

Defeat-NCD

- Key results:**
- Consolidation, scale up and sustainability of the Defeat-NCD Partnership
 - Number of Defeat-NCD programme partner countries that have developed costed NCD action plans with financing mobilised.
 - The extent of population coverage achieved in Defeat-NCD assisted community programmes, and the health gains made.
 - Trends in the costs, availability, and access to essential NCD drugs, diagnostics, and devices in countries utilising the Defeat-NCD Marketplace.
 - The number of public-private-people financing mechanisms that are developed, and the volume of additional resources for NCDs that are generated in Defeat-NCD partner countries.

Justification for support:

There is a growing international recognition of the devastating effects of non-communicable diseases (NCDs) and the need for substantial and joint efforts to tackle these. Both financially and programmatic the NCDs are complex and the diagnostic and treatment of NCDs require involvement of a wide range of stakeholders and mobilisation of significant financial resources. Defeat-NCD has been initiated to develop and offer practical solutions in close partnership with the partner countries.

Major risks and challenges:

- 1) Defeat-NCD not able to mobilise resources among donors, philanthropic funds and private sector to fulfil the budget and implement work plans within first two years
- 2) Limited capacity of Defeat-NCD as a newly established partnership.
- 3) Partner countries' procurement policies and cycles are not aligned, and the idea of pooled purchasing power does not necessarily have political backing
- 4) The ability of maintaining focus on NCDs in the case of outbreak of other diseases and/or communicable diseases

File No.	2018-1554					
Country	Global					
Responsible Unit	UPF					
Sector	Health policy and administrative management					
Partner	Defeat-NCD					
DKK mill.	2018	2019	2020	2021		Tot.
Commitment	20					20
Projected ann. disb.	10	10				20
Duration	2018-2021 (three year programme)					
Previous grants	n/a					
Finance Act code	§ 06.38.02.12					
Head of unit	Lotte Machon					
Desk officer	Lena Hothes					
Financial officer	Jesper Carlsen					

Relevant SDGs *[Maximum 5 – highlight with grey]*

 No Poverty	 No Hunger	 Good Health, Wellbeing	 Quality Education	 Gender Equality	 Clean Water, Sanitation
 Affordable Clean Energy	 Decent Jobs, Econ. Growth	 Industry, Innovation, Infrastructure	 Reduced Inequalities	 Sustainable Cities, Communities	 Responsible Consumption & Production
 Climate Action	 Life below Water	 Life on Land	 Peace & Justice, strong Inst.	 Partnerships for Goals	

Strategic objectives:

- Programme Objective:** 1) To reduce pre-mature mortality from non-communicable diseases (contribution to SDG 3.4)
2) To ensure universal health coverage for all people with NCDs (contribution to SDG 3.8)
- Outcomes**
- 1) Partner countries engage in NCD agenda and scale up sustained action;
 - 2) Financial resources mobilised, and affordable pricing ensured;
 - 3) Sustainable partnership and finance model for combatting NCDs.

Justification for choice of partner:

Defeat-NCD represents an innovative public-private partnership with a focus on engaging a wide range of stakeholders, attracting new types of financing and developing practical solutions for solving one of the great health challenges in the world. This is in line with the strong Danish focus on SDG 17 in the Danish Strategy for Development Cooperation and Humanitarian Assistance, the World 2030.

Summary:

Denmark will with its early contribution become one of the first partners in terms of supporting the establishment and consolidation of the Defeat-NCD Partnership. The activities of Defeat-NCD are structured along four tracks: Track 1: NCD National Capacity Building; Track 2: NCD Community Health Scale-up; Track 3: NCD Marketplace; Track 4: NCD Financing. Defeat-NCD will prioritise the 49 least-developed and low-income countries but also work in 43 lower-middle income countries.

Budget:

Core funding	20 DKK million
Total	20 DKK million

Table of contents

Abbreviations.....	iii
1. Introduction.....	1
2. Strategic considerations and justification.....	1
3. Presentation of the Defeat-NCD.....	6
4. Theory of change and key assumptions.....	7
5. Project Objective and summary of results frame.....	9
6. Budget.....	12
7. Institutional and Management arrangement.....	12
8. Financial Management, planning and reporting.....	14
9. Risk Management.....	14
Annex 1: Context Analysis.....	16
Annex 2: Partner.....	28
Annex 3: Result Framework for Danish support to the Defeat NCD Partnership.....	30
Annex 4 : Budget details.....	32
Annex 5: Risk Management Matrix.....	33
Annex 6: List of countries within the scope of Defeat-NCD.....	37

Abbreviations

DKK	Danish Kroner
DMFA	Danish Ministry of Foreign Affairs
GB	Governing Board
GDP	Gross Domestic Product
LIC	Low-Income Country
LMIC	Lower-Middle Income Country
NCD	Non-Communicable Diseases
SDG	Sustainable Development Goal(s)
SOP	Standard Operating Procedures (of UNOPS)
ToC	Theory of Change
UHC	Universal Health Coverage
UN	United Nations
UNGA	United Nations General Assembly
UNOPS	United Nations Office for Project Services
UPR	Universal Periodic Review
USD	United States Dollars
WHO	World Health Organisation

1. Introduction

The Danish Government has allocated DKK 20 million to support Defeat-NCD . The Defeat-NCD Partnership was established in January 2018 to help tackle one of the most significant global health problems of this age: premature death, sickness, disability, and the associated social and economic impacts of non-communicable diseases (NCDs).

Defeat-NCD is a public-private-people partnership that is hosted by the United Nations Office for Project Services. It is an open joint endeavour that includes partner country governments, multilateral agencies, civil society, academia, donor governments, philanthropic foundations, and the private sector. Defeat-NCD has been established as an innovative partnership to mobilise a wide range of stakeholders, unlock synergies and create value and as such, Defeat-NCD is closely aligned with the Danish Strategy for Development Cooperation and Humanitarian Assistance, “The World 2030”.

Defeat-NCD was officially launched on 24 September 2018 at the margins of the United Nations General Assembly (UNGA) in New York in a ceremony led by Ministers from Denmark and Tanzania as well as medical industries such as Novo Nordisk. The activities of Defeat-NCD are structured along four tracks: Track 1: NCD National Capacity Building; Track 2: NCD Community Health Scale-up; Track 3: NCD Marketplace; Track 4: NCD Financing. Danish funding to Defeat-NCD at this early stage is essential to support the establishment of Defeat-NCD, to catalyse the development of new innovative approaches to tackling NCDs and resources as well as to attract further funding.

2. Strategic considerations and justification

Non-Communicable Diseases

In 2011 a Political Declaration on NCDs was adopted at the High-level Meeting of the UN General Assembly (UNGA) on the Prevention and Control of Non-Communicable Diseases. In 2013, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs (2013-2020). Subsequently in 2015, the control and management of NCDs was included in the SDGs – in particular SDG targets 3.4 and 3.8 focus on relevant aspects hereof. The 2018 high-level meeting of the UNGA on the prevention and control of non-communicable diseases reaffirmed the political commitment to accelerate the implementation of the 2011 political declaration on the prevention and control of NCDs¹.

NCDs tend to be of life-long duration and result from a combination of behavioural, physiological, environmental, and genetic factors. Four major NCDs are responsible for almost 80% of premature NCD-related deaths: 1) Cancer, 2) Cardiovascular disease, 3) Chronic respiratory disease and 4) Diabetes.

Each year, 15 million people between the ages of 30 and 69 die prematurely from a NCD. More than 85% of these premature deaths occur in low- and middle-income countries. Poverty is closely linked with NCDs as vulnerable and socially disadvantaged people get sicker and die sooner than people in higher socioeconomic groups, essentially because they cannot access affordable diagnostics and healthcare.

¹ Resolution adopted by the General Assembly on 10 October 2018.

Developing a NCD in a low-resource country also increases the risk of falling into poverty. It is estimated that 100 million people are pushed below the poverty line annually due to the high cost of health services². The right to health is enshrined in the Universal Declaration of Human Rights and Defeat-NCD is in line with human rights based principles and approach to the challenges that people living with NCDs in poor countries face, with a focus on availability, accessibility, acceptability and quality of medicine, treatment and care as cornerstones in the programme.

The initial focus of Defeat-NCD is on diabetes and hypertension with a potential expansion to other NCDs in due course.

- **Diabetes:** Worldwide, diabetes is the 8th overall leading cause of death (5th for women) with 3.7 million deaths related to blood glucose levels, in 2012. It is projected to become the 7th biggest cause of death by 2030. In 2014, 422 million people had diabetes equating to an adult prevalence rate of 8.5%. This is expected to increase to 10% by 2035. 145 million adults in low-resource countries are estimated to have diabetes, 60% of whom are undiagnosed.
- **Hypertension:** More than a billion people around the world suffer from raised blood pressure, which accounts for 57 million disability-adjusted life years lost. 27% of adults in low-resources countries have hypertension and its prevalence continues to rise. In Africa, the adult prevalence of raised blood pressure is highest at over 40%.

In settings constrained by poverty, limited health infrastructure and human-resource capacity, and gender inequality, women are far less likely to access timely, adequate or affordable diagnosis and care. As a result, these diseases are often detected at a late stage, increasing the likelihood of disability and largely preventable, premature death.

Women in low- and lower-middle income countries (LIC and LMIC) often face a triple burden of poor health resulting from reproductive and maternal health conditions, communicable diseases, and NCDs. Maternal health conditions are an early determinant of risk for acquiring a NCD. Common risk factors for NCDs, like hypertension and hyperglycaemia, can lead to serious complications during pregnancy, threatening the health and lives of mothers and their babies, and increasing the risk of their children developing a NCD as they grow older. Similarly, under- or over nutrition in a mother during pregnancy can significantly increase the risk of her child developing cardiovascular disease or diabetes later in life.

The loss of women's labour is particularly critical as it can push vulnerable families deeper into poverty, particularly in rural areas. The impact of adult female mortality on household welfare is well established, including higher mortality amongst small children, food insecurity, children withdrawn from school, increased work burden on children and loss of assets³.

Diabetes and hypertension are especially important for young people as 2/3 of premature deaths in adults are associated with childhood conditions and behaviours. In terms of youth, the most important agendas

² Niessen LW, Mohan D, Akuoku JK, et al. Tackling socioeconomic inequalities and non-communicable diseases in low-income and middle-income countries under the Sustainable Development agenda. *The Lancet*. 2018

³ Non communicable diseases: A priority for Women's health and development, NCD Alliance, p.5

in relation to NCDs is therefore to focus on prevention and change of lifestyle. Prevention is not a focus area of Defeat-NCD as other organisations work intensively with these issues. It would be relevant for Defeat-NCD to coordinate (e.g. in terms of communication and choice of partners at country level) with organisations working with prevention.

