World Health Organization

UN INTERAGENCY TASK FORCE ON NCDs

Integration of noncommunicable diseases and mental health into United Nations Sustainable Development Cooperation Frameworks

Insights from humanitarian settings

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Design and layout by Zsuzsanna Schreck

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Acknowledgments

Abbreviations and acronyms

NCDs   Noncommunicable diseases

OCHA   United Nations Office for the Coordination of Humanitarian Affairs

UN   United Nations

UNHCR   United Nations High Commissioner for Refugees

UNIATF   United Nations Interagency Task Force on the Prevention and Control of NCDs

UNSDCF   United Nations Sustainable Development Cooperation Framework

WHO   World Health Organization

1. Background

1.1 United Nations Sustainable Development Cooperation Frameworks (UNSDCFs) are important tools for the planning and implementation of country tailored UN activities in line with the 2030 Agenda for Sustainable Development. UNSDCFs are jointly designed and co-signed by the UN development system in country and the respective government *(1)*.

1.2 This paper describes how noncommunicable diseases (NCDs) and mental health are integrated into UNSDCFs in countries and areas with an ongoing UN emergency response to support discussions at the Global high-level technical meeting on NCDs in humanitarian settings, 27–29 February 2024 in Copenhagen.

2. Methodology

2.1 Countries and areas included in this analysis were those considered as having an ongoing emergency response from one or more of the following organisations: the United Nations High Commissioner for Refugees (UNHCR) *(2)*, United Nations Office for the Coordination of Humanitarian Affairs (OCHA) *(3)*, and/or the World Health Organization (WHO) *(4)*.

2.2 The analysis was based on the methodology developed by the Secretariat of the United Nations Interagency Task Force on the Prevention and Control of NCDs (UNIATF) to assess the integration of NCDs and/or mental health in UNSDCFs. Further information on the methodology can be found in Annex 1.

2.3 In essence, a UNSDCF is considered to include NCDs and/or mental health if one or both are referenced as part of the UNSDCF strategic priorities and/or results matrix section. The strategic priority section defines key national development priorities and strategies to address these, and it is often paired with a theory of change. The results matrix outlines the outcomes linked to the strategic priorities, specific outputs that contribute to reaching the outcomes, and indicators to monitor progress and report results.

2.4 To identify if NCDs and/or mental health are included, key terms were searched in UNSDCFs and exclusion criteria were developed to filter the content. To determine how NCDs and/or mental health are included, the information extracted was grouped based on similarities in how they are addressed in UNSDCFs.

3. Results

3.1 Overview

3.1.1 As of January 2024, 38 countries and areas were identified as having an ongoing emergency response by UNHCR, OCHA, and/or WHO. OCHA has an ongoing emergency response in 33 of the 38 countries and areas, UNHCR in 10, and WHO in 20. Of these, 5 countries did not have an accessible and ongoing UNSDCF (expiring in or after 2024). Annex 2 provides the full list of countries and areas included in the analysis.

3.1.2 Of the 33 UNSDCFs reviewed, 48% (16/33) included NCDs and 73% (24/33) included mental health. Overall, 36% (12/33) of UNSDCFs included both NCDs and mental health. Annex 2 also specifies the names of the countries and areas that included NCDs and/or mental health. Five countries did not include either NCDs or mental health (Burundi, Mali, Haiti, Djibouti, and Iraq).

