Independent evaluation of the UN Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

Report

World Health Organization

WHO/DGO/EVL/2025.52

Photo credit: WHO / Pierre Albouy

Caption: Seventy-fifth World Health Assembly, Geneva, Switzerland, 22-28 May 2022

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Acknowledgements

The independent evaluation team would like to thank the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (NCDs) Secretariat and members for their insightful and open contributions. Particular thanks are due to Dr Anand Sivasankara-Kurup, WHO Evaluation Office who largely managed the evaluation, and to Dr Nicholas Banatvala, Head of the Task Force, Alexey Kulikov, External Relations Officer, and Alexandra Ladak, Programme Administrator, for their support throughout the evaluation. We would also like to thank all contributors from Member States, Task Force members, country office staff, donors and civil society partners who have provided their views in the frame of this evaluation. The evaluation was quality assured by the WHO Evaluation Office.

Pursuant to the WHO Evaluation Policy (2025), decentralized evaluations refer to those managed, commissioned, or conducted by divisions, departments, or offices outside the Evaluation Office—such as headquarters, regional, or country offices—and typically cover programmatic and thematic areas. In these cases, the Evaluation Office provides quality assurance and technical support.

Independent Evaluation Team
Florianne Gaillardin (Team Lead)
Sugitha Sureshkumar

Evaluation Management Group
Anand Sivasankara-Kurup, WHO Evaluation Office
Nicholas Banatvala, United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases Secretariat
Arwa Khalid, Office of Evaluation, FAO

Evaluation Reference Group
Raoul Bermejo, UNICEF
Christopher Fitzpatrick, WHO
Lynn Gentile, OHCHR
Petra ten Hoope-Bender, UNFPA
Rory Nefdt, UNICEF
Ani Shakarishvili, UNAIDS
Roy Small, UNDP
Dudley Tarlton, UNDP

Acronyms

IAEA	International Atomic Energy Agency
CDC	Center for Disease Control
ECOSOC	Economic and Social Council
EQ	evaluation question
ERG	Evaluation Reference Group
FAO	Food and Agriculture Organization
FCTC	WHO Framework Convention on Tobacco Control
GAP	Global Action Plan
GCM	Global Coordination Mechanism
IARC	International Agency for Research on Cancer
IDLO	International Development Law Organization
ILO	International Labor Organization
ITU	International Telecommunication Union
KIIs	Key Informant Interviews
NCD	noncommunicable disease
NGO	nongovernmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
PHC	Primary Health Care
SDG	Sustainable Development Goal
ToC	Theory of Change
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
WIPO	World Intellectual Property Organization
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
UNHCR	United Nations High Commissioner for Refugees
UNSDCF	United Nations Sustainable Development Cooperation Framework

Executive summary

1. Overview of the evaluation object

The decentralized independent evaluation of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (NCDs) was commissioned by the Task Force Secretariat and its members. This is the first independent evaluation of the work of the Task Force since its creation in 2013. The Task Force consists of 46 UN agencies, funds, programmes, intergovernmental organizations, and development banks with a secretariat at the World Health Organization (WHO). Its purpose is to support the realization of the commitments made in the Political Declaration of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of NCDs, as well as the subsequent commitments made in the High-level meetings on NCDs of 2014 and 2018, ECOSOC resolutions and decisions on the work of the Task Force and in the WHO Global NCD Action Plan extended to 2030. The Task Force reports annually to ECOSOC, which has issued resolutions on the Task Force across its existence.

2. Evaluation purpose, objectives and intended audience

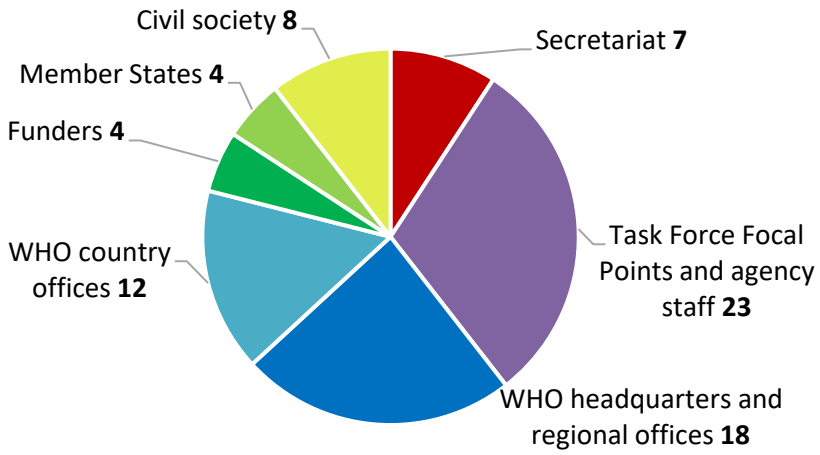
The purpose of the evaluation is to provide an independent assessment of the Task Force strategy, interventions, operations and performance as well as to provide lessons learned on its engagement and coordination with partners. The evaluation is both formative and summative, with the summative aspect assessing the Task Force's contribution to its mandate and objectives as outlined in ECOSOC resolutions – considering both historical developments and the current strategy period. The time frame of the evaluation covers the period from 2014 to 2024.

The evaluation focuses on the implementation of the recent two strategies (2019–2021 and 2022–2025), and also includes progress made since the creation of the Task Force. The evaluation considers the work of the Task Force at global level with a particular focus on actions mentioned in the Task Force's strategies and work plans, and activities implemented in 61 countries. Specifically, the evaluation objectives are to assess the work of the Task Force towards the achievement of its strategic priorities; document the facilitating factors and challenges that hindered progress and provide lessons and recommendations for the next Task Force strategy. The key audiences for this evaluation are the Task Force Secretariat, its members and Member States of the United Nations Economic and Social Council (ECOSOC) and WHO.

3. Methodology

The evaluation opted for a non-experimental evaluation design and used a theory-based approach, testing the causal pathways and assumptions laid out in the evaluation reconstructed theory of change (ToC). A mixed methods approach was employed to gather data and information from quantitative and qualitative sources both through a review of secondary sources and primary data collection. It sought views from a variety of informants at global, regional and country levels. Using OECD criteria, the evaluation assessed the relevance, coherence, effectiveness, efficiency and sustainability of the Task Force, as well as how it promotes health equity, gender equality and disability inclusion. The evaluation team reviewed over 100 documents, conducted key informant interviews, undertook two deep dive studies in Kyrgyzstan and Nigeria and implemented a survey with Task Force focal points. Key informant interviews were conducted with 76 respondents (40 men and 36 women), the stakeholders being distributed as follows:

Fig 1. Respondents to key informant interviews



Key stakeholders contributed to the evaluation design through a theory of change workshop during inception, discussing conclusions and then co-creating recommendations through a two-day workshop held at WHO, Geneva on the 14 and 15 October 2024. Summary findings were presented to the twenty-third meeting of the Task Force (30–31 October 2024).

4. Key findings

Relevance

There is a high demand for the Task Force's coordination role among Member States and UN agencies based on its unique mandate from ECOSOC and the World Health Assembly. The Task Force objectives and design are well aligned to the strategic priorities of several historically engaged agencies. There are, however, variations in the relevance of the Task Force's work to its members' priorities. The Task Force's mandate has gradually expanded over time to include mental health and financing of national NCD and mental health responses, in recognition of the progress made as well as the changing global health landscape and priorities. This increased mandate, and in particular the provision of technical assistance at country level, has led on occasions to a risk of overlap with other WHO offices and teams working on NCDs, requiring better alignment of strategies and workplans, Both member agencies and external stakeholders expect the Task Force to continue to revise its priorities in light of the current global health context, finding a balance between keeping relevant to emerging issues and focusing resources on its core value added.

Coherence

At global level, the Task Force has contributed to building synergies among UN agencies on NCDs through initiating joint programmes including on governance, cervical cancer, tobacco control, harmful use of alcohol and digital health as well as through the Health4Life Fund. However, it is unclear that the Task Force has had sufficient leverage to influence the UN to deliver its ambitious mandate as joint accountabilities are not in place. The efforts of the Task Force have raised the profile of NCDs in some of its member agencies. Overall, there is poor visibility on agencies' level of financial resources on NCDs, and the time allocation for the positions of Task Force focal points varies. With regards to coherence within WHO, there is ample evidence of WHO NCD teams' involvement in Task Force activities at headquarters level. However, on occasion the Task Force's expanded mandate has led to a risk of overlap with other WHO teams working on NCDs, highlighting the need to enhance the alignment of strategies and workplans. In addition, synergies and interlinkages with WHO interventions have been hampered by the fragmentation of the NCD and mental health agendas in WHO, which has resulted in unclear lines of reporting and lack of alignment. The current institutional set up within WHO does not sufficiently

empower the Task Force to implement its UN-wide coordination mandate, and there have also been missed opportunities by the Task Force to leverage WHO resources as part of its work.

Effectiveness and efficiency

The Secretariat has been highly effective in coordinating Task Force activities. Examples include the biannual Task Force meetings, the organization of side events on NCDs at global events, the development of joint NCD programmes, convening Task Force thematic working groups, involving Task Force members in country level work, and active communication on social networks and through a well-designed website. Engagement of Task Force members and partners has been a strong point of the Task Force Secretariat, as evidenced in the high attendance at Task Force meetings as well as in the participation of high-level stakeholders, including heads of agencies and ministers across government, in its joint missions to countries.

The work of the Task Force is particularly complex to monitor and report on given that there are no formal lines of accountability to ensure that members report on progress on joint measurable and time bound targets. The Secretariat has, however, been able to document progress towards its strategic objectives though studies and publications. The Task Force Secretariat has also been able to respond to external events, such as the need for increased coordination during the COVID-19 pandemic. There are instances where Task Force joint missions have contributed to improving multisectoral responses in countries; there is particularly strong evidence of countries using investment cases to progress on the governance, financing and coordination of NCD responses. While an increasing number of UN country development assistance frameworks mention NCDs, the Task Force has only contributed to a limited extent to UN country teams' capacity to support NCD multisectoral responses. The Task Force has been efficient in utilizing resources, with a lean Secretariat that relies on agencies focal points to deliver the work. Most of the Secretariat's budget is spent on country level work, investment cases representing the largest part of the budget. The Health4Life fund has so far raised over US$ seven million and is dedicated to raising catalytic resources to support country responses, underscoring an efficient allocation of resources for effective country support.

Sustainability

The increased focus on raising financial resources to support the implementation of country multisectoral responses to NCD and mental health enhances the sustainability of the Task Force interventions. The Task Forces terms of reference indicate that the WHO programme budgets will include budgetary provisions for the Secretariat. Nevertheless, the sustainability of the Task Force Secretariat and activities remains a challenge and financial commitments and accountability by Task Force members to sustain the Task Force are not embedded in its members' financial planning. The country work of the Task Force has had unequal results in terms of sustainability, some of the missions had long-term results whilst others have remained one-off events. This variability stems mainly from two factors: pre-existing conditions in countries in terms of capacity and political buy-in, and the existence of sufficient resources ensuring that country missions are embedded in longer-term plans by UN agencies in country. The Health4Life fund has mobilized new donors for NCDs despite being set-up with no funding pledges to start with. Lack of internal coordination, including donor outreach, and at times, competition for resources with some of the WHO technical departments, appears to have delayed progress on the Health4Life fund by limiting the donor pool that could be invited to contribute.

Gender, equity and human rights

There is a Task Force Human Rights Team, which has focused on increasing the capacity and awareness of Task Force members to implement rights-based interventions. Much less attention has been paid to gender and equity in relation to NCDs. Although the Task Force and the Global Coordination Mechanism (GCM) have coordinated regularly, there is scope to further leverage the GCM's work on people with lived experiences of NCDs. Some of the Task Force members address comorbidities between mental health and disability, but the interdependencies between disability and NCDs have not been extensively addressed by the Task Force.

5. Conclusions

The following summarized conclusions are directly derived from the evaluation findings.

1. Despite challenges stemming from the institutional set-up within WHO and the funding of its activities, the Task Force has been an exemplar of UN working as one based on its UN-wide mandate and reporting to ECOSOC, providing a successful coordination and engagement mechanism.
2. The Task Force focus on coordination to support multisectoral action on NCDs remains highly relevant. The current strategy provides a clear five-year strategic framework but does not include a strong results framework and a medium-term plan to operationalize thematic priorities.
3. Despite an effective Secretariat team, the Task Force Secretariat role is not adequately supported by governance arrangements and resources across the UN system.
4. There is evidence that the Task Force has been effective in providing a meaningful contribution to national multisectoral responses to NCDs and mental health in some countries; however, there are limitations in effectively engaging United Nations Country Teams (UNCTs) in the follow-up of Task Force country interventions.
5. The Health4Life Fund is recognized as a potentially key enabler to catalyse funding for national NCD responses. Stronger coordination and support, in particular within WHO, are needed to ensure that donors understand the comparative advantage and value-add of investing in this multipartner trust fund.
6. Human rights are reflected in the work of the Task Force, but there is little work around embedding gender and equity.

6. Lessons learnt

Key success factors for the Task Force coordination function are:

- translating UN agencies' global commitments on alignment and coordination at country level, using joint missions and developing investment cases.
- having an active Secretariat's providing support and relationship building with member agencies; and
- independently promote the collective leadership of the UN on NCDs and supporting member agencies to maximize their contribution to the NCD agenda.
- To maximize impact at country level, the following elements are key:
- investment cases help raise the profile of NCDs in countries but need to be accompanied by efforts to support the development, implementation and monitoring of investment plans and budgets.
- Other modalities to work in countries beyond investment cases and joint missions are promising, such as the Health4Life fund and the WHO/UNDP Global Joint Programme on catalyzing multisectoral action.
- Engagement with UNCTs and the Resident Coordinator Offices are key to secure sustained UN coordination on NCDs at country level.
- Maximizing Task Force alignment with WHO entities (GCM, HQ, Regional Office and Country Office NCD and mental health offices/units) will enhance synergies, coherence, efficiency and impact and avoid duplication of effort, should they arise, recognizing comparative advantages of the Task Force and WHO.

7. Recommendations

The following recommendations were cocreated with the Task Force Secretariat and Task Force members during a two-day hybrid workshop (both in-person in Geneva and online) on 14 and 15 October 2024 and validated by the ERG members:

Recommendation 1. Build on the unique value added of the Task Force, maintain focus on alignment and coordination of the UN multisectoral response to NCDs at country level and promote its contribution to the global health coordination agenda, by:

- maintaining the current model of the Task Force as a platform for UN agencies to coordinate and support multisectoral action at country level;
- developing the new strategy in consultation with a wide array of stakeholders, emphasizing opportunities for joint planning involving two or more Task Force members and linkages with global health coordination initiatives such as the WHO Special Programme on PHC and the Lusaka agenda; and
- increasing the Secretariat's support to Task Force members that have been less involved to date, through a targeted approach to engage agencies with a clear stake in specific issues.

Recommendation 2. Enhance joint accountability and resourcing by Task Force member agencies.

- Develop a new Task Force strategy by the end of the current strategic period outlining the joint contribution of its members to the implementation of the 2025 political declaration, the WHO NCD Global Action Plan (GAP) and its Implementation Roadmap for 2023–2030. This strategy should be accompanied by 2-year joint implementation plans identifying entry points in existing programmes of member agencies to integrate NCDs and mental health and priority countries; a joint accountability framework tracking UN alignment and coordination at country level; and a joint resources mobilization strategy for the next task force strategy.
- Identify and mobilize Member States champion(s) to support the development and implementation of the strategy.
- Encourage member agencies to provide dedicated staff time for participating in Task Force activities within their agencies. Focal Point positions should be of sufficient level of seniority to influence strategic and programmatic decisions as well as resource allocations.
- Enhance political will and ownership by member agencies to support the Task Force for example through an annual meeting to report to agencies' leadership for decision on Task Force proposed joint work or/and taking advantage of global events such as the UN General Assembly, the High-level Political Forum convened by ECOSOC or the World Health Assembly to do the same.

Recommendation 3. Enhance the Task Force Secretariat governance, resourcing and leadership to ensure that it has the necessary political leadership across the UN system to deliver on its mandate, by:

- maintaining the current level of human resources of the Task Force Secretariat;
- ensuring that member agencies contribute to the economic sustainability of the Secretariat and its activities, including by supporting fundraising for the Task Force;
- defining clear respective mandates on NCDs among Task Force members;
- enhancing dialogue across WHO to strengthen collaboration and, where required, clarifying respective roles and responsibilities between the Task Force and other parts of WHO, with the Task Force exploring opportunities for synergies with GCM in line with the recommendation of the Evaluation of GCM conducted in 2024; and
- identifying the optimal institutional positioning of the Secretariat to reflect the nature of its mandate by ECOSOC as a UN-wide coordination body and to maintain its independence as a neutral broker of the UN collaboration on NCDs.

Recommendation 4. Enhance the effectiveness of the Task Force at country level by:

reviewing the country prioritization process

- The process of selecting countries for support should include raising the profile of the Task Force and what it can bring in countries; responding to and generating demand from governments and civil-society actors for Task Force support; and mapping UN efforts on NCDs to help prioritize countries.
- A set of conditions that need to be in place in countries needs to be developed.

employing a programme cycle approach to strengthen the capacity of UN country teams

- Focus country-level work on strengthening UN country teams and engagement with the resident coordinators to promote joint work on NCDs;
- Consider supporting fewer countries so that sufficient resources are more likely to be available for follow-up work and M&E of interventions;
- Ensure that follow up to joint missions is embedded in agencies' country and regional plans; and
- Ensure that all joint missions include the cocreation of an action plan with the UNCT, identifying the role of each agency in the implementation of their recommendations.

accelerating progress on the Health4Life fund

- Ensure that Task Force members advocate for the Health4Life fund through a joint resource mobilization strategy for country responses and joined-up UN work at country level.
- Health4Life Fund resources to continue to be primarily directed to government and networks of people living with NCDs and mental health conditions in countries and to provide flexible funding for relevant activities of the Secretariat.
- Ensure the Fund can broaden its offer to any potential donor, with proposals that are complementary to Task Force members' ongoing fundraising for their NCD work.
- Work with recipient countries to showcase results from the first investment round, including through the new South-South learning lab agreed by the Steering Committee.

Recommendation 5. Increase the capacity and focus of the Task Force's work on gender equality, equity and disability inclusion by:

- expanding the scope of the Task Force Human Rights Team to include gender, health equity and disability inclusion;
- identifying entry points for integration of these crosscutting issues across the Task Force's portfolio; and
- meaningfully engaging with communities and networks of people living with NCDs, affected by mental health conditions and relevant vulnerable groups, including by developing synergies with the work by GCM on engagement of people with lived experiences, and by ensuring that their role in implementing Health4Life fund investments is outlined.

Background

Introduction

The decentralized independent evaluation of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (NCDs) was commissioned by the Task Force Secretariat and its members. This is the first independent evaluation of the work of the Task Force since its creation in 2013, with two strategies (2019–2021 and 2022–2025) guiding its work. With the completion of the current strategy in 2025, the rationale for this evaluation is to provide recommendations for enhancing the Task Force's effectiveness in supporting Member States and their development partners to scale up action on NCDs and mental health (MH) conditions. The evaluation covered the period from 2014 to 2024.