Defeat-NCD has its main focus on building models for diagnostics and treatment. Health promotion and disease prevention are integrated elements of especially one of the working tracks of Defeat-NCD at community level, but larger national prevention initiatives will be less of a Defeat-NCD priority.

Justification

There is a growing international recognition of the devastating effects of the NCDs and the need for substantial and joint efforts to tackle these. However, the NCDs are complex and the diagnostic and treatment of NCDs requires the involvement of a wide range of stakeholders and significant resources.

The **relevance** of the Defeat-NCD partnership is high as it targets the large number of people in poorer countries that either die prematurely or are pushed below the poverty line due to NCDs. The critical contribution from Defeat-NCD is strengthening of the health systems and support to national governments in delivering on their obligations as duty bearers and put in place the frameworks and policies that increase access to essential health services. Defeat-NCD is contributing to the achievement of the SDGs where NCDs are highlighted as a specific priority in SDG 3.4. The engagement is relevant for the Danish Strategy “The World 2030” which for poor stable countries and transition and growth economies amongst other prioritise SDG 3 Good Health and Well-being, SDG 16 Strong Institutions and SDG 17 Partnerships. However, SDG 5 Gender Equality is not reflected sufficiently in the Defeat NCD documentation and as such SDG 5 is an area that will be a focus area for Denmark.

The Danish Strategy for Development Cooperation and Humanitarian Assistance ”The World 2030” favours “*innovative and courageous partnerships that are willing to take risks, where Danish assistance can increasingly catalyse the development of markets and attract knowledge and financing – partnerships oriented towards synergy, innovation and breaking new ground*” (p. 11). Defeat-NCD is exactly an example of a new type of partnership that is clearly focused on facilitating a move from overall declared intentions to become practicable about how to overcome the challenges related to NCDs and develop innovative approaches to attract more funding for the cause.

From an **efficiency** point of view, the ambition is to set up a lean secretariat, which can mobilise significant resources to address the NCD challenges. The Defeat-NCD secretariat will be located in Geneva, hosted by UNOPS and amongst other draw on local WHO offices, national chapters of the International Committee of the Red Cross (ICRC) and other relevant partners when working in and with partner countries. Denmark is aware that the administration costs related to establishing a partnership and a secretariat in this manner will be relatively high in the beginning. It is however expected that the cost-ratio will decrease over time as the efficiency increases together with economies of scale as the partnership engage in more countries.

Effectiveness: Defeat-NCD is setting an agenda by mobilising a wide range of stakeholders globally and nationally to engage in the NCD agenda. Through its members, the Defeat-NCD partnership will be able to coordinate and exchange experiences from other global and national initiatives also targeting NCDs. The ambition of Defeat-NCD is to build capacity and develop innovative solutions to mobilise finance and allow procurement of essential medicines and equipment to be simpler and more cost-effective.

Impact: At country level the impact of Defeat-NCD is to establish a national agenda and national action plans on NCD, which will be closely aligned to the SDG targets 3.4 and 3.8 – reduced premature deaths related to NCDs and universal health coverage for NCDs. The true impact in countries will depend on the success of engaging countries and the fundraising activities for the implementation in countries, including financing of NCD action plans.

The **sustainability** of the activities of Defeat-NCD is potentially high as the programme is supporting national strategies and health systems. If successful, the Marketplace will allow partner countries to consistently source essential medicine cheaper and more efficient. In terms of sustainability of Defeat-NCD as an initiative, it is expected to come from continuous inflow of contributions from different partners (countries, donor governments, private partners etc.) as well as the business cases entailed in the financing mechanisms and the Marketplace platform to be established. In the latest concept note that was shared with Denmark⁴, it was “*envisaged that donor government funds will help to leverage some four times greater funding from private sector and other sources. Alternative and innovative sources will also be examined, learning from examples such as the Global Vaccines Fund (GAVI), Global Fund against AIDS, TB and Malaria, and UNITAID*”⁵. It is undoubtedly very ambitious objectives that has been established in this respect, and the progress towards true sustainability should be carefully monitored.

The **additionality** of the Danish contribution is significant, as Defeat-NCD is still a very young partnership that is currently being established with limited resources. Denmark will with this contribution be one of the first partners and the Danish funds and involvement provide Defeat-NCD with essential financial resources and credibility to get started. Once the partnership is more matured and the innovative models have been tested and demonstrated, Defeat-NCD is expected to be able to attract and mobilise significant amounts of funding to the NCD agenda.

Key stakeholders

The key partner of this DMFA engagement will be Defeat-NCD. Defeat-NCD is not a legal entity in its own right, but takes the form of a partnership with a secretariat hosted by UNOPS. Defeat-NCD foresees to work with a wide range of stakeholders including:

- **Partner Countries:** The priority focus of the Defeat-NCD Partnership is on 49 least-developed and low-income countries as well as 43 lower-middle income countries. An overview of potential partner countries is attached in Annex 5.

⁴ 26 November, 2017 on which Denmark made its decision to join the partnership

⁵ P.10, section 55

The Defeat-NCD Partnership prioritises poorer countries as they bear the brunt of the enormous impact of NCDs with some 47% of premature deaths occurring in low and lower-middle income countries. Furthermore, when poor countries get more prosperous, the prevalence of NCD risk factors tend to increase. Seven pilot countries have been identified and activities initiated (as of November 2018) – Kenya, Rwanda, Tanzania, Zimbabwe, Myanmar, Tajikistan & Haiti.

Defeat-NCD only engages in a partner country with a clear agreement from the partner government. The typical point of entry would be the Ministry of Health where health sector policy work is anchored. The Ministry of Health is also relevant in terms of procurement of medicines and health sector supplies, which is typically handled and coordinated by a Medical Store Department type of organisation, typically under the Ministry of Health. The Ministry of Finance is also considered an important partner at country level, in order to ensure financial commitment to the action plans. Other line ministries could also be relevant.

- **Private enterprises:** Private enterprises including Novo Nordisk and Novartis have played an active role and have funded the establishment of Defeat-NCD. It is foreseen that other private sector enterprises will join Defeat-NCD and apart from Novo Nordisk and Novartis, commitments have already been made by e.g. Roche. The standard private partner contribution is USD 5 million.
- **Donor governments:** A number of potential donor governments are targeted by Defeat-NCD. To date Denmark has agreed to join, and furthermore Switzerland, Singapore, Japan, Australia, and also the EU are expected to contribute. Donor government standard contribution is USD 3 million.
- **UN Organisations – in particular WHO & UNOPS:** WHO is an important partner to Defeat-NCD for several reasons. As mentioned above, the SDG 3 related agenda is embedded with WHO as the lead global health agency for the United Nations system and as such, WHO is an important political player in the partnership. Defeat-NCD will ensure that services and solutions developed are in compliance with WHO defined standards. At country level, activities will, wherever relevant, be undertaken through/with national WHO offices that often have close working relationships with Ministries of Health. UNOPS is the host organisation of Defeat-NCD and is an important stakeholder for Denmark and for the partnership as such. Representatives from both WHO and UNOPS have ex-officio observer membership of the Board.
- **Civil Society organisations:** Relevant Civil Society Organisations are foreseen to become members of Defeat-NCD. Currently, Red Cross and the NCD Alliance have joined the partnership. Civil Society is an important partner, since they have both credibility and strong presence in the communities depending on the specific country's context. They are often main actors and first entry points for communities and rights holders when it comes to information, prevention and reaching 'the last mile' when it comes to social accountability measures.

3. Presentation of the Defeat-NCD

The Defeat-NCD Partnership addresses the most significant global health problem of the age: premature death, sickness, and disability from selected non-communicable diseases. The Defeat-NCD partnership will develop global solutions, but maintains a strong focus on the country level and aims to reduce the burden of NCDs in resource-poor countries by making it easier and more cost-effective for countries and the population to access a range of inter-connected, essential services and resources, by working through four complementary tracks:

Track 1: NCD National Capacity Building

The Defeat-NCD Partnership will support governments and national ministries of health in assessing gaps in their institutional capabilities and health systems to help establish or update national NCD action plans. Assistance includes epidemiological, economic and service delivery studies, training and technical advice, procurement and distribution capacity planning, developing domestic public-private partnerships, and support with organising domestic and international financing. National expertise, institutions and civil society will be prioritised in the development of plans to ensure an inclusive and participatory process.

The work under Track 1 is important for the involvement and engagement of the partner countries and ensuring that the work of Defeat-NCD is closely aligned to national strategies and objectives. Denmark will work to ensure that the activities of Defeat-NCD are well coordinated with other initiatives supporting the development of health sector strategies and policies.

Track 2: NCD Community Health Scale-up

Tackling the rising NCD epidemic requires close interlinkage between community-based and primary healthcare systems, and strong partnerships with private caregivers and civil society. Defeat-NCD will work with national governments and local partners to bring NCD services directly to more people. By scaling up community education and screening for risk factors, early disease management, and increasing the use of digital tools, Defeat-NCD aims to expand affordable access to treatment. Primary healthcare facilities will be equipped and supplied, and healthcare workers will be trained to identify those at risk and treat those with a NCD. The activities under this track at community level are closely linked to prevention efforts at community level and promotion of good health.

Defeat-NCD will also have a humanitarian crisis support function for people with NCDs who find themselves in crisis situations due to natural disaster or conflict. The approach of Defeat-NCD is to mainstream humanitarian interventions into the overall country NCD action plans. Several of the pilot partner countries (e.g. Kenya and Myanmar) face humanitarian challenges and the ambition is that Defeat-NCD will build up capacity and knowledge on how to tackle NCDs as part of humanitarian efforts. The response to NCDs in a humanitarian context is an important focus and driver of the participation of Red Cross and Red Crescent in the Defeat-NCD partnership.

Track 3: NCD Marketplace

The NCD Marketplace will be a mechanism to make the provision of essential medicines, diagnostics and equipment simpler and more cost-effective for low-resource countries. With market sizing and price tracking studies conducted in resource-poor countries, the Marketplace is structured to create a competitive environment serving the interests of both buyers and suppliers while bringing transparency to the process. Leveraging market dynamics, such as pooled purchasing power, the Marketplace – including its online procurement facility – seeks to achieve lower prices, improved quality control, standardisation and more effective supply chains. Financial returns from the Marketplace will be ploughed back into countries to assist them with building stronger national procurement and supply chain management capacities. For the Pharma industry it is relevant as it can create a more predictable market of a large scale and thereby lowering risks.