3.1.3 An overview diagram on how NCDs and mental health are included in UNSDCFs is shown in Figure 1.

Figure 1. Overview of how NCDs and mental health are included in UNSDCFs
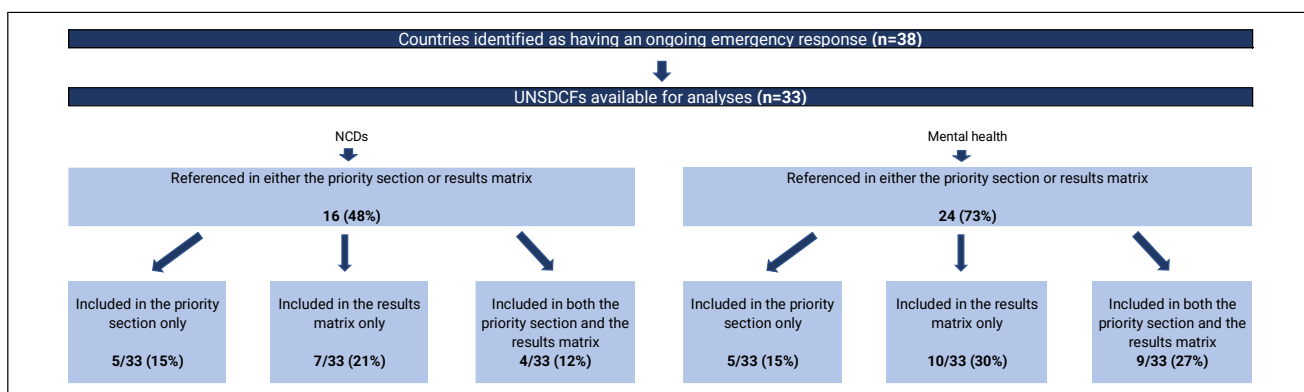
3.2 NCDs

3.2.1 Sixteen of the 33 UNSDCFs analysed included NCDs, specifically 52% (17/33) did not include NCDs, 15% (5/33) integrated it solely in the priority section, 21% (7/33) solely in the results matrix, and 12% (4/33) in both sections (Figure 2). Of the 11 UNSDCFs that included NCDs in the results matrix, 82% (9/11) included NCDs as part of an indicator, 18% (2/11) as part of an output, and 18% (2/11) as part of an outcome.

Figure 2. Percentage of UNSDCFs that included NCDs in the priority section and/or results matrix
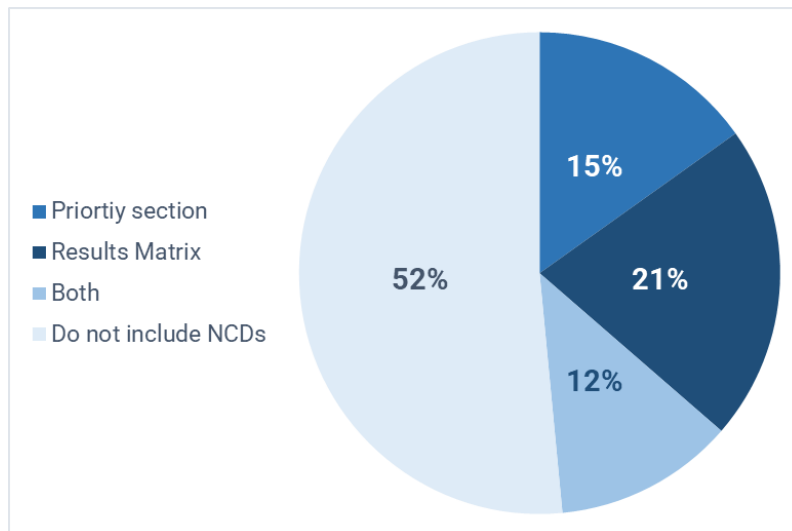
3.2.2 Of the 16 UNSDCFs that included NCDs, 14 addressed NCDs in general, six included overweight and/or obesity in children, one mentioned NCD risk factors in general, and one highlighted tobacco as a risk factor.

3.2.3 The information extracted was then organized into groups based on similarities in how UNSDCFs addressed NCDs. Seven groups were developed, each reflecting a different approach. Most UNSDCFs (63%, 10/16) addressed NCDs in terms of "strengthening provision and/or improving access to care", followed by "measuring and/or addressing malnutrition in children", which included overweight/obese children (38%, 6/16), and "measuring and/or addressing NCD mortality" (25%, 4/16). The full list of approaches can be found in Figure 3.

3.2.4 The information assigned to each group was further analysed to determine if it was contextualized to the countries' or areas' emergencies or crises. Four UNSDCFs contextualised "measuring and/or addressing malnutrition in children" to the emergency or crisis, two for "measuring and/or addressing NCD mortality", two for "strengthening provision and/or improving access to care", and one for "addressing untreated NCDs".

