




















































Strategic Sector Cooperation (SSC) Health, Mexico phase II

<p>Key results: The overall objective is to strengthen primary health care, including prevention and treatment, by improving access to effective and safe medicines in Mexico.</p> <p>The cooperation will focus on the following two tracks/outcomes: Outcome A: To strengthen the primary health care sector in regards to diabetes, maternal health and mental health; Outcome B: To strengthen regulatory processes relating to pharmaceuticals at national level.</p> <p>Justification for support: More than 35 mill. Mexicans do not have access to health services. Central challenges in the Mexican health system are:</p> <ul style="list-style-type: none"> - A shift in disease burden from infectious diseases to NCD, which double the costs of treatment; - Growing burden of mental health; - A fragmented health care system; - Insufficient quality of care in maternal health; and - Inequality in access to quality health services and medicines. <p>These challenges affect all Mexicans, but it places a special burden on the poorest and those with limited health service access.</p> <p>Major risks and challenges: COVID-19 has caused delay during phase I and might have influence on the implementation of phase II, as the pandemic is still a global challenge.</p> <p>Upcoming election in Mexico at national level (in 2024) might change Mexican government priorities for the health sector. In case of changes, it will be discussed at steering group level and needed activity adjustments will be decided.</p> <p>Cooperation between federal and state level must be taken into account respecting the autonomous status of each Mexican state.</p>	File No.	2017-39190																					
	Country	Mexico																					
	Responsible Unit	GDK																					
	Sector	Health																					
	Partner	Ministry of Health and Interior																					
		<i>DKK million</i>	2023	2024	2025	Total																	
	Commitment																						
	Projected disbursement	1.887.700	2.323.720	2.209.833	6.421.253																		
	Duration	3 years																					
	Previous grants	6.081.864 DKK																					
	Finance Act code	06.38.02.14																					
	Head of unit	Karin Poulsen																					
	Desk officer	Charlotte Laursen																					
	Reviewed by CFO	YES: Katja Staun Thøgersen																					
Relevant SDGs <i>[Maximum 1 – highlight with grey]</i>																							
<table border="1"> <tr> <td> No Poverty</td> <td> No Hunger</td> <td> Good Health, Wellbeing</td> <td> Quality Education</td> <td> Gender Equality</td> <td> Clean Water, Sanitation</td> </tr> <tr> <td> Affordable Clean Energy</td> <td> Decent Jobs, Econ. Growth</td> <td> Industry, Innovation, Infrastructure</td> <td> Reduced Inequalities</td> <td> Sustainable Cities, Communities</td> <td> Responsible Consumption & Production</td> </tr> <tr> <td> Climate Action</td> <td> Life below Water</td> <td> Life on Land</td> <td> Peace & Justice, strong Inst.</td> <td> Partnerships for Goals</td> <td></td> </tr> </table>						 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	
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Objectives

To strengthen primary health care, including prevention and treatment, by improving access to effective and safe medicines in Mexico

Environment and climate targeting - Principal objective (100%); Significant objective (50%)

	Climate adaptation	Climate mitigation	Biodiversity	Other green/environment
Indicate 0, 50% or 100%	0	0	0	0
Total green budget (DKK)	N/A	N/A	N/A	N/A

Justification for choice of partner:

The Danish Ministry of the Interior and Health will implement the project in close cooperation with Danish health agencies based on their experience and technical competencies.

Summary:

Based on the results of the first phase of the SSC project, this second phase will focus on two tracks. Outcome A (to strengthen primary health care sector in regards to diabetes, maternal health and mental health) will continue the cooperation started earlier, while outcome B (strengthen regulatory processes relating to pharmaceuticals at national level) has been added in this second phase of SSC.

Budget (engagement as defined in FMI):

Personnel – Danish authority	4.962.153 DKK
Reimbursable cost for Danish authority staff	1.184.100 DKK
Consultancies	50.000 DKK
Un-allocated funds	225.000 DKK
Total	6.421.253 DKK

Appendix
**Project Document for Strategic Sector Co-
operation in health between**
Denmark and Mexico

General information	MFA File no. 2017-39190
Project Title	Strategic Sector Cooperation (SSC) between Denmark and Mexico on strengthening healthcare in Mexico – Phase two.
Partner Country	Mexico
Project duration	Three years from the date of signature.
Total budget (DKK)	6,500,000 DKK
Thematic focus	Strengthening primary healthcare
Partner Public Authority Contact person and contact details	<p>Secretariat of Health in Mexico (The Secretariat) Ricardo Cortes Alcalá Mail: ricardo.cortes@salud.gob.mx Phone: +52 1 55 50 62 16 00, ext. 53384</p> <p>Martha Leticia Caballero Abraham Mail: martha.caballero@salud.gob.mx Phone: +52 1 55 50 62 16 00, ext. 52607</p> <p>Federal Commission for Protection against Health Risks (COFEPRIS) Alejandro Svarch Pérez Mail: asvarch@cofepris.gob.mx Phone: +52 1 55 50 80 52 00</p>
Responsible Danish Public Authority Contact person and contact data	<p>Danish Ministry of Health (DMoH) Sascha Maria Noomi Löwenstein Mail: smnl@sum.dk Phone: +45 2323 9866</p> <p>Danish Medicines Agency (DKMA) Pernille Rahbek Mail: pnra@dkma.dk Phone: +45 2057 5650</p> <p>Danish Health Authority (DHA) Agnes Brunak Mail: agbr@sst.dk Phone: +45 2143 3872</p>
Danish Embassy Head of Representation	Kim Højlund Christensen, Danish Ambassador to Mexico Mail: kihoch@um.dk Phone: +52 (1)?

Sector Counsellor	<p>Anne Mette Vega Brondbjerg, Sector Counsellor Mail: anmbro@um.dk Phone: +52 55 4341 2768</p>
Summary of background analysis and key strategic choices	<p>The framework conditions:</p> <p>Mexico is a federation of 32 states with 2,438 municipalities and has a population of approximately 130 million inhabitants. It is the second largest country by population in Latin America and the 11th most populous country in the world.</p> <p>Mexico has a fragmented healthcare system, which consists of both public and private schemes. The public system consists of three main institutions: 1) The Mexican Institute of Social Security (IMSS) provides coverage for private-sector employees and families. 2) The Institute of Social Security and Services of State workers (ISSSTE) provides service for public-sector employees and families and, 3) the Secretary of Health (SSA) at federal level (corresponding to the State Health Services (SESA) at state level) providing health services for people without social security.</p> <p>Furthermore, there are federal programs such as IMSS-Wellbeing Program and Health Institute for Wellbeing (INSABI) that provide health coverage for people without social security. INSABI was established in January 2020 as part of a health sector reform. INSABI aims to provide free health services and medicines for the people living without access to social security¹. In 2020, around 35.7 million Mexicans (28.2%) did not have access to health services².</p> <p>Central challenges in the Mexican health system are:</p> <ul style="list-style-type: none"> a) a shift in disease burden from infectious diseases to Non-Communicable Diseases (NCDs), which doubles the costs of treatment; b) the growing burden of mental disorders; c) a fragmented healthcare system; d) quality of care in maternal health; and e) inequality in access to quality health services and medicines. <p>These challenges affect all Mexicans, but it especially places a burden on the poorest and those with limited access to health services.</p> <p>The current government in Mexico has initiated a National Development Plan (2019-2024). The plan emphasises development of the health sector in order to: <i>Promote and guarantee effective, universal and free access of the population to health services, social assistance and medicines, under the principles of social participation, technical competencies, medical quality, cultural relevance and non-discriminatory treatment</i>³.</p> <p>Health system responsibilities in Mexico and main partners:</p> <p>The main partner in the current SSC is The Secretariat of Health of Mexico (The Secretariat), which is responsible for national health policy and administration, as well as national guidelines for health provisions. More specifically, the International Department of the Secretariat of Health is the anchor of the SSC in Mexico, coordinating the collaboration with other Mexican authorities and stakeholders. The International Department has been the main partner since phase 1 of the SSC and</p>

