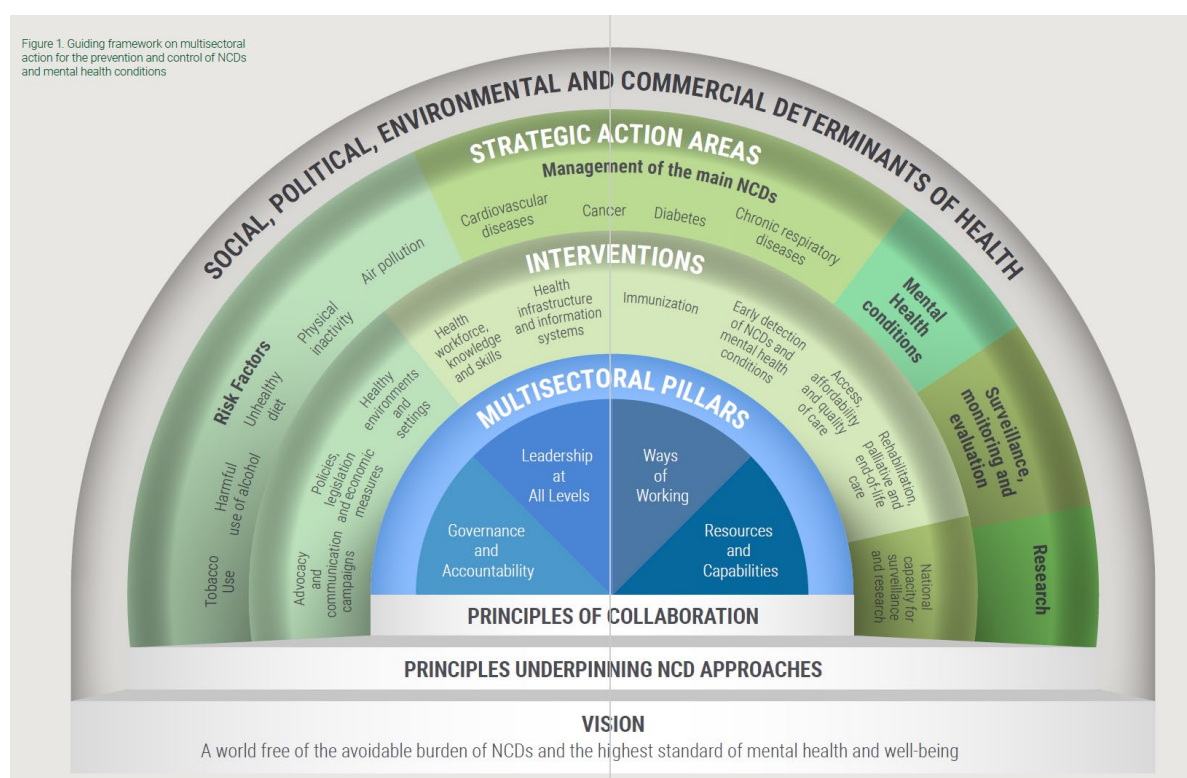
Finding Q3.4 for Output 4: Guidance framework for national level multisectoral and multistakeholder responses

In progress

- 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.

This workstream aims to strengthen Member States' and civil society's capacity to develop national multistakeholder responses for NCD prevention and control, building on the foundational work of the Global Mapping Report and Compendium of Case Studies. The Global Mapping Report introduced a guiding framework (see Fig. 8) for multisectoral and multistakeholder action, although guidance for implementing this framework is still under development.

Figure 8. Guiding framework for multisectoral action on NCDs



Source: Global mapping report on multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions, WHO 2023.

The framework adapts elements from the WHO toolkit for developing multisectoral action plans for NCDs (26) and incorporates insights from a WHO report on sustainable multisectoral collaboration, which addresses social determinants of health, equity and well-being (27).

This framework outlines the relationship between modifiable NCD risk factors, mental health conditions and relevant interventions, integrating the key elements needed for effective multisectoral action.

Q3.5: To what extent has civil society, including people living with noncommunicable diseases, been able to meaningful participate in national noncommunicable diseases responses? (Workstream 5 – Output 5)

Finding Q3.5 for Output 5: Engaging PLWNCDs

Achieved

- The Framework for Meaningful Engagement of PLWNCDs has supported civil society's role in national NCD responses, fostering inclusivity and increased engagement.
- The First WHO Symposium on Meaningful Engagement of people living with NCDs, mental health and neurological conditions was held in May 2024.
- The NCD Lab has had three cycles (2021, 2023, 2024).

The development of the framework for meaningful engagement was highly participatory, involving over 700 individuals from 111 countries. This consultative process, outlined in Fig. 9, included informal consultations across the six WHO regions and global discussions, culminating in the publication of *Nothing for us without us: opportunities for meaningful engagement of people living with NCDs* (25). Additional regional consultations

produced *Regional reflections: analysis from regional informal consultations with people living with noncommunicable diseases and mental health conditions* (28). Participatory research further contributed case studies published in the *Intention to action* series, which captures perspectives from individuals with lived experience of NCDs, mental health and neurological disorders. This body of work was also shared in a short documentary on PLWNCDs (29).

Figure 9. Consultation process for the framework for meaningful engagement

	2000				2021				2022				2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Informal consultations with individuals (six consultations, three forums, in six WHO regions)																
WHO global informal consultation																
Participatory research (case studies from focus groups and interviews)																
Literature review and case studies																
Regional consultations																
Documentary film																
Web consultation on zero draft																
Publication																

Collectively, these efforts have produced a well-received framework according to interviews, reflected in its high demand, with 3645 downloads in the last six months — over a year post-publication. Interviews indicate that the framework is actively integrated into GCM/NCD initiatives, particularly within the CSWG, the NCD Lab, the WHO Symposium on PLWNCDs and other working groups, where it has clear visibility and is regarded as a useful resource for supporting meaningful engagement of civil society, including PLWNCDs, in NCD responses. The GCM/NCD has also facilitated the participation of people with lived experience in global NCD events, such as the global high level technical meeting on noncommunicable diseases in humanitarian settings (February 2024, Copenhagen), and the NCD financing dialogue (June 2024, Washington D.C.).

I feel the ownership is really there from that part – organizing the regional workshops and engaging with civil society, patient organizations and people themselves – even identifying who would be there with us, who would lead sessions, who would support the material being developed, the videos and who would be featured there – so there was a lot of engagement there. (WHO regional office interviewee)

This workstream also includes work on the WHO Symposium and the NCD Lab. The First Symposium on Meaningful Engagement of people living with NCDs, mental health and neurological conditions was held in May 2024, with more than 200 participants to develop strategic inputs towards HLM4 (https://knowledge-action-portal.com/en/news_and_videos). According to GCM/NCD staff, the Symposium (and future symposiums) was codesigned and co-implemented by a steering committee of lived experience experts who were competitively selected and on contract with WHO.

The NCD Lab responds to the need for novel, evidence-informed interventions combining innovation and technology by supporting promising grassroots innovations to achieve scale by building knowledge and forging strategic partnerships (<https://www.knowledge-action-portal.com/en/action/ncdlab>). The NCD Lab is not a funding mechanism, rather it highlights grassroots success stories. Regarding the NCD Lab, the following cycles have been completed (note that Cycle 2 in 2022 was suspended due to a lack of quality proposals and resulted in a stronger thematic focus in subsequent calls):

- **NCD Lab Cycle 1:** Grassroots innovation in NCD prevention and control: promoting equity and health for all (2021);
- **NCD Lab Cycle 3:** Crowdsourcing innovation to tackle NCDs: tackling the global rise of obesity (2022); and
- **NCD Lab Cycle 4:** Transforming the delivery of NCD and mental health services in primary health care (2024).

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, WHO global NCD action plan 2013–2030 and its implementation roadmap?

Finding Q4

Summary details on the progress of outcomes for each workstream are found below.