The Marketplace will be based on transparent competitive processes for procurement of medicine and supplies. The private sector partners in the Defeat-NCD partnership will bid on competitive terms and will under no circumstances be offered preferential treatment and contracts linked to their affiliation with Defeat-NCD. It will be a key Danida requirement that these principles are clear and solid systems are put in place to enforce these.

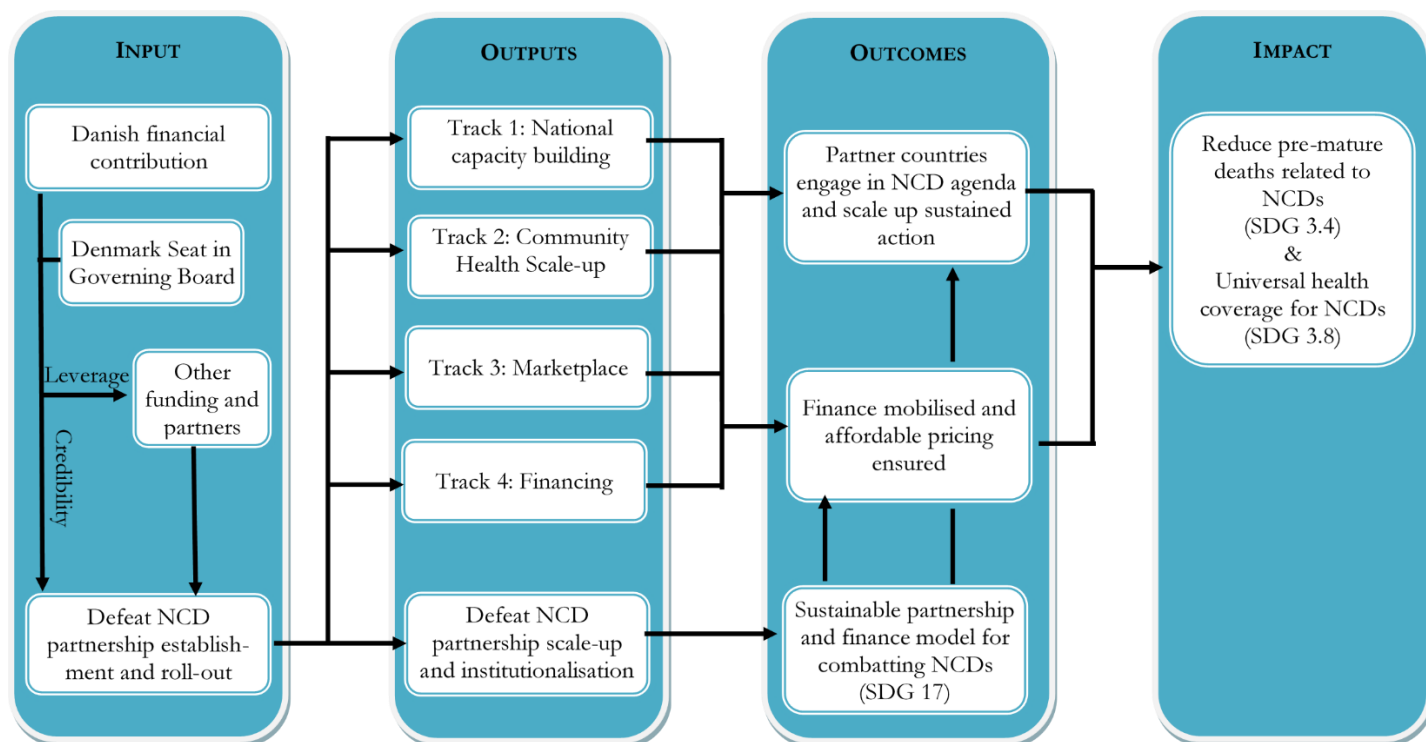
Track 4: NCD Financing

Health resources must be prioritised to address the growing NCD burden. Therefore, Defeat-NCD will work to advise countries in finding the fiscal space that will permit them to invest more in the prevention and management of NCDs from their own national and social welfare budgets. However, low-resource countries will still face significant financing gaps that need filling, which is why Defeat-NCD will establish a NCD Financing Facility to provide help through a mix of approaches. These will include financing schemes such as microfinancing and insurance, innovative commercial investing via public–private partnerships, social and philanthropic funding, and additional development assistance from multilateral and bilateral partners. It is envisaged that donor government funds will help leverage funding four times from private sector and other sources. It is a priority for Denmark, that Defeat-NCD will be able to prove its ‘business case’, and the entire sustainability of the initiative is closely linked to this.

4. Theory of change and key assumptions

The overall Theory of Change (ToC) behind the Defeat-NCD partnership is that if low-resource countries are to overcome the negative health impacts and the financial strain of an increasing number of citizens living with untreated NCDs, a joint effort is needed, which includes increased funding and working in partnership. Governments, multilateral agencies, civil society, academia, philanthropic foundations and the business sector need to join forces and come up with innovative ideas and new models for ensuring sustainable financing for prevention, treatment and care. The Defeat-NCD Partnership will work by mobilizing global and national knowledge, tools, capacities, and finances to benefit resource-poor countries. The ToC for the Danish contribution to Defeat-NCD is depicted in the figure below.

Theory of Change for the Danish engagement in the Defeat-NCD Partnership



Key assumptions

The ToC underpinning the concept of the actions, or tracks, contained in the activities of the Defeat-NCD secretariat is that **if** low-resource countries engage in national capacity building and receives assistance to formulate costed NCD actions plans, and **if** the countries scale up provision of NCD services at community level, and **if** a market place is established for affordable essential medicines, diagnostics and technologies, and **if** the countries are able to secure financing for and develop mechanisms to ensure universal health coverage, **then** the number of premature deaths related to untreated NCDs will decrease.

With Danish support to the Defeat-NCD partnership, Denmark hopes to both provide **credibility** to the partnership as such, as well as help **leverage** other funding for the partnership. In the ToC figure above, the four tracks of the Defeat-NCD partnership are reflected, as is an underlying ‘partnership’ track which focuses on establishing a sustainable Defeat-NCD.

Major assumptions on how change **from input to outputs** will occur:

- Financial core contribution from Denmark from the early outset of its initiation will help establish Defeat-NCD and ensure trust and credibility in the partnership and establish the secretariat and its governing structures.
- The financial contribution from Denmark and other early funders will help leverage financial contributions from other donor governments, private sector partners and philanthropic organisations.

- Denmark's seat in the governing Board of Defeat-NCD will help ensure strong leadership and steering of the partnership.
- With funding, credibility and a strong secretariat, Defeat-NCD will be able to initiate programmes along the four tracks in partner countries.

Major assumptions on how change **from outputs to outcomes** will occur:

- Partner countries prioritise defeating NCDs in their national policies and development plans, see the relevance of working in partnership with Defeat-NCD and are interested in committing resources to defeating NCDs.
- Partner countries are able to raise funding nationally (development partners, organisations, national budgets) for fulfilling the national action plans (staffing, education, medicine etc).
- Countries' procurement policies and systems allows for the NCD Marketplace to operate in parallel to regular public procurement.
- Additional financial resources can be raised from development partners, governments and philanthropic funds to contribute to the financing mechanism of Defeat-NCD at the global/partnership level, until sustainability is reached.
- Pharmaceutical companies see the potential in and are willing to engage more directly with the distributors in resource-poor countries keeping a low-cost policy.

Major assumptions on how change **from outcomes to impact** will:

- The partnership is able to establish a strong and clear business case in terms of insurance schemes, commercial bonds etc. in order to attract innovative financing to the further scale up of the financing for universal health coverage for the NCDs.
- People suffering from NCDs in low-resource countries are willing and able to spend money on medicine and other treatment.
- Governments maintain focus on NCDs (prevention, diagnostics, treatment and care) and build sustainable systems.
- Synergies with other initiatives focused on prevention materialise.

5. Project Objective and summary of results frame

The Theory of Change in previous section, the project objective and results frame as presented in this document is developed by DMFA based on documentation obtained from the Defeat-NCD secretariat. Defeat-NCD will also work more specifically with its own results framework during the initial period of engagement. The purpose of the results framework developed by DMFA, is for Denmark to track results of its funding to the initiative, but it should be revisited once the Defeat-NCD partnership has more firm indicators and M&E systems established in order to avoid an administrative burden to the secretariat where parallel monitoring systems are set up to comply with different donors' reporting requirements.

Objectives

NCDs threaten progress towards the 2030 Agenda for Sustainable Development due to the large number of pre-mature deaths in cases of insufficient treatment and care. The **vision** of Defeat-NCD is a world with universal health coverage for all people with NCDs. This vision has been translated into one part of the overall objectives of the Danish support to the Defeat-NCD partnership. At an even higher level, an objective of Defeat-NCD is to reduce pre-mature deaths from non-communicable diseases. These objectives are clearly aligned with SDG3 and specifically target 3.4 and target 3.8 (see box to the right).

Outcomes

The **mission** of Defeat-NCD is to enable and assist all low-resource countries to scale up sustained action on NCDs. This is a key outcome area of the Danish support to the Defeat-NCD partnership – that countries both engage in and scale up action on NCDs. Another outcome area of Defeat-NCD is to mobilise finance and ensure that affordable pricing is implemented at country level.

Denmark strongly believes that developing and strengthening partnerships is an essential part of the achievement of the Sustainable Development Goals by 2030. This goes for most of the challenges faced by the world today, and especially a financially burdensome and complex challenge such as combating NCDs. An underlying objective of the Danish contribution to the Defeat-NCD partnership therefore is to support the establishment of a new and innovative partnership with public, private and civil society stakeholders. This objective is fully aligned with SDG 17, which is a key priority area of Denmark as also expressed in “The World 2030”.

Outputs

The output level of the Defeat-NCD partnership follows the four tracks of the programme as outlined above. Track 1: The Defeat-NCD National Capacity Strengthening Facility, Track 2: The Defeat-NCD Community & Health Systems Scale-up Facility, Track 3: The Defeat-NCD Essential Supplies and Distribution Facility Support Facility, Track 4: The Defeat-NCD Financing Facility. As mentioned above, a fifth track of the results framework, which will be closely monitored by Denmark, is the scale up and sustainability of Defeat-NCD as such.

Indicators

Progress in the partnership will be measured through Defeat-NCD’s monitoring system. Status November 2018 is that this is not yet fully established and as such, the indicators presented below and in Annex 3 are preliminary and derived from Defeat-NCDs documentation. A ‘Danish perspective’ is

SDG 3: Ensure healthy lives and promote wellbeing for all at all ages
Selected targets:

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

SDG17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

imposed on output 1 by introducing an indicator, which measures on the number of poorest countries that receives assistance under Defeat-NCD. In its development programmes and partnerships Denmark has a strong focus on the poorest countries in the world. The indicators for output 5 (the ‘institutional partnership’ output) are also established by DMFA.

