



Developing Case Studies on Multisectoral Action for the Prevention and Control of Noncommunicable Diseases And Mental Health


Call for Submissions – 2022

Global Coordination Mechanism on the Prevention and Control of NCDs
Global NCD Platform Department



**World Health
Organization**





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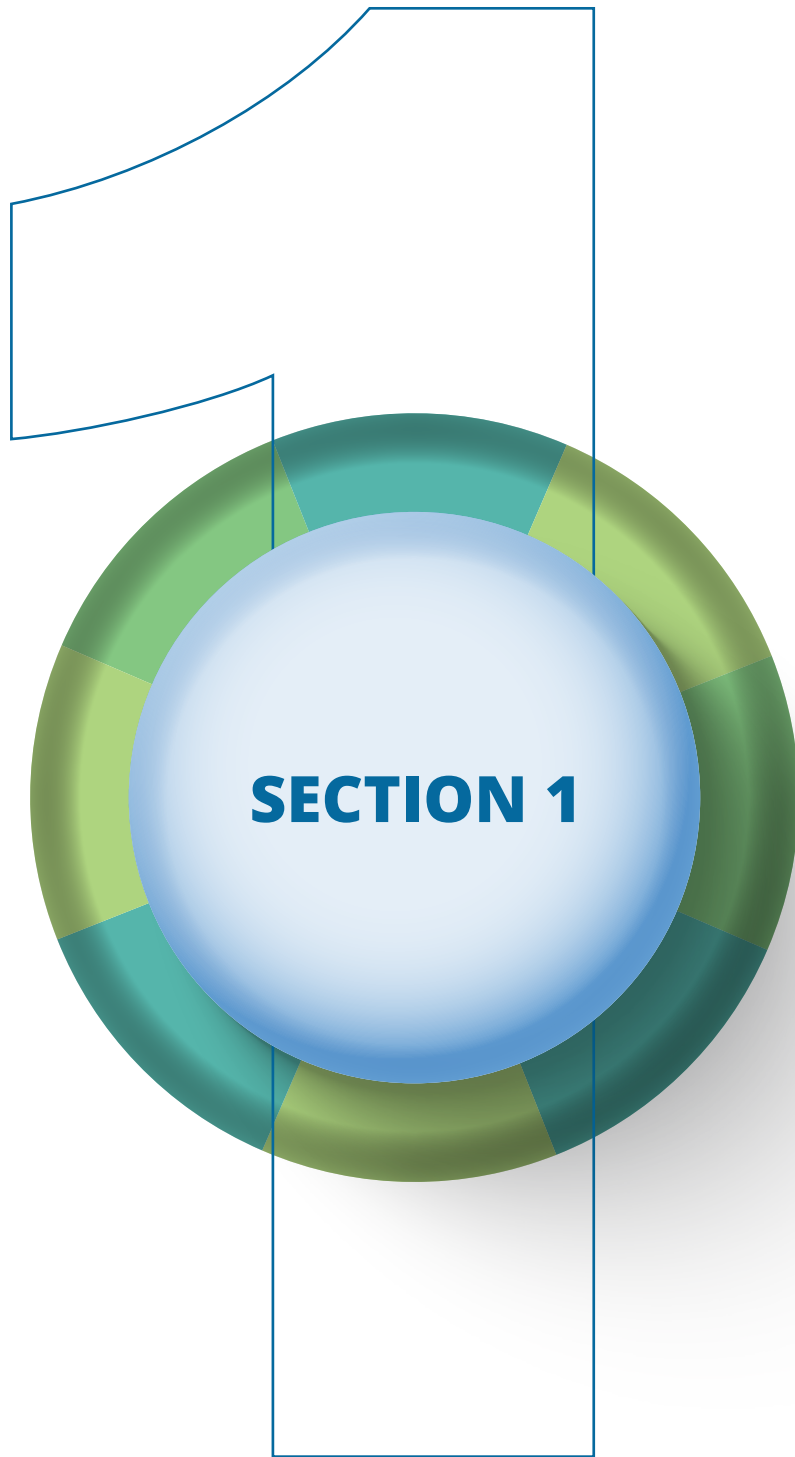
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Abbreviations

GAP	Global Action Plan (for NCDs)
GCM/NCD	Global Coordination Mechanism on the Prevention and Control of NCDs
GNP	Global NCD Platform (GNP) Department
HIA	Health Impact Assessment
HLM4	Four High-level Meeting of the United Nations General Assembly
LMIC	Low- and Middle-Income Countries
MH	Mental Health conditions
MSA	Multisectoral Action
NCD-GAP	(WHO) Global Action Plan for the Prevention and Control of NCDs (2013-2030)
NCDs	Noncommunicable Diseases
SDG	Sustainable Development Goal
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization



Background

There is a growing recognition across the global public health, public policy, and research communities that strong collaborative, multisectoral, joined up policy approaches are required to respond to complex health and social challenges, including non-communicable diseases (NCDs).

The Political Declaration of the 3rd High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases¹ states that governments need to address a broad range of social, economic and governance issues for the prevention and control of NCDs. Indeed, the WHO Global Action Plan for the Prevention and Control of NCDs (2013-2030) (NCD-GAP) emphasizes that effective NCD prevention and control requires leadership, coordinated multisectoral and multistakeholder engagement across a broad range of sectors, and partnerships with relevant civil society and private sector entities². See Box 1 for more information on the terminology of multisectoral action.

National and subnational governments and ministries of health play a fundamental role in the development of well-aligned, NCD-specific, sector-wide policies and programmes. This involves strengthening governments' capacities to engage, support, and where appropriate, lead on planning and coordinating activities for the implementation of a coherent policy response for the prevention and control of NCDs³. It is paramount for ministries of health and other health authorities to connect with other sectors about the broader NCD-related imperatives and common, structural social determinants of health that are influencing health equity in the prevention and control of NCDs.

WHO Member States have recognized the importance of advancing the implementation of multisectoral NCD responses and the fundamental importance of sharing information, knowledge, best practices, and approaches, including successes and challenges related to the implementation of national policies and programmes to prevent and control NCDs and promote health*.

Such recognition and commitment towards multisectoral NCD responses is evidenced in the 2021 WHO NCD country capacity survey**, whereby 144 Member States reported having either an operational multisectoral national NCD policy, strategy or action plan, or an operational national multisectoral commission, agency, or mechanism to oversee NCD engagement, policy coherence and accountability of sectors beyond health.