Workstream	Outcome Rating
1) Operational backbone, KAP	Demonstrated progress
2) Global stocktaking	Limited evidence to assess
3) Guidance on NSAs – the PS Tool	Demonstrated progress
4) National multistakeholder and multisectoral responses	Too early to assess
5) PLWNCDs	Too early to assess

Details can be found in the following sections on how outcome progress (Questions 4.1 to 4.5) was assessed. Ratings are described in Table 10. This builds on the findings on outputs (Questions 3.1 to 3.5).

Table 10. Outcome assessment ratings

Rating for outcomes	Definition
Demonstrated progress	There is evidence to demonstrate that progress has been made in achievement of results. The extent of the achievement may not be clear.
Limited evidence to assess	There is no/not enough evidence to demonstrate progress. There is still probability, however, that there has been progress, but new measures are required.
Too early to assess	The output/deliverable has only recently been produced (or not yet produced), therefore it is difficult to assess immediate or intermediate outcomes in terms of use of the output and any subsequent change.
No progress toward achievement	Outputs have been produced but there has been no subsequent immediate or intermediate outcome in terms of use of the output or any subsequent change.
Achievement	Evidence demonstrates that the desired result has been achieved to the extent expected.

Q4.1: To what extent is the Knowledge Action Portal (KAP) utilized by countries and other WHO stakeholders to enhance engagement and collaboration and align GCM/NCD outputs with country needs? (Workstream 1 – Outcome 1)

Findings Q4.1, for Outcome 1: Knowledge collaboration (KAP)

Demonstrated progress

- 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.

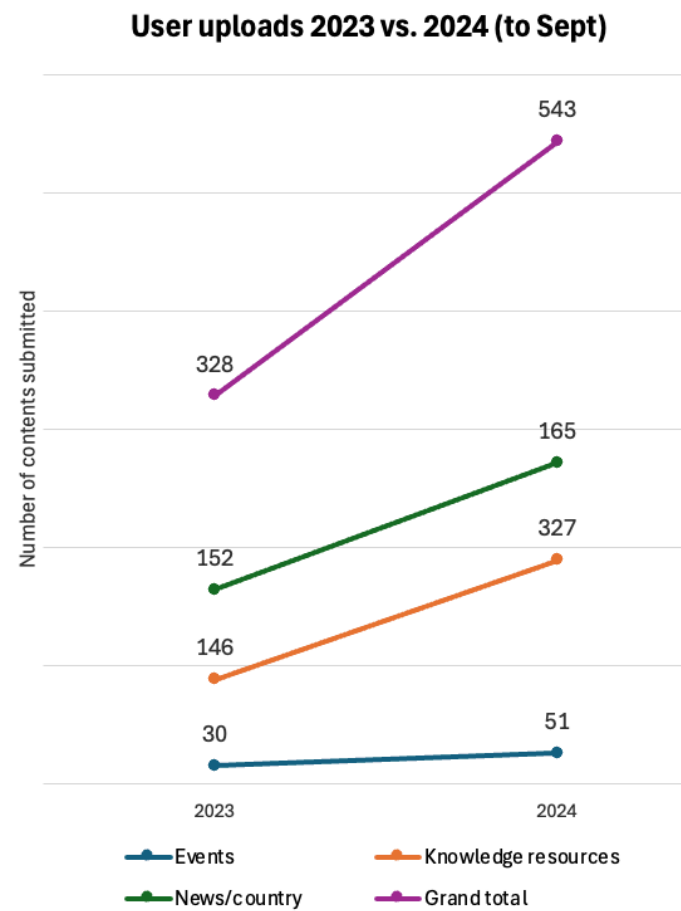
Stakeholders are utilizing KAP, with a substantial increase in users (see Fig. 8), portal use and active contribution since the relaunch in April 2023. However, the extent of this usage varies significantly across different stakeholder groups. Interviews reveal that KAP's utilization is inconsistent, with some stakeholders, such as some Member States, being unaware of KAP and its collaborative potential and others opting for alternative platforms like the Mental Health Innovation Network or Cities network, depending on their area of expertise. This inconsistent usage underscores the continued challenge for KAP to increase awareness of its existence and purpose, so it can be used as a unified tool for collaboration and information-sharing across the intended users.

Several interviewees highlighted the challenge in using KAP effectively, mostly related to navigating the platform’s extensive content. At the same time, others commented on the ease of use. Despite these barriers in awareness and use, an increasing number of organizations, individuals and certain CoPs (see Table 8) are utilizing KAP actively, particularly within their areas of focus, signalling a degree of additional engagement and usage among specific groups.

Well, I do really like the KAP. I find it very easy to use. I’ve done a few filtered searches for documents related to social determinants of health just to find what products they have. The KAP is a great resource. (Member State interviewee)

As a proxy for measuring engagement with KAP, this evaluation examined user-generated content uploads. Fig. 10 illustrates this metric, detailing the uploads contributed by GCM Participants (excluding content from GCM or WHO authors). In the first nine months of 2024, user-uploaded content increased by 65% compared to the previous 12-month period. Notable increases are seen in specific content categories, with Country Level News increasing by 8%, Knowledge Resources by 123% and Events by 70%. This positive trend suggests that KAP is gaining traction as a knowledge-sharing platform among engaged users, even as broader awareness and consistent usage remain areas for improvement.

Figure. 10. User uploads to KAP, 2023 to September 2024



Q4.2: To what extent is the Online Registry and the Compendium of Case Studies Report been utilized by GCM/NCD Participants and Member States? (Workstream 2 – Outcome 2)

Finding Q4.2 for Outcome 2: Online Registry and Special Report (global stocktaking)

Limited evidence to assess

- Utilization of the Global Mapping Report and the Compendium of Case Studies by Member States is undocumented.
- The evaluation did identify cases of use by WHO staff and one Member State but was not able to assess the overall extent of use due to lack of monitoring data and limitations in the scope of the evaluation.

The Global Mapping Report on Multisectoral Action on NCDs and the Compendium of Case Studies Report showcased examples from Member States on multisectoral action for the prevention and control of NCDs. Interviews indicate that stakeholders appreciated the relevance of to the Global Mapping Report and the Compendium of Case Studies. However, the evaluation found no concrete evidence (i.e. examples of use) that these products are being actively utilized by GCM/NCD Participants or Member States.

The case studies for NCDs are the most important thing – there is a sense that the problem is so big that no one can do anything about it – so we promote how leadership can work. If GCM/NCD is plotting these kind of success stories, that is important. (WHO staff interviewee)

While anecdotal evidence suggests WHO researchers and some Member States (who were involved in the studies) have used these resources within their own contexts, and at least one Member State has shared the case studies on their national webpage, their overall impact at the country level, particularly regarding reach, usefulness and practical application, has not been systematically assessed by GCM/NCD and was not possible to ascertain within the scope of this evaluation.

These case studies and the structure for analyzing the cases make it comparable across countries and is an excellent resource for us. As an example, governance was one of the themes. So, we wanted to look at governance and we can specifically see how other countries dealt with governance issues. We don't have to read the whole article, because governance is in the structure of the case study. There is the analysis on top of that, not just a regurgitation. So, there is a lot of value-added in my perspective. (Member State interviewee)

Q4.3: To what extent is the Guide on Private Sector Engagement used by Member States and WHO Regional and Country Offices? (Workstream 3 - Outcome 3)

Findings Q4.3, for Outcome 3: Use of the Guide on Private Sector Engagement

Demonstrated progress

- The Private Sector Tool has seen initial promising uptake among Member States, with three cases of use identified by the evaluation.

The Guide on Private Sector Engagement Tool (PS Tool) has shown encouraging uptake among Member States, particularly given its recent publication. According to interviews, three countries, Philippines, Kenya and Botswana, have already integrated the PS Tool into their activities, with demonstrated interest from India, Armenia and the Islamic Republic of Iran. Some countries are also translating the PS Tool to enhance accessibility, underscoring its perceived value and adaptability.