¹ <https://www.gob.mx/insabi/prensa/001-insabi-comienzo-la-recuperacion-del-sentido-publico-del-sector-salud-juan-ferrer-230885>

² [Nota tecnica sobre la carencia por acceso a los servicios de salud 2018 2020.pdf \(coneval.org.mx\)](#)

³ <http://www.ordenjuridico.gob.mx/Documentos/Federal/wo122731.pdf>

very strong ties have been established with the department. There has been a continuity in key staff members in this particular department that have good knowledge of the scope and objectives of the SSC, Danish competences, strongholds and Danish authorities and experts. Furthermore, the International Department have demonstrated commitment to develop the collaboration and find new ways of collaborating through changing conditions e.g. by adapting activities to virtual meetings and webinars during the covid-19 pandemic.

Based on recommendations from the International Department, the two Mexican federal health authorities INSABI and COFEPRIS will be central partners in the second phase of the collaboration.

INSABI has been recommended due to its important role in supporting the Mexican governments' efforts in ensuring universal access to healthcare by strengthening the primary healthcare⁴⁵ INSABI will play an important role in providing health care services to the Mexican population without access to health services. Therefore, INSABI will be a central partner in Outcome A of the collaboration, which seeks to contribute to the strengthening of primary healthcare.

COFEPRIS is the Mexican food and drugs agency. In phase 2 of the SSC, a new focus area was added, which seeks to strengthen regulatory processes and procedures in relation to medicines and medicinal devices at national level. Therefore, a collaboration between the Danish Medicines Agency and its Mexican counterpart COFEPRIS has been established.

Furthermore, the main partners in the Mexican Secretariat of Health has recommended that the SSC focus on a pilot state. In Mexico, there is a practice of applying health policies or new initiative in one or a couple of states in order to gain best practices to be rolled out in other states. For example, in the gradual implementation of the Mexican Government's National Development Plan 2019-2024 priority has been given to eight Mexican states: Chiapas, Guerrero, Oaxaca, Quintana Roo, Tabasco, Veracruz and Yucatán. The Mexican Government's reason for choosing these eight states is that challenges with infectious diseases as well as non-communicable diseases tend to be more acute in the states of the southeastern part of Mexico.

Therefore, the Mexican Secretariat of Health has suggested that the SSC take place in one of these states. In that way, the SSC will reflect the Mexican Government's priorities. Outcome A of the SSC, which aims to strengthen primary health care, will therefore initially focus on a pilot state. The Secretariat will suggest the state to be included and final decision will be made by the steering committee.

Key results and lessons learned during Phase 1:

Phase 1 focused on strengthening healthcare in Mexico with an emphasis on referral mechanisms, digital communication, and the use of data equipment and telemedicine. Throughout Phase 1 of the SSC project, the DMOH and the Danish Embassy in Mexico built strong relationships with the Mexican Secretariat of Health and key stakeholders in the Mexican health sector.

The main results from Phase 1 are:

- The SSC has contributed to implementation of new methodologies to applying health data in the implementation of clinical guidelines in Mexico.
- Visualising the pathological picture of Mexico in the form of maps of the disease burden both within and between different states in Mexico. This

⁴ http://dof.gob.mx/nota_detalle.php?codigo=5580430&fecha=29/11/2019

⁵ <https://www.gob.mx/insabi/articulos/instituto-de-salud-para-el-bienestar-230778>

work has led to the use of such maps as a management tool to understand where to concentrate different health initiatives.

- Technical assistance to formulate and implement the use of new national indicators for diabetes in the primary healthcare sector in Mexico based on experience from the eight national goals in healthcare in Denmark.
- Development of national recommendations on the use of telemedicine. The recommendations have been used in the development of telemedicine models, the improvement of feasibility assessment tools and the implementation of telepsychiatry programs such as the one developed by the Secretariat of Health in the state of Durango.
- The adaptation of an evaluation model for effective use of telemedicine (MAST) in a Mexican context.

The process of defining the scope of the second phase of the SSC was delayed primarily due to the COVID-19 pandemic, which started in February 2020 in Denmark and in Mexico. Mexico is among the countries in the world that has been most severely affected by COVID-19. Although the pandemic did not change the Mexican Government's priorities and plans for the health sector, the pandemic did affect the SSC. All planned delegation visits to Mexico were cancelled, it was not possible to conduct physical meetings with the Mexican partners since February 2020. Furthermore, the sector counsellor was sent back to Denmark from March to October 2020 and had had to work there.

Initially, the state of Tabasco was chosen by the Mexican Secretariat of Health to be a pilot state in the collaboration. However, in 2020 the dialogue was disrupted due to the pandemic. Ultimately the local Secretariat of Health in Tabasco announced that they did not have the capacity to participate in the work due to the pandemic but also due to a major flooding disaster in the state.

In March 2021, the Mexican Secretariat of Health proposed the inclusion of a new partner, INSABI. It was suggested that the SSC contributes to INSABI's efforts to strengthen the primary healthcare in a specific state. The state of Oaxaca was mentioned in the meeting, but is still to be confirmed by the Mexican partners and the local Secretariat of Health in Oaxaca following the agreement of the phase-2 documents.

Key strategic choices in the project design of Phase 2

Building on the experiences from the previous phase, Phase 2 will have two new focus areas. The first is primary healthcare, continuing the work of Phase 1, with a special focus on diabetes, mental health, and maternal health. The Mexican Government has highlighted these areas as central challenges needing to be addressed in the National Development Plan. These are areas where Denmark can offer relevant competences and experiences with building a strong primary sector that plays a key role in prevention, early detection and treatment at community level.

Furthermore, phase two of the SSC-project includes a new focus on regulatory processes in relation to medicines at national level. The Mexican Government's National Development Plan highlights the importance of ensuring access to safe and effective medicines as a central challenge in the Mexican health sector.