Figure 3. Number of UNSDCFs grouped by approach used to address NCDs
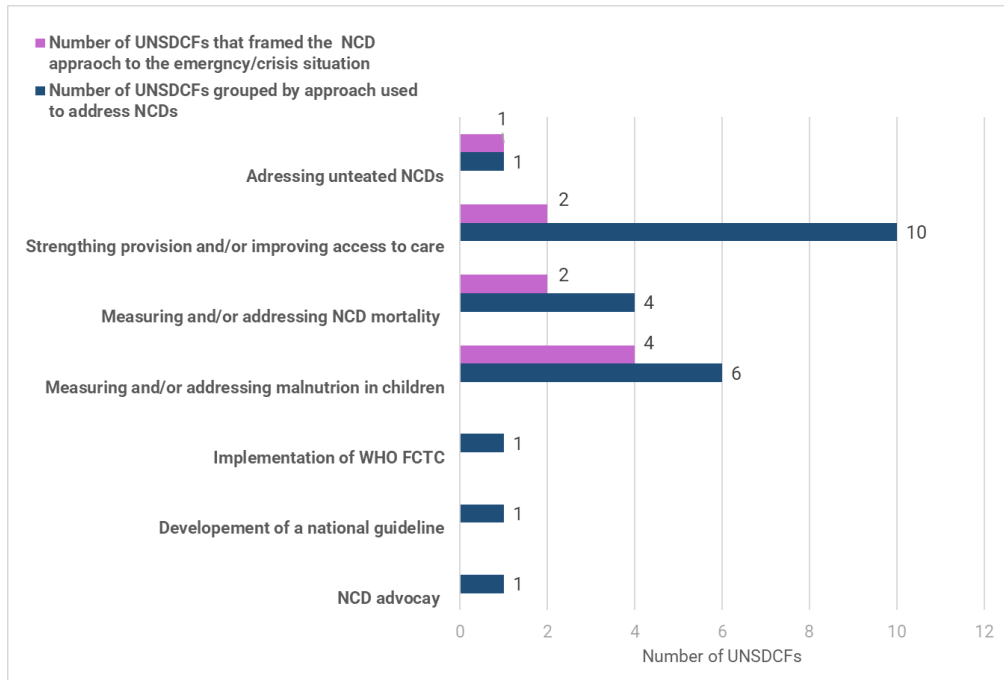
3.3 Mental health

3.3.1 Twenty-four of the 33 UNSDCFs analysed included mental health, specifically 27% (9/33) did not include mental health, 15% (5/33) integrated it solely in the priority section, 30% (10/33) solely in the results matrix, and 27% (9/33) in both sections (Figure 4). Of the 19 UNSDCFs that included mental health in the results matrix, all included mental health as part of an indicator, 5% (1/19) as part of an output, and 11% (2/19) as part of outcome.

Figure 4. Percentage of UNSDCFs that included NCDs in the priority section and/or results matrix
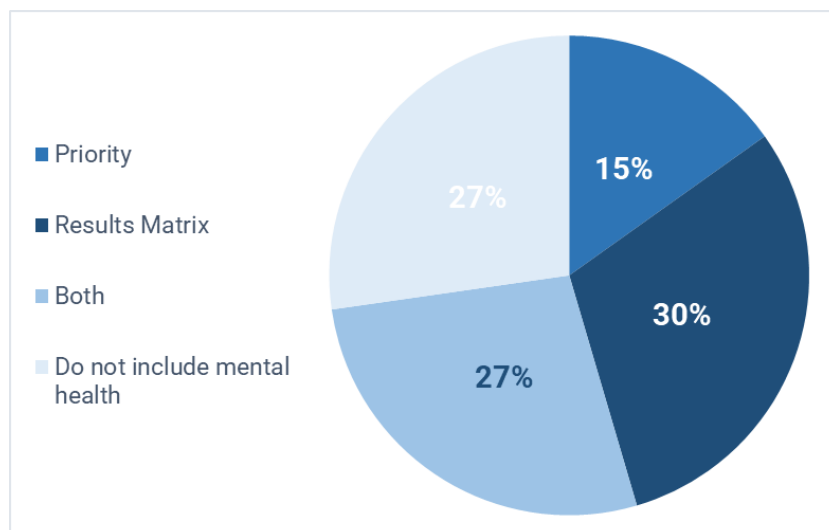
3.3.2 The mental health information extracted was categorised by target group. Of the 24 UNSDCFs that included mental health, most addressed "victims of violence" (e.g., gender-based violence and psychological violence) (83%, 20/24), followed by "children/youth affected by a crisis" 29% (7/24), and "no group specified" 17% (4/24). The full list of identified target groups can be found Figure 5.