Overall, the PS Tool is valued for its practical guidance and flexibility, with early evidence of use among Member States. The following examples of use were identified by interviewees:

- **Botswana:** The PS Tool proves to be highly beneficial by enhancing and refining the Ministry of Health's existing due diligence mechanisms for engaging with the private sector. It effectively addressed gaps in Ministry processes, improving overall efficiency and adaptability.
- **Philippines:** The PS Tool is used extensively in various health initiatives (e.g. healthy diets, tobacco control, school health, etc.), with working groups utilizing it to assess conflicts of interest and appropriate engagement levels of private sector entities.
- **Kenya:** The PS Tool informed the development of a background paper to guide private sector engagement in oral health.
- **India, the Islamic Republic of Iran, Armenia:** These countries have shown strong interest, with Armenia expressing a desire to translate the tool for broader accessibility.

So, I think the team they sent us was very engaging and very accommodative, especially on cultural issues and country specific issues. When you are developing a tool that is supposed to be used globally, it can be general. We wanted to add our own spin to the tool and at the end we agreed that actually this will be like a guidance for countries which the later on can make changes, adoptions according to their country needs. (Member State interviewee)

Interviews also highlighted challenges with dissemination, pointing to a need for regional promotion and awareness-building to reach target stakeholders effectively. Suggestions by interviewees included holding regional workshops, similar to the Geneva technical meeting in June 2024, to foster engagement. While there is clear interest in using the tool, some interviewees highlighted that successful implementation often depends on the availability of sustained technical support and resources at the country level, without which implementation may be hindered.

Q4.4: To what extent has the Guidance Framework been used by Member States and WHO regional and country offices? (Workstream 4 – Outcome 4)

Finding Q4.4, on Outcome 4: Guidance Framework

Too early to assess

- The Guidance Framework is still under development, with key engagement and support activities planned.

As noted in Question 3.4, the guidance for the framework on national level multisectoral and multistakeholder action is still under development; it was therefore not possible for the evaluation to respond to the evaluation question.

The GCM/NCD workplan has the following activities still pending:

- engagement across the three level of WHO, Member States and additional GCM/NCD Participants to support the development of the Guidance Framework;
- at least 100 participants attending the launch webinar with balanced representation of Member States across WHO regions with special focus on experiences from LMICs;
- analytics of unique downloads of the Guidance Framework in the first year after launch; and
- technical support provided to at least 6 countries, of which 4 are LMICs, by 2025.

These workplan activities aim to build awareness, promote adoption and measure the framework's early impact as it progresses toward full implementation. It is too early to assess if objectives have been reached.

Q4.5: To what extent has the Global Framework for PLWNCDs and Mental Health conditions been utilized/uptake by Member States and WHO (all 3 levels)? (Workstream 5 – Outcome 5)

Finding Q4.5, for Outcome 5: PLWNCDs

Too early to assess

- The Global Framework for PLWNCDs has demonstrated usefulness and integration into GCM/NCD activities, with opportunities to enhance national-level implementation.
 - Interviewees confirm that the framework has been a beneficial addition to GCM/NCD activities, supporting awareness and civil society engagement. There is room to strengthen the framework's application at the national level to maximize impact.
 - A private sector-funded project in WHO's Eastern Mediterranean Regional Office, currently in its inception phase, is expected to offer case studies and lessons learned to inform further implementation; and
 - Regional policy briefs have been finalized for the WHO Regional Offices for the Americas, Africa, the Eastern Mediterranean, South-East Asia and the Western Pacific, with the WHO Regional Office for Europe under development, reflecting growing engagement across regions.

Interviews reveal that the GCM/NCD's activities related to the Global Framework for Meaningful Engagement of PLWNCDs and Mental Health conditions (see Fig. 8), have been effective in raising awareness and fostering active civil society participation to engage in the development of the framework, particularly among PLWNCDs, within the broader NCD agenda. This increased civil society participation is evident at the global and regional levels and, to a lesser extent, at the national level.

However, interviews highlighted ongoing challenges, including limited resources and inconsistent prioritization of PLWNCD engagement by governments. Despite these barriers, opportunities exist to strengthen national-level implementation. For example, a private sector-funded initiative in the Eastern Mediterranean Region aims to support the framework's implementation. Currently in its inception phase, this initiative has the potential to provide valuable lessons and case studies for broader application. Additionally, one Member State interviewee expressed interest in utilizing the PLWNCD framework, recognizing it as a practical tool for fostering national engagement and strategy development at the national level.

Engagement with the framework has also been observed at the WHO regional level through meetings and consultations. Notably, five regional policy briefs on the engagement framework have been completed (Regional Offices for Africa, the Americas, Eastern Mediterranean, South-East Asia and the Western Pacific), with one in draft form for the Europe Region.

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

Finding for Q5

GCM/NCD implementation is influenced by 1) access and dissemination challenges, 2) complexity of materials (i.e. choice for 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.

- **Access and dissemination of material:** Stakeholders called for translation of materials into WHO official languages and for resources tailored to regional contexts, enhancing accessibility and engagement.
- **Derivative products:** There is an opportunity to improve clarity and usability by simplifying language and developing derivative products for complex documents like the PS Tool and engagement frameworks.
- **Linkages with Member States and offices:** Strengthening interaction with WHO country and regional offices could enhance implementation, though dedicated staff and resources are needed to support this effort and may require resource mobilization.

Interviews identified the following factors that can influence the achievement uptake of GCM/NCD products, and which can be improved.

Access to and dissemination of products:

Interviewees highlighted challenges in the accessibility and regional relevance of GCM/NCD products, noting that materials could benefit from simpler language and regional tailoring. Suggestions included making resources more visible by incorporating region-specific case studies and enhancing promotion of the KAP. Although some users found KAP accessible, particularly on mobile devices, others experienced difficulties navigating the extensive content and recommended adding user-friendly filtering options.

While social media is leveraged indirectly through individual WHO staff social media accounts, most communication remains direct, such as one-on-one meetings between GCM/NCD Secretariat staff with regional colleagues. However, interviewees suggested that more proactive dissemination methods could broaden the dissemination reach of GCM/NCD products and improve awareness.

Quality and usability of GCM/NCD products:

GCM/NCD products were viewed by most interviewees as high-quality, well-structured, and practical for stakeholders, with the outputs meeting WHO standards. However, interviewees pointed out areas for improvement, such as simplifying language, reducing repetition, and offering regionally tailored follow-up materials. For instance, the PLWNCD framework and PS Tool, while valuable, were seen as complex and lengthy. To improve usability, stakeholders suggested a more stepwise format with executive summaries to aid adoption at the country level. Additionally, interviewees recommended expanding products like the PS Tool into a comprehensive WHO toolkit that includes guidance on conflict-of-interest management and risk mitigation strategies when dealing with the private sector, ensuring broader applicability for stakeholders across contexts.

Regional and country-level engagement:

Collaboration with WHO regional and country offices plays a significant role in implementing GCM/NCD initiatives, but interviews revealed challenges in communication between regional and country offices and WHO headquarters, insufficient human resources at all levels and time demands for coordination across WHO levels. Successful partnerships between the GCM/NCD Secretariat and WHO country offices were noted, particularly where events, advocacy efforts and WHO's credibility attracted local interest and supported products like the framework for meaningful engagement of PLWNCDs. However, interviewees pointed to instances where initial enthusiasm did not translate into sustained engagement, often due to limited follow-up or stalled communication with ministries of health.

Local activities frequently depend on national funding, which constrains collaboration if resources are unavailable. Interviewees praised GCM/NCD's flexibility in adapting outputs to country-specific needs, with regions such as the Europe Region actively engaging and expressing ownership of products like the framework for meaningful engagement of PLWNCDs. In contrast, some regions reported feeling less aware of GCM/NCD products, highlighting the importance of consistent follow-up and resource allocation to support engagement across all regions.

4.3 Findings on efficiency

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

Finding for Q6

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.

