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Catalyzing country action for noncommunicable diseases and mental health governance and investment



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UNDP and WHO country office contributors and reviewers

UNDP Côte d'Ivoire: Abibatou Boaré; WHO Côte d'Ivoire: Ambroise Ane and Apolinaire Kouamé N'Guettia; UNDP Fiji: Bui Phuong Tra, Ferdinand Strobel and Salesi Savu; WHO Fiji: Tomo Kanda; UNDP Guyana: Vedyawattie Looknauth; WHO Guyana: Luis Felipe Codina, Clement Henry, and Karen Roberts; UNDP Nigeria: Onyinye Ndubuisi and Simon Ridley; WHO Nigeria: Benjamin Aiwonodagbon, Mary Dewan, Kelias Msyamboza, Chijoke Obagha, and Olutomi Sodipo; UNDP Suriname: Meriam Hubard; WHO Suriname: Wendy Telgt Emanuelson and Karen Lewis-Bell; WHO Trinidad and Tobago: Michelle Harris and Taraleen Malcolm; UNDP Uganda: Innocent Fred Ejolu and Aidah Nakanjako; WHO Uganda: Hafisa Kasule and Yonas Tegegn Woldemariam.

UNDP and WHO regional office contributors and reviewers

UNDP regional office for Africa: Amitrajit Saha; WHO regional office for Africa: Prebo Barango; UNDP regional office for the Americas: Juana Cooke and Karin Santi; WHO regional office for the Americas: Claudina Cayetano, Sehr Malik, Renato Oliveira e Souza, Maxime Roche, and Rosa Carolina Sandoval; WHO sub-regional office of the Caribbean: Gloria Giraldo and Elisa Prieto.

UNDP and WHO headquarters contributors and reviewers

UNDP headquarters: Roy Small, Dudley Tarlton and Douglas Webb; WHO headquarters (UN NCD Task Force Secretariat): Nick Banatvala, Fabienne Besson, Scott Chiossi, and Giuseppe Troisi.

Abbreviations and acronyms

AMICAALL	Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa
COVID-19	coronavirus disease
M&E	monitoring and evaluation
MHPSS	mental health and psychosocial support
NCDs	noncommunicable diseases
NGO	nongovernmental organization
PEPFAR	United States President's Emergency Plan For AIDS Relief
SARS-COV-2	severe acute respiratory syndrome coronavirus 2
UHC	universal health coverage
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. Background

1.1 Introduction

To scale up noncommunicable diseases (NCDs) and mental health country action, funding was provided to the Secretariat of the UN Inter-Agency Task Force on the Prevention and Controls of NCDs by the Universal Health Coverage (UHC) Partnership for activities to be jointly undertaken by the World Health Organization (WHO) and United Nations Development Programme (UNDP). These activities were conducted through the Task Force's WHO-UNDP Joint Programme to catalyze multisectoral action for the prevention and control of NCDs and mental health (hereafter referred to as the Joint Programme).

Through this support, the Joint Programme strengthened NCD and mental health governance and investment in Africa (Côte d'Ivoire, Nigeria and Uganda), the Caribbean (Guyana, Suriname, and Trinidad and Tobago) and the Pacific (Fiji). Progress was achieved through country-led action and by leveraging new partnerships. Activities were in line with commitments made in the political declarations of the United Nations (UN) General Assembly high-level meetings on NCDs.

Specifically, these countries have been supported to: (i) develop and/or implement effective fiscal, legislative, and regulatory measures; (ii) enhance policy coherence across government sectors and their partners; (iii) strengthen policy and capacities for ensuring equitable access to healthcare; and (iv) increase awareness, ownership and engagement of civil society, parliamentarians, local leaders, media and others for population-wide responses.

The 2021–2023 activities have been catalytic, for example by encouraging and strengthening capacities for sustained governance and financing, thus building momentum for increased attention, investment, and action beyond the Joint Programme. Selected activities and results are highlighted in Box 1.

Box 1. Selected activities and results from the WHO-UNDP Joint Programme

Côte d'Ivoire

- Supported the development and adoption of the national Integrated Strategic Plan on NCDs 2022–2025.
- Assisted with the establishment of the new national Multisectoral NCD Committee.
- Promoted taxation of NCD risk factors with the national tax authority.
- Engaged Cabinet on NCDs and their impact on government expenditures.
- Engaged with civil society, patient organizations and local authorities.
- Updated national guidelines for the screening and management of diabetes and hypertension.
- Updated national guidelines on physical activity.
- Reviewed mental health clinical indicators at a multi-stakeholder workshop.
- Reviewed indicators and data collection tools for NCDs at a multi-stakeholder workshop.
- Conducted capacity-building for community health workers in the screening and community management of hypertension and diabetes, and in the promotion of mental health.
- Established and monitored 6 platforms to implement the “Healthy Cities” initiative.
- Conducted a training for service providers in the secondary prevention of cervical cancer.
- Disseminated the outcomes from the Joint Programme country activities to in-country stakeholders

Nigeria

- Facilitated the development of its first National Multisectoral Policy for NCDs prevention and control.
- Strengthened the national NCD coordination mechanism and the National Tobacco Control Committee.
- Supported the passing of a new Mental Health Bill which replaced the 1958 lunacy act.
- Assisted in the development of the 2023 National Mental Health Policy.
- Supported the development of the 2023 National Suicide Prevention Strategic Framework.
- Updated the National Task Shifting and Task Sharing Policy to include screening and treatment of NCDs.
- Convened the maiden high-level ministerial roundtable on mental health.

Uganda

- Strengthened the 2023 National Suicide Prevention Framework and Parliamentary Health Committee.
- Supported the inclusion of NCD prevention and control in the National Health Insurance Bill and the Public Health Act 1935 Amendment 2022.
- Assisted the integration of NCD management into HIV Care through the United States President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan 2022 for Uganda (allocation of US\$ 6 million).
- Strengthened the national NCD coordination mechanism (validated Terms of Reference) with 15 members committing to advocate for the mainstreaming of NCD interventions in their sector plans.
- Sensitized urban leaders, that in turn pledged to fully support NCD action through the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) platform, leading to increased awareness around screening services for NCDs.
- Increased national media coverage on NCDs.