In the area of medicines regulation, the Danish Medicines Agency is considered one of the leading medicines authorities in Europe. Thus, Denmark has relevant

	<p>experiences and competences with building up a strong and effective national medicines agency and ensuring a proper infrastructure and effective regulatory processes relating to pharmaceuticals.</p> <p>Based on the above, it was agreed upon to establish a collaboration between the Danish Medicines Agency and its counterpart COFEPRIS based on mutual interest.</p> <p>Phase 2 will support the following objectives of the Mexican National Development Plan:</p> <ul style="list-style-type: none"> • expanding access to effective healthcare, • developing and implementing comprehensive strategies to improve the training and professionalization of health personnel, • improving and expanding health infrastructure, equipment and supply of medicines in medical and rehabilitation units, and • promoting citizen participation and self-care.
<p>Linkages to UN Sustainable Development Goals</p>	<p>The SSC between Denmark and Mexico addresses the following SGD's:</p> <p>Sustainable Development Goal 3: “<i>Ensure healthy lives and promote well-being for all at all ages</i>” with specific focus on targets 3.4 and 3.8:</p> <ul style="list-style-type: none"> - 3.1: “By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.” - 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” <p>Sustainable Development Goal 10: “<i>Reduce inequality within and among countries</i>” with specific focus on target 10.3:</p> <ul style="list-style-type: none"> - 10.3: “Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.”
<p>Project Logic (Theory of Change)</p>	<p>For Outcome A:</p> <p><i>If</i> DMOH contributes with experiences and technical knowledge to support capacity development of primary healthcare in one Mexican state <i>then</i></p> <p>The Mexican Secretariat of Health can use experiences and results from that state to rollout best practices in other states and to inform national health planning and federal initiatives in the health sector.</p> <p>For Outcome B:</p> <p><i>If</i> DMOH contributes with experiences and technical knowledge to support capacity development in the Mexican medicines agency COFEPRIS <i>then</i></p> <p>The learning will support organizational change and capacity building within the organization which <i>then</i></p> <p>Will contribute to more efficient and transparent processes and procedures related to medicines and medical devices and <i>then</i></p>

	<p>Improve access to safe and efficient medicines at national level.</p> <p>The DMOH, the Danish Health Authority (DHA) and DKMA and other involved Danish experts are not qualified to advise on initiatives in a Mexican context (and vice versa), the role of the Danish partners is to identify and make available best practice in areas where Denmark has the knowledge and experiences that can be of inspiration to the Mexican partners.</p>
Main objective of SSC project	To strengthen primary healthcare, including prevention and treatment, by improving access to effective and safe medicines in Mexico.
Outcome A	To strengthen the primary healthcare sector in regards to diabetes, maternal health and mental health
Output A.1	Tools, such as “indicators”, to better equip primary healthcare in dealing with diabetes
Output A.2	Established framework for cross-disciplinary quality improvement in diabetes care
Output A.3	Improved practices and/or guidelines for prevention and treatment of diabetes type 2 and mental health illness in primary care, and in pre- to postnatal care pathways with special focus on the role of nurses
Output A.4	Performed analysis of system of referrals/counter-referrals
Output A.5	Proposal for the use of telemedicine to improve access to healthcare
Output A.6	Exchange of information on digital tools for mental health
Output A.7	Increased capacity in early detection of complications related to pregnancy and birth
Output A.8	Performed analysis on how to scale up pilot initiatives to national level to support national healthcare reforms
Outcome B:	To strengthen regulatory processes relating to pharmaceuticals at national level
Output B.1	Report of possible initiatives to increase pharmacovigilance and technovigilance reporting, including timely and agile analysis of the data
Output B.2	List of possible initiatives regarding possible ways to handle biosimilar medicine in Mexico, in particular with a view to their traceability and monitoring post-marketing
Output B.3	Report on the main findings regarding the concepts of QMS and LEAN that could add value in a COFEPRIS context
Output B.4	Report on the main findings regarding the implementation of digital transformation projects and considerations regarding IT security and protection of healthcare data.
Output B.5	Note on the main findings regarding the legal framework for authorizing new medicines with a focus on regulatory procedures and processes.
Assumptions and risks	<p><u>Assumptions:</u></p> <ul style="list-style-type: none"> • Generally, for all outputs, results depend on the good cooperation between Mexican and Danish stakeholders, including access to information from partners, partners’ allocation of relevant staff, availability and access of data, data processing programmes and programming experts - both at federal and state level - are crucial for the elaboration of the analyses and evaluations under Outcome A. • Overall, the National Development Plan, hereunder specifically objective 2.4 is the foundation for the chosen focus areas in phase two. If the Mexican Government’s priorities change significantly, the focus of phase two of the SSC will need to be revised.

- Pilot-initiatives carried out at state level will be closely monitored by the federal level and there will be a continuous dialogue between The Mexican Secretariat of Health, DMoH and other relevant partners on how to use experiences and learnings from activities in other states or to support the national health planning.
- COFEPRIS has the capacity to translate experience and knowledge exchanged into concrete initiatives that can be incorporated in the organization to strengthen processes and procedures.

If these elements and assumptions are not met, the foundation of the collaboration is changed and the objective and scope of the SSC will have to be revised.

In such case, challenges will be addressed by:

- Discussions of specific challenges in a steering group meeting in order to agree on a way forward
- Initiate a critical dialogue on ways to overcome challenges and ensure the relevance of the SSC. If necessary, this can include a revision of the outcomes.

Risks and Mitigating Actions

- **Risk: COVID-19:** The COVID-19 pandemic had a major effect on the collaboration in Phase 1 and was the primary cause for the delay in entering phase 2. Both Denmark and Mexico have had to use significant resources on the handling of the pandemic. Since the pandemic is still a global challenge, it is expected that COVID-19 will also have an impact on Phase 2, albeit to a lesser degree.

Mitigation: When planning activities, considerations will be taken as to how activities can be adapted to virtual activities, if necessary. Some activities are already planned to be digital. Due to potential Danish entry restrictions for Mexican stakeholders, most physical meetings, field trips, etc. will, initially, be conducted in Mexico, since Mexico has not had any entry restrictions during the pandemic.

- **Risk: Upcoming elections:** Cooperation can be challenged due to upcoming Mexican elections at national level (2024) and at a state level (Oaxaca 2022). This might change the Mexican Government's priorities for the health sector and lead to a change of staff in partner authorities, which is very common in Mexico following elections. The latter can potentially disrupt the relations and communication established with partners at both national and state level.

Mitigation: In case of changing priorities in the health sector, this will be discussed at a steering group meeting, in order to evaluate need for revising the objective and scope of the SSC. However, since this SSC focuses on the most important challenges for public health in Mexico, which have also been a priority for previous Mexican governments, it is not expected that the priorities would change significantly.

Regarding a change in staff members in partner organisations following elections, establishing contact with new staff members as soon as possible is key to ensure continuity of activities. Furthermore, consequently monitoring and documenting activities and progress in documents and notes is key to ensure continuity in activities.

	<ul style="list-style-type: none"> • Risk: Cooperation between federal and state level: Each Mexican state has its own local Secretariat of Health, which is responsible for the provision of healthcare in that particular state. Since the states are autonomous, the federal Secretariat of Health cannot make decisions on behalf of the states. <p>Mitigation: It is important to understand and respect the division of responsibilities within the Mexican health sector. Collaboration with a Mexican state requires that the state’s Secretary of Health is included in the SSC as a formal partner and involved in the decision-making regarding the planning of the implementation of the SSC e.g. through participation in the steering committee. At the same time, it is important to ensure the continuous participation and involvement of the partner authorities at federal level to make sure that experiences are used more broadly in a national Mexican context, so that implementation is not limited to the particular state.</p>
<p>Management set-up</p>	<p><u>Denmark</u></p> <p>DMoH:</p> <ul style="list-style-type: none"> • Overall management of the SSC, including planning of activities, budgeting and progress monitoring and reporting. • Contact to and involvement of Danish authorities and other relevant stakeholders. <p>DKMA:</p> <ul style="list-style-type: none"> • Agency under the DMoH. • Planning and participation in activities in Outcome B, which aims to strengthen regulatory procedures and processes in relation to medicines and medical devices at national level. • Participate in steering committee for Outcome B. <p>DHA:</p> <ul style="list-style-type: none"> • Agency under DMoH • Planning and participation in activities in Outcome A, which aims to strengthen the primary healthcare sector in regards to diabetes, maternal health and mental health • Participate in steering committee for Outcome A <p>Danish Embassy in Mexico City:</p> <ul style="list-style-type: none"> • Host Sector Counsellor and ensure clear reporting lines between the Sector Counsellor and other embassy units. • Support the implementation of the SSC through the Sector Counsellor by providing managerial and administrative support as needed to facilitate the process. • Participate in steering group meetings (on management level) in order to follow and evaluate the SSC. <p>Sector Counsellor at the Embassy:</p> <ul style="list-style-type: none"> • Facilitate and support project implementation through regular dialogue and coordination with Danish public authorities and Mexican partner authorities. • Build up sector knowledge and network in Mexico. • Organize steering group meetings as part of the secretariat for the steering groups.