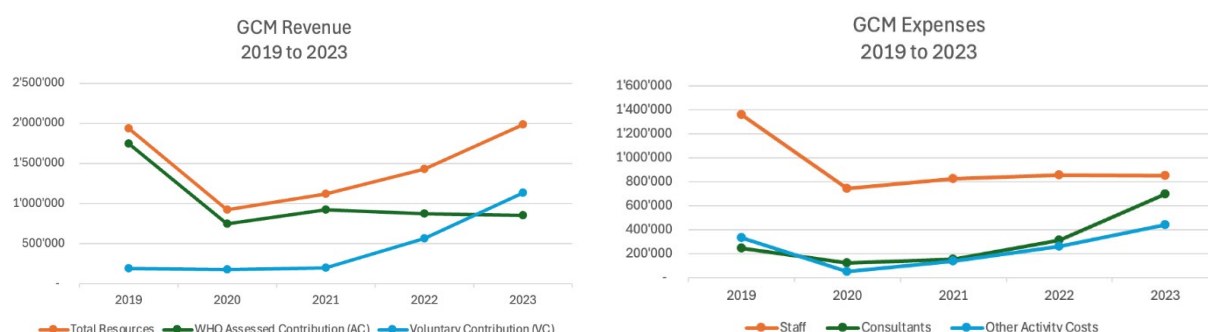
Due to the lack of detailed financial data on GCM/NCD activities, an assessment of efficiency was not possible.

Financial data are presented until December 2023. The funding figures available for 2024 are only until September 2024 (nine months) and therefore do not allow a complete comparison and are not included in Fig. 11.

The GCM/NCD's resource availability was significantly impacted by the COVID-19 pandemic. As shown in Fig. 11, the GCM/NCD budget was reduced by 53% in 2020. By 2023, total resources returned to 2019 levels, though WHO's Assessed Contribution (AC) decreased by 51%, while donor funding (Voluntary Contribution, VC) saw a sixfold increase from 2019 to 2023.

Staff costs decreased by 38% between 2019 and 2023, while consultant costs rose by 186%. Additionally, costs related to activities such as events and workshops peaked at US\$ 437 000 in 2023.

Figure 11. GCM/NCD revenue and expenses (US\$), 2019 to 2023



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)?

Finding for Q7

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.

- The GCM/NCD governance structures and processes function well overall.
- There are areas for improvement.
 - Stakeholders highlighted the need for stronger monitoring and evaluation systems, increased capacity-building efforts at national level on GCM/NCD products and deeper engagement with Member States, particularly in non-health ministries.
 - Improving internal coordination within WHO, simplifying tools for easier use and fostering innovation through platforms like the KAP are also important.

Governance structures and stakeholder engagement:

The GCM/NCD's governance structure – i.e. its reporting through the Director-General to and overseen by the Executive Board and World Health Assembly – has legitimacy through Member State-led oversight. In practice, the GCM/NCD could benefit from more active Member State involvement. Interviewees highlighted a need for regular reporting to governing bodies to strengthen Member State engagement, particularly beyond health ministries, for a more comprehensive multisectoral approach to NCDs. Engaging non-health ministries was seen as essential for aligning GCM/NCD operations with national priorities and broadening multisectoral collaboration, a critical aspect of efficient governance.

Monitoring, evaluation and strategic alignment:

By highlighting the lack of monitoring data on use of GCM/NCD products, the evaluation demonstrated the importance of robust M&E systems in improving decision-making and operational efficiency. Interviewees noted a gap in the availability of clear performance indicators for outcomes at the regional and national levels, which constrains the ability to track progress and evaluate impact effectively. **Section 1.2.5** of the evaluation report, which examines the theory of change, identified shortcomings in the existing logic model. These findings point to the need for a revised programme logic model and the establishment of a performance measurement framework, including the development of specific indicators for immediate, intermediate and long-term outcomes.

Capacity-building and tool simplification:

To enhance the operational efficiency of GCM/NCD, stakeholders recommended expanding capacity-building initiatives related to the GCM/NCD workstreams and products, such as webinars and workshops with regional and national stakeholders, and capacity-building at national level, aimed at strengthening multisectoral coordination. Interviewees also emphasized the need to simplify tools like the Private Sector Tool to make them more user-friendly and practical for implementation at the national level. Continued innovation, particularly through platforms like the KAP and the NCD Lab, would improve accessibility and usability of

GCM/NCD products and information, with suggestions to add interactive features for real-time stakeholder engagement.

Internal coordination and organizational position within WHO:

The GCM/NCD's current placement within the Global NCD Platform (GNP) is viewed positively by people interviewed for its potential to enhance collaboration with UNIATF; however, internal WHO collaboration and coordination remains challenging. Interviewees noted WHO's fragmented organizational structure in terms of NCDs.²⁴ The collaboration challenges were exacerbated following the transition from reporting to the Deputy Director-General to the Assistant Director General for the Noncommunicable and Communicable Diseases Division. Continued senior leadership support and cross-departmental collaboration were identified as critical to optimizing the GCM/NCD's integrated approach to NCDs within WHO, ensuring operational efficiency across departments.

4.4 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?

Finding for Q8

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. There is a need to extend beyond the health sector to other stakeholders in non-health related sectors.

The GCM/NCD has made important strides in leading and supporting collaborative global and regional NCD efforts, convening diverse stakeholders and providing technical guidance²⁵ and innovative platforms such as the KAP. However, interviews and document reviews²⁶ indicate that further progress is needed to strengthen its collaborative approach at the country level and realize the expectations set out in WHA Decision 74(11), which outlines GCM/NCD functions until 2030.

As an example, the final evaluation of the GCM/NCD in 2020 identified the need to enhance the country reach of GCM/NCDs work by a focus on reaching national NCD focal points based at ministries of health and country stakeholders and supporting WHO country offices with a clear strategy on what the aim of such support is and what inputs are required from WHO headquarters and regional offices.

It is worth noting that while several interviewees questioned whether the GCM/NCD should focus on country-level activities given its mandate as a global convener of NCD stakeholders, this view represented a minority opinion. The majority of interviewees expressed that the GCM/NCD should continue to strengthen its capacity-

²⁴ Interviewees frequently noted that while the GCM/NCD operates within the UHC/NCD Division alongside various NCD technical departments and the Mental Health department, other critical areas, such as risk factor-related departments (e.g. social determinants) and those focused on primary health care and integrated health systems, are situated in a separate division.

²⁵ Technical guidance refers to the Private Sector Tool and the framework for meaningful engagement of PLWNCDs.

²⁶ The need for more country-level focus through support to WHO country offices was identified in the final evaluation report from 2020.

building efforts at the country level. Moreover, as fully part of the WHO Secretariat, the GCM/NCD's support for country offices would contribute to efficiency and to country level impact.

The evaluation concludes that since the GCM/NCD engages in developing technical guidance documents (meaningful engagement framework, the Private Sector Tool, and the pending national level multistakeholder guidance framework), it is incumbent upon it to oversee at least a piloting of those guidance document at country level. This should follow and respect the established workflow of the three levels of WHO, with WHO country offices taking the lead with support of GCM/NCD. Such pilots will provide an opportunity to validate the guidance and provide valuable lessons learned and best practices that can be disseminated to assist other countries interested in implementation of said guidance.

Regarding added value, areas identified by interviewees include the following:

Global coordination and convening role:

The GCM/NCD has effectively positioned itself as a central platform for facilitating and promoting multisectoral and multistakeholder collaboration in the NCD landscape. Interviewees highlighted the mechanism's ability to bring together diverse stakeholders, including government representatives, civil society and the private sector in line with WHO's FENSA, and people with lived experiences. According to interviews, this convening role, further reinforced by being part of WHO, has elevated NCD issues on the global stage and strengthened WHO's broader NCD strategies. The GCM/NCD's inclusive approach to engaging NSAs has promoted cross-sectoral participation, which interviewees emphasized as valuable to its mission.

Digital platforms and knowledge-sharing:

The GCM/NCD has successfully leveraged innovative digital platforms, particularly the KAP, as flexible, user-friendly tools for real-time engagement and collaboration. Interviewees reported that the KAP is agile, enabling broad participation in knowledge-sharing activities and promoting visibility for participants in the Community of Practice, such as the Global Alliance against Chronic Respiratory Disease (GARD) within the NCD community. Areas for improvement for KAP have been identified under Questions 3.1 and 4.1.