Guyana

- Developed the Guyanese Investment Case for the Prevention and Control of NCDs; Mental, Neurological, and Substance Use Disorders and Injuries from Self-Harm, and presented it to stakeholders.
- Supported the passing of Guyana's Mental Health Protection and Promotion Act 2022.
- Supported the passing of the Suicide Prevention Bill of Guyana in the National Assembly.
- Evaluated the National Mental Health Plan 2015–2020 and Suicide Action Plan 2015–2020.
- Developed the National Mental Health Plan of Action 2023–2030 and shared it with the Minister of Health.
- Established and operationalized a multisectoral working group on mental health and psychosocial support (MHPSS) with representation from 23 organizations, including civil society and academia.
- Facilitated implementation of a public health campaign through a radio programme "It's Okay Not to Be Okay", which aimed at increasing wellbeing awareness for adolescents.
- Tested the readiness for implementation of a self-harm surveillance system, and trained health professionals on data collection.

Suriname

- Evaluated and updated the national Mental Health Plan of Action 2021–2030 and prepared the national Suicide Prevention Plan 2021–2030.
- Trained health workers to enhance access to psychosocial support and improve the coordination of MHPSS interventions.
- Tested the readiness for implementation of a self-harm surveillance system, and trained health professionals on data collection.

Trinidad and Tobago

- Developed an implementation plan and monitoring and evaluation (M&E) framework for the Suicide Prevention Strategy 2021–2030 and secured government support (including budget) for its operationalization.
- Evaluated the suicide surveillance system, carried out training sessions to strengthen staff capacity and provided resource materials (e.g., MHPSS Directory of Services).
- Tested the readiness for implementation of a self-harm surveillance system, and trained health professionals on data collection.

Fiji

- Conducted a national legal environment and investment framework (i.e., investment case) analyses, coordinated desk reviews and data collection, and convened stakeholder dialogues, leading to broad media coverage, stronger multisectoral commitment and increased political attention.
- Assisted the Ministry of Health in developing and advocating for a new multisectoral NCD strategy (e.g., guidance on policy and regulatory frameworks, budget, expenditure and efficiencies, stakeholder engagement, implementation training).
- Raised the profile of NCDs as a health and development issue in the country and region. In 2022 the Government of Fiji announced a renewed focus on NCDs as top priority for health action in the country.
- Renewed interest in intersectoral partnerships, including with civil society. For example, the “Alliance for Healthy Living”, a partnership between the Ministry of Health, the Ministry of Trade and Consumers, and advocacy groups was relaunched in May 2022.

In some instances, activities have aligned with countries’ response and recovery priorities for coronavirus disease (COVID-19), given the strong links between the COVID-19 pandemic, NCDs, mental health and inequalities. There are important opportunities to further scale up NCD and mental health responses as part of health systems strengthening and addressing pandemics. This is crucial given ongoing SARS-COV-2 circulation, including post COVID-19 conditions, and broader pandemic risk.

Countries continue to receive support in 2024, with a focus on completing programme activities, communicating results, and strategic leveraging of additional partnerships and funding opportunities at country and regional levels. That includes efforts to expand support to these countries from the wider UN system and other partners in line with the UN delivering as one and the Global Action Plan for Healthy Lives and Well-being for All.

Lessons learnt from the Joint Programme are being captured (see last section of report) to share experience between programme countries and beyond, and to take stock of best practices to further advance and sustain NCD and mental health action. This report will also be used as a

tool to guide policies, strategies and operations of the UN Multi Partner Trust Fund on NCDs and Mental Health (Health4Life Fund) established by WHO, UNDP and United Nations Children's Fund (UNICEF).

1.2 Areas of support

In 2020, the Joint Programme convened planning meetings across the three levels of the two organizations (headquarters, regional and country) to design strategic activities, in line with country priorities, to catalyze sustained commitment and investment in NCD prevention and control as well as mental health.

The programme leveraged WHO's and UNDP's technical expertise and institutional networks, as well as knowledge of country-specific contexts, to deliver country-led interventions towards five key outcomes:

- (i) evidence based, effective and feasible legislative and/or regulatory measures for the five main NCD risk factors promoted and enforced;
- (ii) a whole-of-government and whole-of-society response to NCDs facilitated, including stewardship and accountability;
- (iii) establishment of participatory and transparent multi-stakeholder platforms and partnerships for implementing the Healthy Cities concept through population-wide responses and engaging all relevant stakeholders;
- (iv) governance processes for NCDs strengthened at the community, health facility, sub-national (district) and regional level; and
- (v) national NCD strategies developed and/or coordination mechanisms strengthened.

The WHO Regional Office of the Americas and UNDP country teams in the Caribbean Community focused on MHPSS, particularly in the context of the COVID-19 response and recovery, and identified a sixth outcome:

- (vi) increased and sustained capacity to respond to MHPSS needs of their population including self-harm and suicide behaviours.

The WHO-UNDP team at the headquarters level provided technical assistance in M&E activities and outcomes at country level, and in developing communication strategies to showcase delivery models and results of the programme.

1.3 Budget allocation

Funds that the Joint Programme received from the WHO UHC Partnership were transferred to WHO and/or UNDP offices in the supported countries.

Budget allocation to WHO or UNDP considered division of roles and responsibilities in activity planning. In Côte d'Ivoire and Uganda, funds were almost equally divided between WHO and UNDP country offices. In Nigeria and in the Caribbean, WHO Regional Offices received the majority of the funds, with both WHO Regional Offices and UNDP sharing ownership of activities and support to government. In the Pacific, all funds were transferred to the UNDP country office in Fiji.

2. Country activities and results

2.1 African region

2.1.1 Côte d'Ivoire

The WHO-UNDP country team provided technical support for the development of policy proposals around legislative, fiscal and regulatory measures to tackle NCDs and their risk factors. In collaboration with the legal department of the Ministry of Health, the country team organised consultations with the national tax authority, which led to the development of advocacy documents to promote the taxation of NCD risk factors.