Figure 5. Number of UNSDCFs addressing mental health target groups
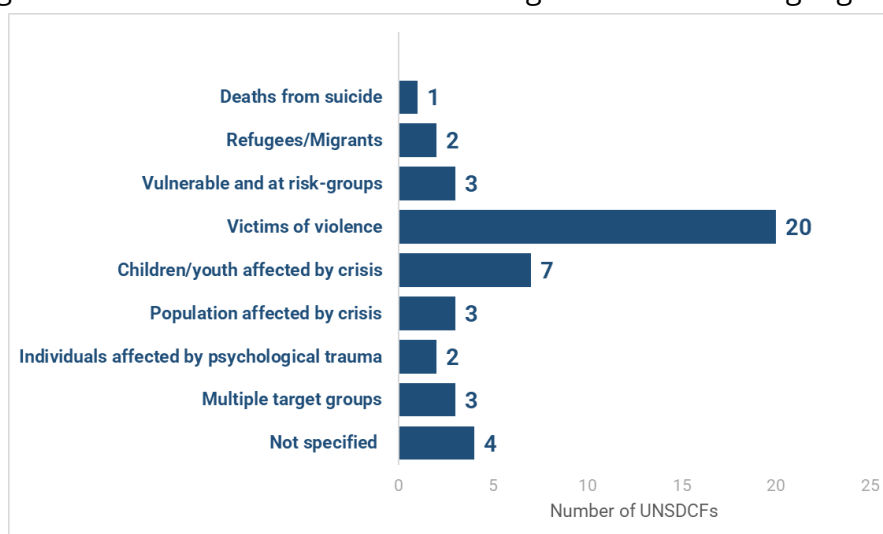
3.3.3 The information extracted was then organized into groups based on similarities in how UNSDCFs addressed mental health. Eight groups were developed, each reflecting a different approach. Most UNSDCFs had an "indicator on individuals affected by psychological violence" (among other types of violence) (67%, 16/24), followed by 46% (11/24) that addressed "strengthening psychological/psychosocial service provision", and 21% (5/24) had an "indicator on individuals provided with psychosocial services". The full list of approaches can be found in Figure 6.

3.3.4 The information assigned to each group was further analysed to determine if it was contextualized to the countries' or areas' emergencies or crises. Ten UNSDCFs contextualised "strengthening psychological/psychosocial services" to the emergency or crisis context, four for the "indicator on individuals affected by psychological violence", three for "promoting mental health", and three for the "indicator on individuals reached by psychosocial services".