Country-level impact and internal WHO coordination challenges:

The GCM/NCD faces challenges in achieving consistent country-level impact, where its frameworks are not always adapted to national contexts. For example, in some interviews with Member States, they indicated a desire to move on such things as the Private Sector Tool, but indicated they still needed technical support from WHO to do so. In addition, there may be a lack of awareness of GCM/NCD and its products. Interviews revealed that, although the GCM/NCD has outreached to some Member States, there is a need for increasing reach through WHO channels (i.e. through WHO regional and country offices) to national NCD focal points in ministries of health.

Additionally, internal WHO coordination remains challenging. Interviewees suggested the GCM/NCD could better align with WHO departments focusing on Universal Health Coverage and primary care, while the document review (GCM/NCD Final Evaluation, 2020) noted that the GCM/NCD's shift to the Global NCD Platform could improve alignment with broader NCD work but requires stronger interdepartmental collaboration to fully leverage WHO's multisectoral expertise.

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?

Finding for Q9

The GCM/NCD has effectively coordinated with WHO's technical NCD programmes and, to an extent, with global mechanisms like UNIATF, fostering complementary roles in NCD prevention. However, further alignment is needed at the country level.

- The GCM/NCD has advanced global coordination for NCDs, aligning with WHO's technical NCD programmes and, to some extent, with the UN Task Force to leverage each entity's strengths in multistakeholder engagement, multisectoral coordination and technical expertise.
- Stakeholders note challenges in achieving consistent country-level alignment between GCM/NCD and UNIATF with a need for stronger GCM/NCD and Task Force coordination to support unified multisectoral action across national contexts.

Collaborating with external mechanisms:

The GCM/NCD has developed productive collaborations with various mechanisms and WHO departments, particularly evident through its tool development efforts and its ongoing work with UNIATF²⁷. Despite these strengths, there are opportunities for more integrated coordination, clarifying roles and strengthening cross-cutting collaborations at both the global and local levels.

Interviewees highlighted the GCM/NCD's strong alignment with other WHO departments, especially during the creation of specific tools. For example, the PS Tool was developed with active input from various WHO departments through the WHO Informal Consultative Working Group²⁸, ensuring that it aligned well with existing tools. This collaborative approach has been a valuable aspect of GCM/NCD's work, highlighting its commitment to creating complementary resources.

According to interviewees, collaboration between the GCM/NCD and UNIATF has shown improvement over time, with both entities maintaining distinct but complementary roles. While UNIATF focuses on UN-level coordination, the GCM/NCD has effectively sustained its position in global coordination, which has clarified each mechanism's contributions to NCD prevention. Nevertheless, several interviewees suggested that the GCM/NCD's partnership with the Task Force could benefit from further strengthening, particularly regarding multisectoral action at the country level. According to interviewees, enhanced collaboration between these entities could promote a more unified approach to NCD prevention and response in national contexts.

According to interviewees, in past years, noting the different mandates of each, the WHO GCM/NCD and the NCD Alliance, an international NGO, encountered instances of duplicated efforts in the area of meaningful engagement initiatives. However, continued collaboration and coordination has addressed these overlaps (the NCD Alliance is a GCM/NCD Participant and active in several working groups). There remains a broader need, however, for clearer role delineation across the diverse groups involved in NCD prevention and response, including recognition of each entity's respective mandate and comparative advantage(s). Interviewees

²⁷ UNIATF was established by the UN Secretary-General in 2013 and reports of the United National Economic and Social Council. The Secretariat is based in WHO headquarters. The Task Force brings 45 UN system agencies and intergovernmental organizations together to support governments in reducing the burden of NCDs.

²⁸ There were up to 32 participants in the ICWG from WHO headquarters technical departments, regional and country offices.

emphasized that the GCM/NCD would benefit from more explicit communication about its unique role, particularly at the country level, to help distinguish its contributions from those of other initiatives.

Internal collaboration within WHO:

The GCM/NCD's collaboration with various WHO departments has been positive, though interviewees suggested that this could be expanded. In particular, some interviewees felt that stronger connections with departments focused on 1) health promotion, 2) social determinants of health and 3) investment cases would foster greater cross-cutting collaboration within WHO.

Overall, according to interviewees, the role that the GCM/NCD plays within WHO — facilitating multistakeholder and multisectoral engagement — has complemented, rather than duplicated, the work of other NCD programmes, which tend to focus more on specific disease risk factors or technical interventions:

Fragmentation of WHO's departments responsible for diverse NCD issues was noted as a challenge, particularly given organizational restructuring in 2019. This restructuring, while designed to streamline WHO's approach, was perceived by some interviewees to make it harder to coordinate and collaborate on multistakeholder action on NCDs.

There are missed opportunities for collaboration with other WHO departments that focus on NCD prevention and management. Some interviewees mentioned that the WHO resolution on social participation for universal health coverage, health and well-being (A77/A/CONF/2, 28 May 2024), for instance, did not reference the GCM/NCD's meaningful engagement framework, which could have reinforced alignment across WHO's efforts to prevent and control NCDs. The GCM/NCD's frameworks on social participation and meaningful engagement could be better integrated within WHO's broader NCD prevention efforts.

Despite these challenges, respondents acknowledged that the GCM/NCD's coherence with other NCD programmes within WHO has strengthened over time. For instance, the recent emphasis on technical areas has necessitated closer consultation with WHO's NCD department, leading to improved connections and collaboration across departments.

5.0 Conclusions

5.1 Relevance

1. **GCM/NCD operating model advancing multisectoral and multistakeholder collaboration:** The GCM/NCD operating model remains a relevant mechanism, advancing multistakeholder collaboration for NCD prevention and control. While progress has been made, opportunities exist to enhance participation among GCM/NCD Participants and improve multisectoral collaboration, particularly with non-health and private sectors, to address broader determinants of health. Current activities, such as the NCD Lab, highlight the GCM/NCD's engagement with grassroots organizations and local communities, extending beyond its international civil society Participants. The ongoing Participant Engagement Strategy aims to strengthen relationships within the mechanism. With 34 Participants listed in KAP and around 30 additional applications in progress, it will be crucial to assess the final roster and ensure balanced stakeholder representation aligned with GCM/NCD objectives.

Stakeholders emphasize the importance of deepening collaborations, particularly at regional and country levels, while enhancing engagement with non-health sectors. In response to emerging themes such as climate change, emergencies and communicable disease comorbidities, the GCM/NCD must reaffirm its multistakeholder approach. Given capacity constraints, careful consideration is needed to determine whether and how to address new themes, potentially through knowledge-sharing platforms or advocacy roles, alongside discussions on funding and resources. As preparations continue for HLM4 in 2025, the GCM/NCD plays a critical role in facilitating dialogue and ensuring the voices of non-state actors, including civil society, academia and people with lived experience, are effectively represented. (Q1)

5.2 Effectiveness

1. **Priority Area 1 (KAP):** Overall, the KAP platform has seen: 1) enhanced content, 2) expanded reach (as reflected by the rise in unique users) and 3) improvements in engagement (measured by sessions per user and views per session, as well as in content contribution and user sign-up to the platform). There is evidence that stakeholders use KAP for information-sharing, knowledge-building and collaboration, although the exact extent of utilization is difficult to assess given limited performance metrics. KAP is exploring new metrics to better assess use. This priority area has demonstrated progress at both the output and outcome level. (Q3/Q4)
2. **Priority Area 2 (stocktaking):** While the products have been well-received, there needs to be improved tracking of the knowledge transfer of GCM/NCD products (i.e. reach, usefulness, use) to be able to assess use at country level. The available download statistics from the WHO IRIS system seem to indicate that there has been significant reach of the products, although the leading countries for downloads are all developed countries. This priority area has achieved its intended outputs, but information is not available to assess achievement of outcomes. (Q3/Q4)
3. **Priority Area 3 (PS Tool):** The PS Tool is a valuable resource for guiding Member States in engaging with the private sector, particularly in navigating complex stakeholder relationships. Noting that the Tool was recently launched (July 2024), its eventual uptake will depend on the interest of regions and countries and available resources. GCM/NCD has participated in several meetings with regions and

countries to present the Tool. Also note that despite its recent publication, there have been identified instances of countries using the Tool. Similar to Priority Area 2, there needs to be better tracking of the knowledge transfer of GCM/NCD products (reach, usefulness, use) to be able to assess use at country level. There is a need for continued promotional efforts to ensure the Tool reaches and is used by Member States. This priority area has achieved its intended outputs and demonstrated progress towards achieving outcomes. (Q3/Q4)