The remaining indicators, which follow Defeat-NCD’s documentation should be revisited after the secretariat has worked more in depth with its results framework and M&E system. For DMFA’s reporting purposes the following key outcome and output indicators have initially been selected to document progress:

Outcome A: Partner countries engage in NCD agenda and scale up sustained action

Outcome indicator: Number of countries fully signed up to all Defeat-NCD tracks

Outcome B: Finance mobilised, and affordable pricing ensured

Outcome indicator: Financing models established at country level in partner countries

Outcome C: Sustainable partnership and finance model for combatting NCDs (SDG 17)

Outcome indicator: Business case for institutionalisation of the Defeat-NCD partnership

Output 1: Track 1: The Defeat-NCD National Capacity Strengthening Facility

Output indicators: The numbers of Defeat-NCD programme partner countries that have developed costed action plans and the extent to which they have been financed.
Percentage of partner countries in the LIC group of countries

Output 2: Track 2: The Defeat-NCD Community & Health Systems Scale-up Facility

Output indicator: The extent of population coverage achieved in Defeat-NCD assisted community programmes, and the health gains made (to be further sharpened)

Output 3: Track 3: The Defeat-NCD Essential Supplies and Distribution Facility Support Facility

Output indicator: Trends in the costs, availability, and access to essential NCD drugs, diagnostics, and devices in countries utilising the Defeat-NCD Marketplace (to be further sharpened)

Output 4: Track 4: The Defeat-NCD Financing Facility

Output indicator: The numbers of public-private-people financing mechanisms that are developed, and the volume of additional resources for NCDs that are mobilised in Defeat-NCD partner countries.

Output 5: Scale up and sustainability of the Defeat-NCD Partnership

Output indicators: Number of partners in the Defeat-NCD partnership
Level of budget mobilised
Organisational set-up of Defeat-NCD

6. Budget

The standard contribution from national governments to Defeat-NCD is USD 3 million. Accordingly, the Danish contribution is DKK 20 million.

(mio DKK)	2018	2019	2020	2021	Total
Commitment	20				20
Disbursement	10	10			20

The Danish support to Defeat-NCD will run over three years from December 2018 to December 2021. Defeat-NCD budgets are dependent on contributions from partner countries. Despite commitment in the form of pledges, it is to be expected that it takes some time before funds are released. It is therefore foreseen to frontload the Danish contribution to Defeat-NCD and disburse funding during the first years of the three-year period.

The Danish contribution will be core funding to Defeat-NCD. It is foreseen to release the funds in two tranches. First tranche will be released once the agreement has been signed and the second tranche after the first year and subject to satisfactory progress.

As per November 2018, Defeat-NCD has pledges to finance the operation of Defeat-NCD Secretariat, amounting to USD 14 million including the Danish pledge. Contributing partners include countries as well as private sector companies. To date USD 3 million have been received. It is estimated that Defeat-NCD will need a minimum of USD 5 million annually for essential staffing, operating costs and seed funds to initiate activities.

On top of core funding the ambition is that Defeat-NCD up to 2021 will have mobilised USD 100 million to kick-start the NCD agenda – especially through tracks 3 and 4. As the activities are currently planned, it is not foreseen that all USD 100 million will go through the books of the Defeat-NCD secretariat since funding will be mobilised in partner countries and be part of the countries' fulfilment of their action plans.

7. Institutional and Management arrangement

The Defeat-NCD partnership is guided and overseen by a Governing Board. The day-to-day work is the responsibility of a Chief Executive Officer supported by a small secretariat based in Geneva and hosted by UNOPS.

Governing Board

The Governing Board (GB) decides on the Secretariat's policies and strategic directions, approves the resourcing framework for its annual and/ or multi-year work plans, monitors performance and progress, and provides accountability to financial contributors and other stakeholders.

The composition of the Governing Board reflects constituencies relevant to non-communicable diseases. These include donor governments/public sector, governments of programme countries, civil society,

groups representing people with NCDs, international agencies, philanthropies, research and academia, private business sector, and those with other specialist expertise deemed to be relevant and useful. Currently the GB consists of 23 members including three ex-officio members.

It has been agreed that the minimum size of the Governing Board is seven members and the maximum 28 members. The optimal size of the GB is seen as approx. 17 members. It is foreseen that a constituency-based system will be introduced as the Partnership develops with more and more partners coming on board to ensure that the GB remains optimally-sized but representative of its stakeholders.

The Governing Board will meet by teleconference approximately every four months or as frequently as its members decide. At least one GB meeting annually will be held face-to-face.

UNOPS administrative set-up

Defeat-NCD is a network and as such does not have a legal identity. Defeat-NCD is hosted by UNOPS. Hosting services is a part of UNOPS specialised support services, and currently UNOPS offers hosting services to a range of organisations⁶.

The functions of UNOPS as a provider of hosting services will include, but not be limited to: disbursing funds for the Defeat-NCD Partnership Secretariat personnel costs, financial resources allocated to projects, reporting on all financial and operational aspects of the Defeat-NCD Partnership Secretariat, ensuring fiduciary oversight of the implementation of projects in accordance with decisions of the Defeat-NCD Partnership Governing Board.

UNOPS will charge a 7% administration fee of the operational and administrative budget of Defeat-NCD (expenditures). The expectation is that prices will be renegotiated once the partnership progresses and volumes go up. On top of the 7% administration fee, Defeat-NCD estimate that additional 7% of the costs of the Secretariat will be administrative costs. This will bring the total administration percentage to 14%. This ratio is expected to decline assuming that Defeat-NCD succeeds in raising additional funding.

The Defeat-NCD Secretariat

It is expected that the Defeat-NCD secretariat will consist of 10-12 staff in the initial years. Subject to progress in initiating Defeat-NCD, the Governing Board has approved up to 35 staff in the current projections. The Secretariat is located in Geneva.

Anti-corruption

All private business sector members engaging with the Partnership in any role must subscribe to the ten principles of the *UN Global Compact* concerning respect for human rights, labour, environment, and anti-corruption.

Defeat-NCD is expected to facilitate a substantial level of procurement - especially under track 3. It is essential that these procurement processes live up to international standards. There is a risk that the

⁶ Examples include www.scalingupnutrition.org, www.stoptb.org, www.rollbackmalaria.org

Commercial partners of Defeat-NCD (e.g. pharmaceutical companies) may have an advantage when bidding for contracts at the Marketplace. The involvement of UNOPS is key to ensure clear separation of duties. DMFA will through its engagement in the governing board push for high ethical standards and adoption of a code of conduct to be signed by all participating partners.

8. Financial Management, planning and reporting

The Defeat-NCD financial management will be handled by UNOPS. UNOPS will have full fiduciary responsibility and accountability for the receipt, custody and disbursement of all contributions provided by donors under any contribution agreement entered into between UNOPS – on behalf of the Defeat-NCD Partnership Secretariat – and any donor for the funding of the Defeat-NCD Partnership Secretariat.

UNOPS and the Defeat-NCD Partnership Secretariat will establish tailor-made standard operating procedures (the “SOPs”) covering all the operational workflows of the Defeat-NCD Partnership Secretariat’s activities, necessary to implement the Defeat-NCD Partnership’s strategies and its related annual and/or multi-year work plans.

Defeat-NCD will be fully compliant to UNOPS regulatory framework.

Defeat-NCD will submit the following reports to the Governing Board of Defeat-NCD and donors:

- a) Annual results-based narrative progress report
- b) Annual certified financial statements in line with UNOPS procedures.
- c) Semi-annual budget

An evaluation of Defeat-NCD is foreseen for 2021. Denmark will consider if a joint review would be useful during 2019 or 2020 to get an external assessment on progress, and in order to consider Denmark’s future role in Defeat-NCD, subject to the UNOPS regulatory framework, including the UN single audit principle.

9. Risk Management

The risk matrix in annex 4 presents an analysis of the key Institutional, Programmatic and Contextual risks of the Defeat-NCD engagement.

A number of **contextual** risks have been identified mainly relating to the ability of maintaining focus on NCDs in the case of outbreak of other diseases and/or communicable diseases.

The main **programmatic** risk is related to the new financing models and as such the sustainability of the initiative. If Defeat-NCD does not succeed in attracting new finance to the cause at country level, it will not succeed in establishing a sustainable business case. In terms of the Marketplace, there is a risk in terms of whether Defeat-NCD succeeds in mobilising interest for these models and if they will be compatible to the partner countries’ procurement systems and cycles.

The most significant *institutional risk* of providing Danish support to Defeat-NCD, is that the Defeat-NCD partnership as a partnership is newly established and does not have any track record and the organisational systems, structures and procedures are still to be established/mature. A mitigating factor is the choice of UNOPS as host entity. UNOPS ensures a solid institutional basis on which the Defeat-NCD secretariat can be established.

The involvement of UNOPS also constitutes a risk mitigation in terms of one of the other key risks in the partnership, namely that some of the partners in Defeat-NCD (the pharmaceuticals) are inherently interested in selling their products to and through the mechanisms that Defeat-NCD establishes. It is therefore important that there is clear separation of powers and duties between the different layers in the partnership, i.e. between the secretariat, the Governing Board, the partners, the host organisation and whatever 'mechanisms' (e.g. the Marketplace) that is established during the implementation of the activities.

Annex 1: Context Analysis

1. Overall development challenges, opportunities and risks

Briefly summarise the key conclusions from the analyses consulted and their implications for the programme regarding each of the following points:

- **General development challenges including poverty, equality/inequality, national development plan/poverty reduction strategy, humanitarian assessment.**

Non-Communicable Diseases tend to be of life-long duration and result from a combination of behavioural, physiological, environmental, and genetic factors. Four major NCDs are responsible for almost 80% of NCD-related deaths: 1) Cancer, 2) Cardiovascular disease, 3) Chronic respiratory disease and 4) Diabetes.

Each year, 15 million people between the ages of 30 and 69 die prematurely from a NCD. More than 85% of these premature deaths occur in low- and middle-income countries. Poverty is closely linked with NCDs as vulnerable and socially disadvantaged people get sicker and die sooner than people in higher socioeconomic groups, essentially because they cannot access affordable diagnosis and healthcare. Developing a NCD in a low-resource country also increases the risk of falling into poverty. It is estimated that 100 million people are pushed below the poverty line annually due to the high cost of health services⁷.

During 2011–2025, the cumulative economic losses due to NCDs in low- and middle-income countries were estimated at US\$ 7 trillion. This sum far outweighs the estimated annual US\$ 11.2 billion cost of interventions to reduce the burden. Meanwhile, less than 2% of global development assistance for health goes to NCDs of which only a miniscule share is for diabetes and hypertension.