The country team has also been instrumental in the development and adoption of the National Integrated Strategic Plan on NCDs 2022–2025 (Box 2). The plan prioritizes 8 health programmes to accelerate action against NCDs and emphasizes the role of the new National Multisectoral NCD Committee, which was established with technical and financial support provided by the Joint Programme, as a mechanism to streamline its implementation.

The programme fostered collaboration across government sectors by developing a press release for the Cabinet, encouraging a whole-of-government approach to NCDs, and conducting workshops to facilitate the involvement of civil society and patient organizations. The press release highlights the national burden of NCDs and its repercussions on government expenditures. Actions were also conducted to address NCDs at the urban level by raising awareness and involving local authorities in the implementation of the “Healthy Cities” initiative, including relevant NCD interventions.

In addition, the Joint Programme has supported access and delivery of NCD and mental health services. The WHO-UNDP country team, in collaboration with the various national academic associations, has provided technical support for the updating of guidelines on the screening and management of diabetes and hypertension, and on the practice of physical activity. Updating these guidelines helped harmonise practices aimed at reducing NCDs through early detection, rapid and correct case management and health promotion, including mental health.

The programme also played a key role in revising the clinical indicators and data collection tools for NCDs and mental health to improve data quality. In the short term, this process aims to be integrated into the District Health Information Software 2 (DHIS2) global data collection platform.

The programme is supporting an initiative on secondary prevention of cervical cancer. The aim of this initiative is to improve the level of screening throughout the country's primary healthcare facilities by training healthcare workers in each health district in cervical cancer screening and other forms of women's cancer.

Finally, the programme encouraged the involvement of community players, including civil society, in the fight against NCDs. The programme, in collaboration with national authorities, helped build the capacity of community health workers and civil society in terms of awareness-raising, early detection of cases of diabetes, high blood pressure and mental illness, including early childhood development disorders, and follow-up in the community.

At the end of 2023, a meeting was held under the chairmanship of the Minister of Health, represented by the Directeur de Cabinet, with the aim to share the results and lessons learned from the WHO-UNDP joint activities with in-country stakeholders. At this meeting, the WHO-UNDP

country team requested that the implementation of the Healthy Cities initiative platforms and activities on haematological and kidney diseases be strengthened. The WHO-UNDP country team invited the national authorities to take ownership of the programme. Country level stakeholders expressed the hope that the programme would continue. The Ministry of Health NCD and mental health programmes appealed to the Joint Programme for technical and financial support for:

- the adoption of a law on mental health in Côte d'Ivoire;
- the establishment of national guidelines on the integration of mental health services at all levels of the health pyramid;
- the establishment of a national suicide early warning mechanism;
- building the capacity of clinical providers to detect and treat mental disorders at primary level; and
- setting up a data collection system for diabetes and hypertension.

Box 2. Case study: adoption of a national integrated strategic plan for the fight against NCDs 2022–2025

Problem or barrier

In Côte d'Ivoire, there are eight national programmes operating in the fight against NCDs. Each programme has an operational action plan.

In 2013, a national strategic plan on NCD control was drafted. The plan, however, did not involve sectors beyond health and was the product of a single programme. NCDs have common risk factors which require integrated responses and pooling of resources (human, financial and material). This is why a national integrated strategic plan for NCDs was needed.

Action

The WHO-UNDP Joint Programme was instrumental to the development and adoption of the National Integrated Strategic Plan on NCDs. A number of activities were conducted through the support of the Joint Programme, including:

- engagement of different actors and organization of stakeholder meetings in preparation for the development of the strategic plan;
- development of the draft strategic plan and terms of reference;
- organization of a 5-day workshop to discuss the draft strategic plan; and
- organization of a 3-day workshop to validate the final strategic plan.

Result/impact

The primary outcome was the validation and adoption of the National Integrated Strategic Plan on NCDs 2022–2025, which greatly strengthens multisectoral efforts to fight NCDs and their risk factors. The plan is costed and budgeted and it includes recommendations to cover relevant projected investments by earmarking revenues that will be generated by the adoption of health taxes.

At the same time, the Joint Programme helped build momentum around NCD action and catalyze political commitment among different sectors. This has ensured stronger and more effective collaboration across the eight NCD-related national programmes, including through regular meetings of NCD focal points from different ministries.

2.1.2 Nigeria

The WHO-UNDP country team worked closely with the Federal Ministry of Health in providing technical support for the development of the National NCD Multi-sectoral Policy and National Suicide Prevention Framework, updating of the National Task Shifting and Task sharing Policy to include NCDs, as well as the review of the 2013 National Mental Health Policy. The support included convening stakeholder meetings for the validation and adoption of these policies.

The Joint Programme also strengthened the national NCD coordination mechanism and the National Tobacco Control Committee (Box 3). It provided technical and financial support to the convening of their regular meetings.

In addition, WHO and UNDP collaborated with the Federal Ministry of Health and the National Assembly to harmonize the draft Mental Health Bill. The Bill was assented by the former President, thereby repealing the 1958 Lunacy Act. 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 (Box 4).

Some challenges delayed implementation of some activities. For instance, the COVID-19 pandemic grounded the country, with staff being re-purposed to support the response.

Box 3. Case study: development of the National NCD Multi-sectoral Policy

Problem

No national policy on NCDs.

Action

WHO facilitated the Federal Ministry of Health to begin developing a national NCD policy. Multiple organizations collaborated in the process including WHO, UNDP, the Society for Family Health, and the World Haemophilia Foundation.

Result/impact

As a result of the strong collaboration, the first National Policy on NCDs in Nigeria was developed. This has been approved by both the Honourable Minister of Health and the National Council on Health, the highest decision-making body on health.

key takeaways

Collaboration and partnerships are key pillars of the NCD response. The government can strengthen NCD prevention and control by better engaging other partners/organizations to advance a whole-of-society response.

Additional needs for sustainability/further progress

Technical and financial support will be needed to ensure effective implementation of the National NCD Multisectoral Action Plan and Policy.

Box 4. Case study: supporting the development and passage of the new Mental Health Bill

Problem

Nigeria operated with the 1958 Lunacy Act which was outdated and not in line with international practice. Several guidelines/strategies/regulations/laws were in place, but there was need for a comprehensive and coherent law.