To note that aspects of the work of the Task Force were included in the related independent 2020 midpoint evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2020 (NCD-GAP) (2020) *(1)*[1] ,. Concurrent with this evaluation was the mid-term evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) published in early 2025*(2)*.

Context

UN policy context

In September 2011, the United Nations General Assembly (UNGA) convened a High-level Meeting on the emerging global health agenda of NCDs. The resulting Political Declaration *(3)* committed Members States and governments to establish and strengthen multisectoral national policies and plans on NCDs and develop national targets and indicators. As a result, in 2013 the World Health Assembly (WHA) endorsed the WHO Global Action Plan for the Prevention and Control of NCDs (NCD GAP) 2013–2020 *(4)* and adopted the WHO NCD Global Monitoring Framework to track progress in addressing the burden of NCDs *(5)*. The NCD GAP is accompanied by a menu of cost-effective policy options to address NCDs, the "best buys", in its Appendix 3 to help countries prioritize their actions *(6)*. In addition, to mobilize a whole-of-UN response to NCDs, the Inter-Agency Task Force was established by the UN Secretary-General in 2013 pursuant to an ECOSOC resolution the same year *(7)*. According to the Task Force's Terms of Reference, actions of the Task Force and its members are to support, in accordance with their respective mandates, the realization of the commitments made in the Political Declaration of the 2011 High-level Meeting and further elaborated in the NCD GAP.

In 2015, the global commitment to address the NCD burden was enshrined in the UN Sustainable Development Goals (SDG) agenda *(8)*, which includes SDG target 3.4: "By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment" against a baseline of 2015. Commitments made in 2011 were reaffirmed in the 2018 UN General Assembly political declaration "time to deliver" *(9)*, which also expanded the NCDs prevention and control agenda to include air pollution as the fifth main NCD risk factor and mental health disorders as the fifth priority NCD. In 2019, the World Health Assembly decided to extend the

[1] A brief was developed on the work of the Task Force but it was not a comprehensive review of the Task Force nor its capabilities.

period of the NCD GAP to 2030 *(10)* to ensure its alignment with the 2030 Agenda for Sustainable Development. A midpoint evaluation of the NCD GAP was conducted in 2020 *(1)*, recommending a stronger implementation framework for the NCD GAP and providing specific recommendations for the Task Force. A draft Implementation Roadmap was developed for 2023–2030 period *(11)*, and at the Seventy-sixth World Health Assembly in 2023 the list of "best buys" was expanded to better include NCDs in the Universal Health Coverage (UHC) and Primary Health Care (PHC) agendas *(12)*. The next stocktake on the NCD agenda by the UNGA is planned for the fourth High-level Meeting in 2025.

NCDs context

Despite these global commitments, few countries are on track to meet the NCD targets by 2030. NCDs remain a major global health challenge, killing 41 million people each year, equivalent to 74% of all deaths globally, and 86% of premature deaths from NCDs occur in low- and middle-income countries *(13)*. While there was rapid progress between 2000 and 2010 in reducing the risk of premature death from any one of the four main NCDs, the momentum has dwindled since 2015, with annual reductions in premature mortality rates slowing for the main NCDs *(14)*. A key issue has been that domestic responses to NCDs are largely underfunded. In addition, NCDs and mental health receive only 1–2% of Official Development Assistance for health *(15)*. Progress on NCD prevention and control has also been hampered by the COVID-19 pandemic. In 2020, 75% of countries reported a considerable degree of disruption of NCD services *(16)*, and in 2023, about half of countries still reported increased backlogs in services for screening, diagnosis and treatment of NCDs as compared to 2021 *(17)*.

In addition to the global health burden, NCDs have had a major impact on the world economy, both in terms of loss of income due to lower productivity of the workforce and because of the cost in health care. An economic impact assessment conducted as part of the development of the original set of "best buys" indicates that between 2011 and 2025, NCDs are projected to cost low- and middle-income countries more than US$ 7 trillion *(18)*. In addition, NCDs, due to costly and long-term treatment regimes, are a major cause of catastrophic spending for households leading to impoverishment of families. These wide-ranging impacts and slow progress mean that NCDs are a relevant issue for the mandate of all UN agencies *(19)*.

Evaluation object

The object of this evaluation is the United Nations Inter-Agency Task Force on NCDs. Established in 2013, the Task Force provides a platform for cooperation among UN system agencies and intergovernmental organizations to support governments to address NCDs and mental health conditions, leveraging Task Force members' individual mandates, comparative advantages and capacity for enhanced collective results. The Task Force Secretariat is housed within WHO. The purpose of the Task Force is to support the realization of the commitments made in the Political Declaration of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of NCDs, as well as the subsequent commitments made in the High-level meetings on NCDs of 2014 and 2018, ECOSOC resolutions and decisions on the work of the Task Force and in the WHO Global NCD Action Plan extended to 2030 *(7)*.

The Task Force consists of 46 UN agencies, funds and programmes, intergovernmental organizations and development banks with its secretariat at the WHO. Within WHO, the Task Force Secretariat is in charge of overseeing the delivery of the Task Force's strategy and convening its members (full list of Task Force member agencies is included in Annex 10 in the accompanying Annexes document). To date the activities of the Task Force have been financed by WHO. Up until 2024 (the end point of this evaluation), the Secretariat has been part of the Global NCD Platform department which included the WHO GCM/NCD (at the outset of the Task Force in 2013, its Secretariat was located within the Office of the Assistant Director-General for NCDs and Mental Health, and subsequently the Office of the Deputy Director-General). . The Task Force submits a report annually to the ECOSOC (through the WHO Director-General and UN Secretary-General). In turn, ECOSOC has issued resolutions related to the Task Force annually. Between 2014 and 2017 the Task Force operated through two

biennial workplans (2014–2015 *(20)* and 2016–2017 *(21)*). Since then, two strategies (2019–2021 *(22)* and 2022–2025 *(23)*) have guided the work of the Task Force as shown in Fig. 1 below. The time frame of the evaluation covered the period from 2014 to 2024.

Fig. 1. Evolution of the Task Force mandate and strategic priorities based on ECOSOC resolutions

Judging by the Task Force's website, there has been direct involvement of the Task Force in 61 countries (listed in Table 1) through joint missions among its members and development of investment cases.

Table 1. List of countries where the Task Force has conducted activities.

European Region	Eastern Mediterranean Region	Region of the Americas	South-East Asia Region	African Region	Western Pacific Region
Armenia	Bahrain	Argentina	Bhutan	Burkina Faso	Cambodia
Belarus	Iran (Islamic	Barbados	India	Cabo Verde	Fiji
Bosnia and	Republic of)	Colombia	Myanmar	Chad	Lao People's
Herzegovina	Jordan	El Salvador	Nepal	Democratic Republic of the	Democratic
Georgia	Kuwait	Jamaica	Pakistan	Congo	Republic
Kazakhstan	Lebanon	Paraguay	Sri Lanka	Egypt	Mongolia
Kyrgyzstan	Oman	Peru		Eswatini	Philippines
Montenegro	Qatar	Panama		Ethiopia	Samoa
Russian	Saudi Arabia	Suriname		Eswatini	Thailand
Federation	Tunisia			Ghana	Tonga
Serbia				Kenya	Viet Nam

Türkiye Uzbekistan	United Arab Emirates			Madagascar Mozambique Nigeria Sierra Leone Tanzania Zimbabwe Zambia	

Source: UN Task Force website

The resources of the Task Force over the period 2018 to August 2024 amounted to over US$ 9 million, distributed as presented in Table 2.

Table 2. Task Force budget by task category and biennium (in US$).

Task	2018–19	2020–21	2022–23	2024–25 at Aug 24	Total
Joint programme missions	56 443	543 315			599 758
Investment cases	403 258	1 078 041	2 950 531	1 520 187	5 952 017
Global joint programme	265 397				265 397
UNIATF leadership & coordination	16 221	188 197	185 691	180 400	570 509
High-level advocacy (UNGA, ECOSOC)	9 970				9 970
UN partners coordination during COVID-19		205 024			205 024
Technical products development		426 089		69 500	495 589
H4LF			561 645	473 850	1 035 495
Digital platform				9 000	9 000
Misc. expenses/fundraising	98 285				98 285
Total	**849 574**	**2 440 666**	**3 697 867**	**2 252 937**	**9 241 044**

Source: Excel file provided by Task Force Secretariat derived from the WHO Global Management System (GSM)

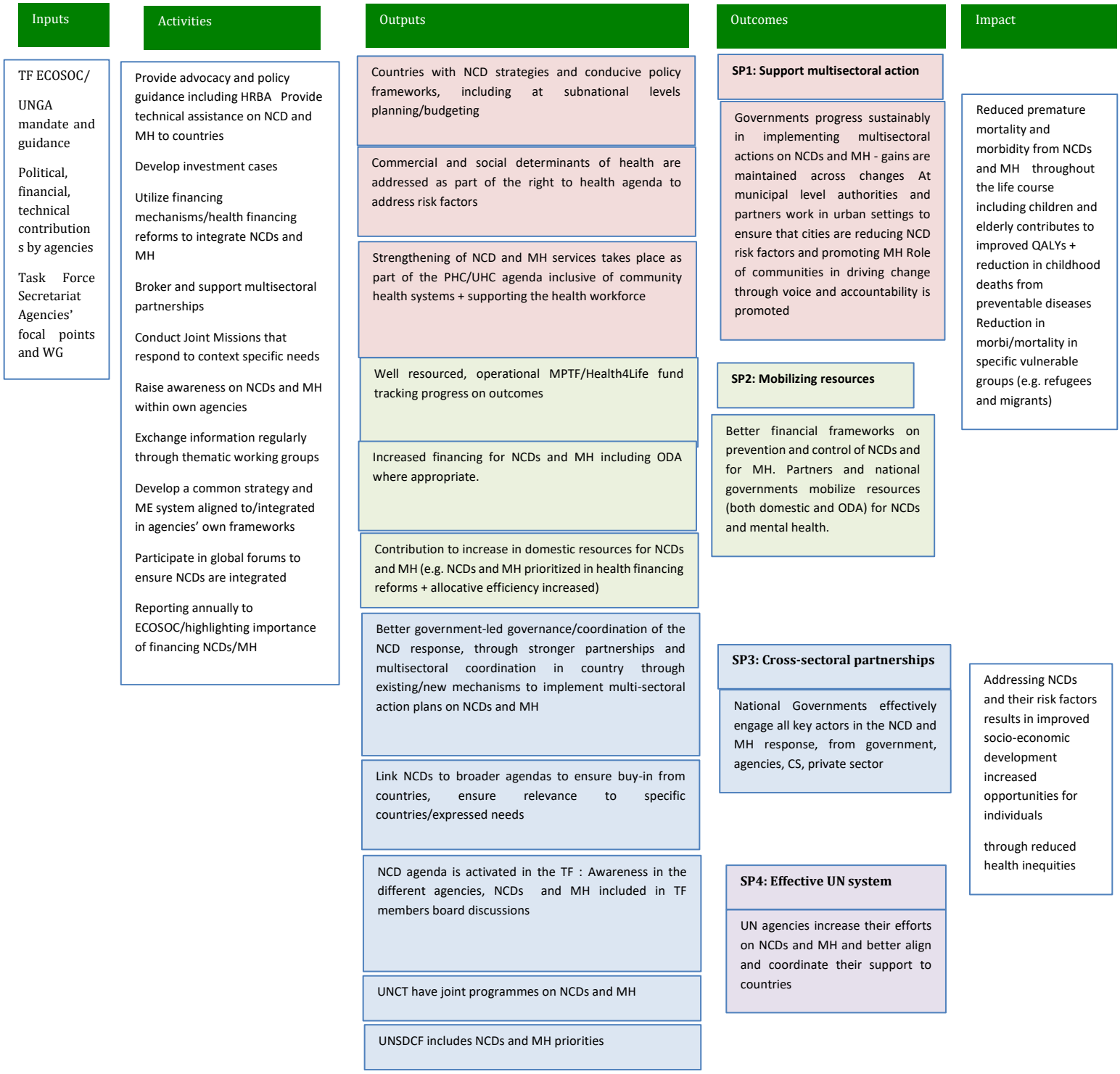
The current 2022-2025 Task Force strategy includes a logic and change model and an indicative monitoring and evaluation framework – with both of these organized around the four strategic priorities (SP) of the Task Force:

- supporting countries to accelerate multisectoral action on the NCD- and mental health-related SDG targets;
- mobilizing resources to support the development of national responses to achieve the SDG targets related to NCDs and mental health;
- harmonizing action and forging cross-sectoral partnerships; and
- exemplifying an ever more effective UN system.

While the framework outlined in the current strategy, which includes a logic and change model, remains relevant to describe the Task Force's priorities and expected contribution, the evaluation terms of reference required that a reconstructed theory of change (ToC) be produced as part of the inception phase to provide an updated and detailed view of the key areas of contribution corresponding to the 2014-2024 scope of the evaluation. The revised ToC was developed by the members of the Task Force represented in the Evaluation Reference Group (ERG) through a process facilitated by the evaluation team. This revised ToC presents intended change pathways relating to the four strategic priorities of the Task Force and key influencing factors (or assumptions). A summarized version is included in

Fig. 2 below, and the detail of the change pathways and underlying assumptions can be found in Annex 4.

Fig. 2. Simplified Task Force theory of change developed for the purpose of the evaluation



The evaluation

1. Use of the evaluation

As described in the evaluation's Terms of Reference (Annex 10, the Task Force evaluation can provide input in various key processes in support of a better UN-wide response to NCDs. The evaluation will be taken into consideration to update the current Task Force's strategy (2022–2025) which will come to an end in 2025. The evaluation will also feed into the process of developing the next strategy (2026–2030). Other key contextual elements for this evaluation include the start of the Fourteenth WHO General Programme of Work (2025–2028) *(24)* which provides opportunities for the Task Force to revisit the alignment of its work to the new WHO strategy. The UNGA's next High-level Meeting on NCDs and mental health in September 2025 also constitutes an opportunity for enhancing the use and contribution of this evaluation, by providing recommendations to strengthen the UN joint work on NCDs and mental health in preparation to this renewed commitment.

2. Purpose

The purpose of the evaluation is to provide an independent assessment of the Task Force strategy, interventions, operations, performance and results, as well as its engagement and coordination with partners. The evaluation is both formative and summative.

Summative elements of the evaluation include assessing the contribution of the Task Force to its mandate and objectives as outlined in ECOSOC resolutions to date, including a historical perspective as well as focusing on the current strategy period. Formative elements of the evaluation consider lessons learned from the experience of the Task Force, issuing recommendations to improve the delivery of the Task Force's mandate, as well as examining opportunities and threats that may affect the work of the Task Force in the current global health context. The evaluation provides stakeholders such as ECOSOC members, WHO Member States, member agencies of the Task Force and development partners with an objective and impartial assessment of the Task Force's work.

3. Objectives

The objectives of the evaluation are to:

- assess the work of the Task Force towards the achievement of its stated purpose and of its four strategic priorities and related outputs/outcomes as defined in its strategy, theory of change and monitoring and evaluation framework;
- document the facilitating factors and challenges that hindered the progress; and
- provide lessons and make recommendations for future use for the Task Force and its members to inform policy, decision-making, means to scale up delivery of intended results and refinement of its strategy and monitoring and evaluation framework and provide inputs for the next Task Force strategy.

4. Scope

The time frame of the evaluation **covers the period from 2014 to 2024**. The evaluation focuses on the implementation of the recent two strategies (2019–2021 and 2022–2025), and also includes progress made since the creation of the Task Force. The evaluation considers the work of the Task Force at global level with a particular focus on actions mentioned in the Task Force's strategies and work plans, and activities implemented in 61 countries (see Table 1).

The evaluation focuses on the delivery of the Task Force objectives and work plans, assessing the conceptualization and implementation of the Task Force mandate and strategy across the partnership, along with specific contributions and added value of the Task Force in delivering results in response to the outputs and outcomes described in the Task Force revised theory of change developed for this evaluation (see Annex 4 and

Fig. 2 for a summarized version). The evaluation does **not** focus on UN collaborations on NCDs taking place beyond the Task Force.

Methods

Evaluation process

The evaluation followed a phased approach. The inception phase served to review the evaluation framework laid out in the evaluation terms of reference. The evaluation team reviewed key documents, conducted 15 inception interviews with key stakeholders to identify key topics, identify data sources and help design the evaluation methodology, and facilitated a theory of change review process with the members of the ERG.

The data collection phase consisted of gathering additional documentation, conducting key informant interviews, conducting two remote country deep dive studies and administering a survey to Task Force members. The analysis and reporting phase included reviewing and coding qualitative data, analysing quantitative data and compiling and analysing data according to the evaluation matrix. A one-day internal workshop was held by the evaluation team to develop key findings based on the evidence reviewed.

Draft emerging findings, conclusions and recommendations were compiled in a matrix and discussed during a workshop held in Geneva and virtually with key stakeholders from Task Force member agencies interviewed during data collection. Participatory approaches were used by the evaluation team, including facilitating a two-day workshop to co-create recommendations with the Task Force Secretariat and members, and reviewed by the Evaluation Reference Group. The Evaluation Office ensured quality assurance.

During the dissemination phase, the evaluation team presented the evaluation results at the 23rd Task Force meeting while the report was being finalized.

In addition, given the concurrent conduct of the independent Mid-term Evaluation of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD), the Evaluation Office facilitated communication between the two independent evaluation teams to cross-check specific relevant findings.

Methodological approach

The evaluation team opted for a non-experimental evaluation design given the limitations in resources for conducting the evaluation and the lack of counterfactual or set baseline. The evaluation used a theory-based approach, testing the causal pathways and assumptions laid out in the evaluation reconstructed theory of change (ToC) developed as part of the inception phase. This design served to produce inferences about contributions to higher-level changes at outcome level (presented in section 3.2). The revised ToC guided data collection and analysis, and this report reflects whether data collected supports or diverges from the expected pathways and whether assumptions are verified (see Annex 4)

The evaluation process was based on on-going engagement of the Secretariat and Task Force focal points represented on the ERG at key moments of the evaluation process, such as design stage through participatory workshops, interviews and when validating emerging findings and conclusions and cocreating recommendations through an in-person workshop.

The evaluation sought to maximize usefulness by identifying and participating in key events and opportunities for dissemination of the evaluation products together with the Task Force Secretariat and ERG. The evaluation employed a mixed methods approach to gather data and information from quantitative and qualitative sources both through a review of secondary sources (documents and data) and primary data collection through remote key informant interviews (KII) and a survey. It sought the views of a variety of informant categories mapped during the inception phase, ensuring to the extent possible a balanced gender representation and a sample of various stakeholders' groups that are directly or indirectly involved in the work of the Task Force. Collected data

was triangulated to formulate the evaluation assessments to ensure evidence-based, credible conclusions and recommendations.

Evaluation framework

The evaluation covers the revised main OECD-DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability. In addition, the evaluation considers cross-cutting thematic issues of gender, equity, human rights and disability inclusion. The evaluation findings structured along the evaluation questions and criteria are mapped to the revised ToC as presented in Annex 4. The evaluation matrix reflects the evaluation main questions and subquestions. The evaluation matrix including measures and data sources is presented in Annex 2, and a summary version is presented in Table 3.