- *Diabetes:* Worldwide, diabetes is the 8th overall leading cause of death (5th in women) with 3.7 million deaths related to blood glucose levels, in 2012. It is projected to become the 7th biggest cause of death by 2030. In 2014, 422 million people had diabetes equating to an adult prevalence rate of 8.5%. This is expected to increase to 10% by 2035. 145 million adults in low-resource countries are estimated to have diabetes, 60% of whom are undiagnosed.
- *Hypertension:* More than a billion people around the world suffer from raised blood pressure which accounts for 57 million disability-adjusted life years lost. 27% of adults in low-resources countries have hypertension and its prevalence continues to rise. In Africa, the adult prevalence of raised blood pressure is highest at over 40%.

- **Development in key economic indicators: GDP, economic growth, employment, domestic resource mobilisation, etc.**

N/A – not country specific programme

- **Status and progress in relation to SDGs, in particular those that are special priorities for Denmark.**

⁷ Niessen LW, Mohan D, Akuoku JK, et al. Tackling socioeconomic inequalities and non-communicable diseases in low-income and middle-income countries under the Sustainable Development agenda. The Lancet. 2018

In 2011 a Political Declaration on NCDs was adopted at the High-level Meeting of the UN General Assembly on the Prevention and Control of Non-Communicable Diseases. In 2013, the World Health Assembly endorsed the WHO *Global Action Plan for the Prevention and Control of NCDs* (2013-2020). Nine voluntary targets were defined:

- Target 1: A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases
- Target 2: At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context
- Target 3: A 10% relative reduction in prevalence of insufficient physical activity
- Target 4: A 30% relative reduction in mean population intake of salt/sodium
- Target 5: A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
- Target 6: A 25% relative reduction in the prevalence of raised blood pressure or containing the prevalence of raised blood pressure, according to national circumstances
- Target 7: Halt the rise in diabetes and obesity
- Target 8: At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
- Target 9: An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

Subsequently in 2015, the control and management of NCDs was included in the 2030 Agenda for Sustainable Development – in particular SDG 3.4 and 3.8.

- SDG 3 seeks to ensure healthy lives and promote well-being for all at all ages.
- Target SDG 3.4 commits to reduce by one third premature mortality from non-communicable diseases through prevention and treatment, by 2030.
- Target SDG 3.8 aims for universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The Danish Strategy for Development Cooperation and Humanitarian Assistance ”The World 2030” favours “innovative and courageous partnerships that are willing to take risks, where Danish assistance can increasingly catalyse the development of markets and attract knowledge and financing – partnerships oriented towards synergy, innovation and breaking new ground”. Denmark pays particular attention to SDG17 – partnerships for the goals.

- **Political economy, including drivers of change (political, institutional, economic) (e.g. political will, CSO space, role of opposition, level of donor funding to government expenses, level of corruption, foreign investment, remittances, role of diaspora, youth, gender, discovery of natural resources or impact of climate change etc.)**

N/A – not country specific programme

List the key documentation and sources used for the analysis:

Concept Note Defeat-NCD Partnership (26 November 2017)

Defeat-NCD Programme note (4 March 2018)
Scaling up Action on NCDs (Defeat NCD Partnership Brochure)
The World 2030

Are additional studies / analytic work needed? How and when will it be done?

For each country Defeat-NCD will work in – contextual studies will be carried out/updated, also to be used as baseline for the Defeat-NCD engagement.

2. Fragility, conflict, migration and resilience

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

- Considerations regarding the humanitarian situation, migration, refugee and displacement issues, including the need to integrate humanitarian-development linkages and long term strategies;

People in crisis circumstances due to disasters and conflicts deserve particular attention. There are about a billion people worldwide who are marooned in chronic crises or going-into or recovering-from them. They include some 90 million people who are forcibly displaced within national boundaries or are refugees and stateless. Climate change and other environmental factors, as well as changing patterns of violence mean that crisis risk factors are on the increase.

As various types of risk factors collide, they potentiate each other and the consequent impacts are disproportionately greater for poorer populations. Crises from any cause inevitably result in the disruption of health and social protection systems. This is particularly serious for those with NCDs that require long-term therapy in an un-interrupted manner. Meanwhile, although traditional humanitarian relief providers prioritise immediately life-threatening conditions, they do not recognise NCDs as part of them, and do not generally provide NCD supplies and services. In addition, as the vast majority of forcibly displaced populations are hosted by resource-poor countries, the usual humanitarian relief models can create inequities and tensions between the equally poor host and hosted groups.

NCD provision during emergency humanitarian crises needs special rapid-response operational modalities in partnership with specialised humanitarian agencies. NCD provision for specific populations of humanitarian concern, once embarked upon, is a long-term obligation until durable solutions for the underlying causes of crises have been instituted.

- Situation with regards to peace and stability based on conflict analysis and fragility assessments highlighting key drivers of conflict and fragility, protection and resilience, organised transnational crime and illicit money flows and how conflict and fragility affect inclusive private sector development and women and youth

N/A – not country specific programme

- Identifying on-going stabilisation/development and resilience efforts and the potential for establishing partnerships and alliances with national, regional and other international partners in order to maximise effects of the engagements.

N/A – not country specific programme

- **Issues and concerns of relevance to Danish interest in the area of security and migration.**

N/A

- **Identify where Denmark has comparative advantages that may lead to more effective and efficient programming and better results including where Denmark may contribute with deployment of specific expertise and capacities.**

N/A

List the key documentation and sources used for the analysis:

Relevant references and guidance may include:

Are additional studies / analytic work needed? How and when will it be done?

For each country Defeat-NCD will work in – contextual studies will be carried out/updated, also to be used as baseline for the Defeat-NCD engagement.

3. Assessment of human rights situation (HRBA) and gender⁸

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

Human Right Standards (international, regional and national legislation)

- **Identify the level of achievement of key human rights standards for the context you are working in.**
- **Identify the most binding constraints on the intended target group in terms of human rights.**
- **Given the analysis of achievement of human right standards, establish what Denmark should prioritise in the proposed outcomes of the programme.**

The right to health is enshrined in the Universal Declaration of Human Rights “(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...”. In poor countries, the binding constraints for people living with NCDs are obvious as also mentioned above. Many people do not have adequate access to affordable medicine, treatment and care.

According to the WHO, a rights-based approach to health requires that health policy and programmes must prioritize the needs of those furthest behind first towards greater equity. This principle is reiterated in the 2030 Agenda for Sustainable Development.

⁸ The purpose of the analysis is to facilitate and strengthen the application of the Human Rights Based Approach, and integrate gender in Danish development cooperation. The analysis should identify the main human rights issues in respect of social and economic rights, cultural rights, and civil and political rights. Gender is an integral part of all three categories.

In terms of the approach of Defeat-NCD, the first step in each country of engagement will be to undertake an analysis of the state of affairs in terms of capacity needs, medicine pricing policies, demography of those affected by NCDs etc. It would be very relevant to ensure that this analysis applies human rights standards as a basic principles for the analysis, and that the following development of an action plan for the government ministries to live up to their responsibilities in terms of meeting the right to health of the population.

Universal Periodic Review

- **List recommendations from Council for Development Policy (UPR) relevant for the thematic programmes and from any treaty bodies, special procedures, INGOs, Human rights institutions etc. that require follow up by partners in the programme.**

N/A

Identify key rights holders in the programme

The key rights holders are the people in resource poor countries, who live with NCDs and who are in need of diagnostics, medicines, treatment and care at affordable prices.

Identify key duty bearers in the programme

Key duty bearers are the government ministries and health care facilities in the countries, who are responsible for ensuring that medicines and other necessary equipment related to prevention and treatment is available for its citizens.

Human Rights Principles

WHO has established the following core components of the right to health:

- Availability

Refers to the need for a sufficient quantity of functioning public health and health care facilities, goods and services, as well as programmes for all. Availability can be measured through the analysis of disaggregated data to different and multiple stratifiers including by age, sex, location and socio-economic status and qualitative surveys to understand coverage gaps and health workforce coverage

- Accessibility

Requires that health facilities, goods, and services must be accessible to everyone. Accessibility has four overlapping dimensions:

- non-discrimination
- physical accessibility
- economical accessibility (affordability)
- information accessibility.

Assessing accessibility may require analysis of barriers – physical financial or otherwise – that exist, and how they may affect the most vulnerable, and call for the establishment or application of clear norms and standards in both law and policy to address these barriers, as well as robust monitoring systems of health-related information and whether this information is reaching all populations.

- Acceptability

Relates to respect for medical ethics, culturally appropriate, and sensitivity to gender. Acceptability requires that health facilities, goods, services and programmes are people-centred and cater for the

specific needs of diverse population groups and in accordance with international standards of medical ethics for confidentiality and informed consent.

- **Quality**

Facilities, goods, and services must be scientifically and medically approved. Quality is a key component of Universal Health Coverage, and includes the experience as well as the perception of health care. Quality health services should be:

- Safe – avoiding injuries to people for whom the care is intended;
- Effective – providing evidence-based healthcare services to those who need them;
- People-centred – providing care that responds to individual preferences, needs and values;
- Timely – reducing waiting times and sometimes harmful delays.
- Equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- Integrated – providing care that makes available the full range of health services throughout the life course;
- Efficient – maximizing the benefit of available resources and avoiding waste

Defeat-NCD will work through and with the national WHO offices, who is expected to adhere to these principles. The four tracks of Defeat-NCD also builds on these principles, and the key objective of the programme is to ensure universal health coverage for people living with NCDs, including access to affordable medicine, ensuring that health clinics do not run out of stock, that capacity is build in various ministries and agencies etc.

Gender

- **Identify key challenges and opportunities for gender equality.**
- **Identify assessments on gender, such as CEDAW-reporting, SDG National Action Plans, UPR, and other relevant gender analysis.**
- **Identify opportunities/constraints for addressing gender equality issues.**
- **Describe key strategic interventions to promote gender equality within each thematic programme.**
- **Identify gender equality indicators aligned with national targets on gender, if possible.**

Women in LMICs often face a triple burden of poor health resulting from reproductive and maternal health conditions, communicable diseases, and NCDs. Maternal health conditions are an early determinant of risk for acquiring a NCD. Common risk factors for NCDs, like hypertension and hyperglycaemia, can lead to serious complications during pregnancy, threatening the health and lives of mothers and their babies, and increasing the risk of their children developing a NCD as they grow older. Similarly, under- or over nutrition of women during pregnancy can significantly increase the risk of the unborn child developing cardiovascular disease or diabetes later in life.