Action

Following the hearing on the Mental Health Bill, where submissions were made by the Federal Ministry of Health and other stakeholders, the National Assembly requested WHO to support the Committee on Health of the Senate to harmonize and finalize the Bill.

With funding from the Joint Programme, the Committee on Health, the Federal Ministry of Health, and other key stakeholders, a harmonization meeting was convened and technical support provided. The Bill was presented at the floor of the Senate, passed the third reading, and got ratified by the House of Representatives. The Bill was assented to by the Former President, Muhammadu Buhari, in early 2023.

Result/impact

Although the act proposed the establishment of a new department of mental health, in the interim, the Honourable Minister approved the setup of a new mental health programme. The new programme is being headed by a public health psychiatrist. Through funding from the Joint Programme, the new mental health programme was supported to develop a workplan for the short- and mid-term. This provided a roadmap for how the newly established programme will function.

In addition, the new programme was supported to develop the National Suicide Prevention Strategic Framework, the National Mental Health Policy and the roadmap for the implementation of the newly assented Mental Health Act. The programme was also supported to commemorate World Suicide Prevention Day, World Mental Health Day, and the maiden ministerial roundtable on mental health. The Mental Health Policy and Suicide Prevention Framework have been approved by the National Council on Health and launched by the Honourable Coordinating Minister of Health.

key takeaways

A new mental health bill that aligns with international standards is critical. This, together with stronger mental health programming in the Ministry of Health, responds to the growing mental health challenges and needs to strengthen systems for health in Nigeria. The COVID-19 pandemic underscores the need for implementation of key mental, neurological and substance use disorders strategies to protect the health of the population.

Additional needs for sustainability/further progress

With the establishment of a new mental health programme, the new staff require training. Also, key short-term activities identified during the workplan development exercise include the need to develop a five-year strategic plan for implementation of the updated mental health policy to provide direction to the programme. There is also the need to continue supporting the programme to commemorate global days to raise awareness, implement the roadmap for implementation of the act, and scale-up high-quality interventions among other priorities. Adequate up-front technical and funding support in the initial phase of this new programme is important.

2.1.3 Uganda

The Joint Programme supported the development of an advocacy strategy on NCDs and their risk factors to engage with members of the Ugandan Parliament. This strategy built institutional capacity on and ownership of NCD action among legislators and parliamentarians.

Stakeholders involved in the advancement of the WHO-UNDP-led advocacy strategy on NCDs included government ministries and departments (including the President's Office, Prime Minister's Office, Ministry of Trade, Industry and Cooperatives, and the Ministry of Gender, Labour and Social Development), government agencies (Uganda Cancer Institute and Uganda Heart Institute), civil society organizations (Local Government Association of Uganda, Uganda Diabetes Association, Center for Food and Adequate Living Rights, and Uganda NCD Alliance), private sector partners, and the media.

The WHO-UNDP country team convened meetings to brief Members of Parliament on evidence-based interventions to address NCDs. This led to the strengthening of the Parliamentary Forum on NCDs and the Parliamentary Health Committee as well as the inclusion of NCD prevention and control in the National Health Insurance Bill and the Public Health Act 1935 Amendment 2022. In addition, the WHO-UNDP country team has sensitized over 183 Members of Parliament on several NCD focus areas including NCD advocacy, governance, integration and mainstreaming of NCDs in other programmes, and alcohol related harm. The Joint Programme supported the development of the Alcoholic Drinks Control Bill that is currently being reviewed by the health and trade committees of the Parliament of Uganda.

Following the resolution of Parliament to increase availability and access to free diabetes and high blood pressure drugs to people in Uganda with these conditions, the government allocated 3 billion Ugandan Shillings for NCD care, including procurement of equipment and supplies. Medicines for managing blood pressure and diabetes have been procured and distributed to all public health facilities. The government has also revealed a plan to roll out surgery for diabetic retinopathy to all regional hospitals (1).

The advocacy strategy also assisted the Ministry of Health to partner with PEPFAR (Centers for Disease Control and Prevention, United States Agency for International Development and Walter Reed directors) to integrate NCD management services (worth US\$ 6 million) into HIV Care through the PEPFAR Country Operational Plan 2022 for Uganda (Box 5). This helped to increase coverage of NCD services for the Ugandan population and support people-centred health coverage broadly.

Public awareness of NCDs and the existence of the Joint Programme was increased. The launch event of the Joint Programme (i.e., to obtain formal endorsement from the government around the planned activities) was widely covered on leading TV stations and radios with national coverage, and many other high-level meetings have been reported on media channels. A policy dialogue on multisectoral action for prevention and control of NCDs was also organized for 15 members of the national NCD coordination mechanism, which committed to advocate for mainstreaming NCD interventions in their sector plans to ensure sustainability.

The Joint Programme has also facilitated stakeholder meetings to validate the Terms of Reference for the national NCD coordination mechanism. Members of the coordination mechanism reviewed this so that it could be established and become operational. The committee reviewed the National NCD Multisectoral Strategy in collaboration with Makerere University School of Public Health. The strategy will be approved by the relevant ministry structures after stakeholder validation.

At the sub-national level, WHO and UNDP convened a workshop where 13 mayors and 12 town clerks were sensitized around the Healthy Cities initiative and enabled to strengthen prioritization,

programming, and oversight on NCDs at local level. As a result of the event, urban leaders pledged to fully support NCD action through the AMICAALL platform. Since then, public awareness campaigns at the local level increased awareness around the importance of screening services for NCDs.

As a result of these achievements, country demand and need for key follow-on actions has increased. Partnering with a leading financing initiative like PEPFAR lends a significant opportunity for continuity of funds for NCD action as part of health systems strengthening, however, additional technical and financial support may be required to catalyze adequate and sustained domestic resource mobilization.

Box 5. Case study: expanding NCD-related clinical services to vulnerable populations

Problem

Uganda is experiencing an escalating burden of NCDs and risk factors, leading to a dual and intersecting burden of communicable diseases and NCDs. NCDs accounted for 36% of the deaths in Uganda in 2022. The health system, however, is not oriented to management of chronic NCDs and hence cost of care for NCDs is primarily covered by out-of-pocket expenditure. Co-morbidity with infectious diseases such as HIV is increasing as a result of viral suppression, increased life expectancy and the metabolic complications of antiretroviral medicines. There are few partners in the NCD response and government investment in prevention and control of NCDs is inadequate.