Table 3. Evaluation questions and criteria

Evaluation criteria	Key evaluation question
Relevance	EQ1. How well have the priorities of the Task Force aligned with the stated needs of governments, non-state actors, the affected population, and with strategic priorities of its key UN agency members in light of the SDGs?
Coherence	EQ2. To what extent has the Task Force coordination and collaboration, including through its joint programmes, working groups and more recently the Health4Life Fund, been compatible with other internal and external initiatives?
Effectiveness, efficiency	EQ3. What results has the Task Force achieved, and what have been enabling and hindering factors? What challenges have emerged?
Sustainability	EQ4. To what extent are the benefits of the Task Force strategies and its implementation likely to continue?
Gender, equity and human rights	EQ5. To what extent has the Task Force strategy and work addressed gender, equity and human rights concerns, disability inclusion, as well as other overarching principles in the WHO Global NCD Action Plan 2013–2030 to ensure that activities are consistently and meaningfully informed by considerations of overall equity?

Reconstructed theory of change design

The development of a reconstructed ToC included stakeholder consultations, in the form of inception interviews, to identify key inputs, activities, outputs and expected outcomes. Two workshops were held on 18 and 24 June 2024 to co-create the ToC. During the first three-hour session, the evaluation team presented a proposed problem statement and draft ToC based on the consultations held and documents reviewed (including the logic and change model from the current Strategy) and participants discussed the proposed pathways and assumptions. In the second 1.5-hour session, participants provided their inputs on the revised model developed based on input from the previous session. This collaborative session aimed to validate the ToC and refine the identified pathways. Participants engaged in discussions to clarify assumptions, identify potential barriers to success and highlight synergies with other initiatives. The insights gathered during this workshop were instrumental in shaping the evaluation framework and ensuring stakeholder buy-in. The ToC served as a foundational tool, guiding the evaluation's focus and ensuring that all relevant aspects of the Task Force's work were considered. The revised ToC including the mapping of evaluation questions to the revised ToC are presented in Annex 4, and a summary of the revised ToC can be found in

Fig. 2. Going forward, this model could serve as a basis to inform the next Task Force's strategy ToC.

Data collection methods

1. Desk review

A desk review was conducted of documents on the work of the Task Force and the mandates of the Task Force's members relating to NCDs and mental health. This review included Task Force publications, ECOSOC reports, strategic plans, annual reports, policy briefs, articles, evaluation and review reports, and country programme documents in deep dive countries, totalling **over 100 items**. These documents were reviewed to identify inputs and activities by the Task Force Secretariat and members; output and outcome indicators were identified against the four strategic priorities of the Task Force. Documents referenced can be found in Annex 12. Most of the documents on the Task Force were sourced from the Task Force's website, which is hosted by the WHO website. Other documents relating to the work of agencies on NCDs outside their engagement in the Task Force were requested from respondents during interviews.

2. Key informant interviews (KII)

The evaluation team conducted 89 interviews with **76 respondents** (40 men and 36 women), as some of the respondents were interviewed in both inception and data collection phases. Participants in two regional offices[2] and seven countries were interviewed.[3]

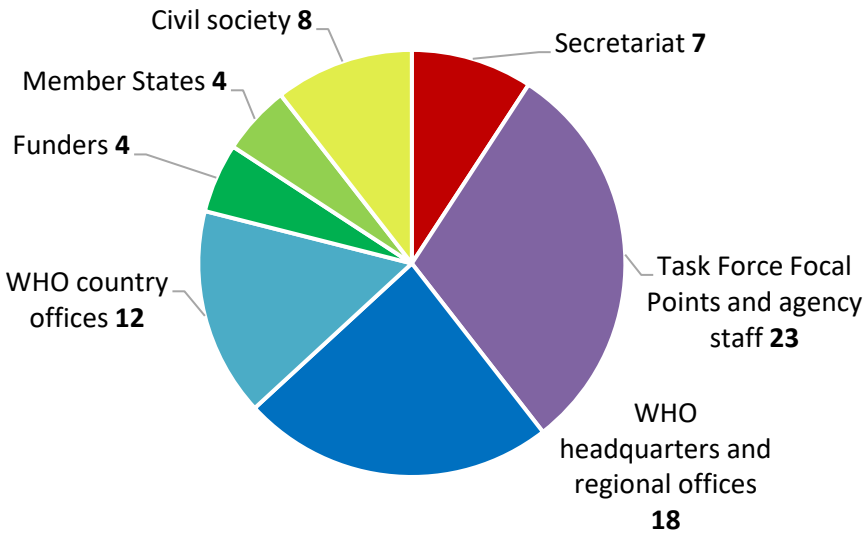
Interviews with key stakeholders were carried out to evaluate results, document the successes and challenges associated with the Task Force activities and determine the extent of the Task Force's contribution. Participants were chosen based on the following criteria:

- respondents from Task Force Secretariat and membership involved in the processes of planning, policy development and implementation of NCD prevention and control, its policy formulation, delivery and governance; and
- external respondents from Member States (administrative and technical leads of NCD initiatives) and partners (NGOs and civil society organizations) involved in Task Force activities.

Stakeholders were mapped by region and organizational affiliation (see Annex 3), and respondents represented all categories mapped in inception (Fig. 3). Based on the matrix provided by the evaluation team, the Task Force Secretariat introduced the evaluation team to the stakeholders selected for interview via email. The evaluation team then coordinated with potential respondents with subsequent arrangements to interview. KIIs were conducted confidentially, using semi-structured interview guides for each category of informants (presented in Annex 5), based on the evaluation framework.

[2] WHO Regional Offices for Europe and Africa.
[3] Armenia, Brunei Darussalam, Ethiopia, Georgia, Jordan, Malaysia, Singapore, Thailand and Tunisia.

Fig. 3. Distribution of respondents to KII according to stakeholders' categories



3. Country deep dive studies

In addition to the sample above, the evaluation conducted deep dive studies in two countries: Nigeria and Kyrgyzstan. These countries were selected in discussion with the Task Force Secretariat based on the engagement of Task Force members in those countries, including diverse initiatives to maximize the possibility to document contribution to outcome level changes. These studies were conducted remotely and included reviews of documents and remote interviews with focal points in agencies involved in the Task Force's activities including at regional and country office levels, other UN Country Team (UNCT) members, ministry of health, ministry of finance and NCD Commission members, as well as civil society organizations and patients' association representatives. In Nigeria, a total of eight interviews were conducted with the WHO country office, Ministry of Health NCD and Mental Health Departments, and a civil society partner member of the NCD Alliance, Nigeria Hearts. In Kyrgyzstan, three interviews were conducted with the WHO regional and country office and the Ministry of Health NCD focal point. See Annex 8 for the deep dive studies reports.

4. Online survey

A survey was conducted towards the end the evaluation and administered through the WHO Evaluation Office (results are presented in Annex 9). The survey targeted Task Force focal points in all 46 agencies. It collected information about perceptions and experiences related to NCD initiatives and programmes by the Task Force and views on the contribution of those to the expected results. The survey remained open for four weeks, from 9 September to 3 October 2024. To reduce the nonresponse rate, two reminder messages were sent to survey recipients. The evaluation questionnaire can be found in Annex 6. A total of 9 responses were obtained. Given this low response rate (possibly because a number of agencies had provided responses through earlier interviews), the evaluation used the survey results to substantiate other sources of evidence, **but no** inference was made on representativity of data.

Data analysis, synthesis and validation

1. Data analysis and synthesis

The evaluation compiled and analysed data according to the evaluation criteria as outlined in the evaluation matrix in Annex 2. The documents content was coded following the evaluation framework. Interviews content was also coded in a similar framework, ensuring that data was analysed according to respondent categories and other relevant characteristics such as global, regional, country level. Qualitative survey responses were also

coded in a similar framework to complement the analysis. Descriptive trend analysis of financial data and available indicators of progress against the Task Force existing monitoring framework was also conducted (see Annex 11). At the end of the data collection period, the evaluation team held an internal workshop to consolidate emerging findings and conclusions prior to drafting the first version of the report.

2. Validation of findings and conclusions and co-creation of recommendations

As part of the validation and finalization of the evaluation findings and conclusions, the evaluation team engaged with the Task Force Secretariat and ERG members to gather feedback on preliminary findings and conclusions, ensuring stakeholder perspectives were integrated into the final outputs. A two-day workshop was conducted on 14 and 15 October 2024 in Geneva in hybrid format (both in-person and online) to cocreate recommendations with Task Force Secretariat and members. The evaluation team also presented a summary of the evaluation's conclusions at the 23rd Task Force meeting on 30 October 2024. Accrued feedback during this process was used to finalise the first draft of the evaluation report. The first draft was reviewed by the evaluation ERG, and the final evaluation report was developed based on comments received and consolidated in a comments matrix produced alongside the final report.

3. Evaluation management and quality assurance

The evaluation was guided by two key entities: an Evaluation Management Group (EMG) and an Evaluation Reference Group (ERG). The EMG was responsible for overall decision-making on evaluation products and processes, including defining the scope, timeline, methodology, and approving final outputs. It ensured that the perspectives of ERG stakeholders were considered, while retaining final authority. Composed of evaluation experts from the Evaluation Offices of Task Force Member agencies (WHO and Food and FAO). The ERG, on the other hand, provided overall guidance to the evaluation, ensuring that stakeholder perspectives and technical insights were integrated throughout. It fostered ownership and support among key stakeholders and was composed of one focal point representative from a small number of Task Force members who volunteered, along with the Task Force Secretariat.

In order to ensure independence of the process and the products, the WHO Evaluation Office served as the direct focal point for the independent evaluation team, with the Task Force Secretariat managing the logistical aspects of the evaluation.

The Terms of Reference were developed with inputs from Evaluation Reference Group (ERG) members and Task Force members, including WHO technical departments, whose comments following the meeting were addressed in the final version. WHO regional offices were also invited to provide feedback. An external independent Quality Assurance Advisor (contracted by the Evaluation Office) reviewed key deliverables, including the draft evaluation report, while the WHO Evaluation Office, through the EMG, provided an additional layer of quality assurance—ensuring both the integrity of the products and the independence of the evaluation. Additionally, the ERG conducted fact-checking of key deliverables.

Gender equality, equity, human rights and disability inclusion

The evaluation adhered to United Nations Evaluation Group *(25)* and WHO guidance *(26)* and policies relating to gender, disability inclusion, equity and human rights. It adopted a gender equality and health equity lens wherever relevant, integrating cross-cutting issues throughout its process and content. In particular, the Evaluation Question 5 examined the extent to which the Task Force has addressed health equity, gender equality and disability inclusion. The evaluation emphasized the participation of a wide range of stakeholders, striving to ensure gender balance among respondents and that a wide range of point of views was represented, including

country level respondents and respondents from civil society organizations to provide insights in the perspectives of people affected by NCDs.

Ethical considerations

During the evaluation process, the evaluation Team Leader ensured that the team followed WHO's Ethical Code of conduct *(27)*. The evaluation followed a "do no harm" approach, ensuring confidentiality. Informed consent from participants was sought orally at the beginning of each interview explaining the conditions of use of the data shared and how the principles of anonymity and confidentiality would be upheld in handing their contributions. Each respondent was assigned a unique identification number and data were anonymized prior to sharing any source data with the client. Survey responses were anonymous, and survey data was handled by the Evaluation Office and shared with the evaluation team. All data were securely stored and will be disposed of promptly by the evaluation team at the end of the evaluation. Language barriers were addressed through translating the survey into French and Spanish and offering the possibility to conduct interviews in those languages as well as Russian.

Limitations

A key limitation in data availability has been the lack of an M&E framework to track progress against set targets. The current Task Force strategy includes an indicative M&E framework, and some baseline data was compiled by the Secretariat in 2021. Available data collected against this framework, including where possible the reconstruction of baseline data for some indicators, is presented in Annex 11.

To mitigate this limitation, the evaluation triangulated different sources of data to assess progress against the expected outputs in the reconstructed Theory of Change (for the evaluation) and indicated the strength of evidence on the Task Force's contribution to results (in section 3.2 on Achievement of expected results).

Limitations to data collected were two-fold: in relation to Task Force members' representation and in relation to country stakeholders.

In relation to Task Force members, the evaluation had good engagement with a group of member agencies, but others that were less regularly engaged in the Task Force activities participated less in the evaluation. In particular, despite reminders, the response rate to the survey to agencies' focal points was only 20% (nine out of 46 contacted). In addition, the evaluation was not able to launch the survey with ministries of health in the countries where the Task Force has worked.

These limitations to the survey were mitigated by i) the evaluation considering the survey results as illustrative but not inferring that these responses were representative of the views of the wider group and seeking individual interviews with agencies that were less regularly involved in the Task Force activities; ii) greater reliance on triangulated data from extensive Key Informant Interviews and document review; and iii) interviewing respondents in seven countries from Task Force members country offices and ministries of health and conducting two deep dives to represent the Task Force's work at country level, in addition to a thorough review of available secondary data. Despite these limitations in data availability and considering the mitigation strategies used, the evaluation team considers that the data analysed offer a sound basis to substantiate the findings and conclusions of this evaluation.

Evaluation findings

EQ 1. How well have the priorities of the Task Force aligned with the stated needs of governments, non-state actors, the affected population, and with strategic priorities of its key UN agency members in light of the SDGs? (relevance)

Key findings:

- There is a high demand for the Task Force's coordination role among UN agencies and Member States based on its unique mandate from ECOSOC and the World Health Assembly.
- The Task Force objectives and design are well aligned to the strategic priorities of several historically engaged agencies. There are variations in the relevance of the Task Force's work to its members' priorities, and some members consider that the Task Force is not highly relevant to their work.
- The Task Force's mandate has gradually expanded over time, in recognition of the progress made as well as the changing global health landscape and priorities. This increased mandate, and in particular the provision of technical assistance at country level, has led on occasions to a risk of overlap with other WHO offices and teams working on NCDs, requiring better alignment of strategies and workplans.
- The members of the Task Force as well as external stakeholders expect the Task Force to revise its priorities in light of the current global health context, and in particular the UHC/PHC agendas, finding a balance between keeping relevant to key emerging issues and focusing its resources on its core value added.

1.1 Alignment with stated priorities of the governments and needs of the populations

The Task Force mandate focuses on coordination of the UN NCD response and broader UN alignment to support the NCD and mental health agenda, which responds to a key need of Member States. As noted in situation analyses conducted by WHO, national responses to NCDs are hampered by insufficient mobilization of resources compared to the magnitude of the issue and by a lack of a coordinated multisectoral approach by development partners *(28)*. Ministry of Health respondents interviewed as part of the evaluation all highlighted that they are faced with fragmentation of development partners' work to NCDs, as well as more broadly a lack of alignment and sufficient investment of agencies in support of the global NCD and mental health agendas. The Task Force's objectives and design, as described in its terms of reference, address this critical issue:

> The purpose of the Task Force described is to coordinate the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations to support the realization of the commitments made by Heads of State and Government in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs (*(7)*, para. 2).

While the Task Force is a global coordination mechanism, it has from the onset **focused efforts at country level, ensuring that it has direct relevance to country needs.** The ECOSOC resolution of 2015 outlines the role of the Task Force in establishing UN-wide mechanisms at country level on NCDs within the UN country teams framework.

> [This encourages] the Task Force to further enhance systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control noncommunicable diseases and mitigate their impacts (*(29)*, para. 4).

This strong focus at country level has resulted in the Task Force conducting activities in 61 countries since it was established 13 years ago, with a strong footprint across all WHO regions as shown in Table 1.

Interventions of the Task Force at country level are request-based, which is to say that country joint missions and investment case studies, which have been the two main modalities of the Task Force engagement at country level, take place in countries that have expressed the need to receive the Task Force's assistance. Government officials interviewed as part of the evaluation have considered the Task Force's input as highly relevant for raising the profile of NCDs to key stakeholders in country beyond the health sector to foster joint work and investment in NCDs. In some countries, the Task Force has focussed on a particular area of interest by ministries of health, for example the integration of NCD and tuberculosis services and establishing a national mental health programme in Nigeria.

1.2 Alignment with strategic priorities of members

There is a high demand from Task Force members for the Task Force's coordination and convening role. When asked about the area of value-add of the Task Force, both Task Force Members and external respondents considered that it lay primarily in its coordination function. A WHO technical department respondent thus considered that "It is extremely important to have a UN Interagency Task Force. It is unique and a really good opportunity to coordinate across the UN". This UN-wide coordination role is firmly supported by its mandate from both the World Health Assembly and ECOSOC.

The coordination and convening role of the Task Force goes beyond the WHO leadership and coordination of the health response to NCDs, and is based on providing a platform where each agency can lead and mobilize others in their area of comparative advantage. While WHO leadership focuses on the health aspects of NCDs prevention and control, other agencies are better placed to address economic and developmental aspects. The Task Force adds value by bringing these partners to the table and facilitating the delineation of their respective roles in the NCD multisectoral response. In the words of a Task Force member respondent, "Beating NCDs includes all of it, not just the health response: so we must identify where WHO feasibly can lead on the health response, while another agency can lead on commercial determinants of health." This view is shared by some of the WHO respondents interviewed, and one of those considered that "we talk about multi-stakeholder, multisectoral responses, that basically means beyond health systems and that has always been the Achilles heel of WHO because we work with ministries of health."

The Task Force objectives and design are fully aligned to WHO's strategic framework on NCDs. The Task Force has outlined the articulation between its strategic results and the Thirteenth WHO's General Programme of Work *(29)*,[4] the NCD GAP extended to 2030 describes the role of the Task Force in supporting the achievement of its objectives,[5] and the Roadmap for the implementation of the GAP in the period 2023–2030 further elaborates this role, also mentioning the enabling function of the Health4Life Fund.[6]

[4] UN Task Force (2021) Task Force strategic priorities and WHO's Thirteenth Global Programme of Work

[5] WHO (2013) Global action plan for the prevention and control of noncommunicable diseases 2013–2020 mentions that the Task Force should be created and incorporate the work of the United Nations Ad Hoc Interagency Task Force on Tobacco Control to expand to the coordination of the UN in implementing the NCD GAP.

[6] WHO (2022) A75/10 Add.8 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases describes the role of the Task Force as ensuring that the road map is fully supported by the United Nations system as a whole, also mentioning the role of the United Nations Multi-Partner Trust Fund to Catalyse Country Action for NCDs and Mental Health (Health4Life Fund), as an enabler for implementing the road map.

There is a group of historically engaged agencies that consider that the work of the Task Force is highly relevant to them. UNDP (see Box 1) and UNICEF have, for example, been highly engaged since the creation of the Task Force and continue to support key initiatives such as investment case studies (UNDP) and the Health4Life fund (UNDP and UNICEF).

Box 1. UNDP has had a longstanding commitment to supporting the Task Force

UNDP has a longstanding commitment on NCDs, based on the recognition that the health sector cannot address NCDs on its own. In the multisectoral response to NCDs, UNDP is well-placed to address the relationships between NCDs, poverty, inequalities, sustainable cities, economic growth, health financing and climate action. The organization has focused on NCD risk factors and commercial determinants and on achieving coherence across sectors and ministries, having privileged access to ministries of finances, planning and economy.