4. **Priority Area 4 (multistakeholder responses):** The work on the Guidance Framework for multistakeholder approaches is ongoing. It is too early to assess outputs and outcomes. (Q3/Q4)
5. **Priority Area 5 (PLWNCDs, civil society):** The framework for meaningful engagement has laid a solid foundation for including PLWNCDs in NCD responses, promoting health equity and fostering collaborative efforts across regions. While the framework has had significant reach, its implementation is still in the preliminary stages and faces several challenges, including inconsistent prioritization across countries. It is noted that the GCM/NCD aims to develop a toolkit for Member States on implementing the framework. The NCD Lab promotes collaboration, innovation and inclusion, particularly through its grassroots focus. Further awareness-raising and advocacy efforts are needed to strengthen engagement across regions and sectors and to refine processes for selecting and scaling up innovative projects. The NCD Lab will require continued adaptation and outreach and the resources to do so. GCM/NCD aims to develop a toolkit to support governments to identify and scale up grassroots innovations and community led initiatives. This priority area has achieved its outputs, but it is too early to assess outcomes. (Q3/Q4)
6. **Challenges, opportunities and areas of improvement:** The GCM/NCD implementation is shaped by challenges of document accessibility, material complexity and variable engagement with Member States and WHO regional offices. Limited translation and tailoring of resources hinder uptake, while complex language and formats reduce usefulness. Stakeholders emphasized the need for simplified derivative products, regional adaptations and proactive communication strategies to enhance reach and engagement. Strengthening linkages with WHO regional and country offices requires dedicated resources and improved follow-up mechanisms. Addressing these areas could enhance the reach, use and regional relevance of GCM/NCD products, supporting more effective multistakeholder and multisectoral collaboration. (Q5)

5.3 Efficiency

1. **GCM/NCD human and financial resources:** The GCM/NCD's efficiency in utilizing human and financial resources has been affected by significant budget variations from 2019 to 2023, including a decline in WHO core funding and full-time staff, coupled with increased reliance on donor funding and consultants. These shifts, influenced in part by the COVID-19 pandemic, have posed challenges for effective programme management and sustainability. The reliance on external funding underscores the need for strategic resource planning to ensure long-term stability and implementation efficiency. (Q6)
2. **GCM/NCD governance structures and processes:** The governance structures (as part of WHO) and processes of the GCM/NCD are fit for purpose and support efficient operations, but there are opportunities for improvement. Strengthening monitoring and evaluation (M&E) systems, including

revising the underpinning theory of change (logic model) and implementing a performance measurement framework, is critical. Increased capacity-building efforts at national level and deeper engagement with Member States, particularly non-health ministries, are needed. Internally, improving WHO coordination, simplifying tools and leveraging platforms like the KAP can enhance usability and foster innovation. Clearer delineation of roles with WHO's other NCD-related units is necessary. (Q7)

Visibility and communication about GCM/NCD activities and tools remain areas for growth to increase awareness and country-level engagement.

5.4. Coherence

1. **Contribution to global approaches and partnerships for NCDs:** The GCM/NCD has made significant contributions to coordinating global approaches and fostering partnerships for NCDs, particularly through its multistakeholder engagement focus. It serves as a pivotal platform for collaboration in line with WHO's FENSA, providing technical guidance through tools like the Private Sector Tool and framework for meaningful engagement. However, its added value at the country level remains nascent, with capacity-building activities only recently initiated in 2024.

The mechanism's focus on fostering innovation, peer learning and global-regional alignment is widely appreciated, though challenges persist in translating these efforts into actionable results at the country level. Stakeholder views diverge on whether the GCM/NCD should prioritize global convening or expand its country-level focus. Current plans to pilot capacity-building activities — dependent on available resources — offer opportunities to identify best practices and lessons learned. Balancing global and country-level coordination will be key to maximizing the GCM/NCD's impact and sustaining its relevance. (Q8)

2. **Alignment and collaboration with others in NCD landscape:** 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 the UNIATF. Its tools, like the PS Tool, reflect cross-WHO collaboration and highlight its strength in multistakeholder engagement. However, consistent alignment at the country level remains a challenge. Greater collaboration between the GCM/NCD and UNIATF is needed to integrate their complementary strengths — multistakeholder collaboration and multisectoral engagement — into unified country-level action per their respective mandates and operating models, ensuring more cohesive and impactful approaches to NCD prevention across sectors. (Q9)

6.0 Recommendations

The recommendations below have been targeted at WHO leadership (ADG/UCN), the GCM/NCD or WHO regional offices or some combination thereof. All recommendations will need to be considered in light of resource and capacity requirements.

Recommendations related to the alignment and coherence of GCM/NCD

Recommendation #1: Expand engagement with non-health sectors and the private sector

- **Recommendation:** 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 Private Sector 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.
- **Based on conclusions** 5.1 (Q1), 5.2 (Q3/Q4 - Priority Area 3 (PS Tool), Priority Area 4 (Multistakeholder responses), and Priority Area 5 (PLWNCDs, Civil Society)), 5.3 (Q7).
- **Timeline:** now and ongoing
- **Targeted at:** GCM/NCD, WHO regional offices

Recommendation #2: Strengthen internal WHO collaboration and clarify roles within the Global Platform on NCDs (GNP)

- **Recommendation:** 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, 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 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.
- **Targeted at:** ADG/UCN, UNIATF Steering Group, GCM/NCD
- **Based on conclusions** 5.1 (Q1), 5.2 (Q3/Q4 - Priority Area 3 (PS Tool), Priority Area 4 (Multistakeholder responses), and Priority Area 5 (PLWNCDs, Civil Society)), 5.2 (Q5), 5.3 (Q6), 5.3 (Q7), 5.4 (Q8) and 5.4 (Q9).
- **Timeline:** 2025, and ahead of development of new workplan for period 2026–2030.

Recommendations related to the operations of GCM/NCD

Recommendation #3: Enhance regional and national engagement through targeted capacity-building initiatives

- **Recommendation:** 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 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.
- **Based on conclusions** 5.1 (Q1), 5.2 (Q3/Q4 - Priority Area 3 (PS Tool), Priority Area 4 (Multistakeholder responses), and Priority Area 5 (PLWNCDs, Civil Society)), 5.2 (Q5), 5.3 (Q7) and 5.4 (Q8).
- **Timeline:** present to end of current workplan.
- **Targeted at:** GCM/NCD, WHO regional offices.

Recommendation #4: Refine M&E metrics and reporting mechanisms

- **Recommendation:** The GCM/NCD should enhance its monitoring and evaluation (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.
- **Based on conclusions** 5.3 (Q7).
- **Timeline:** 2025, in advance of development of new workplan for period 2026–2030.
- **Targeted at:** GCM/NCD.