Action

The Joint Programme provided technical and financial support to the Parliament and the Ministry of Health to engage PEPFAR Directors in Uganda and advocate for integration of NCD interventions in the official development assistance for HIV in the country.

Result/impact

PEPFAR integrated prevention, screening and management of diabetes, hypertension and cervical cancer among people living with HIV/AIDS in their Country Operational Plan 2022, with a dedicated budget allocation of US\$ 6 million. This covers the provision of equipment, training of human resources, and M&E, including service quality assessment at 1,800 PEPFAR supported sites.

In addition, WHO-UNDP engagement with the Parliament resulted in the rejuvenation of the Parliamentary Forum on NCDs, which advocated for the inclusion of NCD-related clinical services in the National Health Insurance package.

Learning implication

With catalytic financial and technical support, and by facilitating parliamentarian and other government engagement with external partners, the programme:

- achieved integration of NCD-services into health platforms dedicated to HIV, promoting integration of services at the primary healthcare level;
- revamped commitments by Parliamentarians in moving forward key NCD-related legislations including the National Health Insurance Bill, the Public Health Act 1935 Amendment 2022 and the Alcoholic Beverages Control Bill; and
- leveraged additional funds from an international development partner to scale up NCD interventions.

2.1.4 Key takeaways

One of the key takeaways from the Joint Programme activities in the African region is that collaboration and partnerships are key pillars of the NCD response. The government must strengthen NCD prevention and control not only by fostering collaboration between government sectors but also by engaging other partners/organizations to advance a whole-of-society response. This also applies within the UN system, where a joint UN agency approach amplifies the effectiveness of UN technical support and advocacy efforts.

The Joint Programme has shown that catalytic financial and technical support, combined with strategic engagement of parliamentarians, multiple government sectors and external partners, can drive results within and beyond the health sector. That includes the integration of NCD-services into health platforms dedicated to HIV; promoting integration of services at the primary healthcare level; action to advance NCD-related legislation; and synergies with additional funds from international development partners.

Further efforts are needed to scale up evidence- and rights-based mental health action, in line with international standards, which was highlighted as a crucial component of stronger systems for health. That includes the need to strengthen mental health strategies to protect the population in the context of pandemics and their effects.

2.2 The Caribbean

2.2.1 Guyana

The Joint Programme provided technical and financial support to the Government of Guyana to develop a national investment case for the prevention and control of NCDs, mental, neurological, and substance use disorders, and self-harm injuries. The investment case was presented to national stakeholders, highlighting the economic impact of these health issues and guiding resource prioritization for evidence-based, cost-effective interventions. This presentation facilitated a multi-stakeholder forum for discussion, feedback, and consensus on the investment case and its implementation strategies.

WHO and UNDP also partnered with UNICEF and provided technical support to the Ministries of Health and Education to establish and operationalize a multisectoral working group on MHPSS, with representation from 23 organizations, including civil society and academia.

In the context of the COVID-19 response, the Joint Programme facilitated the implementation of a public health campaign through a radio programme “It’s Okay Not to Be Okay”, which aimed at increasing wellbeing awareness for adolescents.

In addition, the country team conducted scoping reviews to test the readiness for the implementation of a self-harm surveillance system and carried out training sessions for health professionals involved in data collection.

The team on the ground completed the evaluations of the National Mental Health Action Plan 2015–2020 (Box 6) and the Suicide Action Plan 2015–2020, which, along with the mental health investment case, informed the development of the draft National Mental Health Action Plan 2023–2030 and the Second National Suicide Prevention Plan 2023–2030.

The National Mental Health Plan 2023–2030 centres around four key areas: (i) strengthening governance and leadership in mental health; (ii) comprehensive and community-based mental

health care; (iii) inter-sectoral collaboration for mental health promotion and literacy; and (iv) enhancing mental health information systems and research. The plan also includes specific action lines aimed at strengthening support for alcohol and substance misuse treatment and prevention by developing acute psychiatric services in general hospitals, integrating mental health into primary care, and enhancing the capacity of health services. The draft was presented to stakeholders for their feedback and the responses have been included in a revised document which was shared with the Ministry of Health.

The Second National Suicide Prevention Plan 2023–2030 focused on enhancing surveillance, improving policies and legal frameworks, increasing health promotion, restricting access to means of suicide, improving care pathways, identifying targeted approaches for vulnerable groups, and bolstering community-based suicide prevention initiatives. The plan was developed through a national consultation exercise and was incorporated into the National Mental Health Plan based on a recommendation from the Ministry of Health.

The programme also supported the passing of the Mental Health Protection and Promotion Act 2022 and approval of the Suicide Prevention Bill by convening professionals with expertise in mental health and suicide prevention legislation to provide evidence-based feedback. Originally, programme activities did not include work on legislation in Guyana. However, the need for such support emerged through the above-mentioned evaluation. Consequently, the Joint Programme provided support to legislation revision in line with the Convention on the Rights of Persons with Disabilities and other rights.

Guyana's Mental Health Protection and Promotion Act 2022 replaces the Mental Health Ordinances of 1930 and conforms to significant international agreements pertaining to the rights of individuals suffering from mental health disorders. The Suicide Prevention Bill of Guyana is a significant step towards addressing the high rates of suicide in the country by decriminalizing attempted suicide, establishing the Suicide Prevention Commission, and developing the Comprehensive Suicide Prevention Plan.

Box 6. Case study: evaluation of the Mental Health Plan

Problem

The structure of the Guyana Mental Health Plan of Action 2015–2020 included objectives, indicators, and targets. Once the plan was completed, there was no evaluation framework and many of the targets did not have a baseline. Consequently, at the end of the plan period it was impossible to determine what was achieved and what could be done better in the subsequent plan period without an evaluation of implementation to assess impact. It was not possible to build on successes and address limitation in the new plan without an evaluation.

Key barriers in the evaluation of the Mental Health Action Plan 2015–2020

Several challenges and barriers had to be addressed and overcome to successfully complete the evaluation.