- Contribute to the identification of scholarship opportunities and research partnership opportunities in coordination with SSC partners and the Danida Fellowship Centre (DFC).

Mexico

Secretariat of Health, International Department:

- Overall management of the SSC, including planning of activities, progress monitoring and reporting in collaboration with the DMOH.
- Identification and involvement of Mexican health authorities and other relevant stakeholders.
- Participation in steering group meetings.

State Health Secretariat:

- Planning and participation in activities under Outcome A, which aims to strengthen primary healthcare.
- Identification and involvement of health experts to take part in activities.
- Participation in steering group meetings for Outcome A.

Project Steering Groups

There will be a SSC Steering Committee (SC) for each of the project's two pillars:

SC-P1: The SSC Outcome A Steering Committee is the formal mechanism for strategic dialogue and joint decision-making concerning *Outcome A: Strengthening capacity in primary healthcare*

SC-P2: The SSC Outcome B Steering Committee is the formal mechanism for strategic dialogue and joint decision-making concerning *Outcome B: Strengthening the regulatory system of pharmaceuticals at national level*

The participants of SC-P1 include representatives from DMOH, Danish Health Authority (DHA), the Mexican Secretariat of Health and the State Health Secretariat (of selected state).

The SC-P2 includes representatives from the DMOH, the Mexican Secretariat of Health, Danish Medicines Agency and its counterpart COFEPRIS. The Embassy is member of both Steering Committees.

Under each SC, there will be three technical working groups (WGs) with the participation of relevant Mexican and Danish partners. The role of the WG is to implement activities as defined in the activity plan. WGs will prepare progress reports for the SC-meetings.

The SCs will provide overall strategic project management, including needed adaptation of activities to new opportunities. The SCs approve the annual and final reports, annual work plans, progress reports and budgets.

The meetings are expected to be held via video conference, but whenever possible the meetings will take place during visits to Mexico or Denmark.

The SC secretariat, responsible for organizing the SC meetings and preparing agendas, will be a joint responsibility between the sector counsellor and project managers from DMOH and the Mexican Secretariat of Health.

Contributions from Danish Public Authority	<p>The DMOH contributions include:</p> <ul style="list-style-type: none"> • Financial management and auditing of accounts concerning Danish financial contributions. • Annual and final reporting on the SSC project. • Cover all costs for Danish experts related to their participation in activities, including transportation, accommodation, meals, preparation and time spent participating in activities. • Cover all costs for Mexican experts' visits to Denmark, including transportation, accommodation, visa etc. • Cover all costs related to translation services. <p>The Danish Embassy in Mexico will facilitate the development, planning, coordination and implementation of the SSC and concrete activities.</p>
Contributions from partner authority	<p>The Mexican Secretariat of Health's contributions include:</p> <ul style="list-style-type: none"> • Follow-up reporting on specific activities. • Staff and expert participation in activities. • Access to facilities e.g. meeting rooms, databases etc. • Costs related to domestic travels in Mexico and accommodation for Mexican participants. • Mexican participants are expected to cover their own meals. Special cases will be handled on ad hoc-basis. • Costs related to preparation time as well as time spent on activities including transport time for Mexican participants.
Budget	DKK 6,500,000

Results Framework and Work Plan
(Annual and Final Report)
for
SSC project in health
between
Denmark and Mexico
Phase II
OUTCOME A

Guidelines for Strategic Sector Cooperation 2020, **TEMPLATE 4**

Results Framework and Work Plan for SSC Project in health between Mexico and Denmark

Please do not revise the template

Project period: 2023-2025

Updated: 14.12.2022

<p>OBJECTIVE of SSC project:</p> <p>To strengthen primary healthcare, including prevention and treatment, by improving access to effective and safe medicines in Mexico.</p>	<p>Status at project completion:</p> <p>Achieved Partly achieved – explain Not achieved – why</p>
<p>OUTCOME A:</p> <p>To strengthen the primary healthcare sector in regards to diabetes, maternal health and mental health</p>	<p>Status at project completion (if earlier year: ____):</p> <p>Achieved Partly achieved – explain Not achieved – why</p>
<p>Output A.1:</p> <p>Tools, such as recommendations and policies to better equip primary healthcare in dealing with diabetes</p>	<p>Status at project completion (if earlier year: ____):</p> <p>Achieved Partly achieved – explain Not achieved - why</p>
<p>A.1 indicator:</p> <ul style="list-style-type: none"> Decision on tools such as recommendations and policies to be used at individual patient level, for population management and for evaluation 	<p>Status at project completion: (if earlier year: ____):</p>

Guidelines for Strategic Sector Cooperation 2020, **TEMPLATE 4**

• Measure impact of activities				
Activity	Purpose – content - product	Partners and resources involved	Timing	Status year _____:
A.1.1 <i>Title:</i> Workshop on diabetes care at the primary healthcare level.	<p>Purpose: To gain insight in the existing initiatives and recommendations on diabetes care in PHC in Denmark and Mexico</p> <p>Content: Presentation from Danish and Mexican experts on current initiatives and recommendations related to diabetes care at the PHC level.</p> <p>Product: 1-page summary report and slides from the presentations.</p>	<p>Mexico</p> <ul style="list-style-type: none"> - Project leader <p>Denmark</p> <ul style="list-style-type: none"> - DMoH, PM - DHA <p>(In Mexico)</p>	Q1 2023	
A.1.2 <i>Title:</i> Workshop on diabetes care at the primary healthcare level.	<p>Purpose: To gain insight in the existing initiatives and recommendations on diabetes care in PHC in Denmark and Mexico</p> <p>Content: Presentation from Danish and Mexican experts on current initiatives and recommendations related to diabetes care at the PHC level.</p> <p>Product: 1-page summary report and slides from the presentations.</p>	<p>Mexico</p> <ul style="list-style-type: none"> - Project leader <p>Denmark</p> <ul style="list-style-type: none"> - DHA 	Q2 2023	
A.1.3 <i>Title:</i>	<p>Purpose: To discuss the way forward related to diabetes care in Denmark and Mexico, and</p>	<p>Mexico</p>	Q3 2023	