Fig. 4 UNDP has co-led the NCD2030 programme with WHO from 2017 to 2021. Source: screenshot from WHO website

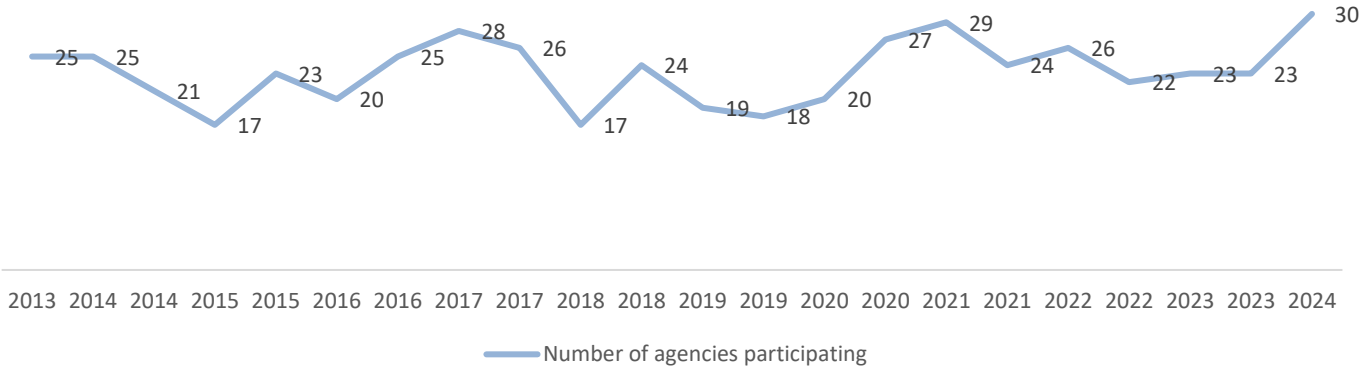
UNDP is one of the key organizations supporting the Task Force. It has staff with dedicated time to engage with the Task Force that also cover other global health coordination platforms such as the SDG3 Global Action Plan. UNDP has indicated in Task Force surveys that they have a dedicated budget line on NCDs. UNDP is the main Task Force member agency alongside WHO mobilizing resources to implement Task Force activities in country. In this respect, UNDP has developed joint programmes with WHO in the frame of the Task Force that are well aligned to the Task Force priorities: NCD2030 (Fig. 4), implemented for three years from 2017 in 24 countries, which supported the development of coordinated NCD responses to accelerate progress on health, economic and development-related SDG targets. This was followed by an EU-funded Joint Programme (2021–2023) to catalyse multisectoral action on NCDs and mental health in seven

Through these programmes, UNDP supported the Task Force in conducting 61 investment cases for NCDs, tobacco control (in collaboration with the WHO FCTC Secretariat), mental health, road safety and air pollution and has contributed to a peer-reviewed journal paper on tracking government action following these *(30)*. UNDP has also been one of the three founding organizations of the Health4Life Fund together with WHO and UNICEF, co-chairing the fund with WHO until 2024. It has also supported several knowledge products on NCDs: a series of sector policy briefs on NCDs *(31)*, a guidance note on conducting NCD investment cases *(32)* and a guidance note on integrating NCDs into the UN development assistance framework.

(see Fig. 5). According to the Task Force Secretariat, there may be various factors influencing levels of attendance across the period, including Task Force meetings coinciding with other events, and the ability of the Secretariat team to dedicate time in securing attendance prior to meetings.

[7] These include IAEA, FAO, FCTC Secretariat, ILO, ITU, OHCHR, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, WFP, WIPO and the World Bank.

Fig. 5. Number of agencies participating in Task Force meetings.



Source: UN Task Force website

The level of engagement of agencies has varied over time and among agencies. Some agencies have become more active recently in the Task Force and report finding the work highly relevant to their agenda such as the UN Road Safety Fund, which contributed to the first investment case on road safety developed in Zambia in 2024. Other historically involved agencies have also become more active recently, for example: UNHCR in relation to the Global high-level technical meeting on NCDs in humanitarian settings held in Copenhagen in 2024; OHCHR on human rights and NCDs and mental health; UN Habitat on urban health; and the World Bank in relation to sustainable financing for health systems. Survey results based on a limited sample of respondents indicate that all the participants have considered that the Task Force work was aligned to their organizations' strategic priorities.[8] Some agencies focal points interviewed consider, however, that the Task Force meetings content is not very relevant to them, as meetings cover an array of topics that are not directly related to their area of work. This has led some of them to reduce their attendance at Task Force meetings. There are also respondents from member agencies that consider that the work of the Task Force is insufficiently focused on their area of interest and that more should be done to broaden the agenda to cover the priorities of various agencies. This illustrates the complex balance in responding to members' requests for developing collaborations within their specific area of work and remaining relevant to 46 member agencies.

1.3 Changes in design and adaptation to changing needs

The Task Force mandate has gradually expanded through ECOSOC resolutions, reflecting the recognition of the achievements of the Task Force and increased trust in and expectations from the Task Force by ECOSOC members, as well as the evolution in the global health landscape. From a focus on the coordination of UN agencies work on NCDs in the Task Force terms of reference, subsequent ECOSOC resolutions have expanded the role of the Task Force to cover mental health and other relevant SDG targets (2015), in providing technical assistance to countries multisectoral responses (2018) and in supporting sustainable financing of national NCD and mental health agendas through a multipartner trust fund (2022). The Task Force's strategy has also evolved

[8] As mentioned in the limitations section, there may be a selection bias in the data presented, since agencies that are least engaged in the Task Force work were also likely less engaged with the evaluation progress, which may not reflect a balanced view of the perceptions of the whole Task Force membership.

to reflect this expanded mandate as illustrated in Fig. 1. While the two first workplans of the Task Force mainly focused on fostering joint initiatives to implement the NCD GAP through advocacy and providing a platform for information sharing, the more recent two strategies from 2018, which have remained fairly similar, are focused on describing the contribution of agencies achieved through the Task Force itself.

While this evolution provides more clarity on the Task Force value-added, **there is a gap in reflecting the implications of this expanded mandate for the ways the Task Force relates to its membership including WHO.** Across its existence, the Task Force has provided technical inputs on a range of areas to Members States, as part of its first strategic objective of "supporting countries to deliver multisectoral action on meeting NCD-related SDG targets *(11)*." This objective is in line with ECOSOC resolutions *(33)*[9] as well as reflected in the WHO Implementation Roadmap for the NCD GAP *(11)*. This more direct technical assistance role played by the Task Force through its country-level engagement[10] has at times posed a risk of overlap with other WHO teams working on NCDs. This issue has been raised by WHO respondents as well as other Task Force members, and resulting tensions have been highlighted as a major hampering factor for effective UN-wide coordination on NCDs.

Several respondents from WHO headquarters and regional levels insisted that technical assistance to countries is not the primary mandate of the Task Force. Those respondents considered that given the in-country presence of NCD Focal Points in WHO country offices, WHO NCD technical teams are best placed to offer the long-term technical support needed to Member States. Similar issues were not mentioned by other Task Force member agencies in relation to their country-level work on NCDs, suggesting that there is a particular need for clarifying the respective roles and ways of working between the Task Force's technical assistance work at country level and other WHO teams working on NCDs. Respondents from WHO and other Task Force members expressed their wish to see the Task Force's country level work focus on promoting and aligning the technical assistance of UN agencies in countries, rather than focusing on the actual design of interventions, and be "a network to bring to bear the assets of the UN in different countries." More broadly, several respondents from member agencies considered that the strategic direction of the Task Force needs to be more clearly defined and communicated to the membership overall and that the Task Force workplans need to be better aligned with those of other WHO teams working on NCDs. For example, one respondent commented that "There needs to be a much clearer overall strategic plan and understanding of where we want to go altogether. But I suppose that should be based on the theory of change."

In terms of thematic priorities, while the Task Force's primary focus has been on helping countries achieve the "best buys",[11] **there has been an increasing focus by the Task Force members on addressing NCDs and mental health as part of the Universal Health Coverage (UHC) and Primary Health Care (PHC) agendas, taking a more integrated approach to health system strengthening**. Several Task Force members are refocusing their NCD work within those agendas, both from the perspective of health system strengthening and from taking a people-centred approach to better address comorbidities/co-infections between NCDs, mental health and communicable diseases as well as for multi-disease approaches in health care (e.g. immunization and cervical cancer). As part of fostering a better integration of NCDs into the UHC and PHC agendas, the Task Force has outlined its ambition to become a platform for joint programming missions on NCDs and sexual and reproductive

[9] See for example ECOSOC (2024) resolution E/2024/L.22 that notes "the continued shortage of resources available to enable the Task Force to maximize its impact in providing timely and effective specialized technical assistance to Member States."

10 For example, during country missions and investment cases, Task Force activities have included supporting Member States in developing taxation and reducing subsidies for unhealthy foods (Oman); improving the integration of tuberculosis and NCD services and surveillance (Nigeria); and supporting the development of tobacco control legislation (Armenia, Jordan).

[11] WHO has established a series of interventions that are cost-effective in addressing NCDs and their risk factors. The initial list of interventions has been revised in 2023 to include more interventions.

health and maternal and child health, broader health system strengthening/UHC/primary health-care level, social, economic, commercial and environmental determinants of health, communicable disease programmes such as tuberculosis,[12] including building back better during and post COVID-19, and road safety *(34)*. The Task Force also convenes a Thematic Working Group on NCDs and Communicable Diseases Comorbidities, including Global Fund, UNAIDS, UNDP, UNICEF, UNFPA and WHO.

On mental health, however, appetite for increased involvement of the Task Force is unclear. An informal interagency working group on mental health and infectious disease comorbidities, led by United for Global Mental, brings together numerous Task Force members including Global Fund, UNDP, UNICEF, UNAIDS and the WHO mental health department. Interviews with key informants primarily involved in mental health suggest that coordination of global efforts in this field appears to take place mostly outside of the Task Force.

During the workshop on ToC conducted as part of this evaluation, Task Force members outlined several priority areas for the Task Force to consider in its next strategy, including:

- further focusing on strengthening development aspects of the NCD agenda and addressing commercial determinants of health;
- further strengthening the integration of NCDs and mental health within the UHC/PHC agenda;
- considering the linkages between NCDs and health system preparedness and response to global threats such as pandemics and the health impacts of climate change; and
- focusing on equity issues pertaining to NCDs for specific population groups such as children, youth, people living with HIV, refugees and displaced people, people living with disabilities and people from different ethnic backgrounds.

[12] For example, the Task Force conducted a joint mission in Nigeria on NCDs and tuberculosis comorbidities.

EQ2. To what extent has the Task Force coordination and collaboration, including through its joint programmes, working groups and more recently the Health4Life Fund, been compatible with other internal and external initiatives? (coherence)

Key Findings

- The Task Force has contributed to building synergies among UN agencies on NCDs through initiating joint programmes including on cervical cancer, tobacco control and digital health. However, in terms of alignment and coordination, it is unclear that the Task Force has sufficient leverage as joint accountabilities are not in place to deliver on this ambitious mandate.
- There is ample evidence of WHO NCD teams' involvement in Task Force activities at headquarters level, with important collaborations put in place such as SAFER, as well as in preparing global events such as the WHO/World Bank Global Dialogue on Sustainable Financing for NCDs and Mental Health, the 2024 High-Level Meeting on NCDs in SIDS, and the preparation of the 2025 High Level Meeting on NCDs.
- Synergies and interlinkages with WHO interventions have, however, been hampered by the fragmentation of the NCD and mental health agendas in WHO, which has resulted in unclear lines of reporting and lack of alignment. In particular, the current institutional set-up within WHO does not sufficiently empower the Task Force to implement its UN-wide coordination mandate. Conversely, there have been missed opportunities by the Task Force to leverage WHO resources as part of its work.
- The efforts of the Task Force Secretariat have raised the profile of NCDs among the member agencies. This increased focus on NCDs has, however, been unequal among Task Force members.
- Few agencies beyond WHO have dedicated resources to NCDs. There is poor visibility on agencies' level of resources on NCDs, and the time allocation for the positions of Task Force focal points varies widely between agencies.

2.1 Synergies and interlinkages with other global health initiatives, including NCD and mental health initiatives of WHO and other members

The Task Force has played a key role in integrating and promoting NCDs in global health agendas through preparing sessions and side-meetings focusing on NCDs as part of various global events. Recent examples include the 2023 High-level Technical Meeting on NCDs in Small Islands Developing States, which provided recommendations for a ministerial conference on the same theme a few months later; the WHO/World Bank Global Dialogue on Sustainable Financing for NCDs and Mental Health in 2024, which explored avenues to include mental health and NCDs in national health and financing plans (Using the Task Force as a platform for joint programming missions to support countries and United Nations country teams to strengthen their responses to NCD related SDGs and broader public health goals); and the 2024 Global High-level Technical Meeting in Copenhagen on NCDs in Humanitarian Settings, which issued recommendations to strengthen the integration of NCDs into humanitarian responses. The Task Force is currently supporting the preparations for the 2025 fourth High-level Meeting on NCDs, which will build on the recommendations developed in these different initiatives. The ways in which the Task Force has contributed to these events is through facilitating collaborations between its members in working groups; providing a platform for organizations to share information; and ensuring that issues documented in its work in countries are raised at global level. The Secretariat has also developed evidence briefs and encouraged its members to conduct research as background material for those events, for example on the integration of NCDs in UN country frameworks in emergency settings in preparation for the Copenhagen meeting *(35)*.

There may be scope to **further develop synergies with other global health coordination initiatives to maximize the visibility and contribution of the Task Force to global efforts on aid alignment**. While mechanisms like WHO UHC-Partnership and the SDG3 GAP and subsequent initiatives from the Lusaka agenda are mentioned in the Task Force documents and the Task Force Secretariat has presented on the H4LF at one of the UHC-Partnership meetings, the evaluation did not document other ways in which these different platforms have interacted, despite the fact that some Task Force focal points are also involved in those initiatives. For example, the evaluation did not document joint initiatives with the WHO Special Programme on PHC. At regional level, the Task Force has initiated contacts with the African Union CDC platform on NCDs. In 2023, the Task Force, Africa CDC and UNDP developed a proposal for a joint programme of work to support the delivery of the NCDs, injuries prevention and control and mental health promotion strategy (2022–2026) *(36)* of the Africa CDC. Stakeholders involved in this platform have highlighted that further collaborations could be explored going forward with the Task Force.

WHO technical departments have largely contributed to the Task Force's work. WHO NCD teams present their work at Task Force meetings regularly and successful collaborations between WHO and other Task Force members have been initiated from this platform, such as the SAFER initiative[13] on alcohol control (WHO/UNDP).

Synergies within WHO have been hampered by the fragmentation of the NCD and mental health agendas in the Organization at headquarters level. There is a wide consensus among respondents from the Task Force as well as external partners that the fragmentation of the NCD agenda across different departments in WHO has resulted in a suboptimal situation that does not allow fully leveraging of the Task Force contribution in support of WHO's NCD agenda. These respondents considered that the organizational set-up and leadership of the NCD agenda in WHO suffered from unclear delineation of roles and the absence of joint planning modalities, hampering alignment and collaboration. One respondent from a Task Force member agency commented that "within WHO, some departments see the Task Force as encroaching on their territory or duplicating their work, rather than seeing their work is amplified by the Task Force." This view has been echoed by several respondents from WHO at headquarters and regional levels working on NCDs and their risk factors. These respondents considered that the Task Force does not sufficiently integrate with existing platforms in WHO as part of its planning. A WHO respondent explained that the Technical Expert Network on NCD at the three levels in WHO would be a good entry point for the Task Force to develop its technical guidance, for example on digital health and other work supporting the health services related "best buys"[14] through existing platforms in WHO on diabetes, cardiovascular diseases or NCD research. Similarly, while there has been ongoing coordination with the GCM at global level within the Global NCD Platform, there has been limited engagement between the Task Force and the GCM at country level. Respondents that commented on this topic mentioned a "lost connection", describing two workstreams evolving in parallel. Echoing the contribution of many respondents on the need for improving joint planning between WHO and the Task Force, an external respondent mentioned:

> I would really like to see better collaboration between WHO technical departments on NCDs and the Inter-Agency Task Force so that they were working more symbiotically. There is need for a clearer planning process to outline how the Task Force and WHO NCDs contribute to the global agenda.

[13] "SAFER" is an acronym for the five most cost-effective interventions to reduce alcohol related harm: Strengthen restrictions on alcohol availability; Advance and enforce drink driving counter measures; Facilitate access to screening, brief interventions and treatment; Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion; Raise prices on alcohol through excise taxes and pricing policies

[14] Such interventions include, for example: offering glycaemic control to people with diabetes, providing drug therapy and counselling for eligible persons at high risk to prevent heart attacks and strokes, vaccinating girls aged 9 to 13 against PMV and providing inhaled salbutamol for patients with asthma.

2.2 Strengthening synergies, avoiding duplication and leveraging the unique strengths and resources of member organizations

Strengthening synergies

Several key global UN collaborations on NCDs have been initiated through the Task Force. The Task Force's coordination meetings provide a platform for members to share information about their work on NCDs and identify joint initiatives. Member agencies respondents have considered that the Task Force is a valuable mechanism to develop joint programmes, which is also confirmed by survey respondents (5 out of 7 considered that the Task Force is effective in fostering global level joint action on NCD). Collaboration initiated through the Task Force include the Health4Life Fund with support from UNDP, UNICEF and WHO; the SAFER initiative (WHO/UNDP) on alcohol control; and the Cervical Cancer Initiative (IAEA/UNAIDS/UNFPA/UNICEF/WHO). There are also NCD related collaborations between Task Force member agencies that take place outside the Task Force. These include partnerships such as the WIPO/WTO/WHO Memorandum of Understanding and the Global RECAP programme on healthy diets and physical activity between WHO, IDLO and the International Development Research Centre.

While there is a clear contribution of the Task Force to increased collaborations among UN agencies on NCDs, **progress on alignment and coordination has happened to a more limited extent.** Some respondents have considered that the Task Force has been able to progress on the "low hanging fruit" by facilitating joint work based on common interest of agencies, but that the next step in coordination would be to leverage the full potential of the UN system to 'deliver as one' on NCDs. This would involve further integrating NCDs and mental health into agencies' programmes where there are relevant entry points; ensuring alignment of the work of agencies in support on the NCD agenda, including on risk factor reduction; and increasing the resources dedicated in line with the importance of NCDs and mental health to their mandate.

The Task Force mechanism for ensuring members follow its recommendations is through internal advocacy by agencies' focal points, who are mostly technical staff. These staff are well placed to foster collaborations with their peers in other organizations and engage in the operational aspects of developing partnerships, but they may have limited leverage on their organization's resourcing decisions. This limitation had already been highlighted in the midpoint evaluation of the NCD GAP[15]. Several of the Task Force focal points interviewed explained that there were limitations to the effectiveness of internal advocacy and that this was not always sufficient to influence decisions and priorities in their organization. One focal point explained: "We don't work top-down, but middle-up. We need to keep advocating on NCDs within our own agencies." While agencies' focal points are well-versed in the Task Force's work and priorities, they may not be empowered or have enough time to disseminate the Task Force's recommendations internally.