- The plan did not include indicators of success, how they would be measured and assumptions for conditions of success. The plan included targets but no baselines for the various targets.
- The evaluators had to identify key informants involved in implementing the plan to conduct interviews and obtain information on the actions taken, challenges faced, and persistent gaps.

- The use of virtual communication throughout the consultations, given travel and other restrictions due to the COVID-19 pandemic, limited the acquisition of some information that might have been more easily and comfortably obtained through in-person meetings.
- Assessing success against the plan's targets and monitoring trends was challenging due to insufficient baseline indicators in the original document.
- The need to consult different sources for information on the same indicators, sometimes with varying definitions and values, resulted in uncertainty in interpreting trends and determining the level of achievement of the indicators.

Action

The WHO/UNDP programme sought to develop an evaluation plan and conduct an evaluation of the 2015–2020 Mental Health Action Plan before supporting preparation of the Mental Health Action Plan 2023–2030.

In 2021, Guyana's National Mental Health Action Plan was evaluated and updated. In addition, technical support was provided, aiding in developing a mental health investment case which was coordinated by UNDP.

The findings of the evaluation of the plan were presented to the Ministry of Health and the Minister requested support for the preparation of the new Mental Health Action Plan 2023–2030.

Key actions achieved:

- Preparation of an evaluation template that was used with the plan implementers and various members of the Ministry of Health.
- WHO provided technical support to the Ministry of Health during the evaluation period, by showcasing and discussing the evaluation findings with key stakeholders in Guyana.
- Evaluation of the National Mental Health Action Plan 2015–2020 was completed.
- Development of a roadmap for the preparation of the new National Mental Health Action Plan 2023–2030.
- Additional achievements not related to the plan of action, but to other activities that are part of the programme are the following: a scoping review of three regions (Region 3: Essequibo Island, Region 4: Demerara-Mahaica, and Region 6: East Berbice) was completed to establish readiness for implementation of a self-harm surveillance system.

Result/impact

Guyana has made significant progress under this initiative. The evaluation identified gaps that should be addressed in the mental health plan. An important gap is the collection of data on services provided, persons served, common disorders, and other factors. While a mental health data collection form exists, it is not routinely used and training to use the form became essential.

The evaluation also highlighted the need for further work to encourage primary care providers to integrate mental health services into their work. This will increase access to care and advance progress towards universal health care. These are important components of the new mental health plan and considered as part of the mental health investment case.

As a result of the evaluation the new mental health plan baselines for the various expected results as well as targets and assumption for successful completion are considered. This will facilitate process and impact assessment of the new plan.

2.2.2 Suriname

In Suriname, WHO and UNDP supported the evaluation of the national Mental Health Plan of Action 2014–2021, providing technical inputs to update the plan, and helped prepare the national Suicide Prevention Plan 2021–2030.

The Mental Health Program of the Ministry of Health in Suriname reported challenges and delays due to limited human resources, as well as concurrent priorities such as the public health measures in response to the COVID-19 pandemic. However, once the public education started to progress, there were advancements, and the participation of the health and social sector was positive and allowed to build initial capacity for suicide prevention.

The training for primary health workers in Nickerie (border district with Guyana) was conducted on preventing self-harm/suicide (Box 7). A total of 30 health care providers attended the training. The participants were primary health care providers, as well as counsellors from social services including teachers, police, and other first responders, as well as foundations.

The objectives of the training were the following:

- Increase competence in early detection and management of self-harm/suicide.
- Learn about the rates and burden of suicide in Suriname.
- Understand the negative impact of stigma on help seeking.
- Understand the warning signs of persons at risk of suicide.
- Understand the role that health care providers can play in the prevention of self-harm/suicide.

Box 7. Case study: developing capacity for surveillance of self-harm and suicide attempts

Problem

Self-harm and death by suicide is a significant public health challenge in Suriname. Effective evidence-based interventions play a key role in preventing suicides and, to determine what is effective, good data are needed as a priority. Governments are in a unique position to develop and strengthen surveillance and to provide and disseminate data that can help inform action. At the start of the programme, suicide surveillance in Suriname was limited to non-existent.

Action

The WHO/UNDP programme undertook a readiness survey to determine the best approach to developing capacity for surveillance of self-harm and suicide attempts. A training plan for integration of self-harm and suicide attempts surveillance into the health system was prepared. Computers were purchased as part of the programme and the training of selected data collectors started with the objective to improve the data on self-harm.

Result/impact

Suriname chose three regions to pilot the surveillance data collection. The lessons learned will guide the roll out. Additional support will be required for successful adoption and implementation of a comprehensive self-harm and suicide attempts surveillance system.

2.2.3 Trinidad and Tobago

In Trinidad and Tobago, the team developed an implementation plan and M&E framework for the Suicide Prevention Strategy 2021–2030 and secured government support (including budget) for its operationalization (Box 8).

In addition, the country team evaluated the suicide surveillance system, carried out training sessions to strengthen staff capacity and provided resource materials. The programme also conducted a scoping review to test the readiness for the implementation of a self-harm surveillance system and trained health professionals involved in data collection.

To increase awareness and access to MHPSS, support was also provided for the creation and printing of a MHPSS Directory of Services. There is both an online and printed version which makes it easier and quicker for users, relatives, friends, and service providers to find available services.

Box 8. Case study: operationalizing the National Suicide Prevention Strategy and piloting a self-harm surveillance system

Problem

The COVID-19 pandemic exacerbated the already significant public health challenge of suicide in Trinidad and Tobago. A National Suicide Prevention Strategy 2021–2030 was developed, however, there was a need to prepare an operation plan for its implementation. Additionally, restrictions arising from the COVID-19 pandemic accentuated the need for an improved mental health response and galvanized support for action.

Action

The country's National Suicide Prevention Strategy 2021–2030 was finalized by the Ministry of Health in collaboration with WHO, prior to starting the programme. Through the Joint Programme, an implementation plan along with a M&E framework and budget was developed to operationalize the strategy.

The country put in place an MHPSS technical working group and leveraged the Joint Programme to develop a directory of MHPSS services.