Figure 6. Number of UNSDCFs grouped by approach used to address mental health
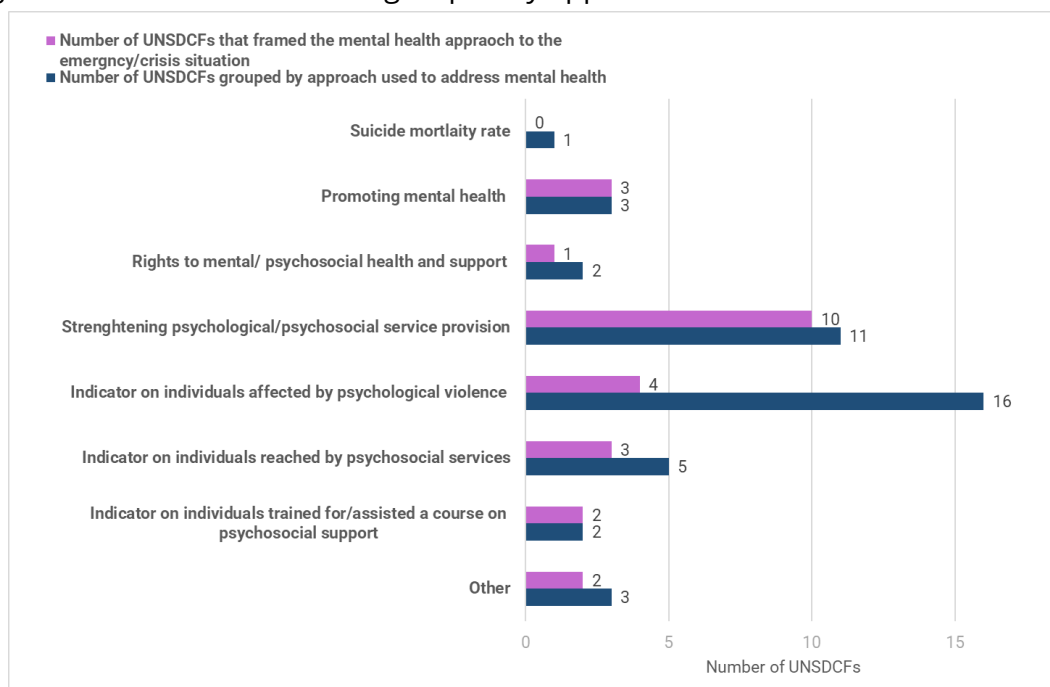
3.4 Contextualising NCDs and/or mental health to the emergency and crisis environment

3.4.1 Overall, 21 of the 33 (64%) UNSDCFs contextualised NCD and/or mental health information to the emergency or crisis. Specifically, 50% of (8/16) UNSDCFs including NCDs and 75% (18/24) of UNSDCFs including mental health.

3.4.2 Based on the extracted information, 4 categories were developed to define how the UNSDCFs contextualised NCDs and/or mental health to the crisis or emergency. The UNSDCFs (i) specified that NCD and/or mental health should be considered in the humanitarian setting, crisis or emergency; (ii) framed NCDs and/or mental health broadly to the crisis or emergency

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situation (e.g. indicator or activity linked to a strategic pillar, outcome or output that specifies the crisis or emergency situation); (iii) framed NCDs and/or mental health in the context of building a system that is resilient and absorbs shock; or (iv) framed NCDs and/or mental health for migrants, refugee groups, and/or internally displaced people. If the item did not fit these themes, it was categorised as other. Examples for each category are shown in Annex 3.

4. Points for discussion

4.1 The countries and areas included in this analysis are experiencing various types of emergencies or crises. These emergencies vary from prolonged crises or acute ones. Some countries and areas are dealing with multiple emergencies concurrently, while others are dealing with issues that primarily affect specific populations, which vary in size and proportion of the whole population. It is crucial that UNSDCFs are tailored to address the unique emergency contexts of each country or area and adequately meet the needs of NCDs and mental health in accordance with these contexts.

4.2 Countries and areas with an ongoing emergency response or crisis should consider the following emerging points from this analysis when developing and implementing their UNSDCFs:

- Less than half of the UNSDCFs included NCDs and less than three quarters included mental health. Further efforts are needed to ensure NCDs and mental health are included in all UNSDCFs in emergency settings.

- If NCDs and/or mental health are included, they are mainly found in the results matrix as an indicator. It is important that when including NCDs and mental health it should not only be addressed as an indicator, but their importance should be highlighted in both the strategic priority section and the results matrix, with clear indicators, outputs and outcomes.

- The lack of focus of UNSDCFs on NCD risk factors is expected as primary prevention is not the immediate priority during humanitarian responses, yet during a protracted response it is important to integrate risk factor mitigation in the continuum of care.

- While UNSDCFs often incorporated strengthening provision and/or improving access to care, NCDs were broadly framed in this context, and the country's or area's emergency or crisis was often not addressed.

- UNSDCFs would benefit from greater specificity on the NCD response, for instance, by addressing the availability of NCD medicine, basic equipment for NCDs, and trained staff for NCD treatment and management.