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<p>Workshop to discuss the way forward in relation to diabetes care in Denmark and Mexico</p>	<p>how the learnings from activity A.1.1 and A.1.2. may be used for future national initiatives</p> <p>Content: Dialogue on the learnings from activities A.1.1. and A.1.2 and how these learnings may be used for future initiatives in the national context. This will be followed by a dialogue to plan the way forward and discuss the necessary steps to achieve this plan.</p> <p>Product: 1-page summary report describing the main learnings and the plan for the way forward</p>	<ul style="list-style-type: none"> - Project leader <p>Denmark</p> <ul style="list-style-type: none"> - DHA <p>(In Mexico)</p>		
<p>A.1.4 <i>Title:</i> A forum in Mexico based on a final evaluation.</p>	<p>Purpose: Discuss and learn from the results of from output A.1</p> <p>Content: Prior to the forum, a final evaluation of the collaboration and content of output A.1. is conducted.</p> <p>The Forum will consist of presentations from both Denmark and Mexico. Furthermore, the forum includes a dialogue and discussion on the way forward.</p> <p>Product: Final evaluation and a brief report highlighting the main learnings from output A.1.</p>	<p>Mexico</p> <ul style="list-style-type: none"> - Steering group members - Project leader <p>Denmark</p> <ul style="list-style-type: none"> - DMOH, PM - DHA <p>(In Mexico)</p>	<p>Q1 2024.</p>	

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Output A.2: Established framework for cross-disciplinary quality improvement in diabetes care	Status at project completion (if earlier year: ____):
Output A.2 indicator: <ul style="list-style-type: none"> Improvement of diabetes treatment in cross-disciplinary teams 	Status at project completion (if earlier year: ____):

Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year: ____):
A.2.1 <i>Title:</i> Field trip to study current ways of cross-disciplinary teamwork between health personnel in the selected state	<p>Purpose: To examine the current ways of working in cross-disciplinary teams in the selected state.</p> <p>Content: The activity will include site visits. To be elaborated further at a later stage.</p> <p>Product: A presentation on the main findings</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal health authorities - State health authorities - Primary health clinics in selected state <p>Denmark:</p> <ul style="list-style-type: none"> - DHA <p>(In Mexico)</p>	<p>Q1 2023</p> <p>To be conducted at the same time as A.2.2.</p>	

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		10 days pr. Expert, 1 senior and one specialist. In total: 20 days,		
<p>A.2.2. <i>Title:</i> Two workshops in selected state with health clinics on working in cross-disciplinary teams (doctors, nurses, etc.) in treatment of Diabetes patients</p> <p><i>(To be held in conjunction with A.2.1)</i></p>	<p>Purpose: To create guidelines/framework for Diabetes treatment in cross-disciplinary teams within each clinic using data on individual patients</p> <p>Content: Elaborated at a later stage. The workshops are expected to include presentations, exercises and discussions</p> <p>Product: A set of written guidelines on cross-disciplinary patient treatment of Diabetes and an end evaluation.</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal health authorities - State health authorities - Primary health clinics in selected state <p>Denmark:</p> <ul style="list-style-type: none"> - DHA <p>(In Mexico)</p> <p>10 days pr. Expert, 1 senior and one specialist and data expert. In total: 20 days,</p>	<p>Q1 2023</p> <p>To be conducted at the same time as A.2.1</p>	

<p>Output A.3: Improved practices and/or guidelines for prevention and treatment of mental health illness in primary care, and in pre- to postnatal care pathways with special focus on the role of nurses</p>	<p>Status at project completion (if earlier year: ____):</p>
<p>Output A.3 indicator:</p> <ul style="list-style-type: none"> • Improving quality of treatment • Strengthen cooperation and coordination between different levels of care in treatment 	<p>Status at project completion (if earlier year: ____):</p>

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• Develop capacities for prevention and early detection/intervention				
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year: ____):
<p>A.3.1 <i>Title:</i> Field trip in selected state to study current treatment and prevention of mental illness <i>In Mexico</i></p>	<p>Purpose: Study current prevention and treatment approaches in selected state Content: Fact finding field trip in Mexico. To study current challenges and opportunities for strengthening prevention and treatment in regards to mental health illness. Content elaborated at a later stage. Product: Summary report /slides</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - Centre for Telepsychiatry - MedCom - DHA 	<p>Q1 2024. To be conducted at the same time as A.3.2.</p>	
<p>A.3.2 <i>Title:</i> Workshops on strengthening cooperation and coordination between different levels of care in treatment of mental illness <i>In Mexico</i></p>	<p>Purpose: To strengthen cooperation between different care levels (primary, secondary, tertiary) in prevention and treatment of mental health illness. Content: Map existing clinical guidelines on treatment of mental health issues and if needed adjust and operationalize the guidelines. Furthermore, the workshop will contain dialogue on best practise, modifying Danish experiences to</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - Centre for Telepsychiatry - MedCom - DHA 	<p>Q1 2024. To be conducted at the same time as A.3.1.</p>	

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	<p>a Mexican context and looking into possibilities for using digital tools for mental health.</p> <p>Product: If possible, the workshop will aim to define guidelines for treatment and necessary training of health care professionals.</p>			
<p>A.3.3 <i>Title:</i> Guidance on how to build up capacity among health professionals in treatment of mental health illness <i>In Denmark</i></p>	<p>Purpose: To increase knowledge of treatment of young people suffering from depression and suicidal ideation</p> <p>Content: Study trip/courses/workshops on capacity building of health professionals in treating mental health issues of young people.</p> <p>Product: Evaluation of activities</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Psychiatrists from relevant state <p>Denmark:</p> <ul style="list-style-type: none"> - DMOH - Specialist in mental health care - DHA 	<p>Q2 2024. In conjunction with A.3.4.</p>	-
<p>A.3.4 <i>Title:</i> Two workshops on inputs to strategy for prevention and treatment of mental health illness. <i>In Denmark</i></p>	<p>Purpose: To provide recommendations and inputs in contribution to a strategy for prevention and treatment of mental health illness</p> <p>Content: Two workshops on best practice, including the new Danish 10-year plan for mental health, relevant interventions, modifying Danish experiences to a Mexican context, etc.</p> <p>Product: Inputs to the strategy</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - Centre for Telepsychiatry - MedCom - DHA 	<p>Q2 2024. In conjunction with A.3.3.</p>	

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		- DMOH		
A.3.5 <i>Title:</i> Field trip to study care pathway from pregnancy to post-natal <i>In Mexico</i>	Purpose: To understand current care pathways during pregnancy and after birth. to get a better understanding of what a specialization Content: Field trip to selected state. Product: Summary report	Mexico: - Project leader - Federal level - State level Denmark: - DHA	Q1 2024	
A.3.6 <i>Title:</i> Identify indicators to be used for evaluation and data analysis of the work done in regards to strengthening quality in primary care for maternal health	Purpose: To identify indicators to be used for data analysis and evaluation of initiatives. Content: Dialogue on the availability of necessary data and identification of indicators to be used for data analysis and evaluation of the work done in regards to strengthening quality in primary care for maternal health. This also include considerations on base line analysis Product: Overview of indicators	Mexico: - Project leader - Federal level - State level Denmark: - DHA	Q1 2024	
A.3.7 <i>Title:</i> Workshop in Denmark focusing on maternal health pathway from pregnancy to post-natal care and nurses' role in pregnancy and after-birth care	Purpose: To share knowledge on primary care's role in pre- to post-natal care, including the role of nurses – as part of developing a framework for specialization of nurses in maternal health Content: Study trip to Denmark for delegates from the Secretariat and the selected state.	Mexico: - Project leader - Federal level - State level Denmark: - DHA	Q2 2024	