In settings constrained by poverty, limited health infrastructure and human-resource capacity, and gender inequality, women are far less likely to access timely, adequate or affordable diagnosis and care. As a result, these diseases are often detected at a late stage, increasing the likelihood of disability and largely preventable, premature death.

Exposure to common risk factors for NCDs – including physical inactivity, unhealthy diet, tobacco and harmful alcohol use, and both indoor and outdoor pollution – have dramatic consequences for women and children.

There is a need for a gender-based approach to NCD prevention and control, to ensure health programmes, policies, and systems are refined and strengthened to be gender-responsive. Defeat-NCD could play a key role in promoting a gender-based approach to NCDs.

Youth

- **Identify key challenges and opportunities for engagement of youth following the principle of programming not only for, but also with youth.**
- **Identify opportunities/constraints for addressing youth issues.**
- **Describe key strategic interventions to promote youth within each thematic programme.**
- **If interventions are programmed for the direct benefit of youth, identify relevant indicators and consider age-disaggregation.**

Diabetes and hypertension are especially important for young people as 2/3 of premature deaths in adults are associated with childhood conditions and behaviours. In terms of youth, the most important agendas in relation to NCDs is therefore to focus on prevention and change of lifestyle. Prevention is not a focus area of Defeat-NCD as other organisations work intensively with these issues. It would be relevant for Defeat-NCD to coordinate (e.g. in terms of communication and choice of partners at country level) with organisations working with prevention.

List the key documentation and sources used for the analysis:

Relevant references and guidance may include:

www.NCDAlliance.org
www.who.int

Are additional studies / analytic work needed? How and when will it be done?

For each country Defeat-NCD will work in – contextual studies will be carried out/updated, also to be used as baseline for the Defeat-NCD engagement.

4. Inclusive sustainable growth, climate change and environment

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

The analysis related to sustainable growth, climate change and environment is not relevant for the analysis of Defeat-NCD and the context in which it operates.

List the key documentation and sources used for the analysis:

ance may include:

N/A

If this initial assessment shows that further work will be needed during the formulation phase, please list how and when will it be done?

N/A

5. Capacity of public sector, public financial management and corruption

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

- Capacity of the public sector for policy making, enforcement and service delivery.
- Quality and capacity of PFM, including budget credibility, comprehensiveness and transparency as well as control and external scrutiny / audit in all phases of the budget process as well as participation of citizens / CSOs in monitoring public budgets and corruption;
- The corruption situation and relevant anti-corruption measures and reforms.

The four tracks of Defeat-NCD all work directly or indirectly with capacity of public sector partners and as such works to strengthen the national health and procurement systems, fiscal system, applying principles of anti-corruption.

Track one is concerned with capacity assessment of the relevant ministries and other institutions in each country including identification of capacity building needs, formulation of action plans etc. Track two is concerned with ensuring how health facilities can be strengthened to ensure that they do not experience stock-outs and also have the right capacity to work with NCDs. Track three is established in order to ensure that people get access to affordable medicine without having to suffer under corrupt practices or heavy mark-ups in the supply chain. Through this track, the public procurement systems in the countries and supply chains will also be strengthened via capacity building initiatives. In track four, there is a focus on helping countries finding the fiscal space that will permit them to invest more in the prevention and management of NCDs from their own national and social welfare budgets.

All in all, the capacity of the public sector is key to the Defeat-NCD programme, and is 'mainstreamed' in the programme.

List the key documentation and sources used for the analysis:

N/A

Are additional studies / analytic work needed? How and when will it be done?

For each country Defeat-NCD will work in – contextual studies will be carried out/updated, also to be used as baseline for the Defeat-NCD engagement.

6. Matching with Danish strengths and interests, engaging Danish actors, seeking synergy

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

Identify:

- where we have the most at stake – interests and values,
- where we can (have) influence through strategic use of positions of strength, expertise and experience, and
- where we see that Denmark can play a role through active partnerships for a common

- Denmark has a good track record working with market-driven partnerships which fits well with Defeat-NCD.
- Denmark is a trusted partner in the UN system and with WHO and Denmark can use its influence in these fora.

aim/agenda or see the need for Denmark to take lead in pushing an agenda forward.	
<ul style="list-style-type: none"> - Brief mapping of areas where there is potential for increased commercial engagement, trade relations and investment as well as involvement of Danish local and central authorities, civil society organisations and academia. 	<ul style="list-style-type: none"> - Novo Nordisk is the co-initiator of the Defeat-NCD initiative. Novo is world leading within diabetes medicine and have an interest in supplying medicine and diagnostics equipment to the Defeat-NCD marketplace. - World Diabetes Foundation is an independent Danish NGO with a mission to empower governments, civil society and other non-state actors who strive to deliver on global commitments through national and local action. As such, WDF could also be a relevant partner in the countries in which Defeat-NCD will engage. - The Danish NCD alliance (a cooperation between ‘Kræftens Bekæmpelse and ‘Diabetesforeningen’) could be a relevant Danish based civil society organization to engage with.
<ul style="list-style-type: none"> - Assessment of the donor landscape and coordination, and opportunities for Denmark to deliver results through partners including through multilaterals and EU; 	<ul style="list-style-type: none"> - The Defeat-NCD initiative is build up around the idea of the need for multi-stakeholder partnerships. Several other donors and multilateral organisation have already committed support to Defeat-NCD. At country level, Defeat-NCD will seek partnership with multilateral partners, NGOs, private sector entities etc.
<i>List the key documentation and sources used for the analysis:</i>	
<i>Are additional studies / analytic work needed? How and when will it be done?</i>	
N/A	

7. Stakeholder analysis

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

- **Who are the stakeholders that may be interested in or affected by the program, including donors?**

The key partner of this DMFA engagement will be Defeat-NCD. Defeat-NCD is not a legal entity in its own right, but is to be understood as a partnership of a wide range of stakeholders including donor governments/public sector, governments of programme countries, groups representing people with NCDs, international agencies, philanthropies, civil society, research and academia, private business sector.

- **Who are the key stakeholders and what are their main interests, capacity and contributions?**

Defeat-NCD foresees to work with a wide range of key stakeholders including 1) partner countries governments, private enterprises, Donors and UN agencies (WHO and UNOPS primarily).

- Partner Countries: The priority focus of the Defeat-NCD Partnership is on 49 least-developed and low-income countries with technical capacity building support also available to an additional 43 lower-middle income countries. An overview of potential partner countries is attached in Annex 5.

The Defeat-NCD Partnership prioritises poorer countries as they bear the brunt of the enormous impact of NCDs with some 47% of premature deaths occurring in low and lower-middle income countries. Furthermore, when poor countries get more prosperous, the prevalence of NCD risk factors tend to increase.

Seven pilot countries have been identified and activities initiated – Kenya, Rwanda, Tanzania, Zimbabwe, Myanmar, Tajikistan & Haiti.

- Private enterprises: Private enterprises including Novo Nordisk and Novartis have played an active role in the establishment of Defeat-NCD. It is foreseen that other private sector enterprises will join Defeat-NCD and commitments have already been made by e.g. Roche.
- Donors: A number of UN member countries are targeted by Defeat-NCD. To date Denmark has agreed to join Defeat-NCD and furthermore the EU has pledged funds.
- UN Organisations – in particular WHO & UNOPS: WHO is an important partner to Defeat-NCD for several reasons. As mentioned above, the SDG 3 related agenda is embedded with WHO as the lead global health agency for the United Nations system and as such, WHO is an important political player in the partnership. Defeat-NCD will ensure that services and solutions developed are in compliance with WHO defined standards. At country level, activities will, wherever relevant, be undertaken through/with national WHO offices that often have close working relationships with Ministries of Health. UNOPS is the host organisation of Defeat-NCD and is an important stakeholder for Denmark and for the partnership as such. Representatives from both WHO and UNOPS have ex-officio observer membership of the Board.
- Civil Society organisations: Relevant Civil Society Organisations are foreseen to become members of Defeat-NCD. Currently, Red Cross and the NCD Alliance have joined the partnership. Civil Society is an important partner, since they have both credibility and strong presence in the communities depending on the specific country's context. They are often main actors and first entry points for communities and rights holders when it comes to information, prevention and reaching 'the last mile' when it comes to social accountability measures.

- **How do the stakeholders (in this programme context) communicate, coordinate, and cooperate?**

The raison d'être of Defeat-NCD is to bring a wide range of stakeholders together to tackle the challenges of NCDs. As such, the activities foreseen will involve multiple stakeholders. Furthermore, the composition of the Defeat-NCD Governing Board is so that all key types of stakeholders will be represented.

- **Who is the lead stakeholder and is it a homogenous group or are there divisions within the group?**

The Defeat-NCD partnership consists of a wide range of partners working for a common goal. However, there are stakeholders that have particular interests as e.g. the private sector enterprises that have a particular interest in track 3.

- **How have key stakeholders been involved during the preparation and formulation process?**

The Governing Board has played a key role in the conceptualization and establishment of Defeat-NCD.

- **Which stakeholders are likely to support the programme and who, if any, are likely to hinder the program? (Who stands to gain and who stands to lose?)**

Defeat-NCD has received USD 250,000 each from Novo and Novartis for the early start up.

As per November 2018, Defeat-NCD has pledged to finance the operation of Defeat-NCD Secretariat, amounting to USD 14 million including the Danish pledge (Novo has pledged \$5m, DK Gov \$3m, EU Euro 3m, Roche \$3m). To date USD 3 million have been received.

It is estimated that Defeat-NCD will need USD 5 million annually in core funding to cover essential staffing, operating costs and seed funds to initiate activities. A number of countries are considering contributing to Defeat-NCD (Switzerland, Singapore, Japan and Australia).

On top of core funding the ambition is that Defeat-NCD will have mobilised USD 100 million to kick-start the NCD agenda – especially through tracks 3 and 4. For example, the company that has been selected to design and operate track 3 – The Marketplace – is mobilising its own resources from investors.

- **What are potential strategies (approaches, methods, etc.) for engaging key stakeholders?**

At the global level it is expected that key stakeholders will join the Defeat-NCD partnership. At a country level Defeat-NCD will work with key public and private sector stakeholders responsible for the NCD agenda – e.g. the Ministry of Health and leading NGOs operating in the health sector.

For the private sector, Defeat-NCD will offer approaches to reach out to poorer countries (e.g. the market-place) and hence, Defeat-NCD could potentially remain

- **Which stakeholders offer the best overall prospects in terms of possible partnerships and why?**

N/A

List the key documentation and sources used for the analysis:

Relevant references and guidance may include:

Are additional studies / analytic work needed? How and when will it be done?