- A variety of mental health target groups were identified across the UNSDCFs, with least reference to individuals with a pre-existing mental disorder. It is important that UNSDCFs consider both individuals with pre-existing mental disorders as well as emergency-induced mental health issues.

- Strengthening psychological/psychosocial services was often appropriately contextualised in the emergency or crisis context.

- Overall, mental health in UNSDCFs is more frequently contextualised to emergency or crisis situations compared to NCDs. However, further efforts need to be made to ensure that all UNSDCFs frame NCDs and mental health to the country's or area's emergency or crisis context with a clear link to the affected population.

5. Limitations of this analysis

5.1 UN NCD and/or mental health emergency activities that were not explicitly outlined in the UNSDCFs may have been overlooked. For instance, if the UNSDCF mentioned essential medicines or diagnostics for emergency situations without specifying NCDs, it would have been excluded from the analysis. In addition, no examination of the annual UN country teams results reports was undertaken, which could have provided additional insights into NCD and mental health initiatives within the country or area. The analysis focused solely on countries and areas with ongoing emergency responses from three UN agencies, potentially excluding other countries or areas experiencing ongoing emergencies or crises.

6. Next steps

6.1 UN agencies at global and regional level to jointly:

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

- Support countries and areas with an expiring UNSDCF (2024/2025) to identify and/or re-emphasize why NCDs and mental health should be a strategic priority and develop country-specific activities in relation to the ongoing emergency or crisis.

References

(1) United Nations Sustainable Development Cooperation Framework. United Nations Sustainable Development Group. 2019; (https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance, accessed 2 April 2024)

(2) Ongoing emergencies. United Nations High Commissioner for Refugees (https://www.unhcr.org/emergencies/ongoing-emergencies).

(3) Current responses [map]. United Nations Office for the Coordination of Humanitarian Affairs (https://www.unocha.org/).

(4) Ongoing health emergencies. World Health Organization (https://www.who.int/emergencies/situations).

Annex 1. Methodology

The current analysis was performed in January 2024 and the UNSDCFs were obtained from the UN Sustainable Development Group's website *(1)* or provided by WHO regional NCD directors and country representatives. Key terms were searched in the UNSDCFs. The key terms (Table 1) were obtained from Annex 3 of the Global NCD Action Plan *(2)*, the Global NCD monitoring framework *(3)*, Annex I of the Comprehensive Mental Health Action Plan 2013-2030 *(4)*, and the WHO mental disorders fact sheet *(5)*. The key terms were searched in English, French, Spanish and Portuguese depending on the language of the UNSDCF. A set of inclusion and exclusion criteria (Box 1) were developed to filter content that did not specify NCDs and/or mental health as part of the UNSDCF strategic priorities or as an outcome, output or indicator. The information was then extracted and the UNSDCF categorised as including or not including NCDs and/or mental health. The data was further consolidated by identifying similarities in content and grouped accordingly.

Additional information on the UNIATF methodology can be found in their latest UNSDCF analysis report *(6)*, and details on the general UNSDCF structure are available in the UN Sustainable Development Cooperation Framework Guidance *(7)*.

Table A1. Key terms searched for the inclusion of NCDs and mental health in UNSDCFs

NCD key terms	Mental health key terms
- Noncom. - Non-com. - NCD - Card. - CVD - Cancer - Heart attack - Stroke - Diabetes - Obes. - Overweight - Chronic - Respir. - Asthma - Alcohol - Sport - Physical - Diet - Salt	- Mental - Cognitive - Behaviour - Counselling - Therap. - Psych. - Neur. - Suicid. - Disorder - Depression - Anx. - Bipolar - Schizophrenia - Dementia - Autis. - Post-Traumatic Stress - PTSD - Eating Disorders - Anorexia

• Sodium • Glucose • Sugar • Tobacco • Smok. • Blood pressure • Hyperten. • Therapy • Medic. • Treatment • Risk factors	• Bulimia

Box A1. Exclusion criteria

NCD exclusion criteria
- Chronic diseases that are not NCDs.
- Indicators that measure morbidity but do not specify if the morbidity is due to an NCD.
- Indicators or activities related to health coverage or response in general and do not specify NCDs.
- Malnutrition that focuses on undernourishment or does not specify overweight and/or obese individuals.
- Emergency response activities that do not specify NCDs.
- Information on the burden of NCDs that does not specify any action or frames NCDs as a health priority.