* See for example: WHO Europe. Multisectoral and intersectoral action for improved health and wellbeing for all: mapping of the WHO European region. Copenhagen, 2018. https://www.euro.who.int/_data/assets/pdf_file/0005/371435/multisectoral-report-h1720-eng.pdf

** Results from the survey were not yet published at the time the present document was prepared. Raw survey data was used to identify those 144 Member States.

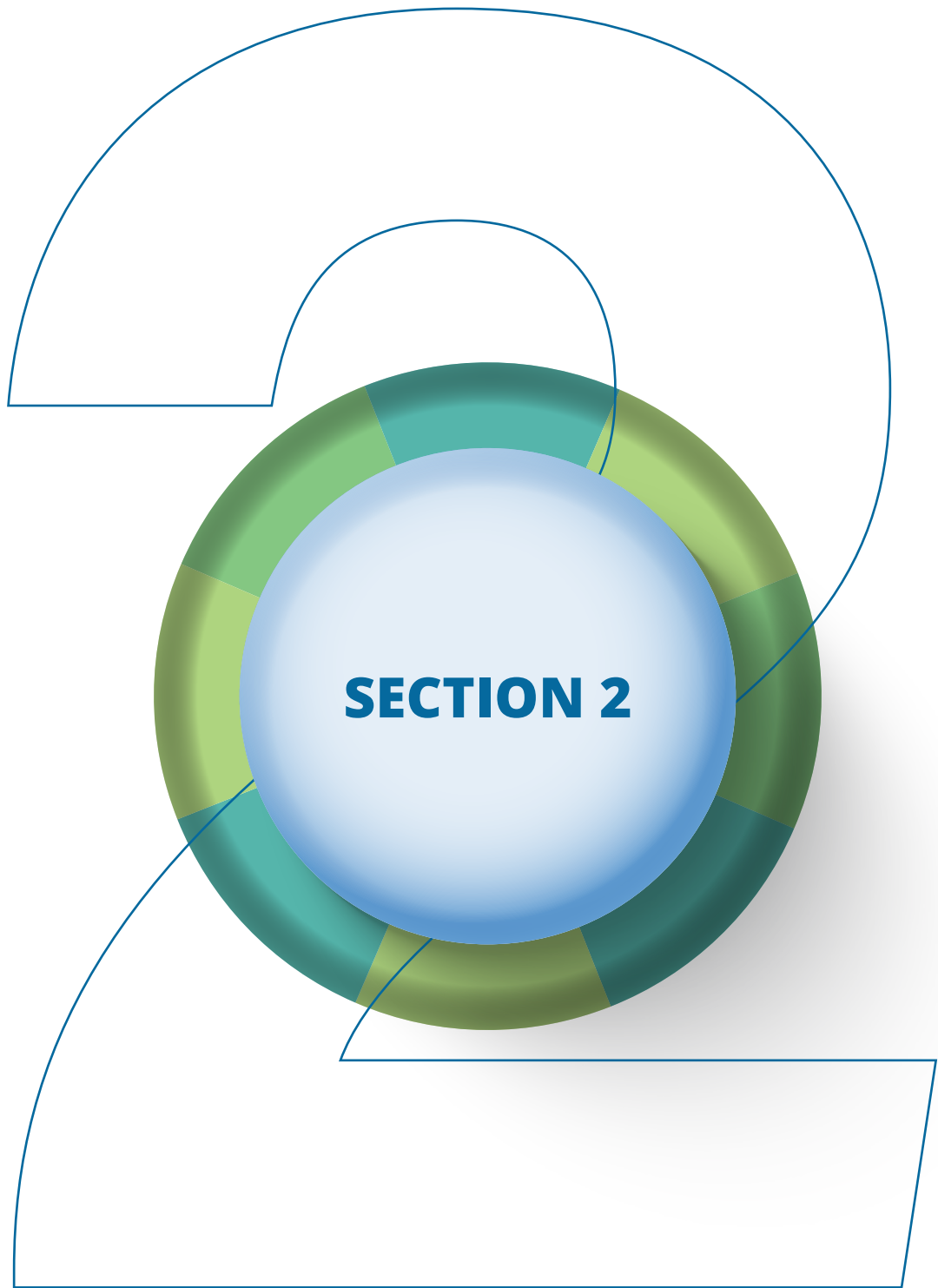
In the Seventy-Second World Health Assembly (WHA 72)⁴, in 2019, Member States reiterated the request to the WHO Director-General to “present, based on a review of international experiences, an analysis of successful approaches to multisectoral action for the prevention and control of noncommunicable diseases, including those that address the social, economic and environmental determinants of such diseases”. This report is to be presented at the 152nd session of the WHO Executive Board meeting in 2023.

WHO is seeking to collect experiences from those Member States or other national or subnational governments that are implementing multisectoral actions for the prevention and control of NCDs to accelerate progress towards Target 3.4 of the Sustainable Development Goal (SDGs) - *By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being*⁵.

BOX 1. The terminology of multisectoral action

The prevention and control of NCDs, including their associated determinants and inequities, require collaboration with and between government sectors beyond health. This is referred to in the literature as *multisectoral action*, *intersectoral* or *cross-sectoral action* or *Health in All Policies*. Each of these concepts has a focus on strengthening collaborative engagement across public agencies to deliver healthy public policy outcomes, including the prevention and control of NCDs.

Note: Whilst this important approach is increasingly being adopted, the terms remain fluid, imperfectly defined, and often interchangeably applied. **In this Call for Submissions, the term of multisectoral action has been applied to refer to collaboration with and between government sectors. Core elements are described in this document.**