Annex 2: Partner

1. Summary of stakeholder analysis

See Annex 1 – Stakeholder analysis

2. Criteria for selecting programme partners

Defeat-NCD represents an innovative partnership with a focus on attracting new types of financing for solving one of the great health challenges in the world. This is in line with the strong Danish focus on SDG17 in the Danish Strategy for Development Cooperation and Humanitarian Assistance, the World 2030.

3. Brief presentation of partners

Defeat-NCD is a public-private-people partnership that is anchored in the United Nations system but extends beyond. It is an open joint endeavour that includes governments, multilateral agencies, civil society, academia, philanthropic foundations, and the business sector. Defeat-NCD has been established as an innovative partnership to mobilise engagement of a wide range of stakeholders, unlock synergies and create value.

Defeat-NCD was launched on 24 September 2018 at the margins of the United Nations General Assembly (UNGA) in New York in a ceremony led by Ministers from Denmark and Tanzania.

4. Summary of key partner features

Partner name <i>What is the name of the partner?</i>	Core business <i>What is the main business, interest and goal of the partner?</i>	Importance <i>How important is the programme for the partner's activity-level (Low, medium high)?</i>	Influence <i>How much influence does the partner have over the programme (low, medium, high)?</i>	Contribution <i>What will be the partner's main contribution?</i>	Capacity <i>What are the main issues emerging from the assessment of the partner's capacity?</i>	Exit strategy <i>What is the strategy for exiting the partnership?</i>
Defeat-NCD	<p>Defeat-NCD is a partnership and not as such a legal entity in its own right.</p> <p>The Defeat-NCD secretariat seeks new partners for the partnership in order to get support and additional funding for implementing its programmes. Partners include private- and public sector partners.</p>	<p>High.</p> <p>The size of Denmark's contribution constitutes what Defeat-NCD considers 'the standard contribution'.</p> <p>However, Denmark is one of the first partners in the Defeat-NCD partnership, and the Danish contribution is expected to both bring credibility to the partnership as well as help leverage funding from other partners (public and private).</p>	<p>High</p> <p>The Danish contribution is core funding to Defeat-NCD. All activities are defined by Defeat-NCD.</p> <p>Denmark will be represented in the Governing Board and can as such influence the direction of Defeat-NCD.</p>	<p>Defeat-NCD will run a full secretariat (approx 12 staff) and be responsible for coordination and implementation of all activities in the four-track programme.</p>	<p>The partner is newly established and does not have any track-record. This is obviously a concern, and it will be important to continuously keep track of how and to which extent Defeat-NCD is able to institutionalize, fulfill its work plans and deliver the expected results.</p>	<p>One of the tracks on the Defeat-NCD partnership is concerned with establishing innovative and sustainable financing models for ensuring low-cost treatment and care for people living with NCDs. The aim is that three years after the Danish engagement has started, such models have been established and demonstrated to an extent where additional funding can be attracted from a wide range of donors and investors.</p>

Annex 3: Result Framework for Danish support to the Defeat NCD Partnership

Programme		Danish Support to the Defeat NCD Partnership	
Programme Objective		<ul style="list-style-type: none"> To reduce pre-mature mortality from non-communicable diseases (contribution to SDG 3.4) To ensure universal health coverage for all people with NCDs (contribution to SDG 3.8) 	
Impact Indicator		<ul style="list-style-type: none"> No of people living with NCDs with access to affordable health coverage Probability of dying between the ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease 	
Baseline	Year	2016	<ul style="list-style-type: none"> NCDs account for 71% of all deaths globally Baseline on UHC to be defined by Defeat NCD
Target	Year	2021	<i>Impact indicators will not be reported on in the three-year period</i>

Outcome A		Partner countries engage in NCD agenda and scale up sustained action	
Outcome indicator		Number of countries fully signed up to all Defeat NCD tracks	
Baseline	Year	2018	0
Target	Year	2021	<i>To be discussed</i>

Outcome B		Finance mobilised and affordable pricing ensured	
Outcome indicator		Financing models established at country level in partner countries	
Baseline	Year	2018	No plans developed
Target	Year	2021	<i>To be discussed</i>

Outcome C		Sustainable partnership and finance model for combatting NCDs (SDG 17)	
Outcome indicator		Business case for institutionalisation of the Defeat NCD partnership	
Baseline	Year	2018	No plans developed
Target	Year	2021	<i>To be discussed</i>

Output 1		Track 1: The Defeat-NCD National Capacity Strengthening Facility	
Output indicator		<ul style="list-style-type: none"> The numbers of Defeat-NCD programme partner countries that have developed costed action plans and the extent to which they have been financed. Percentage of partner countries in the LIC group of countries 	
Baseline	Year	2018	<ul style="list-style-type: none"> Pilot activities in seven (7) partner countries, action plans not yet developed and financed 3/7 pilot partner countries are LIC
Target	Year	2019	<ul style="list-style-type: none"> To be defined 33% of partner countries are in the LIC group
Target	Year	2020	<ul style="list-style-type: none"> To be defined 33% of partner countries are in the LIC group
Target	Year	2021	<ul style="list-style-type: none"> To be defined 33% of partner countries are in the LIC group
Output 2		Track 2: The Defeat-NCD Community & Health Systems Scale-up Facility	

Output indicator		The extent of population coverage achieved in Defeat-NCD assisted community programmes, and the health gains made (<i>to be further sharpened</i>)	
Baseline	Year	2018	To be defined
Target	Year	2019	To be defined
Target	Year	2020	To be defined
Target	Year	2021	To be defined
Output 3		Track 3: The Defeat-NCD Essential Supplies and Distribution Facility Support Facility	
Output indicator		Trends in the costs, availability, and access to essential NCD drugs, diagnostics, and devices in countries utilising the Defeat-NCD Marketplace (<i>to be further sharpened</i>)	
Baseline	Year	2018	To be defined
Target	Year	2019	To be defined
Target	Year	2020	To be defined
Target	Year	2021	To be defined
Output 4		Track 4: The Defeat-NCD Financing Facility	
Output indicator		The numbers of public-private-people financing mechanisms that are developed, and the volume of additional resources for NCDs that are generated in Defeat-NCD partner countries.	
Baseline	Year	2018	To be defined
Target	Year	2019	To be defined
Target	Year	2020	To be defined
Target	Year	2021	To be defined
Output 5		Consolidation, scale up and sustainability of the Defeat NCD Partnership	
Output indicator		<ul style="list-style-type: none"> • Number of partners in the Defeat NCD partnership • Level of budget mobilised • Organisational set-up of Defeat NCD 	
Baseline	Year	2018	<ul style="list-style-type: none"> • 2 private partners // 1 public partner • USD 500,000 • Secretariat established and running on a pilot basis
Target	Year	2019	<ul style="list-style-type: none"> • 6 public sector partners // 4 private sector partners • USD 25 million • Secretariat up and running – 12 staff // M&E framework established
Target	Year	2020	<ul style="list-style-type: none"> • 10 public sector partners // 6 private sector partners • USD 50 million • Secretariat up and running // strong financial management and organisational strength
Target	Year	2021	<ul style="list-style-type: none"> • 20 public sector partners // 12 private sector partners • USD 100 million • Secretariat up and running // strong financial management and organisational strength

Annex 4 : Budget details

The Danish support will be provided as core funding and is therefore not be allocated according to output level. The budget is based on pledged and provided funding and the should therefore be considered as tentative and with some reservation.

	Budget in US million Pledged	Commitment	Disbursement DKK mio.			
		2018 DKK mio.	2018	2019	2020	2021
Danish support	3,1	DKK 20,0	10,0	10,0		
Additional funding	11,1					
Programme	US mio.		US mio.	US mio.	US mio.	
Country level programming all four tracks	4,5		1,5	1,5	1,5	
Global programming (tracks 3 and 4)	1,5		0,5	0,5	0,5	
Personnel	4,2		1,4	1,4	1,4	
Operating expenses: includes office, travel, communications, governance- associated (annual F2F meetings)	3,0		1	1	1	
UNOPS direct and indirect management costs	1,0		0,3	0,3	0,3	
Total	14,2		4,7	4,7	4,7	

Annex 5: Risk Management Matrix

Contextual risks

Risk Factor	Likelihood	Impact	Risk response if applicable	Residual risk	Background to assessment
Other diseases and/or communicable diseases outbreaks 'compete' with NCDs at the global political scene and in priorities of funding.	Likely	Minor	Defeat NCD will be visible at major international events. E.g. WHO summits, World Economic Forum, UNGA etc. and keep NCDs high on the political agenda.	Defeat-NCD will become a globally known partnership and will be branded as an important cause, hence limiting the risk of losing funding due to shifting global agendas.	NCDs continue to have a major financial impact on all countries' health budgets. Combatting outbreaks of communicable diseases are also likely to attract other sources of funding, e.g. humanitarian assistance.
The Defeat-NCD partnership is not able to mobilise resources among donors, philanthropic funds and the private sector to fulfil the budget and implement the work plans	Likely	Major	Defeat-NCD will be visible at major international events. E.g. WHO summits, World Economic Forum, UNGA etc. Partners (public and private) who have already committed funding will use their leverage to attract more partners and financial commitments to the partnership.	If the full expected funding is not secured, activities will be downscaled or not be implemented in each country and/or fewer countries will be targeted	Interest has already been shown from and/or agreements have been made with the EU, Switzerland, Singapore, Japan, Australia, Novo Nordisk, Novartis, Roche, Pfizer.

Programmatic risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
The partnership is not able to mobilise interest and financial contribution for participation in partner countries, especially in the poorest countries, which are a priority for Denmark	Unlikely	Significant	Strategic discussions at government level. Besides working with ministries of health, also ministries of finance will be targeted.	Untreated NCDs have serious financial impact in low-resource countries, and it is expected that these countries will see the benefits in capacity building	Danida has a focus on the poorest countries in its development assistance, and there are obvious constraints on the resources, countries are able to commit to this cause.