Mental health exclusion criteria
- Social development programs that do not focus on/specify mental health.
- Substance use disorders.
- Indicators or activities related to individuals who suffered from physical, sexual and gender-based violence but do not specify if they receive mental health services.
- Emergency response activities that do not specify mental health.
- Information on the burden of mental health conditions that does not specify any action or frames mental health as a priority.

References

(1) Countries and Territories. UN Sustainable Development Group (https://unsdg.un.org/un-in-action/country-level?tab=countries-listing)

(2) Draft Updated Appendix 3 of the WHO Global NCD action plan 2013-2030. Geneva: World Health Organization; 2022 (https://cdn.who.int/media/docs/default-

source/ncds/mnd/2022_discussion_paper_final.pdf?sfvrsn=78343686_7, accessed 2 April 2024)

(3) NCD Global Monitoring Framework. Geneva: World Health Organization; 2011 (https://www.who.int/publications/i/item/ncd-surveillance-global-monitoring-framework, accessed 2 April 2024)

(4) Comprehensive mental health action plan 2013–2030. Geneva: World Health Organization; 2021(https://iris.who.int/handle/10665/345301, accessed 2 April 2024).

(5) WHO (2020). Mental disorders. Geneva: World Health Organization; (https://www.who.int/news-room/fact-sheets/detail/mental-disorders, accessed 2 April 2024)

(6) Integration of NCDs and mental health into UNSDCFs: Rollout year 2020/2021. Geneva: United Nations Interagency Task Force on the Prevention and Control of NCDs; 2023 (https://uniatf.who.int/publications/m/item/integration-of-non-communicable-diseases-and-mental-health-into-united-nations-sustainable-development-cooperation-frameworks-rollout-year-2020-2021, accessed 2 April 2024)

(7) United Nations Sustainable Development Cooperation Framework. United Nations Sustainable Development Group. 2019 (https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance, accessed 2 April 2024)

Annex 2. Countries and areas with an ongoing UNHCR, OCHA, and/or WHO emergency response

Country/area	UNSDCF implementation period	NCD included (Yes/No)	Mental Health included (Yes/No)	Link	UN entity
WHO African Region					
Burkina Faso	2023-2025	Yes	Yes	Link	OCHA/WHO
Burundi	2023-2027	No	No	Link	OCHA
Cameroon	2022-2026	No	Yes	Link	OCHA/WHO
Central African Republic	2023-2027	No	Yes	Link	OCHA
Chad	2024-2026	No	Yes	Link	OCHA/WHO
Democratic Republic of the Congo	2020-2024	No	Yes	Link	OCHA/UNHCR
Eritrea	2022-2026	Yes	No	Link	OCHA
Ethiopia	2020-2025	No	Yes	Link	OCHA/UNHCR/WHO
Kenya	2022-2026	Yes	Yes	Link	OCHA/UNHCR/WHO
Madagascar	2024-2028	No	Yes	Link	OCHA
Malawi	NA	NA	NA	Link	OCHA
Mali	2020-2024	No	No	Link	OCHA/WHO
Mozambique	2022-2026	No	Yes	Link	OCHA
Niger	2023-2027	Yes	Yes	Link	OCHA/WHO
Nigeria	2023-2027	Yes	Yes	Link	OCHA/WHO
South Sudan	2023-2025	No	Yes	Link	OCHA/WHO
Uganda	2021-2025	Yes	No	Link	WHO
WHO Americas Region					
Colombia	NA	NA	NA	NA	OCHA
El Salvador	2022-2026	No	Yes	Link	OCHA
Guatemala	2020-2025	Yes	Yes	Link	OCHA
Haiti	2023-2027	No	No	Link	OCHA
Honduras	2022-2026	Yes	Yes	Link	OCHA
Venezuela (Bolivarian Republic of)	2023-2026	Yes	Yes	Link	OCHA/UNHCR
WHO Eastern Mediterranean Region					
Afghanistan	2023-2025	No	Yes	Link	OCHA/UNHCR/WHO
Djibouti	2022-2024	No	No	Link	WHO
Iraq	2020-2024	No	No	Link	WHO
Lebanon	2023-2025	Yes	Yes	Link	OCHA
Pakistan	2023-2027	Yes	Yes	Link	OCHA
Somalia	2021-2025	Yes	No	Link	OCHA/UNHCR/WHO