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<i>In Denmark</i>	Product: Written summary and evaluation of study trip.	- DMOH		
A.3.8 <i>Title:</i> Workshop on potentials for the role of primary care in pregnancy and post-natal care <i>In Mexico</i>	Purpose: To develop a framework for specialization of nurses in maternal health. Content: Workshop focusing on potentials for primary care's role in pregnancy and afterbirth care Product: Catalogue of potentials for primary care's role in pregnancy and afterbirth care	Mexico: - Project leader - Federal level - State level Denmark: - DHA - DMOH	Q1 2025. To be conducted together with A.3.9, A.3.10 and A.3.12	
A.4.9 <i>Title:</i> Workshop on potentials for strengthening the work and education of nurses within the area of maternal health <i>In Mexico</i>	Purpose: To examine current situation in Mexico on nurses' work in maternal health. Content: Field trip to a local clinic and presentations and dialogue. Content elaborated at a later stage. Product: Summary report	Mexico: - Project leader - Federal level - State level Denmark: - DHA - DMOH	Q1 2025. conducted together with A.3.8, A.3.10 and A.3.12	
A.3.10 <i>Title:</i> Workshops on how to initiate work with nurses' specialization	Purpose: To share knowledge on what a specialization for nurses within maternal health could look like as preparation of development of a specialization of nurses in Mexico	Mexico: - Project leader - Federal level	Q1 2025. conducted together with	

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<p>focussing on maternal health</p> <p><i>In Mexico</i></p>	<p>Content: Presentations and dialogue focussing on e.g. organizational work at national level on standard/framework setting for the improvements of nurses' work and how nurses specialization is structured in Denmark and how one could be structured in Mexico</p> <p>Product: Summary report / A list of possible next steps in regards to strengthen education of health professionals in the area of maternal health</p>	<p>- State level</p> <p>Denmark:</p> <p>- DHA</p>	<p>A.3.8, A.3.9 and A.3.12</p>	
<p>A.3.11</p> <p><i>Title:</i> Workshops on framework for cross-disciplinary teams (doctors, nurses and other clinic staff) working with the woman during pregnancy and post-natal</p> <p><i>In Denmark</i></p>	<p>Purpose:</p> <ul style="list-style-type: none"> • Share knowledge on how to work together cross-disciplinary (comprising of primary level, secondary level, municipality, schools, etc.), how to determine areas of responsibility etc. • Create framework for cross-disciplinary teams • Share knowledge on how to implement the team work <p>All as part of developing a framework for strengthening the work of nurses/ specialization of nurses in maternal health</p> <p>Content: Presentations, discussions, workshops.</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark :</p> <ul style="list-style-type: none"> - DHA - DMoH - 	<p>Q2 2025. To be conducted at the same time as A.3.13</p>	

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	Product: Framework for cross-disciplinary teams to follow up during pregnancy and post-natal.			
A.3.12 <i>Title:</i> Workshop in Mexico focusing on enhancement in use of guideline/algorithms and care pathways in pregnancy and post-natal care <i>In Mexico</i>	Purpose: Implementation of guidelines/algorithms for pregnancy and after-birth care, focussing on distribution of tasks in cross-disciplinary care teams - as part of developing a framework for specialization of nurses in maternal health Content: Dialogue and presentations Product: Implementation of guidelines/algorithms in cross-disciplinary care teams	Mexico: - Project leader - Federal level - State level Denmark: - DHA -	Q1 2025	

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<p>A.3.13</p> <p><i>Title:</i> Workshop on how national authorities support development of local initiatives in general practice, e.g. through birth-plans and recommendations for pregnancy care (in Denmark)</p>	<p>Purpose: Provide, share and discuss knowledge on how national authorities can support the development of the health system in regards to maternal health – as part of strengthening the work of nurses/ developing a framework for specialization of nurses in maternal health</p> <p>Content: Workshop at the DHA with relevant presentations and facilitation of discussion</p> <p>Product: Summary and evaluation of workshop and outcomes</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - DHA - DMoH - 	<p>Q2 2025, To be conducted at the same time as A.3.11</p>	
<p>A.3.14</p> <p><i>Title:</i> Dialogue on development and implementation registry of pregnancies (in Mexico)</p>	<p>Purpose: In order to enhance possibility for follow up during pregnancies a registry of pregnancies will be developed and implemented to be used in the clinics and for evaluation. This will allow the cross-disciplinary teams to give the best treatment and use knowledge from previous pregnancies to better discover and treat complications during pregnancy. Also to be used for aggregated evaluation and analysis together with existing data on e.g. births and birth weight.</p> <p>Content: Develop and implement indicator</p> <p>Product: Slides</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - DHA - DMoH, Data 	<p>Q2 2025</p>	

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<p>A.3.15 <i>Title:</i> Evaluation of the work done in regards to strengthening quality in primary care for maternal health (in Mexico/virtual)</p>	<p>Purpose: Evaluate of the work done in regards to strengthening quality in primary care for maternal health Content: Conduct evaluation of the of the work done in regards to strengthening quality in primary care for maternal health Product: Evaluation report and recommendations</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - DHA - DMOH <p>To be held virtually, but can travel if necessary and if there are unallocated funds.</p>	<p>Q3 2025</p>	
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<p>Output A.4: Performed analysis of system of referrals/counter-referrals</p>		<p>Status at project completion (if earlier year: ____):</p>		
<p>Output A.4 indicator:</p> <ul style="list-style-type: none"> • Increase quality in referrals and counter-referrals • Securing timely counter-referrals 		<p>Status at project completion (if earlier year: ____):</p>		
<p>Activity</p>	<p>Purpose – content - product</p>	<p>Partners and resources involved</p>	<p>Timing</p>	<p>Status (year: ____):</p>
<p>A.4.1 <i>Title:</i> Three-day study trip in Denmark to study Danish use of digital</p>	<p>Purpose: To share knowledge on digital infrastructure and national services and the</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader 	<p>Q2 2024. To be conducted together with</p>	

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referrals and counter-referrals	<p>potential use of digital referrals and counter-referrals.</p> <p>Content: Study trip in Denmark with relevant workshops. Further content to be elaborated at a later stage.</p> <p>Product: Written summary and key findings</p>	<ul style="list-style-type: none"> - Federal level (eg. CENETEC) - (state health authorities and representatives from primary and secondary level of care) <p>Denmark:</p> <ul style="list-style-type: none"> - DMoH - MedCom - DHDA - 	A.4.2 and A.4.6.	
<p>A.4.2</p> <p><i>Title:</i> One day workshop in Denmark on the role of national health authorities in ensuring quality in referrals and counter-referrals</p>	<p>Purpose: To share knowledge on the role of national health authorities in securing quality in referrals and counter-referrals</p> <p>Content: Study trip in Denmark with relevant workshops. Further content to be elaborated at a later stage.</p> <p>Product: Written summary and key findings</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Eg. CENETEC - State level representatives <p>Denmark:</p> <ul style="list-style-type: none"> - DMoH - DHDA - MedCom 	Q2 2024. To be conducted together with A.4.1 and A.4.6	
<p>A.4.3</p> <p><i>Title:</i> Two-day field trip to selected state in</p>	<p>Purpose: To study the currently used system for referrals and counter referrals.</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader 	Q3 2023. To be conducted at the same	-