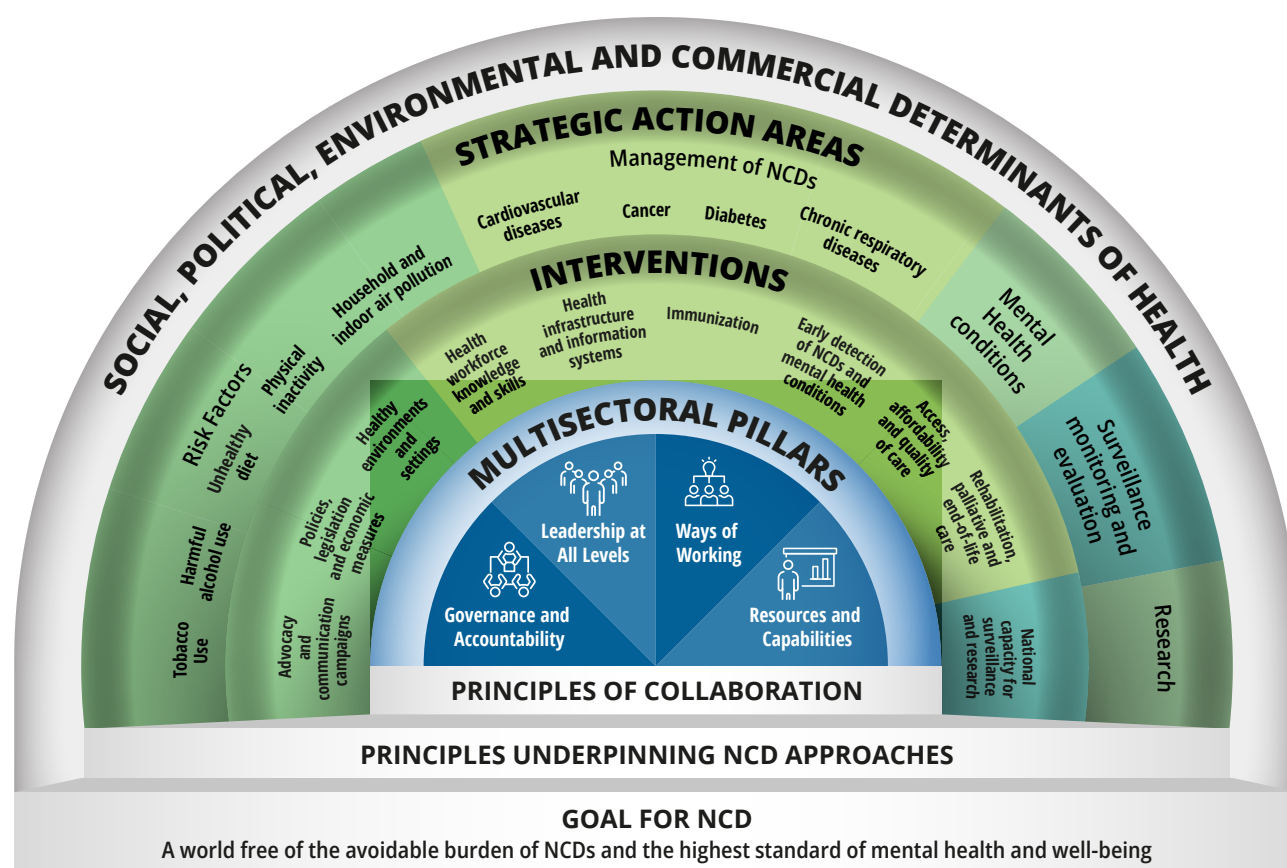


Framework for the Call for Submissions

The Framework for the Call for Submissions on Multisectoral Action (MSA) for the prevention and control of NCDs (the Framework – see Figure 1) has been developed to guide this call for submissions. The Framework depicts the relationship between the modifiable risk factors associated with the leading NCDs, and mental health conditions⁶, their respective interventions, and the main elements of multisectoral approaches and actions. The Framework aims to describe the key elements of successful multisectoral actions and place them in the context of the prevention and control of NCDs and mental health conditions, including the overarching structural causes, and the principles that underpin actions on the prevention and control of NCDs.

Note: Mental health conditions include mental, neurological and substance use disorders, suicide risk and associated psychosocial, cognitive and intellectual disabilities⁶. In this document, the term *mental health and mental health conditions* will be used interchangeably.

FIGURE 1. Framework for the Call for Submissions on Multisectoral Action for the Prevention and Control of NCDs and Mental Health



Note: The principles of collaboration and the four pillars of multisectoral action have been sourced from the draft WHO Framework for Sustainable Multisectoral Collaboration Addressing the Determinants of Health, Equity and Well-being⁷.

The Framework is structured into three distinct but interrelated components. From the base up, it includes: the Foundations, the Pillars and the Arches. These three components explain how MSA operates within the NCD context and are explained below.

The Foundations

The Foundations contain three elements that set the parameters for good practice when collaborating on multisectoral actions for the prevention and control of NCDs. The elements, described below, are: 1) the ultimate of the goal of the WHO NCD-GAP (2013-2030)², 2) the principles of NCD approaches², and 3) the principles of collaboration (📄 [Figure 1](#)).

1. **The NCD Goal:** A world free of the avoidable burden of NCDs and the highest standard of mental health and well-being.
2. **Principles underpinning NCD approaches²:**
 - **Life course approach** – opportunities to prevent and control NCDs are relevant across the life course from maternal health (including preconception) to healthy ageing.
 - **Empowerment of people and communities** – people should be empowered and involved in all interventions for the prevention and control of NCDs, including the meaningful engagement of people with lived experience of NCDs in co-creation, co-design, implementation and accountability⁸.
 - **Evidence-based strategies** – strategies and practices need to be based on the latest scientific evidence and/or best practice, cost-effectiveness, affordability and public health principles, taking cultural considerations into account.
 - **Universal Health Coverage** – all people should have access to promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines.
 - **Management of real, perceived or potential conflicts of interest** – multiple actors need to be engaged to effectively tackle NCDs. Policies, strategies and action must be protected from vested interest and real, potential and perceived conflicts of interest managed.
 - **Human rights approach** – the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, as enshrined in the Universal Declaration of Human Rights⁹.

- **Equity based approach** – the unequal distribution of NCDs is due to the unequal distribution of the social determinants of health; action on these determinants is essential to create inclusive, equitable, economically productive and healthy societies.
- **National action and international cooperation and solidarity** – the primary role and responsibility of governments in addressing NCDs is recognized as is the importance of international cooperation.
- **Multisectoral action** – effective NCD prevention and control requires leadership, coordinated actions across government sectors and multistakeholder (i.e., non-state actors) engagement for health, both at government level and at the level of a wider range of actors.