In complement to the existing engagement from technical leads, respondents have considered that **the Task Force would benefit from developing other avenues to influence strategic decisions in member agencies.** In most agencies, there are no established processes to follow-up on implementing actions proposed in the Task Force's meetings. A clear ask by several Task Force members has been to seek ways to strengthen accountability by Task Force member agencies and link the Task Force recommendations to decision-making processes in member agencies. The Task Force's terms of reference acknowledge the need for joint accountability but do not outline a mechanism to achieve this: "Within their respective mandates the

[15] WHO (2020) Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (NCD-GAP): "respondents identified that support from other UN agencies for the Task Force was often from technical experts in particular organizations. They identified the need for more work to engage whole agencies on the NCD agenda as this can result in a lack of alignment between commitments made in the Task Force and programmes conducted by some of the member agencies."

responsibilities of the members of the Task Force are to support (…) the implementation and monitoring of proposed actions."

The Task Force has attempted to develop such avenues through advocating to and mobilizing the leadership of the agencies through various approaches.

- In 2024, it facilitated a letter to the UNDP Administrator and UNICEF Executive Director from the WHO Director-General to mobilize institutional support for the Health4Life Fund and a letter from the WHO Director-General to other principals to highlight the joint commitments in the Global alcohol action plan to mobilize the agencies' leadership.
- Through the ECOSOC reports, agencies' specific contributions are highlighted to encourage more engagement from members.
- Friends of the Task Force meetings have involved Director-General, Regional Director and Assistant Director-General level representation to raise awareness on the work of the Task Force in the leadership of the agencies.
- The Task Force provided recommendations in its technical guidance on improving alignment. For example, the report of Integration of NCDs and mental health into UNSDCF in humanitarian settings *(35)* recommends:

  UN agencies at global and regional level to jointly: Encourage UN country teams that do not include NCDs and/or mental health in their UNSDCF to discuss their exclusion and provide support in underlining their importance and the need for UN and government action during an emergency or crisis.

Leveraging strengths and resources from member organizations

The efforts of the Task Force have raised the profile of NCDs among its member agencies, contributing to increasing their efforts on NCDs, as evidenced by the fact that the Task Force is mentioned in the strategic documents of several of its members (see Annex 7). Among agencies that have responded to the Task Force survey in 2023, 29 out of 35 (83%) have indicated that their organizational policy or strategy mentioned NCDs. Task Force members have developed four agency briefs that outline how they address NCDs and opportunities for developing partnerships *(37)*. Some agencies have in recent years increased their focus on NCDs, notably UNICEF on addressing NCDs and their risk factors in early childhood (see Box 2); UNAIDS on cervical cancer and mental health; and UNHCR on addressing NCD and mental health needs of refugees. The Task Force has built on this momentum to engage agencies in collaborations.

Box 2. The Task Force has contributed to UNICEF increasing the prioritization of NCDs

UNICEF increasingly prioritizes the NCD and mental health agendas. UNICEF indicated that they have a dedicated budget line for NCDs in Task Force surveys, and UNICEF USA has been partnering with Eli Lilly and Company since 2022 on NCD management. NCDs and mental health have become more integrated in UNICEF's child health programming (see Fig. 10Fig. 7). Prevention and management of childhood NCDs are included in maternal, newborn and child health programmes, for example on malnutrition including overweight and obesity and human papillomavirus vaccination. As part of its Community Health Delivery Partnership, UNICEF supports community health workers to integrate NCDs prevention and management. UNICEF works on NCD risk factors in the education sector through school programmes and nutrition and has also focused on children's and adolescents' mental health with programmes on suicide prevention.

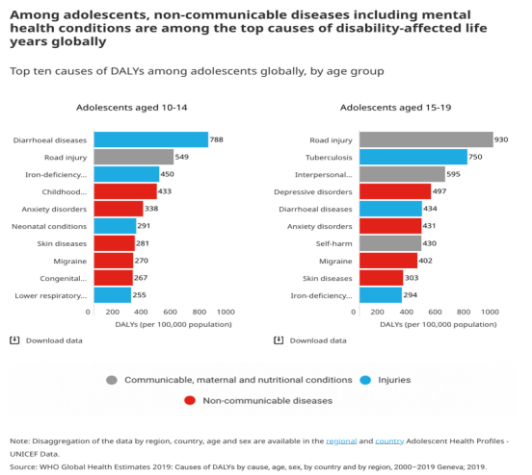


Fig. 6 UNICEF data on NCDs and mental health in childhood and adolescence.

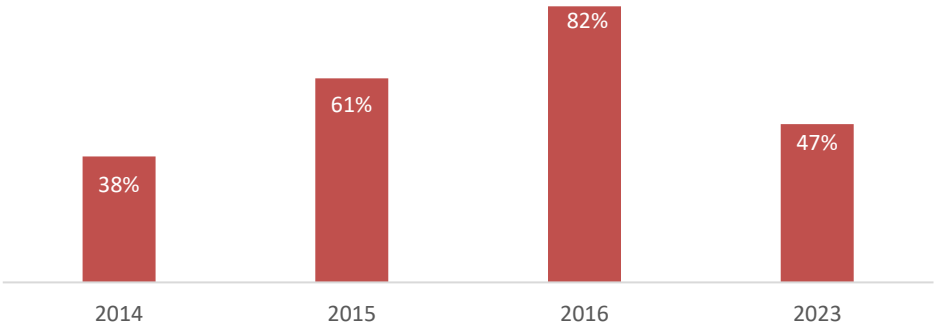
Source: Screenshot of UNICEF website,

Engagement by the Task Force Secretariat and internal advocacy by Task Force focal points are likely to have played a role in this increased focus. The Task Force is mentioned on the UNICEF website as well as in its Strategy for Health (2016–2030), and within the Task Force UNICEF is playing an increasingly prominent role, for example through its co-leadership of the Health4Life Fund. An important contribution in this respect has been facilitating a US$ 4 million commitment to the Health4Life Fund from UNICEF USA, through a donation made by the Eli Lilly and Company Foundation (Lilly Foundation). UNICEF has also advocated within the Task Force to expand the NCD agenda to include children and adolescents, beyond the age group considered in SDG 3.4, which focuses on reducing premature mortality from NCDs (aged 30–70 years), and to consider the unique needs of children and adolescents in relation to NCDs and mental health.

The time dedicated to the focal point positions varies between agencies and over time within agencies, as well as in the level of seniority of the focal points. The Task Force Secretariat reports that there are trade-offs between having focal points that are senior in their agencies and have decision-making and influencing power and having more technically focused staff who can dedicate the time to engaging in the Task Force activities. Several Task Force members have reported that more senior people were engaged at the creation of the Task Force, delegating the attendance to more junior people because of competing priorities. Focal points interviewed have stated that their work as part of the Task Force was one among many duties and that the time they could dedicate to disseminating information and advocating internally in their agencies was limited.

There is a low visibility on member agencies' level of resources on NCDs, and few agencies appear to have dedicated resources on NCDs. A survey by the Task Force Secretariat was conducted with the Task Force membership.[16] The survey received 34 responses in 2023 (out of 46 agencies). Results from the 2023 survey presented in Fig. 7 indicate that there is a decline in the number of agencies with a dedicated budget line for NCDs from 2016 to 2023, after a steady increase between 2014 and 2016. Less than 50% of the Task Force members who responded to the survey had one in 2023.[17] Responses were provided mostly by the same agencies in 2016 and 2023,[18] and from narrative comments accompanying the survey, some of the agencies that had included NCD budgets in 2016 appear not to include them anymore (five agencies). Importantly, the survey results do not provide an indication of the level of resources committed for NCDs by agencies. From interviews held with focal points, beyond WHO, UNDP, IAEA and UNICEF few organizations appear to have dedicated important resources for NCDs.

Fig. 7 Proportion of Task Force member agencies which include NCDs in their budget lines.



Source: Task Force Secretariat's own calculations from 2023 internal survey results

The lack of joint accountability mechanisms outlining member agencies' commitment to delivering the Task Force's plan contributes to their limited investment in the Task Force. One Task Force focal point reflected that:

> why the task force members, the UN members specifically, have not dedicated staffing or funding or programmes to NCDs is simply because their governing bodies have not mandated it. And there, it's not the responsibility of the Task Force. (…) processes aren't in place, and there are missed opportunities to get buy in.

[16] The survey was carried out in 2014, 2015, 2016 and 2023.
[17] Agencies that indicated having an NCD budget line in 2023 are Asia Development Bank, IAEA, IARC, ICRC, IDLO, IOC, IOM, UNAIDS, UNDP, UNEP, UNHCR, UNICEF, UNITAR, UNRWA, WHO, WHO FCTC and WIPO.
[18] In 2016, 34 agencies provided an answer to the survey: ADB, AfDB, EBRD, FAO, Global Fund, IDB, IAEA, IARC, IDLO, ILO, INCB, IOC, IOM, ITU, OHCHR, UN-Habitat, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UNSCN, UNOPS, UNOSDP, UNRWA, UNU, World Bank, WFP, WHO, WHO FCTC, WIPO and WTO. In 2023, 34 agencies provided a response. The following additional agencies provided an answer: ICRC, OECD, UNEP, UNODC and UNSCN was replaced by UN Nutrition Secretariat. The following agencies that had provided an answer in 2016 did not respond to the survey in 2023: UNOPS, UNOSPD (no longer in existence), World Bank and WFP.

EQ3. What results has the Task Force achieved, and what have been enabling and hindering factors? What challenges have emerged? (effectiveness, efficiency)

Secretariat effectiveness

- The Secretariat has been highly effective at coordinating the implementation of activities. The work of the Task Force is particularly complex to monitor, given that member agencies do not report on their collective contribution through joint measurable and time-bound targets. The Secretariat has, however, been able to document progress towards its strategic objectives through some studies and publications. The Task Force Secretariat has responded to key external events, such as the need for increased coordination during the COVID-19 pandemic. Engagement of partners has been the strong point of the Task Force Secretariat, as evidenced in the high attendance at Task Force meetings as well as the participation of high-level stakeholders in joint missions to countries.

Achievement of strategic priorities

- Task Force joint missions have been effective in some countries in catalysing efforts on multisectoral responses to NCDs and their risk factors, and investment cases have served to engage national stakeholders beyond the health sector. However, some of the country missions have remained one-off activities with little resources available for follow-up work. While more UNSDCF mention NCDs, the Task Force has contributed to a limited extent to UNCTs' capacity to support the national multisectoral responses. The Health4Life fund has been able to mobilize new donors for NCDs despite being launched with no funding pledges to start with. Lack of internal coordination, including donor outreach, and at times, competition for resources with some of the WHO technical departments, appears to have delayed progress on the Health4Life fund by limiting the donor pool that could be invited to contribute.

Efficient use of resources

- The Task Force has been efficient in utilizing resources, with a lean Secretariat that relies on agencies' focal points to deliver the work. Allocation of the Task Force's resources has prioritized country level work. There is, however, a tension between engaging in a wide number of countries and focusing resources in the contexts where the Task Force is most likely to add

3.1 Effectiveness of the Task Force Secretariat

Coordinating the implementation of activities

The Secretariat has been highly effective at coordinating the implementation of activities. Examples include the biannual Task Force meetings in which action points from previous meetings are reviewed, the organization of side events on NCDs in global events and the development of joint programmes in Task Force working groups. In addition, the Task Force Secretariat was able to develop a well-designed website that is hosted by WHO and provides all key documents and updates on the Task Force's work, constituting a strong communication tool. Several Task Force members involved in other coordination mechanisms have considered that the Task Force has been unique in terms of its effectiveness. For example, a survey respondent considered: "I have been involved in many inter-agency coordinating bodies in my time with the UN, and the Task Force is among the very best and most effective."

Monitoring and evaluating its contribution

The work of the Task Force is particularly complex to monitor, given that **member agencies do not report on their collective contribution through joint measurable and time-bound targets.** While the Task Force has a Strategy with an indicative M&E framework including a set of 12 indicators, those are not reported on formally. Reporting by the Task Force Secretariat has focused on output reporting as part of the ECOSOC annual reports by the WHO Director-General, but these reports do not outline the collective contribution to the Task Force's strategic priorities at outcome level. Biannual Task Force meetings include an accountability component through having action points agreed and followed up on for member agencies. However, this mechanism does not fulfil the role of an operational plan for the Task Force strategy to track progress on achieving the Task Force's strategic priorities.

At country level, while the Task Force has conducted an impressive number of missions, the contribution from those to changes in countries' capacities are not systematically captured because of the absence of a systematic follow-up process. The Secretariat has, however, been able to document areas of progress towards its strategic objectives through studies and publications, for example on the contribution of investment cases to funding national NCD responses *(30)* and on analysing since 2014 the inclusion of NCDs in the UN country frameworks *(38)* as well as producing a country case study on Thailand *(39)*. It has also conducted 20 follow-up country reports in 2018 showing what actions on NCDs have taken place in country after the Task Force's mission;[19] however, those do not always present a strong case on a causal relation between the Task Force's input and the changes described. It has also been challenging within the current results framework of the Task Force to unpack respective contribution of the Task Force and broader NCD work and collaborations initiated by its members outside the Task Force. Reporting of the Task Force on joint initiatives on NCDs has sometimes lacked clarity in terms of outlining where the Task Force had contributed or not according to WHO respondents, who felt the Task Force was reporting in its early days their work as its own achievements. This issue now seems to have been well addressed in recent reporting to ECOSOC, ensuring that credit was given where it is due on these collaborations.

Making adequate decisions to respond to changing circumstances

During the COVID-19 pandemic, the Task Force's work pivoted to provide more frequent coordination and providing technical guidance and knowledge products to member agencies on COVID-19 and NCDs. It held weekly meetings from January to July 2020 to support member agencies in prioritizing action in support of Member States' responses on NCDs mental health during the COVID-19. The Task Force also developed a policy brief *(40)* for policy-makers highlighting strategies for integrating NCD prevention and control into COVID-19 measures and a rapid review of scientific evidence *(41)* on the interaction between NCDs and COVID-19. However, COVID-19 affected the capacity of the Task Force to maintain its activities in countries since those rely on travel to countries by international teams. After the pandemic, the Task Force increased the number of remote missions to countries. However, judging from interviews, there has been no strategic discussion on how to adapt ways of working to reduce in-person travel as the main engagement modality with countries.

The Secretariat has also recently started a new stream of work with ITU to support countries on **digital health for NCDs** in 2024, producing and disseminating a case for action on digital health for NCDs *(42)*.

Engaging with partners at global, regional and country levels

Engagement of partners has been the strong point of the Task Force Secretariat, as evidenced in the high attendance at Task Force meetings across its existence (see Fig. 5). At country level, the participation of high-level stakeholders, including directors and heads of UN agencies, in joint missions has provided traction with

[19] These follow-up reports were not sustained after 2018.

national governments, securing the participation of ministers and heads of government from the national counterparts.

3.2 Achievement of expected results

Assessing the contribution of the Task Force to its strategic objectives is challenging, given the lack of a monitoring mechanism. Available data gathered by the evaluation to report against the Task Force's Strategy indicative monitoring and evaluation framework are presented in Annex 11. The causal pathways outlined in the revised ToC (see Annex 4 and a summarized version in

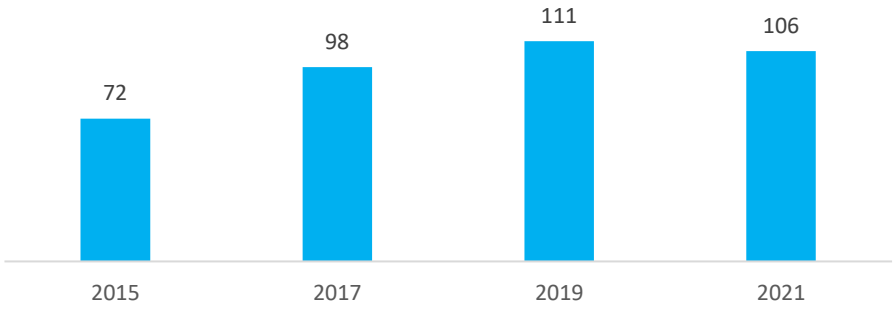
Fig. 2) have served as a basis to establish the plausible level of contribution of the Task Force's achievements to its expected outputs in each of the four strategic priorities.

Strategic priority 1: multisectoral actions on NCDs and mental health

According to the revised ToC, the expected outcome is that governments progress sustainably in implementing multisectoral actions on NCDs and mental health, to which the Task Force contributes through three outputs.

Output 1.1. Countries having NCD strategies and conducive policy frameworks in place. The Task Force appears to have contributed to this output, although available evidence does not allow assessing this systematically. Globally, there appears to have a been a moderate increase in the NCD monitor indicator[20] relating to national multisectoral frameworks between 2015 and 2019 and a decline between 2019 and 2021, as shown in Fig. 8. The Task Force has likely contributed to some extent to this indicator through its joint missions, during which the Task Force has reviewed progress in countries on implementing a multisectoral response to NCDs and the "best buys", providing recommendations to progress on those.

Fig. 8 Existence of an operational, multisectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors.



Source: Global Health Observatory

Many joint mission reports recommend that countries develop a multisectoral action plan or strategy to address NCDs[21] and provide details as to what should be prioritized in each context. In several countries, national NCD multisectoral policies and plans were adopted shortly after the joint missions took place, which suggests, given that key national stakeholders were involved in the Task Force activities, that the Task Force missions have been

[20] Every two years, WHO publishes the NCD Monitor, which tracks country progress in implementing the NCD Global Action Plan through 19 indicators.
[21] For example in Bahrain, Cambodia, Democratic Republic of the Congo, Mozambique, Oman, Türkiye and Zambia.

a facilitating or catalysing factor. For example, in Kyrgyzstan, the joint mission shared recommendations with the ministry of health in preparation for the midterm review of the National Action Plan on NCDs (see Annex 8).

In terms of scale of engagement, the Task Force has met the target for the first indicator in the indicative M&E framework to increase the "number of countries that request and receive policy guidance and technical support from the Task Force for which there is evidence that recommendations are being implemented", growing its presence from 55 to 61 countries from 2021 to 2024. Although there is no tracking system of the extent to which the Task Force's recommendations have been implemented, partial data are available. These include the follow-up reports for 20 countries produced in 2018 but, as mentioned above, the evidence on contribution of the Task Force to changes in those is weak. There were also second joint missions in Mongolia and Sri Lanka. In Mongolia progress since the 2015 mission was assessed in the 2016 second joint mission but not in a particularly systematic manner. In Sri Lanka, the report from the second mission in 2018 *(43)* includes an annex reviewing progress against each recommendation. An excerpt of this is shown in Fig. 9, which constitutes a good practice that the Task Force could replicate to track its contribution in countries as part of its regular M&E.