Key actions achieved:

- The development of an implementation plan and M&E framework to operationalize the National Suicide Prevention Strategy 2021–2030.
- Development of information, education and communication materials on suicide prevention including videos targeting specific audiences, bookmarks with QR codes and the list of hotlines numbers to provide access to support resources.
- The suicide surveillance system was evaluated and strengthened through a comprehensive assessment and capacity building of key staff in the collection of data related to self-harm and suicide attempts.
- A scoping review was completed of three regions involved in the multi-centre self-harm surveillance system (Eastern Region, South-Western Region, Northern Region).
- Training sessions were provided for professionals on data collection in all hospitals in the pilot regions of the multi-centre self-harm surveillance system.
- The Regional Health Authorities were provided with computers and data collection forms (injury surveillance forms) to support the routine reporting of self-harm and suicide.

Result/impact

Trinidad & Tobago has made significant gains under this initiative. With the training of stakeholders, the country is better positioned to collect, report and utilize data to inform decision making. The country is on target to implement a mental health surveillance system inclusive of a system for self-harm. Like Guyana and Suriname, Trinidad & Tobago selected three regions (Eastern Region, South-Western Region, and Northern-Western Region) to pilot the implementation of a self-harm surveillance system. This process was facilitated by an initial scoping review, and training of healthcare professionals on data collection. A national mental health surveillance system has been developed and implemented in 3 of the 5 Regional Health Authorities. The mental health surveillance system has been strengthened through standardization of data collection instruments, data flow charts, and reporting mechanisms.

2.2.4 Key takeaways

All accomplishments were possible because of the multi-sectoral collaboration. Partnerships among ministries of health and nongovernmental organizations (NGO) were critical to move the programme forward. All three national governments mentioned that the technical and ongoing support from WHO and UNDP was essential to a successful initiative.

A key lesson learned is that government leadership, stakeholder involvement, and technical cooperation with the UN system are pivotal approaches to advance progress in delivering universal health care, addressing health emergencies, and promoting healthier populations.

It was critical from the onset to receive concurrence from the ministries of health and work with them to prepare the work plans. This ensured commitment at both the political and technical levels from the beginning. Furthermore, with an established mechanism for coordinated collaboration, the process was seamless in obtaining the inputs of key stakeholders.

Due to competing demands and limited personnel at the country level, some programme elements need longer timelines during a crisis such as COVID-19.

2.3 Western Pacific Region

2.3.1 Fiji

With support from the Joint Programme, the WHO-UNDP country team in Fiji hired and collaborated with experts to conduct national legal environment and investment framework (i.e. investment case) analyses, coordinated desk reviews and data collection, and convened stakeholder dialogues (Box 9).

UNDP and WHO also assisted the Ministry of Health in developing and advocating for a new multisectoral NCD strategy (Box 10). In particular, the team produced guidelines on policy and regulatory frameworks for NCDs and on NCD budget and expenditures, which facilitated engagement with Permanent Secretaries and external stakeholders. Furthermore, UNDP and WHO convened consultations on the new NCD strategy and are currently developing a costed budget, as well as implementation trainings, to operationalize the strategy once it is launched.

As a secondary outcome, the UNDP-WHO-led consultations on the NCD strategy raised the profile of NCDs as major health and development issue in the country and in the region. As a result, in 2022 the Government of Fiji announced a renewed focus on NCDs as top priority for health action

in the country. This was also reinforced by the a posteriori realization of NCD-related vulnerability to COVID-19.

A major challenge was the limited capacity of the Ministry of Health, Wellness unit (which is leading the NCD response), to absorb the body of information developed in the context of the Joint Programme. In addition, the response to the COVID-19 pandemic mobilized the entire health system and workforce during most of the programme implementation period. Health issues other than COVID-19 became less prioritized and border closures affected expert consultants to travel to Fiji in 2021.

Box 9. Case study: understanding and estimating the economic impact of NCDs, reviewing evidence towards developing a national investment case

Problem

Despite significant investments in the health sector, and the adoption of some of the recommended cost-effective policy interventions on NCDs, Fiji has struggled to operationalize a very effective multisectoral NCD response. Technical, financial, institutional, and political constraints limit implementation of policy interventions, particularly those requiring strong intersectoral collaboration. The current level of investment to effectively address NCDs in Fiji is also insufficient to meet national targets.

Action

A series of qualitative and quantitative analyses were undertaken to support the national NCD response including:

- a comprehensive review of the policy and legal environment to identify progress, challenges, gaps and opportunities in the National NCD policy landscape;
- a budget analysis of NCD-related information included in the national budget documents across all ministries to provide a snapshot of the current resource allocations and their efficiencies; and
- an economic costing exercise of the NCD burden to demonstrate the economic implications of NCDs in Fiji and stimulate a reflection around greater investment in NCDs.

Result/impact

Understanding the cost and investment implications related to NCDs helps decision-makers prioritise health policy, including WHO 'Best Buys' interventions. In addition, the budget analysis provided strategic insights for greater efficiencies in government expenditures on NCDs.

This work contributed to further the visibility of NCDs. The implementation of the programme coincided with renewed political commitment on NCDs from the top leadership of the country. Although this increased attention is not solely attributable to the programme, it has undeniably played its part.

For example:

- The preliminary findings of the NCDs costing work were requested by the Office of the Prime Minister in May 2022. Findings were subsequently released by the Ministry of Health to the media in August 2022. Broad coverage increased political attention.
- In June 2022, the Prime Minister stressed the imperative to address the growing burden of NCDs.

Programme outputs were used to inform the development of a new national NCD strategy for which further joint support and collaboration from UNDP and WHO was requested.

Box 10. Case study: developing a new National Intersectoral Wellness Strategic Plan through an inclusive process

Problem

The Fiji National NCD Strategic Plan, in place since 2015, lapsed at the end of 2019. In content and intent, the plan was comprehensive, multisectoral and well aligned with the *WHO Global Action Plan for the Prevention and Control of NCDs 2013–2030*. Internal and independent assessments as well as NCD Progress Monitor reports showed that implementation was suboptimal. Some of the common documented reasons for the implementation deficit included:

- concerns about the transferability of some “best buys” in the absence of in-country evidence (of cost effectiveness);
- challenges in the healthcare workforce availability and distribution;
- limited coverage of interventions (due to resources limitation and geography);
- gaps in the implementation of regulations (tobacco, alcohol, foods);
- industry interference and lobbying against marketing regulation and fiscal measures;
- sub-optimal utilisation of data collection and surveillance to link evidence to policy making;
- absence of strong intersectoral partnerships and accountability sharing across sectors; and
- suboptimal involvement of civil society groups, patients, and consumers constituencies.