3. Principles of collaboration:

- **Invest in building trust and relationships** – having dedicated staff, with time and space to build strong trusting relationships with other sectors, supports effective collaboration.
- **Flexibility and adaptability** – partnerships need to be aware of, and actively respond to, partners' changing needs and political realities. Policy imperatives can change and adaptability to a new policy environment is critical.
- **Respectful and responsive to partners' needs** – understanding, acknowledging, and respecting the expertise and policy agendas of all sectors and responding to their needs is important in the partnership and co-design process. This fosters collaborative relationships based on trust.
- **Transparent and open communication** – open conversations and addressing issues professionally and honestly helps ensure strong trusting relationships and the best outcomes for all.
- **Utilize a skilled MSA workforce** – recognising and fostering the diplomacy, negotiation and political science skills of an MSA workforce is essential.
- **Adopt joined-up approaches** – implementing mechanisms to facilitate co-defining, co-designing and co-delivering policy and practice enables MSA.
- **Focus on health interests** – work to position health considerations and interests within policy deliberations of other government sectors, taking into account national health priorities and objectives to achieve SDG 3.4, while giving due regard to managing risks and conflicts of interest.
- **Focus on public value** – ensuring citizens are at the centre of policy and service design and delivery, safeguards positive societal and environmental impact.
- **Systemize and institutionalize** – embedding MSA mindsets into the ethos and architecture of government decision-making through formalizing MSA processes and practices into legislative, administrative, and political structures of government¹⁰.

The Four Multisectoral Action Pillars

At the centre of the Framework are the four MSA Pillars - governance and accountability; leadership; ways of working, and resources and capabilities which represent a successful approach to multisectoral collaboration. The four Pillars have been developed based on published evidence and practical experience applying MSA from a range countries and regions and was tested by the WHO Collaborating Centre on Advancing Health in All Policies Implementation¹¹. The Pillars are also documented in the (draft) WHO Framework for Sustainable Multisectoral Collaboration Addressing the Determinants of Health, Equity and Well-being⁶.

1. Governance and accountability

Strong governance mechanisms provide the authorising environment and mandate for MSA, including supporting the development, implementation, and sustainability of the approach. Strong governance also contributes to setting a culture of collaboration and the systemizing of MSA by enabling the establishment and maintenance of supportive structures. It also assists in avoiding and/or managing risks, including conflicts of interest.

Examples of MSA in the Governance and Accountability Pillar include:



- **Seeking a mandate, endorsement or supportive legislation** for MSA expressed through a government statement, or national/sub-national policy or plan; a memorandum of understanding, decree or agreements between government sectors or other formal means.

- **Multisectoral coordination mechanisms** or other formal structures such as high-level cross-sector committees, working groups and alliances.

- **Leveraging existing cross-sectoral policies or plans** to promote and increase MSA;

- **Reporting structures and accountability measures** on cross-sectoral policies or programmes such as key performance indicators on MSA, annual reports or other formal means.

- **Public accountability** through public reporting on agreed shared goals, activities and outcomes related to multisectoral collaboration; transparency in the provision of information to the public regarding MSA undertaken by the government, and other means.

2. Leadership at all levels

Leadership at all levels, political, executive, managerial and operational, is important for supporting and creating a culture of MSA to sustain collaborative practice. Leadership should encourage and promulgate a culture that supports and facilitates collaboration and change. Government officials who advocate for and support MSA across government can shift actions towards more collaborative practices. Strong leaders with a focus on collaborative practice have the capacity to connect across disciplines and agencies, cultivating both collaboration and accountability at all levels of agency hierarchies which then strengthens coordinated MSA action across government.

Examples of MSA in the Leadership Pillar include:



- **Networking with professionals** through informal or formal meetings of policy officers across government sectors.
- **Identifying champions** to promote MSA across government sectors.
- **Establishing incentives or recognition** on the importance of MSA expressed through the following: documents, speeches, sponsorships of MSA activities, reward mechanisms for good multisectoral collaboration, performance indicators, and other means.
- **Setting standards for MSA** through shared goals and tools that cross multiple sectors such as policy briefs, Health Impact Assessments¹² and Health Lens Analysis¹³.
- **Acknowledging the commitments of other sectors** to encourage further action and synergy.

3. Ways of working

The ways of working are the mindsets, behaviours, attitudes and practices used to collaborate and partner. Ways of working encompasses the tools and processes utilised to implement, embed and sustain the MSA. It describes how to operationalise the principles of collaboration (see the foundations mentioned earlier). Effective communication, working collaboratively in partnerships, and understanding the drivers and agendas of partners are all important ways of working. These are fundamental elements to the establishment and maintenance of trusting and respectful relationships.

Examples of MSA in the Ways of Working Pillar include:



- **Developing communication tools, process or activities** that foster transparency and collaboration to build trust.
- **Implementing formal/informal activities that nurture relationship-building** with people in other sectors/ministries.
- **Establishing knowledge collaboration activities** among government sectors to ensure sustainability of MSA and relationship-building.
- **Including diverse stakeholders** from different government sectors in activities that promote adoption of co-design and co-benefit approaches, including shared decision-making.

4. Resources and capability

MSA needs to include appropriate and dedicated personnel and financial resources. This can be either a dedicated MSA budget, or mechanisms for joint financing with partners to support commitment to co-production. Capabilities are developed and/or strengthened through dedicated resources. Capabilities may include the skills and knowledge of personnel, including health diplomacy and negotiation skills.

The provision of resources also needs to consider the time taken to build capabilities and capacity, such as building trusting relationships, given the critical role that trust plays in successful collaborative outcomes.

Examples of MSA in the Resources and Capability Pillar include:



- Having dedicated personnel within health and across government with knowledge and experience working on the prevention and control of NCDs.

- Having dedicated personnel within health and across government with knowledge and experience working on multisectoral activities, programmes, or initiatives.

- Implementing training and/or mentoring programmes or other opportunities to enhance knowledge and experience on MSA across relevant government sectors.

- Encouraging dedicated funding to support MSA and collaborative action on NCDs.

- Strategically building capacity for MSA e.g. training and mentoring.

The Arches

The Arches provide the parameters and focus areas in which the MSA operates, and describe the primary interventions recommended for both the prevention and control of NCDs and multisectoral collaboration.

The *first* Arch – Social, Political, Environmental and Commercial Determinants of Health

Recognises the powerful and all-encompassing influence of the determinants of health on the prevention and control of NCDs, as well as how both health systems and governments operate. This arch alludes to the importance of external factors beyond health that impact the landscape of modifiable risk factors and related NCDs, and importance of working in the interests of public health.