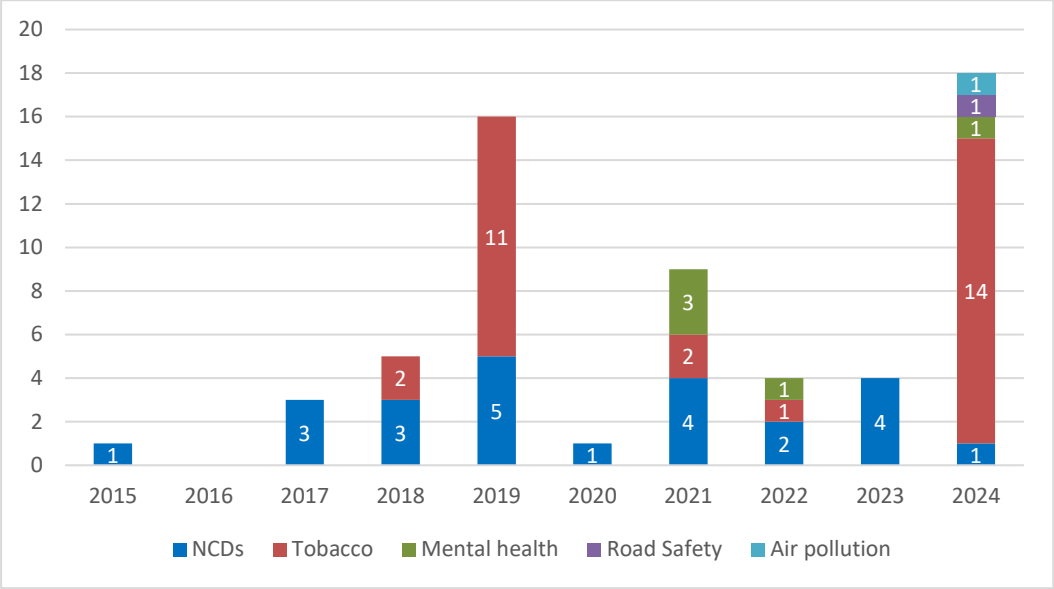
Fig. 9. Progress observed against the 2015 joint mission recommendations.

2015 recommendations for Action	Progress (Good progress / Some progress / Limited or no progress)	
A. Governance, coordination and accountability		
High level coordination mechanism is established to ensure that the multisectoral action plan is delivered and that progress is regularly shared in a transparent way	National NCD Council was established. Chaired by Minister of Health, Nutrition and Indigenous Medicine with officials across government. Recent plan is for ministers to attend the Council in future.	
The Joint Donor Group includes **NCDs into the newly formed CKD group**	NCDs was not included in the Joint Donor Group (now called the Partners Forum on Health and Nutrition) although new initiatives/ programmes under health sector are shared with this group.	
The MoH coordinates **finalization of the national plan (including costing)**, in full consultation with all partners, and puts in place a robust implementation and monitoring plan that can been overseen by the high level mechanism. The plan should specifically include implementation and monitoring of required changes in the policies by non-health ministries.	National Multisectoral Action Plan 2016-2020 was finalized and costed with a highly ambitious set of priority actions for 2016-2017. Six monthly monitoring frameworks developed but not regularly used to chart progress. Mid-term evaluation not yet undertaken. Nearly half of districts have developed their own plans in line with NMAP.	
Ministry of National Policies and Economic Affairs supports the above process and the monitoring of the plan in order to ensure that all relevant sectors are accountable for progress	Ministry of National Policies and Economic Affairs participated in the process but not explicitly led.	
The MoH sets up the proposed **NCD bureau** which incorporates all relevant directorates and units that address NCD Prevention and Control	NCD bureau was established with a new DDG appointment. The bureau consists of the NCD Unit, National Cancer Control Programme and Mental Health Unit.	
The MoH integrates **NCDs into its National Health Performance Framework and the next National Health Master Plan** that is developing	National Health Performance Framework and National Health Master plan include NCDs.	

Source: Annex 4 from the 2018 Joint Mission report to Sri Lanka (43)

Output 1.2. The focus from governments on NCD risk factors is on addressing commercial and social determinants of health as part of the right to health agenda. The Task Force's work in country appears to have focused on this output to a large extent, and there is robust evidence of the Task Force's contribution to achieving this output in some countries. Investment cases, which focus on delivering the "best buys", have been a key strategy in delivering this output. Half of the investment cases (30 out of 61) have focused on tobacco control, followed by NCD responses (24), mental health (5), air pollution (1) and road safety (1) (see -Fig. 10. Number of investment cases conducted annually between 2015 and 2024. The number of investment cases rose from 2017 to 2019, followed by a drop in 2020 linked to the onset of COVID-19. There appears to have been a catch-up following this in 2021, and again a sharp rise in 2024 driven by tobacco investment cases. The theme of investment cases has evolved over time, with a diversification in recent years: since 2021 mental health has been included as a stand-alone theme for investment cases, and in 2024 one investment case was conducted on road safety and one on reduction of air pollution.

Fig. 10. Number of investment cases conducted annually between 2015 and 2024.



Source: Task Force website

Investment cases are the Task Force activity that has benefitted from most evidence gathering. A peer-reviewed article *(30)* identified results attributable to NCD investment cases in the areas of NCD governance, financing and health service access and delivery, and UNDP has since maintained a data base tracking the implementation of the investment cases recommendations. There is, however, a gap in terms of assessing their economic impact and their influence on resources allocation. Respondents involved in conducting investment cases considered that their effectiveness was higher where there were clear steps to follow up on, such as those on tobacco control. There is also anecdotal evidence that advocacy conducted during joint missions has contributed in some contexts to changes in legal and taxation frameworks to address NCD risk factors. In Kenya, following the joint-mission in 2014, the World Bank supported a tobacco control investment case study *(44)*, which arguably contributed to introducing stronger tobacco control regulations, including graphic health warnings. In Nigeria, the mental health investment case contributed directly to the creation of a mental health directorate in the ministry of health in support of the new mental health national policy framework, adopted following advocacy by the ministry of health with support by the Task Force's joint mission (see Annex 8).

Output 1.3. The strengthening of NCD and mental health services takes place as part of the PHC/UHC agenda inclusive of community health systems and supporting the health workforce. Some activities by the Task Force have arguably focused on delivering this output, since the "best buys" promoted by the Task Force in joint missions include interventions to strengthen prevention, screening for NCDs such as diabetes, cervical cancer and management of cardiovascular diseases and chronic respiratory diseases at PHC level. However, the Task Force's contribution to this area appears less substantiated by evidence. There is no indicator in the indicative M&E framework relating to this area, and the Task Force's value added to this output compared to WHO NCD programmes (see 2.1) appears less well articulated.

Strategic priority 2: Better financial frameworks

The second strategic priority is captured in the revised theory of change second outcome: Better financial frameworks on prevention and control of NCDs and for mental health are in place. This outcome is to be realized through the following outputs:

Output 2.1. There is a well-resourced, operational multipartner trust fund (MPTF)/Health4Life fund tracking progress on expected outcomes. The Task Force appears to have met the target in the indicative M&E framework for the indicator *Multi-Partner Trust Fund capitalized and disbursing funds to countries*. The

Health4Life fund was set up in 2021, and between its creation and 2024, US$ 1.2 million were spent in setting up and running the fund. The first commitment obtained was by the Government of Scotland for US$ 3 168 426, and a second commitment was obtained from UNICEF USA through a grant from the Lilly Foundation of US$ 3 920 000, for a total of US$ 7 088 426, of which US$ 2 247 285 have been deposited at NCD MPTF (Health4Life Fund). There are other commitments by Mauritius and Philippines, which announced their membership of the Fund at the WHA in 2024 with budgetary allocation, although the amount of the pledges is not yet known. Zambia and Rwanda are the two countries that have progressed to develop proposals for around US$ 1 million over two and three years respectively, and funds disbursement has started to Rwanda for a total of US$ 406 868 in 2024.

The setting-up of the Health4Life fund is in line with the objective of supporting better financial frameworks on NCDs and the financing of national multisectoral responses on NCDs and mental health as outlined in the Task Force's mandate. The Fund was set-up following the mid-point evaluation of the NCD GAP *(1)* recommendation for the Task Force to further focus on economic sustainability and in line with the ECOSOC resolution on the Task Force from 2019. The ambition of the fund is not to become the main funding mechanism through which donors channel resources to support NCD response, but to provide flexible resources to support country capacity to leverage more funding. The Health4Life fund promotes country leadership and is based on supporting country-driven initiatives. It works closely with the WHO Delivery for Impact team to ensure that implementation and result measurement tools are incorporated into the country grants, and a robust transition and sustainability plan is part of the review criteria for proposals.

The Health4Life fund has been able to mobilize new donors for NCDs despite being set-up with no funding pledges at its beginnings. Donors interviewed have mentioned that the convening power of the Task Force and the catalytic role of the Fund in country have been key elements in their decision to support the Fund. Donors have appreciated the quality of the fund management, which was unanimously noted in terms of efficiently expediting the processes and moving forward with the identification of two proposals from Rwanda and Zambia shortly after the fund was set up.

Unresolved competition for resources with the WHO teams working on NCDs and risk factors appears to have potentially delayed progress on the Health4Life fund. Respondents involved in the setting-up of the fund and broader efforts on resource mobilization have explained that the Task Force team managing the fund was not allowed to approach donors that were already funding WHO on NCDs, limiting the donor pool that could contribute to the fund. Concerns about the fund displacing donors contributing to WHO as well as the need to have unified proposals for given donors, were expressed by WHO respondents and have prompted their proposing an improved dialogue on how existing donors might be approached, to ensure that they are targeted with offers that would not overlap or potentially compete. Current efforts in WHO on better supporting multipartner trust funds through a common framework are promising in terms of addressing some of these concerns.

Output 2.2 There is increased financing for NCDs and mental health at country level, including from Official Development Assistance **where appropriate and Output 2.3 There are increased domestic resources for NCDs and mental health.** The indicative M&E framework of the current strategy includes indicators on *Number of countries with projects funded by multilateral development banks and by the Global Fund that include SDG targets related to NCDs and mental health* and *Number of countries supported by the Task Force to increase domestic and/or development assistance funding for NCDs and mental health.* While data might be obtained from regular Task Force surveys to its membership on the first indicator and from investment cases follow-up on recommendations conducted by UNDP on the second one, no data were reported on these after the 2021 baseline. In addition, these indicators do not cover an economic analysis of the amount of funds raised for NCDs as a result of investment cases.

Recognizing limitations in available data, there is anecdotal evidence of contribution of the Task Force to domestic financing for NCDs. Investment cases have been particularly appreciated as a way of engaging ministries of finances on health issues and securing high-level buy-in to support the NCD and mental health responses. A government official interviewed explained, for example, that "the NCD investment case was very important for us. In 2019, we did not have evidence-based data on NCD burden, it was very difficult to convince

the deputy ministry of finances to invest in this. After the first NCD investment case the ministry of finances changed their view on prioritizing burden of NCD."

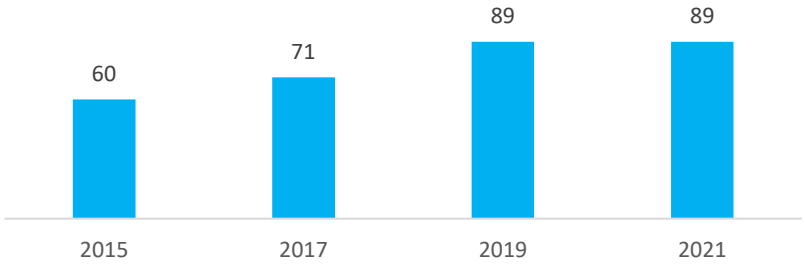
In Oman, following the presentation of the investment case to the Deputy Prime Minister, the Council of Ministers and senior officials from Supreme Council of Planning, required investments were pledged for the NCDs response. From the study of the impact of investment cases in 13 countries *(30)*, financing results from investment cases included budgetary allocations to NCDs, use of health taxes including mobilizing domestic resources and leveraging development assistance funding.

Strategic priority 3: National Governments effectively engage all key actors

In relation to national governments effectively engaging all key actors in the NCD and mental health response, key expected outputs in the revised ToC are:

Output 3.1 Better government-led governance/coordination of the NCD response through stronger partnerships and multisectoral coordination in country. The Task Force appears to have contributed to achieving this output in some countries, although progress seems slow. Globally, countries progressed on establishing multisectoral coordination mechanisms between 2015 and 2019, followed by a plateau between 2019 and 2021 as shown in Fig. 11. There are variations between regions, Southeast Asia having the highest proportion of countries having established such mechanisms (73%) and Africa the lowest (23%).[22]

Fig. 11. Existence of a national multisectoral commission, agency or mechanism for NCDs.



Source: Global Health Observatory

The Task Force may have contributed to the establishment of such mechanisms in some of the countries where it has conducted joint missions. For example, in Sri Lanka a cross-government National NCD Council was established, chaired by the minister of health, nutrition and indigenous medicine two years after the joint mission in 2015, although a causal link with the Task Force mission cannot be established based on the evidence available. The Task Force mission in Kenya may also have helped mobilize a broader partnership base on NCDs, as according to a follow-up report to the mission an increasing number of partnerships have been created between the private sector, civil society organizations and community-based groups on NCDs. In Ethiopia, the joint mission that took place in 2017 recommended that a high-level national summit on NCDs be convened to establish a high-level multisectoral coordination committee, and the following year a seed fund by the government of Japan was awarded through the Task Force to strengthen the multisectoral NCD responses.

Output 3.2 There are references to NCDs in broader agendas to ensure buy-in from countries and ensure relevance to specific country needs. Contribution of the Task Force to promoting the inclusion of NCDs in

[22] From GHO data for 2021 on the indicator "Existence of a national multisectoral commission, agency or mechanism for NCDs".

broader agendas at global level has been discussed in section 2.1. At country level, there is evidence that the Task Force has sought to integrate NCDs with relevant other areas, for example exploring NCDs and tuberculosis comorbidities in a joint mission to Nigeria, and in conducting investment cases on air pollution and road safety in Mongolia and Zambia respectively.

Strategic priority 4: UN agency coordination

In relation to Outcome 4: UN agencies increasing their efforts on NCDs and mental health and better aligning and coordinating their support, key expected outputs in the revised theory of change are:

Output 4.1 The NCD agenda is activated in the Task Force members, evidenced in increased activities and investment in programme and policy work. Evidence is varied, with the Task Force having greatly contributed to this output in some of its members, although other members have been less engaged, as discussed in EQ2.

To what extent has the Task Force coordination and collaboration, including through its joint programmes, working groups and more recently the Health4Life Fund, been compatible with other internal and external initiatives? (coherence)

Output 4.2 The UNCTs in countries have joint programmes on NCDs and mental health. At country level, a Task Force's key role relates to coordination and alignment of the UN system on NCDs and mental health. In particular, the Task Force is to liaise with UN Country Teams to ensure that joint NCD work is integrated in UN country joint plans:

> "through the establishment of a resident thematic group or equivalent entity on NCDs by United Nations country teams or incorporating noncommunicable diseases into an existing thematic group, in order to ensure that these issues are integrated into health planning and national development plans and policies, including the design process and implementation of the United Nations Development Assistance Frameworks."[23]

In this respect, the Task Force has established different avenues to foster UN agencies' alignment at country level, with some exampless:

- The UN response in country during joint missions is reviewed to assess progress against the NCD GAP nine voluntary global targets at country level, provide a situation analysis and discuss the way forwards with national stakeholders including UN Country Teams *(45)*.
- UN agencies are encouraged to include NCDs when reviewing UNSDCFs *(35)*, which happened following joint missions in the UN Multi-Country Sustainable Development Framework for the Caribbean region following the mission in Barbados, as well as in Belarus, Kyrgyzstan, Mongolia and Mozambique.
- The creation of working groups and platforms of NCDs within the UNCT is supported. From follow-up reports produced by the Task Force, a national UN Task Force was established to strengthen in-country coordination on NCDs following the joint mission in Barbados. In Thailand, a UN thematic working group on NCDs was established in 2019 following a Task Force joint mission the previous year *(39)*. In Belarus, Ethiopia and Oman, NCDs have become part of the UNCT Thematic Group on Health. In Ethiopia the United Nations Resident Coordinator's office, the ministry of health and WHO have conducted a high-level forum on NCDs to establish a national multisectoral coordination mechanism co-chaired by the government of Ethiopia and the UN Resident Coordinator.
- The Health4Life fund also incentivizes country-level UN system alignment by providing resources for coordinated implementation of country priorities.

While there are examples of improved synergies at country level between agencies as part of the joint missions, after the mission the momentum of collaboration may dwindle among the UNCT members. Country respondents

[23] ECOSOC (2015) Economic and Social Council resolution E/RES/2015/8 of 5 August 2013 paragraph 4

interviewed generally considered that following the mission, inter-agency collaborations reverted to the previous status quo, with WHO being the main partner supporting the national NCD agenda.

Output 4.3 The UNSDCFs include NCDs and mental health priorities. This output has witnessed considerable progress during the Task Force's existence and is tracked through the indicator *Number of countries for which Cooperation frameworks include SDG targets related to NCDs and/or mental health, including target 3.a on implementation of the WHO FCTC, with evidence of funds available for joint programming and implementation* in the indicative M&E framework. This indicator shows that while the proportion of UNSDCFs integrating NCDs has decreased slightly between the 2020–2021 and the 2022–2023 rollout of the UN country frameworks, from 79 to 77%, the number of country frameworks integrating NCDs has increased from 30 to 75 between the two periods. The Task Force is likely to have contributed to this evolution through its guidance and advocacy, for example by providing technical guidance for integrating NCDs into UNSCDFs *(46)* as in emergency responses by the UN, and monitored progress on this on a regular basis *(38)*. The Task Force was not, however, able to track the same for mental health and whether funds were allocated by country teams to support this area of work.

3.3 Internal and external influencing factors

Key factors identified by the evaluation that have influenced the Task Force's work are summarized in Table 4.

Table 4. Main internal and external influencing factors affecting the work of the Task Force.

Facilitating factors	Hindering factors
Internal factors	
• Strong leadership from a stable Secretariat • The Task Force's independence has allowed it to work across institutional boundaries, advocate for member agencies and support a whole-of-UN response • A culture of shared objectives • Technical working groups and regular meetings that are outcome oriented • Increased awareness in some of the agencies on the relevance of NCDs and mental health to their mandate	• Competition or lack of harmonized approaches, at times, have existed between WHO technical departments and the Task Force, which has limited the Task Force's ability to advance in some areas. Concern over non-aligned approaches to donors,in particular, hampered mobilizing resources for NCDs through the Health4Life fund and joint initiatives, for example on cervical cancer. • The level of seniority of Task Force members focal points and insufficient institutionalization of focal point positions with variable time dedicated to this role may hamper their ability to influence 'upwards' in their organization and impact regional and country level action. • Insufficient prioritization of NCDs within Task Force members' strategies and programmes does not allow their contribution to be fully leveraged. • Structural alignment and coordination issues in the global health sector such as siloed work, competition for resources, operational procedures, M&E frameworks and timeframes not being aligned among agencies.
External factors	
• Task Force members with strong disease-focused programmes have reframed their work within the PHC/UHC agendas and started funding NCD-related work as part of addressing comorbidities, for example with HIV, tuberculosis or malaria.	• Chronic under-resourcing of NCDs in global health funding. • Capacity issues at national level, including high turnover of government officials, ministries of health not being empowered to mobilize multisectoral responses. • Commercial determinants of health/perceived trade-offs between economic growth and reducing NCD risk factors. These can feed into conflicts and differences of interest when it comes to implementing

	the necessary fiscal, regulatory and legislative actions which require action from different parts of government and parliament. • Tension within member agencies between the need to demonstrate their individual value added and the need to work as one to be more effective, but at the expense of a clear line of sight from resources to results for each agency.