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<p>Mexico to study current referral/counter-referral system</p>	<p>Content: Field trip to primary health clinics and secondary hospitals in selected state to study the used system for referrals and counter-referrals (e.g. content, how they are used and shared) The study could also include:</p> <ul style="list-style-type: none"> - Possible statistics from as-is - Suggestions/wishes to indicators - Status on establishing clusters <p>Product: A report/ mapping of the system currently in use in local clinics.</p>	<ul style="list-style-type: none"> - Federal health authorities - State health authorities <p>Denmark</p> <ul style="list-style-type: none"> - DMOH - MedCom 	<p>time as A.4.4 and A.4.5</p>	
<p>A.4.4 <i>Title:</i> Workshops in/with selected state focusing on audit of referrals and counter referrals in clusters <i>In Mexico</i></p>	<p>Purpose: To develop an easy to use concept for monthly audit of referrals and counter-referrals to be used for quality improvement through discussion in clusters</p> <p>Content: Interactive workshops with a mutual exchange of knowledge on methodology and content. The workshops will also include presentations and discussions regarding the use of audits for quality improvement.</p> <p>Product: A report on a concept and step-by-step guide.</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal health authorities <p>Denmark</p> <ul style="list-style-type: none"> - MedCom - DHA 	<p>Q3 2023. To be conducted at the same time as A.4.3 and A.4.5</p>	
<p>A.4.5 <i>Title:</i> Train clusters in using audits for quality</p>	<p>Purpose: To train clusters in using audits for quality improvement based on the concept developed in activity A.4.4</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader 	<p>Q3 2023. To be conducted at the same</p>	<p>-</p>

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improvement at monthly meetings	<p>Content: Interactive training based on the concept developed in activity A.4.4.</p> <p>Product: An evaluation will be conducted after one year.</p>	<ul style="list-style-type: none"> - Federal health authorities - State health authorities <p>Denmark:</p> <ul style="list-style-type: none"> - MedCom - DHA - 	time as A.4.3 and A.4.4	
<p>A.4.6 <i>Title:</i> Workshop on potentials for digital referrals and counter-referrals in selected state</p>	<p>Purpose: To analyse potentials for digital referrals and counter-referrals in selected state.</p> <p>Content: Workshop that will include dialogue on status of planning and building up the digital infrastructure</p> <p>Product: A catalogue of ideas for implementable digital referrals and counter-referrals in selected state</p>	<p>Mexico</p> <ul style="list-style-type: none"> - Project leader - Federal level - State Health authorities <p>Denmark:</p> <ul style="list-style-type: none"> - MedCom 	Q2 2024. To be conducted at the same time as A.4.1 and A.4.2	

<p>Output A.5 Proposal for the use of telemedicine to improve access to healthcare</p>	<p>Status at project completion (if earlier year: ____):</p>
<p>Output A.5 indicator:</p> <ul style="list-style-type: none"> • Strengthen decision capacity and dialogue between primary and secondary level, i.e. support, advice from specialists to primary level through telemedicine 	<p>Status at project completion (if earlier year: ____):</p>

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<ul style="list-style-type: none"> Capacity building within primary level, i.e. doctor-to-doctor, doctor-to-nurse, nurse-to-nurse 				
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year: ____):
<p>A.5.1</p> <p><i>Title:</i> Field trip to the selected state to explore current telemedicine solutions, equipment etc.</p>	<p>Purpose: To understand current use of telemedicine solutions, equipment etc. in Mexico</p> <p>Content: A Fact-finding field trip. To be elaborated at a later state</p> <p>Product: A brief report/slides summarizing finding</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level (eg. CENETEC) - State level <p>Denmark:</p> <ul style="list-style-type: none"> - MedCom - Centre for Telepsychiatry - DMOH, PM and DAISY 	<p>Q1 2025.</p> <p>To be combined with A.5.2 and A.5.3</p>	
<p>A.5.2</p> <p><i>Title:</i> Workshop with DMOH, The Secretariat and the selected state focusing on mapping of technical prerequisites for telemedicine at state level</p> <p><i>Either in Mexico or virtual</i></p>	<p>Purpose: To map prerequisites for telemedicine at state level</p> <p>Content: Use the MAST-model and/or Mexican models to map prerequisites for implementing telemedicine in the selected state.</p> <p>Product: Brief report</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level (eg. CENETEC) - State level <p>Denmark:</p> <ul style="list-style-type: none"> - MedCom - Centre for Telepsychiatry - DMOH, PM and DAISY 	<p>Q1 2025.</p> <p>To be combined with A.5.1 and A.5.3</p>	

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<p>A.5.3 <i>Title:</i> Workshop on strengthening decision capacity and dialogue between health professionals</p> <p><i>Either in Mexico or virtual</i></p>	<p>Purpose: To exchange ideas on the use of telemedicine to strengthen decision capacity and dialogue between health professionals as well as potentials for implementation</p> <p>Content: The workshop will be based on the mapping conducted at A.4.1</p> <p>Product: A catalogue of ideas</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level (eg. CENETEC) - State level <p>Denmark:</p> <ul style="list-style-type: none"> - MedCom - Centre for Telepsychiatry - DMoH 	<p>Q1 2025. To be combined with A.5.1 and A.5.2</p>	
<p>A.5.4 <i>Title:</i> Dialogue on digital infrastructure as support of electronic health records</p>	<p>Purpose: Exchange ideas on the foundations of a digital infrastructure e.g as a means of supporting electronic health records, digital referrals etc.</p> <p>Content: Fieldtrips, discussions and workshops – elements from activity A.3.1 will be used in these discussions</p> <p>Product: Catalogue of ideas</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level (eg. CENETEC) - State level <p>Denmark:</p> <ul style="list-style-type: none"> - MedCom - DMoH, DAICY 	<p>Q3 2025</p>	

<p>Output A.6: Exchange of information on digital tools for mental health</p>	<p>Status at project completion (if earlier year: ____):</p>
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Output A.6 indicator		Status at project completion (if earlier year: ____):		
<ul style="list-style-type: none"> Increased knowledge on the potential of online tools/apps in mental health care 				
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year:):
<p>A.6.1</p> <p><i>Title:</i> Study trip in Denmark focussing on digital interventions for youth mental health?</p> <p><i>In Denmark</i></p>	<p>Purpose: To share knowledge on the structure of Mindhelper.dk to understand the possibility of developing such a tool in Mexico.</p> <p>Content: A study trip in Denmark. Specific content elaborated at a later stage.</p> <p>Product: And evaluation of the trip.</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - Centre for Telepsychiatry - MedCom - DMoH, PM 	<p>Q1 2024, combined with A.6.2.</p>	
<p>A.6.2</p> <p><i>Title:</i> Two workshops on possibilities for developing and implementing digital tools for mental health promotion</p> <p><i>Denmark/Mexico</i></p>	<p>Purpose: To identify and specify possibilities for developing and implementing digital tools for mental health promotion, including exchange of knowledge on development, implementation and dissemination.</p> <p>Content: Two workshops containing presentations and discussion. Specific content elaborated at a later stage.</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - Centre for Telepsychiatry - MedCom 	<p>Q1 2024, combined with A.6.1</p>	

