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# Evaluation of the Pan American Health Organization Technical Cooperation in Noncommunicable Disease Prevention and Control in the Americas

## Relevance

### Evaluation Evidence

- The Regional Plan of Action (POA) for NCDs aligns with the Global NCD Action Plan and is reflected in countries' national health plans. However, the diversity of indicator sets makes monitoring challenging. Mental health and air pollution have been integrated into the NCD agenda globally. Still, the Plan of Action did not reflect them, and there is limited practical guidance on integrating them with NCD prevention and control.
- PAHO's technical cooperation on NCDs has been relevant to the global NCD agenda, focusing on translating major international initiatives to the regional level. PAHO is a crucial partner on NCDs in the region, with a tailored mix of approaches depending on context. PAHO technical cooperation is prioritized based on requests from Member States. The organization plays a leadership role at the regional level, advocating with countries on the prioritization of relevant issues. However, some external partners expressed concerns about PAHO's ability to criticize Coordination government decisions that may affect progress on the NCD agenda.
- PAHO's NCD work remains highly relevant to the region, but its underlying Plan of Action is now ten years old. Noncommunicable Diseases and Mental Health (NMH) is drafting a policy on NCDs in young people.
- Support provided by PAHO has been highly relevant and is valued by Member States. It might be helpful to focus more on areas particularly valued by Member States, such as working in partnership and resource mobilization.

### Summary Recommendation

- PAHO to develop a policy on NCDs in young people and promote the use of WHO implementation roadmaps.

## Coherence

### Evaluation Evidence

- The "four by four" approach to NCDs helps prioritize NCD prevention and control interventions. But, it has potentially hindered cross-fertilization and linkages across risk factors and diseases. There is also a lack of coherence between prioritizing NCDs in discourse and the resources allocated to this area.

PAHO included the evaluation on noncommunicable diseases (NCD) in its corporate evaluation work plan for 2022. The purpose of the NCD evaluation was to provide an independent review of the results, attainment level, and performance of PAHO's technical cooperation (TC) for NCD prevention and control. The evaluation examined the relevance, coherence, coordination, effectiveness, efficiency, and sustainability of PAHO's TC for NCDs.

The scope of the evaluation was based on the [PAHO Plan of Action for the Prevention and Control of NCDs in the Americas 2013-2019](#). The evaluation covered the Region of the Americas, including the Caribbean, North America, Central America, and South America. The findings and recommendations will help PAHO improve its performance and orient its technical cooperation to its Member States for NCD prevention and control. The evaluation contributes to PAHO's aim of improving performance, increasing results accountability, and fostering organizational learning.

- The coherence of the NCD agenda with the broader NMH mandate has also potentially been hindered by the "four by four" scheme, which may impede a more patient-centered approach. Mental health, rehabilitation, and disability have not been well-linked to the NCD agenda. Inter-programmatic work between NMH and other programs and departments in PAHO has varied and, in some cases, been suboptimal.
- While the Plan of Action's focus on four disease groups and four risk factors has resulted in highly technical interventions, there could be greater coherence in several areas. These include across and between the four disease groups and four risk factors and, more broadly, PAHO and WHO departments.

### Summary Recommendation

- PAHO to take steps to maximize the coherence of its work on NCDs between different parts of NMH, among other PAHO units, and between PAHO and WHO.

## Coordination

### Evaluation Evidence

- PAHO has coordinated exceptionally well with Ministries of Health, establishing joint priorities through Country Cooperation Strategies. However, government-wide coordination beyond the health sector varies by country. In 2022, less than half of the Member States in the Region had a functioning national multisectoral mechanism for NCDs.
- PAHO has engaged in some strategic partnerships with multilateral organizations. However, collaboration with intergovernmental partners, Civil Society Organizations, and United Nations agencies has been less intentional and systematic than work with government. PAHO has missed opportunities to collaborate better on NCDs.
- Without undermining its strong relationships with governments, in general, and Ministries of Health, in particular, PAHO could do more to encourage cross-government working on NCDs, including building stronger working relationships and alliances with intergovernmental bodies, including other United Nations agencies and civil society.

### Summary Recommendation

- PAHO to enhance coordination with actors beyond ministries of health.

## Effectiveness

### Evaluation Evidence

- The effectiveness of PAHO's technical cooperation on NCDs has been assessed through Member State-level indicators. While there has been modest progress on many indicators, regional Member States are still actively working on most. There was a subtle but steady improvement in the overall performance score based on global NCD progress monitoring indicators, but this worsened from 2020 to 2022, likely due to COVID-19.
- PAHO's technical cooperation has been most influential concerning tobacco use, particularly regarding restricting smoking in public places and introducing plain packaging for tobacco products. PAHO has made much less progress in reducing other risk factors.
- Effective multisectoral coordination, legislative frameworks and treaties, and clear technical advice on effective interventions have facilitated PAHO's NCD technical cooperation. However, competing political priorities, limited funding, private company commercial interests, work silos, inadequate human resource capacity, and language barriers have hindered PAHO's technical cooperation on NCDs.
- Reports on target achievement may give an unduly optimistic picture of progress. Improvement has been relatively modest when considering progress regarding the percentage of Member States achieving a particular target. It is challenging to assess the contributions made to the Plan of Action by PAHO in the absence of any measures. There is strong evidence from the evaluation that NCD measures implemented by countries are contributing to NCD outcomes.