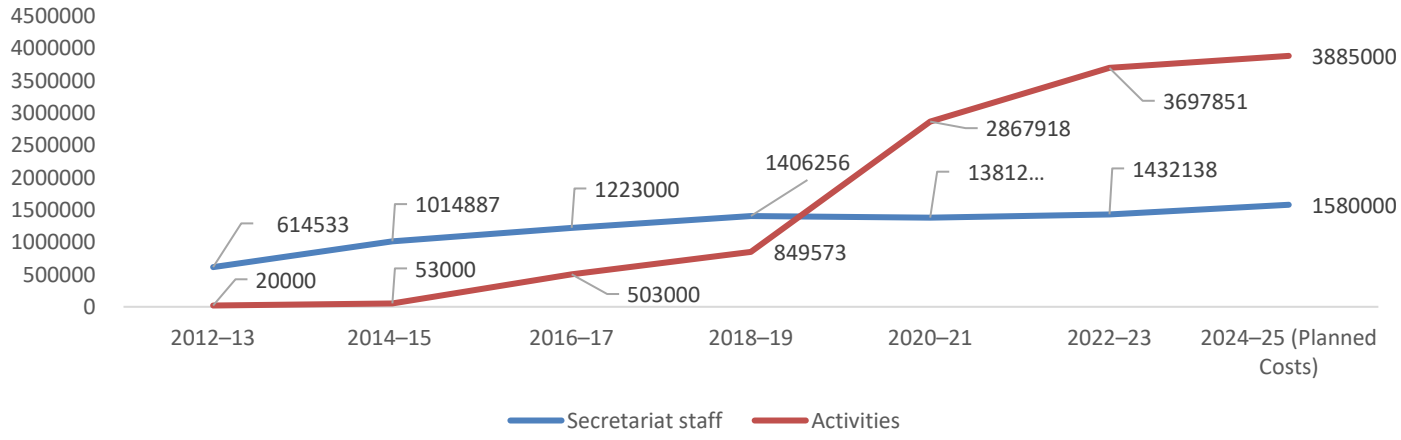
Source: respondents' contributions in interviews and survey

3.4 Efficient use of resources

The Task Force has been efficient in utilizing resources, with a lean Secretariat that relies on agency focal points to deliver the work. The trend in the Task Force budget since its creation shows that its core human resources budget has increased from around US$ 600 000 in the 2012–2013 biennium to around US$ 1.6 million in 2024–2025. This growth has been modest in relation to the growth in the activity budget, from US$ 20 000 in 2012–2013 to around US$ 3.7 million in 2024–2025 (see Fig. 12). Several external and member agencies respondents have highlighted that the Task Force's Secretariat was able to achieve results on a relatively limited budget, about US$ 5.4 million in total for the current biennium. It is also noted that WHO has been the source of the Secretariat's financing.

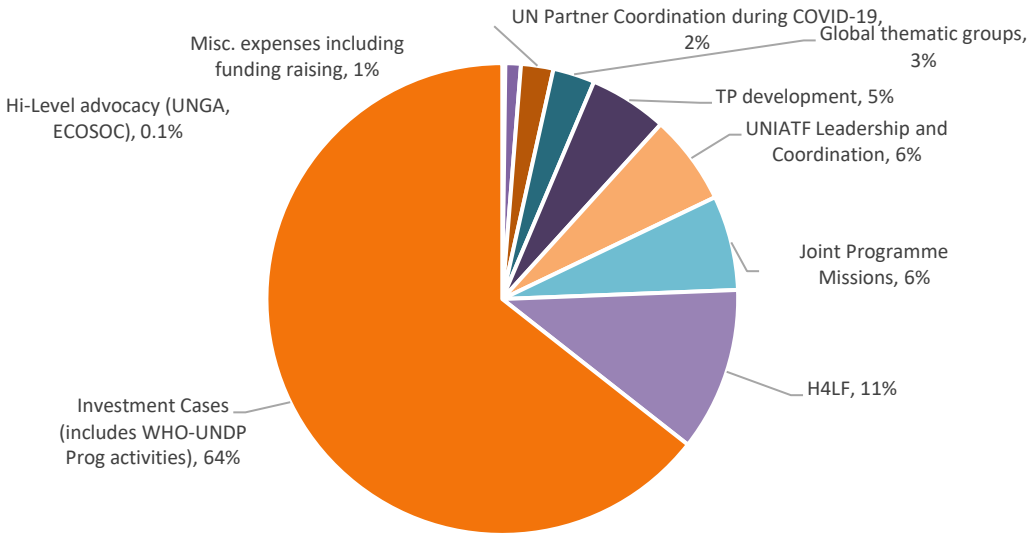
Most of the Secretariat's activity budget is spent on country level work. Similarly, the Health4Life fund is dedicated to raising resources for country responses, underscoring an efficient allocation of resources to maximize contribution to country results. Investment cases represent the largest budget post by far (see Source: Excel *file provided by Task Force Secretariat from WHO GSM Fig. 13*) in the Task Force activity budget. While these are a key strategy for the Task Force to support engagement of partners in the national multisectoral response, some Task Force respondents have considered that other priorities may require more resources going forward. In particular, fewer resources appear to be directed to some of the areas where the Task Force has a unique value, such as capacity-building of UN country teams on NCD coordination and engagement with member agencies at the three WHO levels to foster alignment. However, Task Force respondents have pointed out that redistributing resources to match the Task Force priorities may be challenging, since investment cases are reported to be relatively easier to fundraise for compared to coordination activities.

Fig. 12. Task Force staff and activity budget by biennium (in US$).



Source: Excel file provided by Task Force Secretariat from WHO GSM

Fig. 13. Task Force activity budget by activity category from 2018 to August 2024 (in US$).



Source: Excel file provided by Task Force Secretariat from WHO GSM

EQ4. To what extent are the benefits of the Task Force strategies and its implementation likely to continue? *(sustainability)*

Key findings:

- The sustainability of the Task Force Secretariat and activities conducted through the Task Force remains a challenge, and financial commitments and accountability by Task Force members to sustain the structure and activities are not clearly outlined.
- The increased focus on raising financial resources to support the implementation of country multisectoral responses to NCD and mental health in the current strategic period helps ensure the sustainability of the Task Force's interventions.
- The country work of the Task Force has had unequal results in terms of sustainability – some of the missions have had a long-term result whilst others have remained one-off events. This variability stems mainly from two factors: pre-existing conditions in countries in terms of capacity and political buy-in and the existence of sufficient resources to ensure that country missions are followed-up by UN agencies in country.

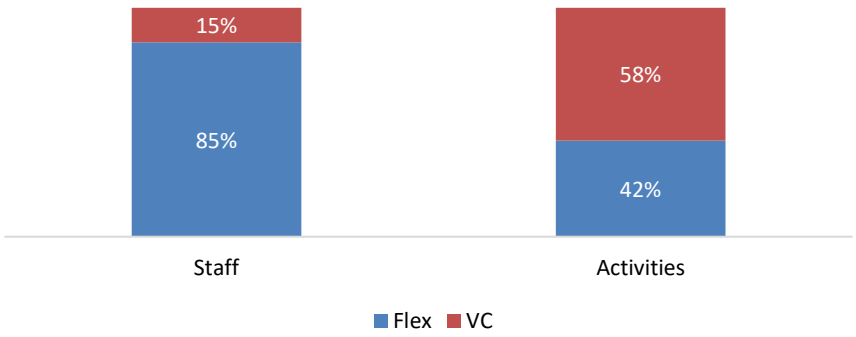
4.1 Steps taken to ensure the continued institutionalization and scaling-up of Task Force interventions

To sustain the contribution of the Task Force, it is crucial to maintain the capacity of its Secretariat. Funding sources described in Fig. 14 show that the Task Force Secretariat staff are mostly funded through WHO flexible funding (85%). While this is positive since the funding does not depend on time-bound support by a specific donor, this financial set-up relies on WHO maintaining its commitment to supporting the Secretariat. Member agencies are not directly financing the Task Force mechanism although they participate by providing some staff

time as focal points, and according to some Task Force members it is unlikely that their agency would directly finance such a mechanism. However, under-investment in coordination mechanisms has been repeatedly highlighted as a major hindering factor for sustainability, shared ownership and accountability in evaluations of global coordination mechanisms *(47)* *(48)*. There are efforts to diversify sources of fundings for the Task Force's staff and activities. The Government of Italy has contributed in recent years to fund a Junior Professional Officer position at the Secretariat. The Health4Life fund team includes two full-time consultants.[24] However, according to Task Force members interviewed, the sustainability of the current level of human resources in the medium term, particularly for consultant positions that are not funded through WHO, remains a concern.

In contrast to the staffing budget, the Task Force's activity budget is mostly funded by voluntary contributions (VC) (58%), and the main sources of income for these are the Russian Federation and to some extent the European Union. Some agencies have contributed resources to Task Force activities, whether directly, such as UNDP supporting the implementation of investment cases, or indirectly through supporting fundraising, such as UNICEF facilitating the contribution to the Health4Life fund from UNICEF USA. This latter mechanism – **supporting with resources mobilization rather than direct financing – has been considered a more realistic avenue for increasing member agencies' involvement in the Task Force activities' resourcing** by the member agency focal points consulted.

Fig. 14. Sources of funding for Task Force staff and activity budgets (total for 2021–2025, planned costs): Percentage of flexible and voluntary contributions.



Source: Excel file provided by Task Force Secretariat from GSM

4.2 Sustainability of results

The Task Force interventions address key sustainability issues by **focusing on strengthening national systems and mobilizing domestic resources for NCDs through investment cases**. Respondents involved in the Health4Life fund and resources mobilization for NCDs consider that the fund is well-designed for sustainability as it provides catalytic funding to countries, potentially to support the implementation of recommendations from joint missions. It is, however, too early to document sustainable contribution from this fund since it is in the process of implementing its first round of funding.

[24] One of these positions was cut following the recent internal cost saving measures within WHO.

Survey respondents considered that the Task Force's contributions were not yet sustainable, all five respondents to the survey question "To what extent are the contributions of Task Force likely to be durable over time if the Task Force ceased to exist?" considering that sustainability was limited. Two survey respondents highlighted that sustainable results need time and that results are only emerging. For example, one of them stated: "I feel that it has taken a number of years to build up a body of knowledge, bring a wide range of actors together around a common but very broad subject of NCDs, raise awareness and get a degree of common understanding amongst the Task Force members with some key activities."

From interviews with country level respondents including as part of the two deep dive studies and participants to joint missions interviewed, sustainability of the Task Force's country work appears to depend on two key factors:

First, **the Task Force's contributions at country level have been better sustained in countries where there were existing opportunities, sufficient institutional capacity and political buy-in** to build on the work initiated during the Task Force's country missions. Positive examples of political buy-in to the Task Force's missions include Armenia, Kyrgyzstan, Nigeria and Thailand, leading to sustainable outcomes such as changes in legal frameworks. In Armenia, the tobacco control law passed by Parliament was according to country respondents directly linked to the investment case conducted through the Task Force. This helped convince both the Ministry of Finances and parliamentarians of the importance of tackling tobacco consumption through taxes and legal measures restricting tobacco smoking in public places. The country has conducted a second investment case study with support from the FCTC Secretariat and is currently actively working with the Task Force and the WHO country office on sustainable financing for the NCD response.

In some countries however, investment cases and missions have been insufficiently tied to existing initiatives and capacities in country, which has affected the extent to which country actors, including UN agencies, have been able to follow up on the Task Force's missions. A key expectation from Member State respondents as well as UN staff interviewed at country level is that the Task Force develop its interventions from existing initiatives at country level, some country level respondents considering that it has at times been "top down'" in its approach. While the design of joint missions involves preliminary analysis and discussions with key officials in country *(49)*, UN country respondents mentioned that the Task Force missions are not always well-embedded in UN agencies country plans. This can add to the workload for UN country staff in charge of NCDs and health and limit the extent to which UN country teams are able to provide follow-up to the Task Force missions.

Second, joint missions coordinated from headquarters into the countries can provide a "boost" or have a catalytic effect that can galvanize efforts of NCDs in countries (as documented in EQ3. **What results has the Task Force achieved, and what have been enabling and hindering factors? What challenges have emerged? (effectiveness, efficiency)**, but **sustaining their contribution requires on-going and long-term follow-up to ensure that recommendations are implemented.** In 15 countries[25] out of 61 (around 25%) the Task Force has been able to conduct more than one activity, such as follow-up missions or investment cases. These activities served to consolidate gains from the first mission (for example on tobacco control in Armenia) or to address different areas (for example in Jordan on tobacco and mental health; in Nigeria on the integration of tuberculosis and NCDs and mental health; and in Zambia on tobacco and road safety). In some countries, country level respondents have considered that the Task Force did not have sufficient resources to maintain momentum after the missions. Government respondents have considered that the investment cases were useful in mobilizing non-health actors on NCDs, and follow-up actions have been documented based on their recommendations *(30)*. However, several respondents working on health financing have considered that

[25] They are Bahrain, Cambodia, Republic of the Congo, Kenya, Kuwait, Mongolia, Nigeria, Oman, Philippines, Saudi Arabia, Sri Lanka, Thailand, United Arab Emirates, Uzbekistan and Zambia.

changes in national budgets and tax regulations require long-term capacity-building and technical assistance provision to be fully enacted which cannot be achieved as part of the missions only.

While subsequent missions in the same country may partly respond to this need for follow-up, another promising approach by the Task Force has been to work with UNCTs to embed the joint missions in longer term, country-level programmes. **The Global Joint Programme on catalysing multisectoral action for the prevention and control of NCDs and mental health *(50)*** has been implemented by the Task Force Secretariat and UNDP with WHO UHC Partnership funding in seven countries in Africa, the Caribbean and the Pacific from 2021 to 2024.[26] This programme is well aligned to the agenda of UN delivering as one on NCDs, through a concrete programme of action at country level. Although there is no evaluation of the programme published as yet, emerging evidence suggests that in Nigeria (see Annex 8) its articulation with the Task Force's mission has faced challenges. National respondents interviewed as part of the Nigeria deep dive considered that the multi-agency engagement on NCDs and mental health still needed strengthening in Nigeria, WHO being the main agency that continued engaging on this agenda with the ministry of health after the missions. UN country team members interviewed considered that they were insufficiently engaged in the planning of the joint missions and subsequent activities, which led to issues in the implementation of activities. In particular, the budget allocated was insufficient to carry out critical planned interventions such as the NCD investment case by UNDP. Several important lessons learned can be drawn from this experience, as respondents highlighted both the high relevance and need for such intervention and the need to review the implementation modalities, such as fund disbursement to country, joint planning processes and engagement at country level, as well as the need for more engagement from the onset with civil society to ensure that civil society organizations support advocacy efforts.

[26] This programme worked through country-led action and partnerships, aiming to support countries to develop and implement fiscal and regulatory measures; to enhance policy coherence across government sectors and their partners; to strengthen capacities for ensuring equitable access to health care; and to increase awareness, ownership and engagement of various constituencies such as civil society, parliamentarians, local leaders and media.

EQ5. To what extent has the Task Force strategy and work addressed gender, equity and human rights concerns, disability inclusion, as well as other overarching principles in the WHO Global NCD Action Plan 2013–2030 to ensure that activities are consistently and meaningfully informed by considerations of overall equity? (gender, equity, human rights and disability inclusion)

Key findings:

- The Human Rights Team has focused on increasing the capacity and awareness of Task Force members to implement rights-based interventions. While there are Task Force-supported initiatives that address aspects of equity and rights in relation to NCDs, these tend to stem from work ongoing in the agencies rather than being driven by the Task Force.
- The Task Force focus on civil society and community engagement with people living with NCDs has been limited. In particular, the Task Force's initiatives in this area does not appear to leverage the work of the GCM on non-State actors and NCDs.
- The integration of gender equality considerations in the work of the Task Force has been limited, with some good examples on tobacco control. In other areas Task Force outputs are mostly gender-blind or gender sensitive, acknowledging instances where NCD affect men and women differently without specifying how the Task Force would address gender inequalities.
- Some of the Task Force members address comorbidities between mental health and disability, and there is also a developing area of work on assistive technologies and NCDs. Beyond those promising examples, the interdependencies between disability and NCDs have not been extensively addressed by the Task Force.

5.1 Promotion of the leave no-one behind principle and a rights-based approach

In terms of promoting a human rights-based approach, the work of the Task Force is supported by a working group formed by member agencies, **the Human Rights Team**, led by OHCHR and reporting to the Task Force biannual meetings. The team has focused on increasing the awareness among Task Force member agencies, based on the observation that they have varied levels of understanding and awareness of human rights-based approaches, rendering it necessary to "make the Task Force members more fluent in human rights". Leading agencies promoting this agenda are OHCHR, IDLO, UN Nutrition, UNAIDS and WHO. Progress has been noted in using a human rights lens in the Task Force's work, with a member of the team reporting a "shift" towards increased appreciation of the value of human rights-based approaches in NCDs. Work undertaken by the group has included holding a thematic session on human rights in the biannual task force meetings, producing guidance on NCDs and the right to health and putting together a repository of resources on human rights and NCDs. A side event on NCDs was also held at the 51st Session of the Human Rights Council, highlighting opportunities for the Council to include NCDs and risk factors in its work on health. The Task Force Secretariat has provided support for all these events and undertaken presentations at each event. More recently the Human Rights group has developed a ToC for human rights and NCDs, and there are plans to pilot this in Liberia through a joint programming mission in 2025. Looking forward, the group seeks to make its contribution more relevant to the

work of the Task Force members by translating the legal aspects of human rights into actionable guidance for agencies that may be less familiar with them.

Overall, however, **programmes focusing on health equity and rights are mostly initiated from some of the Task Force's members existing efforts to integrate those issues** rather than being driven or promoted from the Task Force itself. Some member agencies have initiated collaborations through the Task Force addressing health equity issues based on their mandates. Examples include:

- The UN Joint Global Programme on the Elimination of Cervical Cancer addresses an issue that primarily affects low- and middle-income countries and intersectional factors of vulnerability, such as gender, poverty and HIV status.[27] The Task Force was the platform from which this Joint Programme (2016–2021) of seven UN agencies led by UNFPA, WHO and IAEA (participants also include IARC, UNAIDS, UNICEF and UNWomen) originated, forming the Cervical Cancer UN Joint Action Group. Implemented in six countries,[28] the Joint Programme has contributed to raising awareness and political buy-in on cervical cancer at country level, leading to the development of national strategies, strengthening surveillance of cervical cancer and increasing human papillomavirus vaccination coverage. An important feature of this programme has been the country and community focus, ensuring engagement of communities of women through partnership with Soroptimist International. A follow-up is planned to support the implementation of the WHO Cervical Cancer Global Elimination Strategy launched in 2020 and in view of achieving the 2030 targets on cervical cancer.
- Work by FCTC Secretariat with UNDP on tobacco taxation can be considered a pro-poor intervention, although this work has taken place outside the Task Force, with reports to Task Force meetings. A recent study *(51)* reviewing investment case equity analyses for 19 countries[29] found that a one-time 30% increase in tobacco price would reduce smoking prevalence by the largest percent among the poorest 20% of the population. In this respect, tobacco control legislation and tax policies have been promoted in several Task Force country missions, for example in Kyrgyzstan, Mongolia, Oman, Viet Nam and Zambia. Follow-up reports to missions analysed by the evaluation indicate that these missions may have contributed to the implementation of excise taxes on tobacco in Viet Nam (increase in tobacco taxation) and the adoption of a Tobacco Control Bill in Zambia.