			<p>The agenda will be pushed in WHO. Information campaigns and outreach in connection with major international events (WHO summits, WEF etc.).</p> <p>Danida and other donor countries will use their influence at the country level (bilateral programmes and diplomatic ties) to ensure commitment.</p>	and development of structured action plans.	Danida will apply diplomatic and programmatic leverage in its partner countries to ensure interest.
Defeat-NCD will not succeed in establishing a financial model for the initiative	Likely	Minor	<p>One track is specifically concerned with establishment of this model.</p> <p>Defeat-NCD will employ officers with specific qualifications related to innovative financing models. From the outset, Defeat-NCD will work establishing the long-term model</p>	If Defeat-NCD does not succeed in establishing a sustainable model, it will not impact on the activities already implemented, but the partnership will have failed in proving a new sustainable model for financing of a major global challenge.	It might be one of the greatest risks in the Defeat-NCD partnership, as it is tricky to merge the development and commercial agendas. The background for Denmark's commitment to the partnership however is to provide this type of risk willing capital for promoting innovative financing ideas for global challenges.
The capacity of WHO at country level is not strong enough to lift the tasks related to implementing Defeat-NCD activities at community level.	Likely	Major	In countries where the national WHO office has low capacity or does not exist, other relevant partners will be engaged, e.g. the Red Cross Society/Red Crescent Society.	Defeat-NCD will consider the capacity of the national WHO office as well as other actors before deciding on how to engage in each country.	The idea of working through WHO is to ensure that overlapping engagements are not set-up. It is however noted that in some countries the capacity of WHO is not very high.
Partner countries' procurement policies and cycles are not aligned and the idea of pooled	Likely	Major	The Marketplace will be developed with several solutions for both catering for single-country purchasing and	The risk is significantly reduced through the capacity building and through the dialogue.	The sensitivity of public procurement (competition, pricing policies, corruption etc)

purchasing power does not have political backing			pooled purchasing. Countries will receive support in how to overcome procurement-related challenges		might hinder cross-country cooperation.
Corruption in the procurement systems in the countries in which the Defeat NCD partnership is engaged will lead to high prices for the end-user	Likely	Minor	The establishment of the Marketplace will circumvent the national procurement system. Financial returns from the Marketplace will be reinvested in countries' procurement systems and supply chain management capacity.	The risk is significantly reduced by using the Defeat NCD Marketplace. The partner countries however need to buy-in to the idea of using a parallel system.	In terms of corruption, public procurement systems are in high risk category.

Institutional risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Defeat-NCD as an 'organisation' is not strong enough to deliver on its organisational targets	Unlikely	High	<p>UNOPS is the administrative host organisation, due to its substantial experience in managing similar initiatives.</p> <p>Active Danish engagement in governing Board. Close discussion with other participating partners to steer the process.</p> <p>Defeat NCD as an organisation will be built gradually over the three-year funding period.</p>	<p>The risk is substantially reduced partly because UNOPS has a robust and sound institutional-, operational-, management- and accountability framework</p> <p>Furthermore, part of the support from donors are directed at institutional capacity building of Defeat-NCD as an 'organisation'.</p>	Funding is allocated to a newly established network with limited track record.
Commercial partners of Defeat-NCD (e.g. pharmaceutical companies)	Unlikely	Significant	In order to ensure clear separation of duties, Danida will through its engagement in the governing	This risk has been considered from the outset of Defeat-NCD and all procedures that	Defeat NCD was established upon initiative by private companies who have an inherent

<p>will have an advantage when bidding for contracts at the Marketplace. (Risk of corruption)</p>			<p>board push for high ethical standards and adoption of a code of conduct to be signed by all participating partners.</p> <p>UNOPS as host organisation furthermore has high integrity policies.</p> <p>The Defeat-NCD Marketplace is tendered out to a third party and the participating partners, incl. pharmaceuticals, do not engage directly with this partner</p>	<p>are being build up around the procurement procedures are considering this.</p>	<p>interest in selling their products to the same buyers as the Defeat NCD is helping with capacity building and better purchasing powers for their own products.</p> <p>It would be detrimental to the credibility of Defeat-NCD if corruptive practices are not avoided.</p>
---------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Annex 6: List of countries within the scope of Defeat-NCD

Country	Least Developed Countries (LDC) as in 2017	Low-income countries (LIC) as for 2018	Lower middle income countries (LMIC)
Afghanistan	✓	✓	
Albania			✓
Angola	✓		✓
Armenia			✓
Bangladesh	✓		✓
Belize			✓
Benin	✓	✓	
Bhutan	✓		✓
Bolivia			✓
Burkina Faso	✓	✓	
Burundi	✓	✓	
Cambodia	✓		✓
Cameroon			✓
Cape Verde			✓
Central African Republic	✓	✓	
Chad	✓	✓	
Comoros	✓	✓	
Congo, Dem Republic of	✓	✓	
Congo, Rep			✓
Cote d'Ivoire			✓
Djibouti	✓		✓
Egypt	✓		✓
El Salvador			✓
Eritrea	✓	✓	
Ethiopia	✓	✓	
Fiji			✓
Gambia	✓	✓	
Georgia			✓
Ghana			✓
Guatemala			✓
Guinea	✓	✓	
Guinea-Bissau	✓	✓	
Guyana			✓
Haiti	✓	✓	
Honduras			✓
Indonesia			✓
India			✓
Iraq			✓

Jordan			✓
Kenya			✓
Kiribati	✓		✓
Korea DPR	✓	✓	
Kosovo			✓
Kyrgyz Republic			✓
Laos	✓		✓
Lesotho	✓		✓
Liberia	✓	✓	
Madagascar	✓	✓	
Malawi	✓	✓	
Mali	✓	✓	
Marshall Islands			✓
Micronesia, Fed States of			✓
Mauritania	✓		✓
Moldova			✓
Mongolia			✓
Morocco			✓
Mozambique	✓	✓	
Myanmar	✓		✓
Nepal	✓	✓	
Nicaragua			✓
Niger	✓	✓	
Nigeria			✓
Pakistan			✓
Papua New Guinea			✓
Paraguay			✓
Philippines			✓
Rwanda	✓	✓	
Samoa			✓
Sao Tome and Principle	✓		✓
Senegal	✓	✓	
Sierra Leone	✓	✓	
Solomon Islands	✓		✓
Somalia	✓	✓	
South Sudan	✓	✓	
Sri Lanka			✓
Sudan	✓		✓
Swaziland			✓
Syria			✓
Tajikistan			✓
Timor-Leste	✓		✓
Tanzania	✓		✓
Togo	✓	✓	
Tonga			✓

Tunisia			✓
Tuvalu	✓		(is actually Upper Middle Income)
Uganda	✓	✓	
Ukraine			✓
Uzbekistan			✓
Vanuatu	✓		✓
Vietnam			✓
Yemen	✓		✓
Zambia	✓		✓
Zimbabwe		✓	
93 LICs and MICs	49 LDCs <i>of which 30 are also low income countries</i>	30 LICs	63 LMICs <i>of which 43 are also LDCs</i>

Annex 9 - Quality Assurance checklist for appraisal of programmes and projects⁹

File number/F2 reference: 2018-1554

Programme/Project name: Defeat NCD Partnership

Programme/Project period: 2018-2021

Budget: DKK 20 mio.

Presentation of quality assurance process:

The design of the programme/project has been appraised by someone independent who has not been involved in the development of the programme/project.

Comments: The development of the project documentation report (including the required annexes) have been contracted to an independent consultant. The project has been exempted from external appraisal according to the guidelines for programmes and projects as the project will follow the quality assurance procedures of the host agency, UNOPS. The development of the project has been subject to an internal quality assessment working group with participation of KFU.

The recommendations of the quality assessment has been reflected upon in the final design of the programme/project.

Comments: All recommendations from the working group has been adopted in the final project documentation.

The programme/project complies with Danida policies and Aid Management Guidelines.

Comments: The project is developed in line with Danida policies and Aid Management Guidelines.

The programme/project addresses relevant challenges and provides adequate responses.

Comments: The project will support not only efforts to prevent, control and manage non-communicable diseases, but also providing support to an innovative public-private partnership structure with the aim of attracting new forms of financing and addressing a complex disease challenge in a different way.

Issues related to HRBA/Gender, Green Growth and Environment have been addressed sufficiently.

⁹ This Quality Assurance Checklist should be used by the responsible MFA unit to document the quality assurance process of appropriations where TQS is not involved. The checklist does not replace an appraisal, but aims to help the responsible MFA unit ensure that key questions regarding the quality of the programme/project are asked and that the answers to these questions are properly documented and communicated to the approving authority.

Comments: Issues relating to green growth and environment have not been considered relevant for this project and have therefore not been considered.

- ❑ Comments from the Danida Programme Committee have been addressed (if applicable).

Comments: N/A

- ☑ The project outcome are found to be sustainable and is in line with the partner's development policies and strategies. Implementation modalities are well described and justified.

Comments: Under the assumption that if the business case holds, the project outcome will be sustainable. There are four tracks in the project, but since the partnership is in establishment mode and actual implementation has not yet begun, the modalities are not yet finalised. Denmark is part of the Governing Board where the 'what' will be decided upon as well as UNOPS' standard operating procedures within e.g. procurement will be followed for the 'how'.

- ☑ The results framework, indicators and monitoring framework of the programme/project provide an adequate basis for monitoring results and outcome.

Comments: As this is an entirely new partnership, the monitoring and results framework have still not been adequately developed. The development of the results and monitoring framework will be revisited in 2019 and disbursement be subject to progress. Denmark is on the Governing Board and will have influence on the final decisions.

- ☑ The programme/project is found sound budget-wise.

Comments: The administration costs are high. However, as this is a new partnership with a financing gap and as the partnership is hosted by UNOPS – also requiring administration costs- the higher administration costs are considered reasonable, but is expected to decline over the coming years.

- ☑ The programme/project is found realistic in its time-schedule.

Comments: It is ambitious and the time-line should be adjusted when the partnership is fully established. Furthermore, there are some uncertainties as to the expected attraction of additional funding that could extend time-lines.

- ☑ Other donors involved in the same programme/project have been consulted, and possible harmonised common procedures for funding and monitoring have been explored.

Comments: There is so far a few donors involved but there has been close contact to other partners/donors, such as Novo Nordisk and with EU as an incoming donor, which has many of the same objectives and reservations regarding the project. Continued donor harmonisation will be continuously pursued. Denmark is on the Governing Board with other donors and can thereby keep coordinated with other donor-, recipient- and partners.

- ☑ Key programme/project stakeholders have been identified, the choice of partner has been justified and criteria for selection have been documented.

Comments: Key project stakeholders have been identified, but the work is ongoing as the partnership unfolds.

The executing partner is found to have the capacity to properly manage, implement and report on the funds for the project and lines of management responsibility are clear.

Comments: UNOPS is the host agency and is responsible for e.g. grant management, procurement, financial management, audit services, IT services, and general administration according to UN rules and regulations. However, as the partnership with Defeat NCD is new, this will entail additional risks compared to an existing and proven partnership. It is considered that the opportunities of early involvement and the purpose and possible impact of the partnership outweighs the risks.

Risks involved have been considered and risk management integrated in the programme/project document.

Comments: Various risks have been considered and are included in the risk matrix. Through participation in the Governing Board and in collaboration with other partners, Denmark will keep track on possible risks and mitigate in due time.

In conclusion, the programme/project can be recommended for approval: yes

Date and signature of desk officer: _____ 11-12-2018 _____ Lena Hothes _____

Date and signature of management: _____