### Summary Recommendations

- PAHO to work with Member States to identify ways to dramatically accelerate progress on addressing NCDs.
- PAHO to identify ways to strengthen progress on multisectoral action in the region's different countries.
- PAHO to identify ways to strengthen work on NCD risk factors, main NCD groups, and NCD surveillance, monitoring, and evaluation.

## Efficiency

### Evaluation Evidence

- PAHO does not have a metric to measure efficiency in NCD work. Possible measures considered in the evaluation include cost per capita and percentage of funding spent at the sub-regional/country level. Respondents generally viewed PAHO as achieving a lot with limited resources through partnership and embedding NCD responses in national health systems. However, some respondents noted bureaucratic or inefficient processes. PAHO's limited core funding and dependence on a few funders may affect its agenda and priorities.
- PAHO is considered to have been working efficiently concerning NCDs, mainly because of how it works. However, it isn't easy to establish this definitively as PAHO does not currently measure or report on the efficiency of its support to NCD responses in the Region.

### Summary Recommendation

- PAHO to identify ways to measure and assess the efficiency of its support to NCD responses in the Region.

## Sustainability

### Evaluation Evidence

- PAHO's NCD program's financial sustainability is under question because it relies on voluntary funding from donors. This is intrinsically less sustainable than funding from assessed contributions.
- The trusted partnership between PAHO and Member States has helped sustain changes obtained with support from PAHO. PAHO's technical cooperation is well-embedded in national health responses. PAHO adjusts how it operates to provide direct, operational support to institutional capacities in Ministries of Health when needed. Several PAHO initiatives, including PAHO's Economics of NCDs team, have contributed to the sustainability of NCD responses in countries.
- PAHO has a long track record of work in the Region and is seen as a trusted partner. PAHO will likely sustain its work. However, reliance on a few funders is potentially a threat to sustainability. While there are examples of PAHO work that are likely to be sustainable, others are likely to be less so.

## Summary Recommendation

- Work with Member States to identify ways to enhance the sustainability of the work on NCDs by broadening the funder base for work on NCDs and placing greater emphasis on resource mobilization.

## Gender equality, equity, and human rights

### Evaluation Evidence

- There are differences in NCD indicators' performance and progress between sub-regions, income groups, and human development index (HDI) levels. Within countries, there are equity issues related to determinants of health, such as gender, poverty, ethnicity, migration, language, age, and disability. In particular, gender differences in biological factors, gender roles, and social marginalization result in different risks for NCDs for men and women.
- However, PAHO has not yet fully adopted a disability-inclusive and human rights-based approach with a gender equality and health equity lens in programming. Some equity issues are not receiving sufficient attention, such as addressing young people's specific vulnerabilities or NCDs in older populations.
- Surveillance and research on NCDs are integrated well with gender. However, gender-diverse people are not considered in binary sex disaggregation. Although PAHO has good expertise at the regional level on gender, interculturality, and social determinants of health, the team does not have sufficient capacity to respond to all countries' needs in addressing equity issues in NCDs, as those require a highly tailored approach. Ethnicity and interculturality matters are of particular relevance in the region. The NCD agenda misses opportunities to use human rights instruments for advancement. Collaboration with civil society has been helpful; a coordination platform is lacking to better engage with stakeholders working on child rights, gender equality, cultural rights, and environmental rights on NCD-related issues. The current disease-based framework for NCDs has hindered the inclusion of impairments experienced by people living with NCDs and the integration of rehabilitation services in the continuum of care for NCDs.

### Summary Recommendation

- PAHO to provide evidence and leverage collaborations to advance gender equality, equity, and human rights agenda in NCDs.

An external independent team of consultants conducted the evaluation from July 2022 to March 2023. The evaluation unit in PBE recruited the team through PAHO procurement and managed the group, which held workshops to review the POA's theory of change and develop the evaluation matrix approach and data collection tools. A desk review phase sought to identify evidence of progress in implementing the POA. A primary data collection phase involved interviewing 231 key informants, including "deep dives" in three countries. Interviewees included PAHO NCD staff and advisors, PAHO country staff, Member State representatives, non-State actors, funding agencies, and academic institutions. An analysis phase included conducting qualitative and quantitative analysis, discussing findings and recommendations, and producing the final report.

## COVID-19

### Evaluation Evidence

- People with NCDs were more vulnerable to severe COVID-19 and at a higher risk of death. Health staff redirected to work on COVID-19 caused a disruption to the continuity of care for people with NCDs.
- Initiatives developed during the pandemic on sustaining continuity of care for NCDs may provide valuable lessons learned to inform the design of NCD services in the COVID-19 recovery period and to help prepare health systems for future shocks. Mental health has been well-prioritized during the pandemic. However, similar awareness and resources to address the link between NCDs and COVID-19 seem not to have yet materialized to the same extent. Countries in the Region have faced different types of emergencies that have disrupted health services and NCD policies' progress.

### Summary Recommendation

- PAHO to consider lessons learned from COVID-19 and ensure NCD programs contribute to the population's and health systems' resilience in emergencies.