The **Health4Life Fund prioritizes human rights** in its grant making. It includes human rights and gender equity considerations in its proposal review criterion and requires that all proposals have meaningful inclusion of civil society organizations. The Scottish Government has also promoted a more explicit consideration of gender in the Fund.

While the Task Force has made commendable efforts in engaging civil society actors in its work, meaningful engagement of these organizations is less systematic and structured than with government and UN agencies. A review of country mission reports indicates that joint missions have generally included civil society organizations as participating national stakeholders. For example, in the Barbados mission, the Healthy Caribbean Coalition members are cited as key partners to progress the NCD agenda in the country. In some contexts where civil space is restricted, the joint missions have played an important role in bringing civil society actors to the discussion table with high-level government officials and highlighting the role of civil society actors, for example in Bhutan. However, from interviews conducted with civil society actors, engagement with Task Force missions has been mostly limited to being consulted on or participating in in-country missions, but there

[27] Nearly 90% of deaths attributed to cervical cancer occur in low- and middle-income countries; more than 85% of those affected are young, undereducated women; many live in poverty; and those living with HIV face a six times higher risk of invasive cervical cancer than women without HIV Review of the UN joint programme on the elimination of cervical cancer. Geneva: World Health Organization; 2022.

[28] Bolivia, Mongolia, Morocco, Myanmar, Tanzania and Uzbekistan.

[29] Bhutan, Burkina Faso, Cambodia, Chad, Egypt, Eswatini, Ghana, Lao People's Democratic Republic, Mozambique, Myanmar, Nepal, Pakistan, Samoa, Serbia, Sierra Leone, Tanzania, Timor-Leste, Tunisia and Vanuatu.

were no ongoing consultations and participation of people living with NCDs in the design, monitoring and follow-up actions for the Task Force's missions. At global level, the Task Force has developed partnerships with civil society organizations such as the NCD Alliance and United of Global Mental Health involved in the governance of the Health4LifeFund, Soroptimist in the global Joint Programme on cervical cancer and Movendi and other civil society organizations in the SAFER initiative. Overall, respondents from the Task Force have considered that there could be more meaningful engagement with civil society and communities. A focal point from a member agency considered for example that engagement with civil society and communities "should become a rule, a must."

Several Task Force members have extensive experience in creating space for meaningful engagement and participation of their constituencies in programmes and advocacy, such as UNAIDS with key populations and people living with HIV, UNICEF with youth and children participation and UNFPA on women and girls sexual and reproductive rights. Task Force members have outlined several areas where the Task Force could add value in mobilizing civil society and communities to support the NCD and mental health response in NCD services delivery and outreach, demand creation and awareness raising, advocacy and policy dialogue, community generated data in surveillance, and in addressing stigma and discrimination. There is, however, currently no working group in the Task Force working on community engagement, although agencies like UNAIDS and OHCHR are advocating for this agenda to be included across the different working groups.

Despite ongoing coordination at global level, the Task Force has not liaised sufficiently with the GCM's efforts to bolster community engagement at country level on NCDs. Although the GCM attends the Task Force meetings, one respondent reported that the GCM is "underutilized", and several WHO and Task Force respondents considered that there were opportunities for developing synergies between the Task Force and GCM on promoting the meaningful engagement of people living with NCD and mental health conditions when planning and conducting country missions.

5.2 Gender equality

Gender equality is acknowledged in Task Force documents, for example in the human rights guidance *(52)* as part of the broader equity agenda. Overall, however, **Task Force outputs appear either gender-blind or gender sensitive**, acknowledging instances where NCDs affect men and women differently but not outlining redress actions as a result. Several country mission reports acknowledge that gender inequalities exist and affect NCD outcomes and recommend analysing gender inequalities as part of strengthening the NCD response. In Kyrgyzstan, the Task Force recommended "using specific groups as entry points to the NCD epidemic, by undertaking a review of gender equality and women's empowerment in the areas of NCDs and improving awareness of and increasing access by men to prevention and health care services." There are, however, issues in the framing of this recommendation in terms of clearly analysing gender equality issues relating to NCDs and addressing the root causes of the discrepancy between men's and women's access to health care services.

There is also limited evidence that the Task Force work has focused on gender equality in concrete ways. Respondents from the Secretariat and member agencies did not consider this aspect was well included, and initiatives specifically focused on tackling gender inequalities on NCDs by the Task Force have not been found. At global level, a more promising example is the work with Soroptimist International Africa Federation that joined the Health4Life Fund in 2023 with a commitment to providing support through the Fund for the global cervical cancer elimination initiative.

5.3 Disability inclusion

The importance of disability for the NCD agenda is outlined in the Task Force publications; for example, the UN Agency briefs state that "NCDs are also a key cause of disability and have been the main driver of disability growth over the last 20 years. As of 2017, 80% of disabilities were related to NCDs *(38)*." Disability is often considered in Task Force publications from the angle of the economic burden and loss of productive life years.

Investment cases reports use disability-adjusted life years (DALYs) as a measure of impact of NCDs (for example in the reports from Cambodia, Myanmar, Philippines and Zambia). Some of the Task Force guidance documents and briefs also mention the disproportionate burden of NCDs affecting people with disabilities from a right to health perspective. This is especially the case where NCDs are considered with other fields such as HIV/AIDS and tuberculosis where these intersectional factors of vulnerability and marginalization have been historically well integrated. For example, the Issue Brief on the integration of tobacco control into tuberculosis and HIV responses *(53)* states that "Poverty, inequalities and marginalization exacerbate tuberculosis and HIV burdens, particularly for key populations. This is also true for NCDs. Vulnerable groups for NCDs include those living in poverty, indigenous populations, migrants and people with mental and psychosocial disabilities."

Some work on disability is noted in the area on mental health, focusing on psychosocial disability with support from the Public Health, Law and Policy Department of WHO. For example, in Nigeria, collaboration between UNDP and WHO focused on reviewing the legal framework on mental health, notably in reforming the "Lunacy Act" to replace it with a rights-based legislation in the new mental health act, including addressing psychosocial or cognitive disabilities. The new Act provides the legal framework to establish a mental health department to promote and protect the rights of persons with mental health conditions and persons with intellectual, psychosocial or cognitive disabilities and to provide for the enhancement and regulation of mental health services in Nigeria.

In addition, the Task Force has recently developed an area of work on assistive technologies with UNOPS and the WHO assistive technologies unit. **Other aspects of NCDs and disabilities, for example in adapted health care provision for comorbidities, non-discrimination and targeted prevention remain underemphasized in the Task Force's interventions.**

Conclusions

Conclusion 1 (coherence). Despite challenges stemming from the institutional set-up within WHO and the funding of its activities, the Task Force has been an exemplar of UN working as one, based on its UN-wide mandate and reporting to ECOSOC, providing a successful coordination and engagement mechanism to a range of its members.

- The Task Force has maintained a strong momentum during the evaluation's timeframe with increasing participation, although participation has been uneven across the membership.
- The Task Force offers a unique platform for UN agencies to address key priorities of the NCD agenda, namely support to country multisectoral NCD responses, improved UN coordination and joint working and addressing the funding gap for NCDs.
- The expanded scope of work of the Task Force from coordination to technical assistance and raising resources for NCDs has led, on occasion, to an overlap with other departments in WHO.

Conclusion 2 (relevance). The Task Force focus on coordination of UN agencies to support multisectoral action on NCDS remains highly relevant. The current strategy provides a clear and well-articulated five-year strategic framework but does not include a medium-term plan to operationalize thematic priorities and actions.

- The current strategy is sufficiently high-level to allow the Task Force to integrate new areas of work and adapt to emerging country priorities and changes in the global health context.
- Taking into account this evolving global health context, there is a need for striking a balance between responding to the Task Force members' diverse interests on NCDs and prioritizing higher impact initiatives to ensure that resources are not spread too thin.

Conclusion 3 (effectiveness/sustainability). Despite an effective Secretariat team, the Task Force Secretariat role is not adequately supported by governance arrangements and resources across the UN system.

- A key requirement to enable the Secretariat to fully play its role is improving internal alignment and synergy with WHO's different entities working on NCDs.
- The resourcing of the Task Force Secretariat and financing of the Task Force activities are not currently sustainably assured, despite efforts to diversify sources of funding.
- Currently, the Task Force promotes engagement of agencies through internal influencing by its Focal Points within their organizations and raising the awareness of the leadership of agencies and Member States in global fora. These avenues have been insufficient to ensure joint accountability of the UN system on NCDs at all levels.
- The Task Force Secretariat reports on its contribution to ECOSOC annually through the WHO Director-General. However, the current M&E Framework of the Task Force does not provide a functional joint

accountability framework for Task Force members, and despite efforts to track this, financial commitments of agencies on NCDs are mostly unknown.

Conclusion 4 (relevance/effectiveness). Based on available data, the Task Force country work appears effective in providing a meaningful contribution to national multisectoral responses to NCDs and mental health.

- The sustainable contribution of missions and investment cases depends on the ability of Task Force members to provide follow-up and resources so that country stakeholders consolidate results and embed them in their own plans and budgets.
- NCDs have been increasingly included in UN country frameworks; however, progress on improving alignment and increasing joint work on NCDs and mental health in UN country teams has been more limited.

Conclusion 5 (effectiveness). The Health4Life Fund is recognized as a potential key enabler to catalyse funding for national NCD responses. Stronger coordination and support, in particular in WHO, are needed to ensure that donors understand the comparative advantage and value-add of investing in this MPTF.

- Key strengths of the Health4Life fund are its approach to promoting country leadership and being based on supporting country-driven initiatives.
- While it has not yet raised a large amount of funding, it has succeeded in mobilizing new donors that were not traditionally engaged in NCDs.
- Progress on raising funding through this mechanism has been hampered by the limited pool of funders to approach, and the need to avoid perceived/real risks of displacing funds for WHO.

Conclusion 6 (gender, equity and human rights). Human rights are reflected in the work of the Task Force, but there is little work around embedding gender and equity.

- While country missions have involved consultation of civil society actors, their engagement has not been as meaningful and systematic as that of government stakeholders at all stages of the process.
- In regular Task Force activities, the importance of taking into account these areas is increasingly acknowledged thanks to the efforts of the Human Rights Team, but there is no consistent integration of a rights-based approach across activities nor, to date, specific workstreams dedicated to tackling inequalities and root causes of gender inequalities in NCDs and mental health.
- The GCM has conducted work on engagement of people with lived experienced of NCDs and mental health conditions, but there has been limited use of this by the Task Force in its work at country level to date.

Lessons learned

On partnerships:

A key lesson learned from the success of the Task Force is the importance of having a mechanism to translate global coordination and alignment commitments to the country level, notably amongst UN agencies. The main avenues for the Task Force to do this have been the joint missions and investment cases.

The accomplishment of the Task Force in being an exemplar of joint UN working has been grounded in the Secretariat's efforts to provide ongoing support and relationship-building with agency focal points to nurture and sustain interest and momentum in member agencies.

While the Task Force Secretariat is hosted in WHO, the Task Force has been able to independently focus its work to promote the collective leadership of the UN on NCDs and supporting member agencies to maximize their contribution to the NCD agenda. A lack of full clarity of roles and comparative advantages has, at times, led to tensions and competition for resources with parts of WHO as the lead agency on the health response to NCDs. Maximizing Task Force alignment with WHO entities (GCM, HQ, Regional Office and Country Office NCD and mental health offices/units) will enhance synergies, coherence, efficiency and impact and avoid duplication of effort, should they arise, recognizing comparative advantages of the Task Force and WHO.

On effectiveness of country support, including sustaining gains from country support:

Investment cases have responded to a clear ask from countries and been instrumental in raising the profile on NCDs beyond the health sector. Their effectiveness in terms of increasing domestic resources for NCDs depends on the capacity of national actors and support from agencies working on sustainable health financing in country to support the development, implementation and monitoring of subsequent investment plans and budgets. Other modalities of operating at country level are promising to ensure sustained and effective contribution going forward: catalytic investment through Health4Life fund and the Global Joint Programme on catalysing multisectoral action implemented by WHO and UNDP.

The sustainable contribution of joint missions depends on the ability of Task Force members to provide follow-up and resources to ensure that UNCT members consolidate results and embed them in their own plans and budgets. In this respect, engaging UNCT members and the Resident Coordinator Office as well as civil society stakeholders from the planning and design stage is key to ensuring relevance, effective delivery and sustained support from country actors for the intervention.

Recommendations

The following recommendations were cocreated with the Task Force Secretariat and Task Force members during a two-day hybrid workshop (both in-person in Geneva and online) on **14 and 15 October 2024** and validated by the ERG members:

Recommendation 1 (Linked to Conclusion 2). Building on the unique value added of the Task Force, maintain focus on alignment and coordination of the UN multisectoral response to NCDs at country level and promote its contribution to the global health coordination agenda by:

- maintaining the current model of the Task Force as a platform for UN agencies to coordinate and support multisectoral action at country level;
- developing the new strategy in consultation with a wide array of stakeholders, emphasizing opportunities for joint planning[30] involving two or more Task Force members and linkages with global health coordination initiatives such as the WHO Special Programme on PHC and the Lusaka agenda; and
- increasing the Secretariat's support to Task Force members that have been less involved to date, through a targeted approach to engage agencies with a clear stake in specific issues.

Level of priority: medium. Responsible entities: Task Force Secretariat, with support from focal points.

Recommendation 2 (linked to Conclusion 1). Enhance joint accountability and resourcing by Task Force member agencies.

- Develop a new Task Force strategy by the end of the current strategic period outlining the joint contribution of its members to the implementation of the 2025 political declaration, the WHO NCD Global Action Plan (GAP) and its Implementation Roadmap for 2023–2030. This strategy should be accompanied by two-year joint implementation plans identifying entry points in existing programmes of member agencies to integrate NCDs and mental health and priority countries; a joint accountability framework tracking UN alignment and coordination at country level; and a joint resources mobilization strategy for the next task force strategy.
- Identify and mobilize Member State champion(s) to support the development and implementation of the strategy.
- Encourage member agencies to provide dedicated staff time for participating in Task Force activities within their agencies. Focal Point positions should be of sufficient seniority to influence strategic and programmatic decisions as well as resource allocations.

[30] During the ToC workshop conducted as part of this evaluation, Task Force members outlined several priority areas in this respect: further focusing on strengthening development aspects of the NCD agenda and addressing commercial determinants of health; further strengthening the integration of NCDs and mental health within the UHC/PHC agenda; considering the linkages between NCDs and health system preparedness and response to global threats such as pandemics and the health impacts of climate change; and focusing on equity issues pertaining to NCDs for specific population groups such as children, youth, people living with HIV, refugees and displaced people, people living with disabilities and people from different ethnic backgrounds.

- Enhance political will and ownership by member agencies to support the Task Force's, for example through an annual meeting to report to agency leadership for decision on Task Force proposed joint work or/and taking advantage of global events such as UN General Assembly, the High-level Political Forum convened by ECOSOC, or World Health Assembly to do the same.

Level of priority: high. Responsible entities: Task Force members leadership, with support by Task Force Secretariat and focal points.

Recommendation 3 (linked to Conclusion 3). Enhance the Task Force Secretariat governance, resourcing and leadership to ensure that it has the necessary political leadership across the UN system by:

- maintaining the current level of human resources of the Task Force Secretariat;
- ensuring that member agencies contribute to the economic sustainability of the Secretariat and its activities, including by supporting fundraising for the Task Force;
- defining clear respective mandates on NCDs among Task Force members;
- enhancing dialogue across WHO to strengthen collaboration and, where required, clarify respective roles and responsibilities between the Task Force and other parts of WHO (in particular, the Task Force should explore opportunities for synergies with GCM in line with the recommendation of the Evaluation of GCM conducted in 2024); and
- identifying the optimal institutional positioning of the Secretariat to reflect the nature of its mandate by ECOSOC as a UN-wide coordination body and to maintain its independence as a neutral broker of the UN collaboration on NCDs

Level of priority: high. Responsible entities: WHO leadership, supported by Task Force Secretariat and focal points.

Recommendation 4 (linked to Conclusions 4 and 5). Enhance the effectiveness of the Task Force at country level by:

reviewing the country prioritization process

- The process of selecting countries for support should include raising the profile of the Task Force and what it can bring in countries; responding to and generating demand from governments and civil society actors for Task Force support; and mapping UN efforts on NCDs to help prioritize countries.
- Develop a set of conditions that need to be in place in countries.

employing a programme cycle approach to strengthen the capacity of UN country teams

- Focus country-level work on strengthening UN country teams and engagement with the Resident Coordinators to promote joint work on NCDs.
- Consider supporting fewer countries so that sufficient resources are more likely to be available for follow-up work and M&E of interventions.
- Ensure that follow-up to joint missions is embedded in agencies' country and regional plans.
- Ensure that all joint missions include the cocreation of an action plan with the UNCT, identifying the role of each agency in the implementation of their recommendations.

accelerating progress on the Health4Life fund

- Ensure that Task Force members advocate for the Health4Life fund through a joint resource mobilization strategy for country responses and joined-up UN work at country level.
- Health4Life Fund resources to continue to be primarily directed to government and networks of people living with NCDs and mental health conditions in countries, and to provide flexible funding for relevant activities of the Secretariat.

- Ensure the Fund can broaden its offer to any potential donor, with proposals that are complementary to Task Force members' ongoing fundraising for their NCD work.
- Work with recipient countries to showcase results from the first investment round including through the new South-South learning lab agreed by the Steering Committee.

Level of priority: high. Responsible entities: Task Force Secretariat, with support from focal points.

Recommendation 5 (linked to Conclusion 6). Increase the capacity and focus of the Task Force's work on gender equality, equity and disability inclusion by:

- expanding the scope of the Task Force Human Rights Team to include gender, health equity and disability inclusion;
- identifying entry points for integration of cross-cutting issues across the Task Force's portfolio; and
- meaningfully engaging with communities and networks of people living with NCDs, affected by mental health conditions, as well as from relevant vulnerable groups, including by developing synergies with the work by GCM on engagement of people with lived experiences and by ensuring that their role in implementing Health4Life fund investments is outlined.

Level of priority: high. Responsible entities: Task Force Secretariat, with support from focal points

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Any enquiries about this evaluation should be addressed to:

Evaluation Office, World Health Organization

Email: evaluation@who.int

Website: Evaluation (who.int)