The *second* Arch – Strategic Action Areas

Are the areas in which governments are implementing MSA, which includes five main areas:

- Risk Factors: tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and household and indoor air pollution¹
- Management of NCDs: cardiovascular disease, cancer, diabetes, and chronic respiratory diseases
- Mental Health conditions
- Surveillance, monitoring and evaluation
- Research

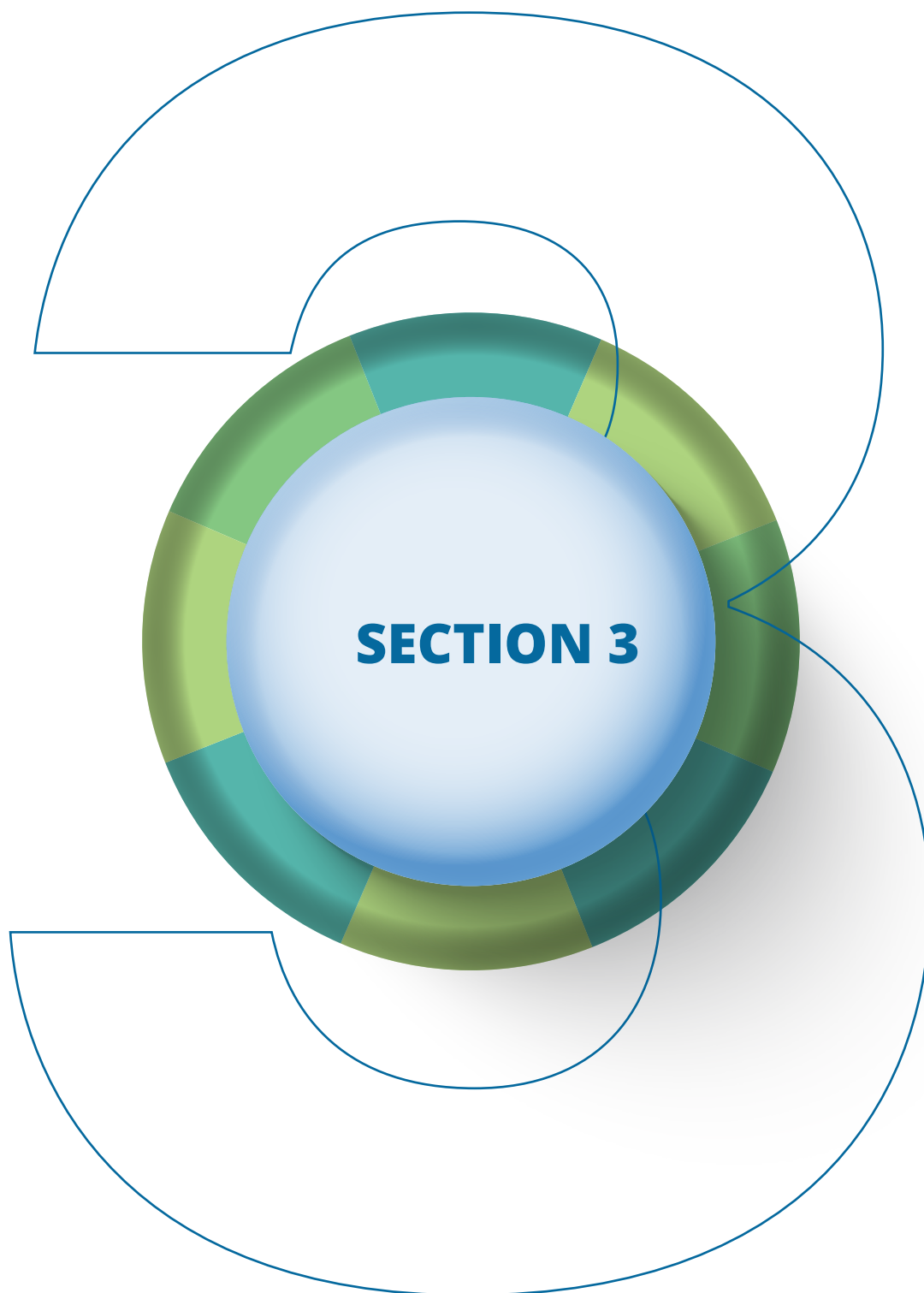
The *third* Arch – Areas of NCD Interventions

Summarises the overarching key interventions according to the strategic action areas used to support the prevention and control of NCDs, mental health conditions including, but not limited to, the following:

- Advocacy and communications campaigns
- Policies, legislation and economic measures
- Healthy environments and settings
- Health workforce knowledge and skills
- Health infrastructure and information systems
- Immunization
- Early detection of NCDs and mental health conditions
- Access, affordability and quality of care
- Rehabilitation, palliative and end-of-life care
- National capacity for surveillance and research

These interventions are embedded in the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2030² and WHO Special Initiative for Mental Health¹⁴ which cover the range of responses required to tackle NCDs and mental health. It is also well recognised that successful NCD programmes generally require a mix of interventions deployed simultaneously for an impactful response.

In summary the Framework for assessing MSA on the prevention and control of NCDs and mental health combines the principles and elements that underpin WHO's approach to reducing NCDs globally and achieving the highest standard of mental health and well-being, as well as the principles and elements that underpin multisectoral action that aims to improve collaborative action across government and society to deliver improved population health.



Frequently Asked Questions

1. What is the purpose of this Call for Submission?

The purpose of this *Call for Submissions* is to map country-level experiences showing how MSA has been implemented at national or sub-national levels to foster and ensure collaboration across governments on the prevention and control of NCDs and mental health conditions. The ultimate goal is to select successful approaches and develop a collection of case studies to disseminate best-practices and inspire others to promote knowledge collaboration and capacity development among governments and other stakeholders on MSA as part of their NCD and mental health responses.

Over the past decade, with the growing attention to NCDs and mental health, examples of multisectoral actions are being recognized as part of the response across the health community. There is an opportunity to support their documentation to identify lessons learned and disseminate up-to-date approaches and experiences for better understanding of coherent, context relevant application in country settings, with a special focus on low- and middle-income countries.

2. Who can submit applications?

This *Call for Submissions* is for WHO Member States or other national and sub-national governments, particularly from low- and middle-income countries, to submit their experiences in using multisectoral actions as part of their interventions for the prevention or control of NCDs and mental health (please refer to the Framework described earlier).

Submissions are being sought from:

- All low-, middle- and high-income countries are welcome to participate; however, examples from **low- and middle-income countries are particularly encouraged**.
- Government agencies/ministries or equivalent, both from the health sector and other sectors (e.g. finance, agriculture, education etc).
- WHO regional or country offices or other UN agencies **on behalf of government/s, national, sub-national and/or city/municipality level governments**.