Recommendation #5: Improve accessibility and tailoring of GCM/NCD resources for local contexts

- **Recommendation:** 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.
- **Based on conclusions** 5.1 (Q1), 5.2 (Q3/Q4 - Priority Area 1 (KAP)), 5.2 (Q5), 5.3 (Q7), and 5.4 (Q8).
- **Timeline:** now and ongoing.
- **Targeted at:** GCM/NCD, WHO regional office

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Annex 1. Evaluation matrix

Evaluation question	Subquestion	Indicator	Line of Evidence
Criterion 1: Relevance			
1. How appropriate is the new GCM/NCD operating model in advancing multisectoral and multistakeholder collaboration towards NCD targets and SDG 3 at global, regional and national levels as well as within WHO (Global Programme of Work)?	1.1 To what extent are there gaps in the constituencies involved in GCM/NCD?	i) Stakeholders' perspectives	<ul style="list-style-type: none"> • Document review • Interviews • Focus groups
	1.2 To what extent is the design of participatory and consultative multistakeholder and multisectoral approaches meeting the needs of stakeholders at global, regional and national level?	i) Consistency of operating model with the need for a multisectoral and multistakeholder mechanism according to GCM/NCD participants, other UN agencies and WHO stakeholders ii) Stakeholder perspectives	<ul style="list-style-type: none"> • Document review • Interviews • Focus groups
	1.3 Looking forward, can the current operating model address new trends and challenges in the NCD environment? Sectorially? Stakeholders? Priorities?	i) Stakeholder perspectives ii) Identification of new trends and challenges	<ul style="list-style-type: none"> • Document review • Interviews • Focus groups
2. To what extent does the GCM/NCD consider gender equality, health equity (leaving no one behind) and human rights?		i) Stakeholder perspectives ii) Identification of actions of inclusion	<ul style="list-style-type: none"> • Document review • Interviews
Criterion 2: effectiveness			
3. To what extent has the GCM/NCD workplan been implemented to effectively support the delivery of its five functions in synergy?	3.1. To what extent has the operational backbone for knowledge collaboration and the dissemination of innovative multistakeholder responses at country level been enhanced (Priority Area 1)?	i) Expanded data and information (stocktaking, community engagement, best practices, success stories, etc.) (from workplan) ii) Enhanced KAP functionalities for improved knowledge collaboration (from workplan)	<ul style="list-style-type: none"> • Document review • Interviews • Focus group

Evaluation question	Subquestion	Indicator	Line of Evidence
		iii) NCD Voices in the Decade of Action webinar series developed and delivered	
	3.2 To what extent has global stocktaking of multistakeholder action at country level and for codesigning and scaling up innovative approaches, solutions or initiatives been enhanced (Priority Area 2)?	i) Online registry of multisectoral actions developed and maintained (from workplan) ii) Special Report on multisectoral approaches and experiences at national or sub-national levels developed (from workplan) iii) Collaboration mechanism to develop the Registry and Special Report was participative and consultative iv) Registry and Special Report has been accessed (reach) and viewed by users as useful v) General Meeting of GCM/NCD Participants has been convened (from workplan)	<ul style="list-style-type: none"> • Document review • Interviews • Focus group
	3.3 To what extent has guidance to Member States on engagement with non-State actors been provided and/or updated (Priority Area 3)?	i) Tool developed to guide Member States on engaging NSA and the private sector (from workplan) ii) Capacity development activities undertaken for use of the NSA engagement tool by Member States (from workplan) iii) Collaboration mechanism to develop the NSA engagement tool was participative and consultative iv) NSA engagement tool has been accessed (reach) and viewed by users as useful v) new phase (3 rd) of the WHO CSWG on NCDs has been established (from workplan)	<ul style="list-style-type: none"> • Document review • Interviews • Focus group
	3.4. To what extent has the capacity of Member States and civil society to develop national multistakeholder responses for the prevention and control of noncommunicable diseases been strengthened (Priority Area 4)?	i) WHO Guidance Framework for national and multistakeholder coordination mechanisms has developed (from workplan) ii) Capacity development activities been conducted on the WHO Guidance Framework (from workplan) iii) Collaboration mechanism to develop the WHO Guidance Framework was participative and consultative iv) WHO Guidance Framework has been accessed (reach) and viewed by users as useful	<ul style="list-style-type: none"> • Document review • Interviews • Focus group

Evaluation question	Subquestion	Indicator	Line of Evidence
		v) GCM/NCD Participants Engagement Strategy developed and implemented (from workplan) vi) Case studies produced on contributions of GCM/NCD Participants (from workplan)	
	3.5 To what extent has civil society, including people living with noncommunicable diseases, been able to meaningfully participate in national noncommunicable diseases responses?	i) WHO Framework for Meaningful Engagement of PLWNCDs and Mental Health Conditions developed (from workplan) ii) Collaboration mechanism to develop the WHO Framework for Meaningful Engagement of PLWNCDs and Mental Health Conditions was participative and consultative iii) WHO Framework for Meaningful Engagement of PLWNCDs and Mental Health Conditions has been accessed (reach) and viewed by users as useful iv) Policy briefs developed with Regional Offices on meaningful engagement of PLWNCDs and utilized by Member States (from workplan) v) 3 cycles of the NCD Lab conducted and informed NCD and NCD-related global health agenda (from workplan) vi) WHO Symposium on PLWNCDs established and sustained (from workplan) vii) Guidance developed on the WHO Framework for PLWNCDs for use at country and regional levels	<ul style="list-style-type: none"> • Document review • Interviews • Focus group
4. 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, WHO global NCD action plan 2013–2030 and its implementation roadmap?	4.1 To what extent is KAP utilized by countries and other WHO stakeholders to enhance engagement and collaboration and align GCM/NCD outputs with country needs (Priority Area 1)?	i) Stakeholder perspectives ii) Identification of cases of utilization	<ul style="list-style-type: none"> • Document review • Interviews • Focus group
	4.2 To what extent has the online Registry and the Special Report been utilized by GCM/NCD participants and Member States?	i) Stakeholder perspectives ii) Identification of cases of utilization	<ul style="list-style-type: none"> • Document review • Interviews • Focus group

Evaluation question	Subquestion	Indicator	Line of Evidence
	4.3 To what extent is the Guide on Private Sector Engagement used by Member States and WHO Regional and Country Offices?	i) Stakeholder perspectives ii) Identification of cases of utilization	<ul style="list-style-type: none"> • Document review • Interviews • Focus group
	4.4 To what extent has the Guidance Framework been used by Member States and WHO Regional and Country Offices?	i) Stakeholder perspectives ii) Identification of cases of utilization	<ul style="list-style-type: none"> • Document review • Interviews • Focus group
	4.5 To what extent has the Global Framework for PLWNCDs and Mental Health conditions been utilized/taken up by Member States and WHO (all 3 levels)?	i) Stakeholder perspectives ii) Identification of cases of utilization	<ul style="list-style-type: none"> • Document review • Interviews • Focus group
5. What factors influence GCM/NCD implementation, and which challenges, opportunities, and areas of improvement have emerged?		i) Identification of internal (WHO) factors ii) Identification of external factors	<ul style="list-style-type: none"> • Document review • Interviews • Focus groups
Efficiency			
6. How efficiently has the GCM/NCD used its human and financial resources to implement the GCM/NCD workplan?		ii) Historical analysis (5 years) of financing, staffing and outputs	<ul style="list-style-type: none"> • Document review
7. 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)?		i) Extent to which stakeholders view the GCM/NCD as operating efficiently – best practices and areas for improvement	<ul style="list-style-type: none"> • Document review • Interviews
Coherence			

Evaluation question	Subquestion	Indicator	Line of Evidence
8. 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?		i) Identification of cases of GCM/NCD contribution (led or participated) at global, regional and/or country level ii) Identification of unique value-added role – at global, regional, country level	<ul style="list-style-type: none"> • Document review • Interviews • Focus groups
9. 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?		i) Clarity of roles and responsibilities of the GCM/NCD, UN Task Force on NCDs and WHO technical NCD programmes at all levels ii) Identification of examples of overlap or duplication iii) Identification of cases of collaboration, including across different departments at WHO and with IATF and through other UN agencies	<ul style="list-style-type: none"> • Document review • Interviews • Focus groups