Action

The programme developed capacities in the Wellness unit of the Ministry of Health to lead the strategic development process and ensured it was nationally led. WHO and UNDP technical experts were also available to provide support -on a request basis- in select technical areas across both agencies’ mandates.

The programme facilitated extensive consultations for the development of an inclusive new NCD strategy (referred to as the National Intersectoral Wellness Strategic Plan 2022–2030). Consultations actively engaged with over 25 national organizations, including most key sectors of governments, civil society, patient groups and consumers constituencies.

Elements of capacity development were incorporated throughout the strategic planning process to maintain broad constituency leadership in setting priorities. Consultations were also held at the decentralised level to ensure strategic directions also reflected those of the stakeholders closest to the implementation level.

Result/impact

The consultative planning process created multiple opportunities for more inclusive and active multisectoral engagement, which programme partners and participants perceived as beneficial. Broad media coverage also contributed to renewed attention to the NCD agenda amongst influential political actors.

The consultations could also be linked to instances of renewed interest in intersectoral partnerships, including with civil society. For example, the “Alliance for Healthy Living”, a partnership between the Ministry of Health, the Ministry of Trade and Consumers and advocacy groups was relaunched in May 2022 (2). There is also evidence of local level initiatives addressing behavioural risk factors in communities that are linked to the national consultation process supported by the programme (3).

2.3.2 Key takeaways

Demand-driven requests for analytical support can serve both an advocacy agenda and evidence generation for planning. Having national institutions leading the process is key for national ownership. External partners can add value by creating a space and facilitating consensus amongst stakeholders that have divergent interests or sensibilities.

The joint UNDP-WHO approach was valued because it brought a much wider and complementary scope of technical expertise than a single agency could provide. This joint approach is particularly beneficial in the context of Small Island Developing States, which are often less equipped to deal with fragmented approaches to technical assistance. It is also aligned with the principles of the Paris Declaration on Aid Effectiveness.

Very inclusive and participatory planning can be complex, time consuming and cumbersome. Trying to balance interests and expectations across a broad spectrum of constituencies is challenging. It can at times lead to ambitions exceeding actual levels of implementation capacity. On the other hand, it can also provide greater shared ownership, a pre-requisite for accountability and contextualisation of international best practice for NCD prevention and control.

The programme implementation has coincided with the COVID-19 pandemic. Fiji's health system and economy were deeply affected. On one hand this delayed the implementation of the programme. Movements were restricted and priorities shifted. However, on the other hand, the COVID-19 pandemic also contributed to a renewed attention on NCDs. The programme stakeholders were able to utilise this 'opportunity'. As such, the partners perceived the programme to be timely and catalytic.

Preliminary areas that could be identified through the programme for further support include:

- Strengthening governance mechanisms for (i) operationalising and evaluating intersectoral national NCD response including but not limited to institution strengthening; (ii) attention to mechanisms and processes to 'govern' different actors' interests; and (iii) prevent industry interference.
- A stronger understanding of the political context and the political economy of multi/intersectoral action at country level. This is critical to better understand how local context can affect "best buys" implementation, success and/or failure. This can help in the prioritization, contextualization and timing ("policy window") of some of the most sensitive interventions (e.g., fiscal measures in the context of increased cost of living and industry-led post COVID-19 growth recovery).
- Linked to both points above, greater investments in implementation support, particularly at the local level (communities, municipalities) is needed in developing countries with a huge and growing NCD burden. Strategic communication, social marketing, patients, and consumers' constituency building and empowerment, are underserved areas. There is a need to balance 'policy heavy' upstream support with 'bottom up' support, especially when the political context is not very conducive for regulatory approaches.

3. Lessons learnt

NCD governance tools and approaches which WHO and UNDP have developed at global level are being advanced through country-led action and enhanced through new ways of delivery, calibrated to country contexts and socio-political moments. Widespread sharing of experiences in country-led application of global tools helps to strengthen the tools, their diversity of use and their impact in countries.

Multisectoral engagement on NCD prevention and control and mental health promotion is helping to strengthen health systems, including by advancing efficient people-centred UHC and addressing links with sustainable development more broadly. Uganda's inclusion of NCD management into PEPFAR support and Guyana's attention to integrating NCD and mental health responses are examples.

In some instances, COVID-19 has been a competing priority for national partners. Due to competing demands and limited personnel at country level, longer timelines for projects during such crises are reasonable. At the same time, additional advocacy, policy and programming support is needed to demonstrate and act upon the links between NCDs, mental health and pandemic prevention, preparedness and response. Prevention and health systems strengthening for NCDs and mental health are especially crucial given ongoing SARS-COV-2 circulation, including post COVID-19 conditions, and broader pandemic risk.

Relatively low levels of technical and financial support can catalyze action for NCDs and mental health. The programme has effectively supported policies, plans, laws, investment approaches, stakeholder engagement, and other governance building blocks. It has strengthened health systems. To amplify and further sustain impact, longer-term catalytic technical and financial support is needed. That includes dedicated support to scale up domestic investments for NCDs and mental health, integrate action into development plans and strategies, and further leverage funds from international development partners.

There is strong value in WHO and UNDP collaborating closely to spearhead ever stronger UN- wide support to advance country-owned and led approaches in the above-mentioned areas, particularly in generating broader stakeholder engagement and in advancing integrated health and development solutions. Optimized UN support at country level encourages the UN to deliver as one. Approaches, results and emerging demand for additional support can inform future directions of the Joint Programme as well as the UN NCD and Mental Health multi-partner trust fund, Health4Life.

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United Nations Inter-Agency Task Force on the Prevention and Control of NCDs
World Health Organization 20, Avenue Appia
1211 Geneva 27
Switzerland
Email: unnctaskforce@who.int
Website: <https://uniatf.who.int/>