3. What is the process for submitting applications?

An online checklist questionnaire ([👉 click here](#)) will be shared with relevant NCD focal points in the Ministries of Health via established WHO channels (i.e., regional and country offices).

While priority will be given to those Member States that reported having either a multisectoral national NCD policy, strategy, or action plan, or an operational national multisectoral commission, agency, or mechanism to oversee NCD engagement beyond health¹⁵, **other Member States and government agencies/ministries or equivalent are encouraged to submit their response using the same online checklist questionnaire** ([👉 click here](#)).

4. What are the priority areas for this Call for Submissions?

Submissions must include the following:

- At least one of the five risk factors: tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol and air pollution, **and/or**
- At least one of the four NCDs (cancer, cardiovascular disease, diabetes and chronic respiratory diseases), or mental health conditions, **and**
- At least **two of the four MSA pillars**: governance and accountability; leadership; ways of working, and resources and capabilities (**mandatory**).

Submissions that outline actions to address the social, political, environmental and commercial determinants of NCDs and risk factors will be viewed favourably.

Note: Submissions that do not fulfil the above criteria will be excluded.

It is expected that submissions will include use of one or more of the following types of NCD interventions:

- Advocacy and communications campaigns
- Policies, legislation and economic measures
- Healthy environments and settings
- Health workforce knowledge and skills
- Health infrastructure and information systems
- Immunization

- Early detection of NCDs and mental health conditions
- Access, affordability and quality of care
- Rehabilitation, palliative and end-of-life care
- National capacity for surveillance and research

MSA experiences for the prevention and control of NCDs and mental health can be:

- **In progress** but with MSA well progressed, or
- **Complete** with evaluation in progress, or
- **Complete and evaluated**

Additional requirements:

- Only initiatives (activities, programmes, experiences) that are being or have been implemented (in progress, completed, or completed and evaluated) are accepted.
- The initiative must have taken place in the last five years.

5. How will the country-level information collected in the Call for Submissions be translated into global insights?

To facilitate the identification, and selection of best and suitable case studies, a two-stage process is being used as follows:

Stage 1 – Mapping MSA Experiences: this stage is to register concrete experiences, examples, or practices (not proposals or plans) using MSA for the prevention and control of NCDs and mental health. Submissions must be completed and submitted by Member States or other national or sub-national governments using the online checklist questionnaire. Only submissions that are fully completed will be considered for further analysis.

WHO will compile a report, *Multisectoral Action to Strengthen Collaboration for the Prevention and Control of Non-Communicable Diseases and mental health – Experiences from Around the World*, mapping the experiences provided in Stage 1 submissions. All completed and accepted submissions will be included. This will be the first global mapping report on MSA for NCDs and will be accessible online and disseminated widely through WHO channels and networks.

Please note, in preparing the report, WHO will use aggregated data from the Checklist Questionnaire (section 4) and all WHO data privacy requirements will be applied.

Due to the expected high volume of submissions, WHO will not be able to notify all individual organizations/entities regarding the results of Stage 1. Only those submissions that were selected for Stage 2 will be contacted by WHO.

Stage 2 – Developing Case Studies: Following the completion of Stage 1, a dedicated panel of WHO and external experts will review the online applications and select those that can advance to Stage 2 (described below).

WHO, in selecting submissions to proceed to case studies, will be seeking a balance of experiences across the following:

- WHO regions.
- Low, middle, and high-income countries with a preference given to LMICs.
- Interventions across the risk factors, NCDs, and mental health conditions.
- Action across the four pillars of the MSA Framework.
- Diverse government sectors (e.g. health, finance, education etc).
- Different levels of government (e.g. national and sub-national).

Up to 15 selected Member States or national or sub-national governments will be invited to be part of a *Collection of Case Studies on Experiences of MSA for the Prevention and Control of NCDs and Mental Health* to showcase in more detail their experiences. In this second Stage, WHO will designate a research institute or equivalent from the selected country or the respective WHO Region to support development of the case studies. A separate communication will be sent to the selected countries/successful applicants with more guidance on how the case studies will be developed, including the identified research institute or equivalent.

All cases studies will be in a special report, *Collection of Case Studies on Experiences of MSA to Strengthen Collaboration for the Prevention and Control of NCDs and Mental Health*, which will include an analysis of successful approaches. This report will be submitted to the WHO Executive Board at its 152nd session. The cases studies will be accessible online and disseminated widely through WHO channels and networks. Further knowledge collaboration and exchange activities will take place to showcase these successful experiences (e.g. webinars, meetings, side events etc).