occupied Palestinian territory, including east Jerusalem	2023-2025	No	Yes	Link	OCHA/WHO
Sudan	2018-2021 (extended 2024)	Yes	No	Link	OCHA/UNHCR /WHO
Syrian Arab Republic	2022-2024	No	Yes	Link	OCHA/UNHCR /WHO
Yemen	2022-2024	Yes	Yes	Link	OCHA/WHO
WHO European Region					
Israel	NA	NA	NA	NA	WHO
Türkiye	2021-2025	Yes	Yes	Link	OCHA
Ukraine	NA	NA	NA	NA	OCHA/UNHCR /WHO
WHO South-East Asia Region					
Bangladesh	2022-2026	Yes	Yes	Link	UNHCR
Myanmar	NA	NA	NA	NA	OCHA

Annex 3. Categories developed to define how the UNSDCFs contextualised NCDs and/or mental health to the crisis or emergency

Category	Example	Country/area
The item specifies that NCD and/or mental health should be considered into the humanitarian setting, crisis or emergency.	Output: National health structures [HE11] have the capacity to monitor and provide essential, high-quality care for the prevention and management of vaccine-preventable diseases, communicable and non-communicable diseases, in particular HIV, hepatitis, tuberculosis, COVID19, diabetes and hypertension, and psychological trauma, including in humanitarian emergency situations. (Burkina Faso UNSDCF, p.41)	Burkina Faso, Niger, Pakistan, Cameroon, Syrian Arab Republic, Yemen
The NCDs and/or mental health item is framed broadly to the crisis or emergency situation (e.g., indicator or activity linked to a strategic pillar, output or outcome that specifies crisis or emergency situation).	Indicator: Proportion of women and girls aged 15 and older who have lived with a partner, victims of physical, sexual, or emotional violence inflicted in the last 12 months by their current or former partner, by age and place of occurrence: - Physical violence - Sexual violence - Psychological violence Outcome: By 2026, disparities in key socio-economic indicators are reduced, reflecting greater gender equality and progress in the empowerment of young people, women, and girls, as well as other vulnerable groups, including in humanitarian contexts. (Cameroon UNSDCF, p.77)	Eritrea, Chad, Burkina Faso, South Sudan, Pakistan, Cameroon, Democratic Republic of the Congo
The NCDs and/or mental health item is linked to or is framed in the context of building a system that is resilient and absorbs shock.	Indicator: Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight) Outcome: By 2025, the proportion of vulnerable Somalis with scaled-up and sustained resilience against environmental	Niger, Afghanistan, Mozambique, Eritrea, Somalia, Bangladesh, Yemen, Syrian Arab Republic

	and conflict-related shocks is increased, based on better management of life cycle risk, food security, and better nutrition outcomes. (Somalia UNSDCF, p.13)	
The NCDs and/or mental health item is framed for migrants, refugee groups, and/or internally displaced people.	Specific employment and economic opportunities will be promoted for women victims of violence or forced displacement, and the economic, social, and psychosocial reintegration of returning women and migrants will be promoted through support groups, technical training, cash assistance, microenterprise training, and access to social services. (Honduras UNSDCF, p.54)	Türkiye, Guatemala, Lebanon, Honduras, El Salvador.
Other	Indicator: Mortality rate: attributed to cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Output: Enhanced systems and capacity of the national and County Governments, non-state institutions and communities to efficiently deliver inclusive, accessible and equitable health (including RMNCAH), HIV, WASH and Food and Nutrition services to women and girls, children and youth, particularly in the ASALs and in informal urban settlements. (Kenya UNSDCF, p.43)	Kenya, occupied Palestinian territory, including east Jerusalem, Honduras, South Sudan

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