Annex 2. Document list

	File Name	Document Title/Link	Year
GCM Programme Documents			
1	1. 2014-2019-5-years-of-the-global-coordination-mechanism-on-ncds.pdf	2014–2019: 5 Years of The Global Coordination Mechanism on NCDs	ND (no date)
2	Options Paper	A74/10 Add.3 Options Paper on the global coordination mechanism on the prevention and control of noncommunicable diseases	7 May 2021
3	gcm-ncd---narrative-theory-of-change_zero-draft.pdf	WHO Global Coordination Mechanism for the prevention and control of NCDs Theory of Change	ND
4	gcm-ncd-zero-draft-2022-2025-workplan	Draft Workplan for the Global Coordination Mechanism on the prevention and control of NCDs 2022–2025	ND
5	A75_10Add8-en - implementation action plan	Draft Implementation Roadmap 2020–2030 for the Global Action Plan for the prevention and control of NCDs 2013–2030	27 April 2022
6	KAP_1P_June24	Knowledge Action Portal on NCDs (Brochure)	2024
7	KAP_Comms_Engagement_Strategy_Draft_2022-23	Communication & Engagement Strategy 2022/23	June 2022
8	KAP_PROMOTION_PLAN_Q12_2024_V3	KAP Platform Promotion Strategy 2024	2024
9	Compendium – country case studies - multisectoral	Compendium report on multisectoral actions for the prevention and control of noncommunicable diseases and mental health conditions: Country case studies	2024
10	GCM Engagement Strategy		2023
11	Global Mapping Report	Global mapping report on multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions: Experiences from around the world	2023
12	NSA Engagement Strategy revised 25082021	Results of the Online Survey, GCM NCD participant engagement survey	July 2021
13	PS Informed Decision-Making	Supporting Member States in reaching informed decision-making on engaging with private sector entities for the prevention and control of noncommunicable diseases	2024
14	Meaningful engagement framework	WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions	May 2023
15	Nothing for us with us: Opportunities for		2021

	File Name	Document Title/Link	Year
	meaningful engagement of people living with NCDs, Meeting report		
16	Thematic collection from a workshop for Eastern Europe, Central Asia on private sector engagement tool	https://knowledge-action-portal.com/en/content/capacity-building-workshop-supporting-eastern-europe-and-central-asia-eeca-countries	Dec 2023
17	NCD Voices in the Decade of Action, Webinar Series – 4webinars	News Knowledge Action Portal on NCDs	2020
18	CSWG	https://knowledge-action-portal.com/en/action/civil_society_working_group	ND
19	Webinar: CSWG, Exposing COI and undue influence in industry responses before and during Covid-19		2020
20	Webinar, CSWG: People at the Centre: Challenges and Solutions of PLWNCDs during the Covid pandemic		2020
21	Webinar, CSWG: Mobilizing Youth for NCD Prevention and Control during Covid-19		2020
22	CSWG Statement on NCDs and COVID in the margins of the UN HLPF 2020		2020
23	CSWG Statement, Protecting the development and implementation of public health policies from undue influence of unhealthy commodity industries		2020
24	Resilient systems for ‘building back better’. Health and other system requirements for the prevention and control of noncommunicable diseases and COVID-19		2021
25	Webinar, 2023 Multistakeholder Gathering on NCDs		2023
26	Accelerating actions for multisectoral and multistakeholder collaboration, technical meeting Report		June 2024
27	People Power		2023
28	Regional reflections: analysis from informal regional consultations with people living with noncommunicable diseases and mental health conditions		2023
29	WHO framework on meaningful engagement: a transformational approach to integrate lived experience in the noncommunicable disease and mental health agenda		2023

	File Name	Document Title/Link	Year
30 - 35	Five Policy Briefs (i.e. AFRO, EMRO, PAHO, SEARO, WPRO), four of which are final		2023-2024
36	NCD Lab website	https://knowledge-action-portal.com/en/action/ncdlab	ND
37	NCD Lab Webinar: Crowdsourcing grassroots innovation to tackle NCDs	News Knowledge Action Portal on NCDs	2022
38	NCD Lab Webinar: implementing grassroots innovations to take obesity	https://knowledge-action-portal.com/en/news_and_events/videos/8225	2022
39	NCD Lab, supporting grassroots innovations on NCDs to achieve a greater scale and impact	https://knowledge-action-portal.com/en/news_and_events/news/8732	2024
40	WHO Symposium on Meaningful Engagement of people living with NCDs, mental health and neurological disorders	https://knowledge-action-portal.com/en/news_and_events/news/8555	2024
41	Interim Technical Report to Merck Sharp and Dohme Corp.		
42	Developing a Tool to Support Member-States in their Decision-making on Engaging with Private Sector Entities for the Prevention and Control of NCDs: Report of the Sense-checking Workshop, Moldova		02/23
43	Developing a Tool to Support Member-States in their Decision-making on Engaging with Private Sector Entities for the Prevention and Control of NCDs: Report of the Sense-checking Workshop, Jordan		03/23
44	Developing a Tool to Support Member-States in their Decision-making on Engaging with Private Sector Entities for the Prevention and Control of NCDs: Report of the Sense-checking Workshop, India		12/2022
45	Developing a Tool to Support Member-States in their Decision-making on Engaging with Private Sector Entities for the Prevention and Control of NCDs: Report of the Sense-checking Workshop, Botswana		09/22
46	WHO Informal Consultative Working Group Developing a Roadmap to Support Member-States on their Decision-Making regarding on Private Sector Engagement for NCDs: Note for the Record		03/2021

	File Name	Document Title/Link	Year
47	WHO Informal Consultative Working Group (ICWG), Second Meeting Developing a Tool to Support Member-States in their Decision-Making on Private Sector Engagement for the Prevention and Control of NCDs, Note for the Record		06/11
48	WHO Informal Consultative Working Group (ICWG), Third Meeting Developing a Tool to Support Member-States in their Decision-Making on Private Sector Engagement for the Prevention and Control of NCDs, Note for the Record		09/11
49	WHO Informal Consultative Working Group (ICWG), Fourth Meeting Developing a Tool to Support Member-States in their Decision-Making on Private Sector Engagement for the Prevention and Control of NCDs, Note for the Record		Jul 2022
50	Consultation with experts on the draft tool to support Member States in informed decision-making on private sector engagement for the prevention and control of NCDs Meeting Report		Jun 2023
51	Supporting Member States before engaging with private sector entities for NCD prevention and control: A practical tool for informed decision-making / Consultation with GCM Civil Society Participants		Oct 2023
52	Member State Briefing, tool proposed to support Member States in their decision-making on engaging with private sector entities for prevention and control of NCDs		Nov 2022
53	Kick off meeting: ON the road to 2025, presentation		Apr 2024
54	Accelerating actions for multisectoral and multistakeholder collaboration in the lead up to HLM4: Outlining an implementation agenda technical meeting report		June 2024
Past Reviews and Evaluations			
55	A71_14Add1-en - Preliminary Evaluation - 2018	A71/14 Add.1 Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases	19 April 2018
56	B148_7Add2-en - final evaluation 2020	EB148/7 Add.2 Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases Executive summary	13 January 2021
57	gcm-ncd-report-nov2020	Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) Volume 1: Report	Nov. 2020

	File Name	Document Title/Link	Year
58	GCM NCD Annexes Final	Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases Volume 2 Annexes	2020
59	TOR GCM_NCD_final evaluation 5 May	Draft Terms of Reference for the Final Evaluation of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases	May 2020
NCD Documents			
60	GAP 2013–2020	Global Action Plan for the Prevention and Control of NCDs	2013
61	Presentation 2ncd-roadmap	The NCD Roadmap 2023-3030 for the Global Action Plan on the Prevention and Control of NCDs 2013–2030 (Presentation)	2023
62	Best Buys	Tackling NCDs: Best buys and other recommended interventions for the prevention and control of NCDs, 2nd Edition	2024
63	Advancing the global agenda on prevention and control of NCDs 2000 to 2020: looking forwards to 2030		2023
64	2018 Copenhagen Dialogue – NCDs financing – final report	Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control, Meeting Report	2018
65	NCD GAP Final Report	Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 20132020 (NCD-GAP)	
66	NCD Survey 2021	Assessing national capacity for the prevention and control of noncommunicable diseases: Report of the 2021 Global Survey. Geneva: WHO; 2023	2021
67	Toolkit for developing a multisectoral action plan for NCDS		2022
Resolutions			
68	WHA74(11)	The role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases	24 May 2021
69	WHA72(11)	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (UNGA resolution 73/2, 2018)	May 2019
70	WHA66.10	Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (UNGA resolution 66/2.)	May 2013

	File Name	Document Title/Link	Year
Others			
71	UNIATF ToC Workshop V02	UN Task Force on NCDs Workshop Theory of Change	2024
72	GPW 2025–2028	14 th General Programme of Work	2024
73	GPW 2021–2024	13 th General Programme of Work	2020

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