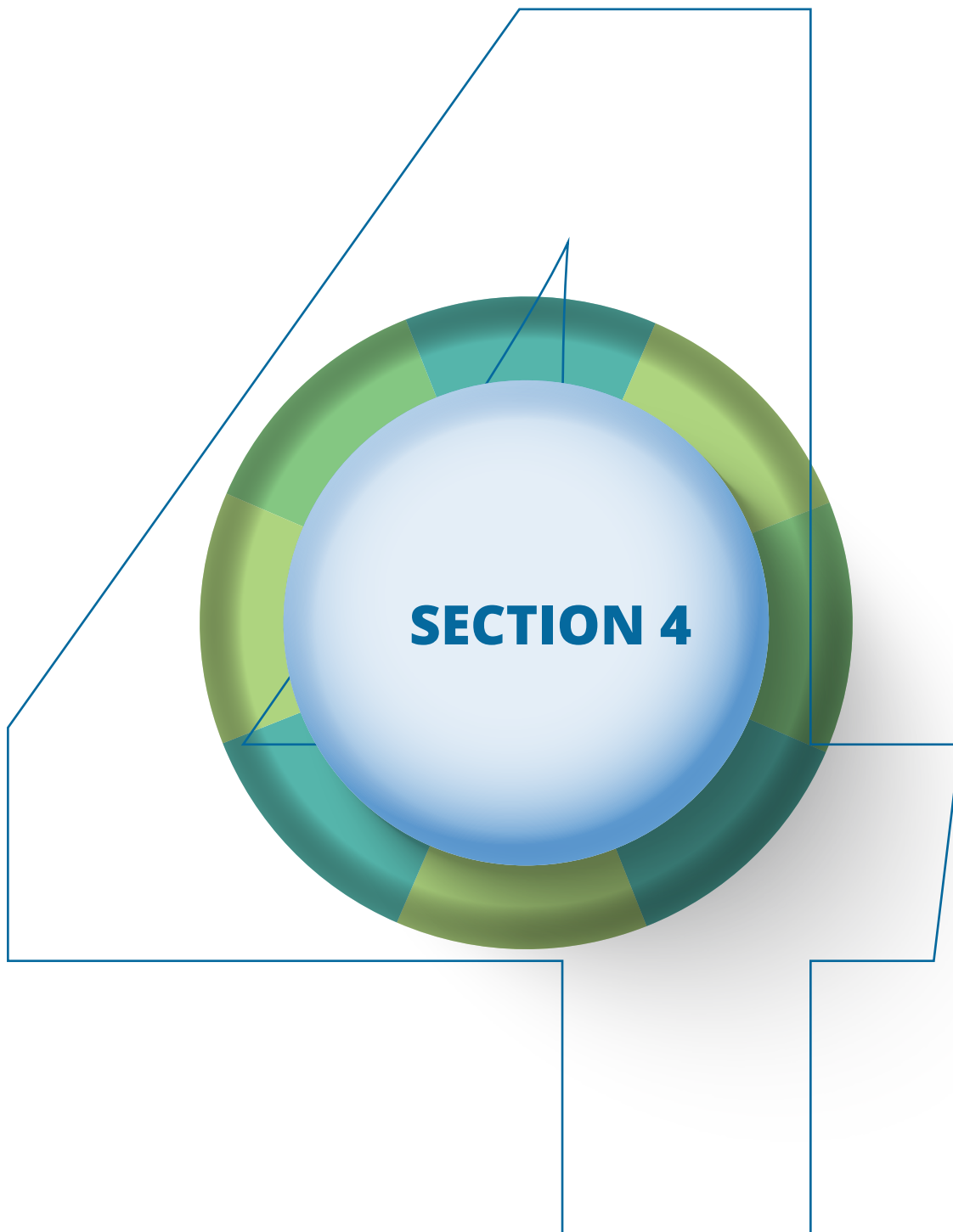
6. Why participate in this Call for Submissions?

The compilation of global experiences and the collection of case studies on MSA for the prevention and control of NCDs provide a great opportunity for national and sub-national governments to showcase good practices being undertaken around the world, inspiring other countries to adopt MSA in their NCD and Mental Health programmes.

Participants in this Call for Submission will contribute to building a body of knowledge about MSA practices, sharing successes and challenges, achievements, and learnings.

All participants will have an opportunity to be recognised and acknowledged for good work, more specifically:

- All completed and accepted submissions in Stage 1 will be part of a report, *Multisectoral Action to Strengthen Collaboration for the Prevention and Control of NCD and Mental Health – Experiences from Around the World*. This will be the first compilation report on multisectoral action for NCDs accessible online and disseminated widely through WHO channels and networks.
- All cases studies (Stage 2) will be in a special report, *Collection of Case Studies on Experiences of MSA to Strengthen Collaboration for the Prevention and Control of NCDs and Mental Health*, which will include analysis of successful approaches, and be submitted to the Executive Board at its 152nd session.
- The national/sub-national governments whose case studies are selected will be offered an opportunity to showcase their experiences *at the WHO global meetings in late 2022 and 2023 as part of the preparatory process leading to the fourth High-level Meeting of the United Nations General Assembly (HLM4) in 2025*.



Stage 1 – Checklist Questionnaire

Instructions


- Please ensure you have read the background information before completing this questionnaire. In particular, it is important to review the Framework for the Call for Submissions on Multisectoral Action for the Prevention and Control of NCDs and Mental Health ([📄 Figure 1](#)) in Section 2 of this document. Use the Framework as your guidance for completing the online questionnaire correctly.
- Please use this document to review the information requested on the online submission prior to completing the questionnaire for the Stage 1 submission. We suggest preparing the responses in advance before starting to complete the online form.

All submissions must only be submitted via this questionnaire ([👉 click here](#))

- Countries can make multiple submissions from different jurisdictions within a country and/or covering different NCD risk factors, NCD management or Mental Health conditions, but each submission must **include at least two of the four MSA pillars**: governance and accountability; leadership; ways of working, and resources and capabilities.

Date: Submissions are due by 30 April 2022

- If you need more information or clarification, please do not hesitate to send an email to Katia de Pinho Campos at depinhocamposk@who.int or Diogo Neves at nevesd@who.int.

 **Note:** The questionnaire can be filled in and submitted by a third party (e.g., WHO or UN country offices, civil society or academia) on behalf of and with prior approval of the relevant government.

Questionnaire

Background Information

1. **Please provide the contact details of the person completing this application**
 - ☐ First name:
 - ☐ Last name:
 - ☐ Affiliation:
 - ☐ Position:
 - ☐ Email:
 - ☐ Phone (including country code):
2. **Are you a third party (e.g.; WHO or UN country office, civil society or academia) completing this questionnaire on behalf of the government?**
 - ☐ Yes, (if yes) name of the organization:
 - ☐ No
3. **Please provide the name of the ministry or equivalent, or the sub-national government on whose behalf you are submitting this questionnaire:**
 - ☐ Name of the ministry or equivalent or sub-national government:
 - ☐ Institutional website
4. **In what country is/was this Initiative based in?**

5. **Please provide the title of this Initiative. This title will be used to disseminate your initiative globally (maximum 20 words)**

6. **Please provide a summary of this initiative with reference to MSA for the prevention and control of NCDs.** (Example: Context in which this initiative is/was implemented; NCD challenges or gaps being addressed; NCD interventions used; action across the four pillars; which government sectors are/were engaged; desired outcomes and beneficiaries).
(maximum of 200 words)

7. **When did this initiative begin?**

☐ DD/MM/YYYY

8. **Is this initiative still ongoing?**

☐ Yes ()

☐ No () If no, when this initiative end?

☐ DD/MM/YYYY

Level of Government

9. **At what level is/was this initiative implemented?**

☐ National

– Please name the country involved

☐ Sub-national (state, province, canton, regional level)

– Please name the jurisdiction/s involved

☐ Local (city, municipality level)

– Please name the city (ies)/region (s) involved

10. **Which sectors/ministries or equivalent are/were involved? Please note there must be a minimum of one sector other than health included in this initiative. Select all that apply.**

☐ Health

☐ Economy and/or Finance

☐ Agriculture

☐ Food

☐ Communication

☐ Education

☐ Employment/labour

☐ Social welfare

☐ Social and economic development

☐ Women, children, youth affairs

☐ Housing

☐ Justice and security

☐ Legislature

☐ Trade and industry

☐ Home affairs

☐ Foreign affairs

☐ Recreation, sport

☐ Urban planning

☐ Office of central government (e.g. President/Prime Minister and Cabinet or equivalent)

☐ Other (please describe)

11. Are/were there any other actors involved in this initiative?

- ☐ Yes (), If yes, then 12
- ☐ No ()

12. Which other actors are/were involved? Select all that apply:

- ☐ Nongovernmental organizations/community-based organizations/civil society
- ☐ Academia (including research centres)
- ☐ Private sector
- ☐ Philanthropic organizations
- ☐ International organizations (i.e., WHO/PAHO, other UN agencies, World Bank, etc)
- ☐ Other relevant actor (please describe)

13. Is/was this initiative fully funded by the government?

- ☐ () Yes
- ☐ () No, If No, which other actor(s) has/have provided funding?

Strategic Action Areas

14. Which modifiable risk factor(s) are/were the focus for this initiative? Select all that apply

- ☐ Tobacco use
- ☐ Unhealthy diet
- ☐ Harmful use of alcohol
- ☐ Physical inactivity
- ☐ Air pollution
- ☐ Others (please describe):
- ☐ Not applicable

15. Which disease or condition is/was the focus for this initiative? Select all that apply

- ☐ Cardiovascular disease
- ☐ Cancer
- ☐ Diabetes
- ☐ Chronic respiratory diseases
- ☐ Mental Health conditions
- ☐ Others (please describe):
- ☐ Not applicable

Interventions

16. What are/were the areas of interventions used for NCD prevention and control and mental health? Select all that apply

- ☐ Advocacy and communications campaigns
- ☐ Policies, legislation and economic measures
- ☐ Healthy environments and settings
- ☐ Health workforce knowledge and skills
- ☐ Health infrastructure and information systems
- ☐ Immunization
- ☐ Early detection of NCDs and mental health conditions
- ☐ Access, affordability and quality of care
- ☐ Rehabilitation, palliative and end-of-life care
- ☐ National capacity for surveillance and research
- ☐ Other (please describe):

Multisectoral Action

- ☐ Please ensure you have read the Background Information section for a description of these actions.
- ☐ Note that you will need to show evidence of how these actions are/were implemented, if selected to proceed to Stage 2.
- ☐ The initiative must have included at least two of the four MSA pillars: governance and accountability; leadership; ways of working, and resources and capabilities

17. Which of the following Governance and Accountability actions are/were included in this initiative? Please select all that apply.

- ☐ Seeking a mandate, endorsement or supportive legislation for MSA expressed through a government statement, or national/sub-national policy or plan; a memorandum of understanding, decree or agreements between government sectors or other formal means.
- ☐ Multisectoral coordination mechanisms or other formal structures such as high-level cross-sector committees, working groups and alliances.
- ☐ Leveraging existing cross-sectoral policies or plans to promote and increase MSA.
- ☐ Reporting structures and accountability measures on cross-sectoral policies or programmes such as key performance indicators on MSA, annual reports or other formal means.
- ☐ Public accountability through public reporting on agreed shared goals, activities and outcomes related to multisectoral collaboration; transparency in the provision of information to the public regarding MSA undertaken by the government, and other means.
- ☐ Other (please describe):
- ☐ Not applicable

18. Which of the following Leadership at all levels actions are/were included in this initiative? Please select all that apply.

- ☐ Networking with professionals through informal or formal meetings of policy officers across government sectors.
- ☐ Identifying champions to promote MSA across government sectors.
- ☐ Establishing incentives or recognition on the importance of MSA expressed through the following: documents, speeches, sponsorships of MSA activities, reward mechanisms for good multisectoral collaboration, performance indicators, and other means.
- ☐ Setting standards for MSA through shared goals and tools that cross multiple sectors such as policy briefs, Health Impact Assessments and Health Lens Analysis.
- ☐ Acknowledging the commitments of other sectors to encourage further action and synergy.
- ☐ Other (please describe):
- ☐ Not applicable

19. Which of the following Ways of working actions are/were included in this initiative? Please select all that apply.

- ☐ Developing communication tools, process or activities that foster transparency and collaboration to build trust.
- ☐ Implementing formal/informal activities that nurture relationship-building with people in other sectors/ministries.
- ☐ Establishing knowledge collaboration activities among government sectors to ensure sustainability of MSA and relationship-building.
- ☐ Including diverse stakeholders from different government sectors in activities that promote adoption of co-design and co-benefit approaches, including shared decision-making.
- ☐ Other (please describe):
- ☐ Not applicable

20. Which of the following Resources and capability levels actions are/were included in your initiative? Please select all that apply.

- ☐ Having dedicated personnel within health and across government with knowledge and experience working on the prevention and control of NCDs.
- ☐ Having dedicated personnel within health and across government with knowledge and experience working on multisectoral activities, programmes, or initiatives.
- ☐ Implementing training and/or mentoring programmes or other opportunities to enhance knowledge and experience on MSA across relevant government sectors.
- ☐ Encouraging dedicated funding to support MSA and collaborative action on NCDs.
- ☐ Strategically building capacity for MSA e.g. training and mentoring.
- ☐ Other (please describe):
- ☐ Not applicable

21. Please describe the key messages and outcomes of this initiative in relation to MSA (Maximum 100 words).

- ☐ (For example, what works/worked well and what are/were the benefits of MSA in advancing collaboration)

Sustainability and Replicability

22. How likely is this initiative to be sustained beyond a five-year period?

- ☐ Very likely
☐ Likely
☐ Neutral
☐ Not likely
☐ Very unlikely
☐ I don't know

23. How likely is it that this initiative can be replicated in other countries or settings?

- ☐ Very likely
☐ Likely
☐ Neutral
☐ Not likely
☐ Very unlikely
☐ I don't know

Evaluation and Dissemination

24. Has this initiative been evaluated?

- ☐ Yes
☐ No
☐ In progress
☐ Not intended to be evaluated

25. Has this initiative been published?

- ☐ Yes, If yes, please provide a link to the publication
☐ No
☐ In progress
☐ Not intended to be published

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Global NCD Platform Department