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	Product: Report on possible content including considerations regarding development, implementation and dissemination.	- DMOH, PM		
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Output A.7: Increased capacity in early detection of complications related to pregnancy and birth		Status at project completion (if earlier year: ____):		
Output A.7 indicator		Status		
<ul style="list-style-type: none"> • Strengthening health care professionals' awareness of complications related to pregnancy and birth • Strengthening women's awareness of complications related to pregnancy and birth 				
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year: ____):
A.7.1 <i>Title:</i> Dialogue on the role of health professionals in providing awareness on signs of complications <i>In Mexico</i>	Purpose: To discuss how to enhance the knowledge of health professionals in regards to pregnancy complications and early detection Content: Presentations and discussions on the role of health professionals in providing awareness on signs of complications as well	Mexico: - Project leader - Federal level - State level Denmark: - DHA	Q2 2025, to be conducted together with A.7.2	

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	as discussion about how health professionals can do this effectively. Product: Summary report/slides	- DMoH, PM -		
A.7.2 <i>Title:</i> Dialogue on systematic early detection of complications and how to organise and follow-up <i>In Mexico</i>	Purpose: To discuss how to conduct and organise systematic and useful early detection of complications and how to follow up Content: Presentations and discussions on how to conduct and organise systematic and useful early detection and how to follow up as well as concrete considerations on how to do so in a Mexican context Product: Recommendations/Slides	Mexico: - Project leader - Federal level - State level Denmark: - DHA - DMoH, PM	Q2 2025, to be conducted together with A.7.1	

Output A.8: Performed analysis on how to scale up pilot initiatives to national level to support national healthcare reforms	Status at project completion (if earlier year: ____):
Output A.8 indicator <ul style="list-style-type: none"> • Successful scale up of pilot initiatives/ dissemination of well-functioning initiatives and follow up on quality improvements at local level as a national authority 	Status

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Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year: ____):
<p>A.8.1 <i>Title:</i> Workshop in Denmark focusing on ways to follow the strengthening of primary care as a national authority</p> <p><i>In Denmark</i></p>	<p>Purpose: Knowledge exchange and inputs in regards to the role of national authorities in following up on quality improvements at local level</p> <p>Content: The workshop is expected to include:</p> <ul style="list-style-type: none"> • Dialogue on how to follow changes in quality at local/state level as a national authority • Presentation of Danish experiences with collaboration between local/regional level and state level on quality management • Presentation of Mexican experiences with collaboration between local/regional level and state level on quality management <p>Product: Slides describing main outcomes from the workshop</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - DHA - DMOH, PM 	<p>Q2 2024</p>	
<p>A.8.2 <i>Title:</i> Workshops in Mexico on how to follow up on the initiatives in the selected state as a national authority/at federal level and ways to strengthen quality in primary healthcare</p>	<p>Purpose: Knowledge exchange and inputs in regards to how to follow up on the initiatives in selected state at federal level</p> <p>Content: Dialogue on specific tools for following up on changes in quality of treatment at state level (e.g. aggregated reports on development in indicators)</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Federal level - State level <p>Denmark:</p> <ul style="list-style-type: none"> - DHA 	<p>Q3 2024</p>	

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<i>In Mexico</i>	Product: Slides describing main outcomes from the workshop			
A.8.3 <i>Title:</i> Workshop at national level in Mexico on considerations and potential next steps for ensuring continuous quality improvements and scaling up pilot projects <i>In Mexico</i>	Purpose: To share knowledge on ways to strengthen primary care, ensure continuous quality improvement and scale up pilot initiatives Content: The workshop is expected to include presentations on outcomes of evaluations, how to learn from them, and dialogue on next steps. Product: Written summary of main outcomes of the workshop	Mexico: – Federal level – State level Denmark: – DHA – MedCom – Centre for Telepsychiatry – DMOH, PM	Q1 2025	
Output X.1: Project management and steering committees		Status at project completion (if earlier year: ____):		
Output X.1 indicator • Project management and coordination, which ensures successful implementation of the project.		Status		
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year: ____):
X.1 <i>Title:</i> Portfolio management in DKMA	Purpose: To ensure smooth cooperation and implementation of Activity Plan B between Danish Medicine Authority and COFEPRIS Content: The work includes:	Mexico: - Project leader - COFEPRIS	Q1 2023-Q4 2025	

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	<ul style="list-style-type: none"> • Budget • Follow-up on activities • Coordination and general desk work • Support of Steering Committee B <p>Product: Implementation of Activity Plan B</p>	<p>Denmark:</p> <ul style="list-style-type: none"> - DKMA 		
<p>X.2 <i>Title:</i> Project management in DMOH</p>	<p>Purpose: To ensure smooth cooperation and implementation of the project and to enhance the good relations between Mexico and Denmark</p> <p>Content: The work includes:</p> <ul style="list-style-type: none"> • Budget • Follow-up on activities • Project management • Close cooperation with Sector Advisor • Support of Steering Committee A and B <p>Product: Implementation of Activity Plan A and B</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - COFEPRIS <p>Denmark:</p> <ul style="list-style-type: none"> - PM in DMOH 	Q1 2023-Q4 2025	
<p>X.3 <i>Title:</i> Steering Committee meetings</p>	<p>Purpose: To ensure sufficient attention and anchor in Mexican Ministry of Health, Danish Ministry of Health and Danish Embassy of Denmark to Mexico</p> <p>Content: The work includes:</p> <ul style="list-style-type: none"> • 1-2 steering committee meetings per year • Preparation of material for meetings • Report and minutes from meetings 	<p>Mexico:</p> <ul style="list-style-type: none"> - Project leader - COFEPRIS - Danish Embassy to Mexico <p>Denmark:</p> <ul style="list-style-type: none"> - DMOH 	Q1 2023-Q4 2025	

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	<ul style="list-style-type: none"> • Follow-up on decisions made by the two steering committees of the project <p>Product: 1-2 steering committee meetings per year, meeting material and reports</p>	<ul style="list-style-type: none"> - DHA - DKMA 		
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Results Framework and Work Plan
(Annual and Final Report)
for
SSC project in Health
between
Denmark and Mexico
Phase II
(OUTCOME B)

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Results Framework and Work Plan for SSC Project in Health between Mexico and Denmark

Please do not revise the template

Project period: 2023-2025

Updated: 14-12-2022

<p>OBJECTIVE of SSC project: To strengthen primary healthcare, including prevention and treatment, by improving access to effective and safe medicines in Mexico</p> <p>The overall objective of the SSC collaboration is to contribute to strengthening primary healthcare, prevention and treatment, by improving access to effective and safe medicines in Mexico.</p> <p>A track regarding regulatory processes related to pharmaceuticals has been added in the second phase of the SSC project. National competent authorities play a vital role in health systems as they provide overview in terms of medicines available to the public. Therefore, a well-functioning medicines authority is a key player when (essential) medicines is channelled to the public in order to strengthen and safeguard public health. Moreover, strengthening of the mandate of a medicines authority in order to make the handling of its tasks effective, predictable and transparent is vital to ensure quality, safety and efficacy for pharmaceuticals and medical devices in a global environment characterized by (increasing) complexity.</p>	<p>Status at project completion: Achieved Partly achieved – explain Not achieved – why</p>
<p>OUTCOME B: To strengthen regulatory processes relating to pharmaceuticals at national level</p>	<p>Status at project completion (if earlier year: ____): Achieved Partly achieved – explain Not achieved – why</p>

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Output B.1: Report of possible initiatives to increase pharmacovigilance and technovigilance reporting, including timely and agile analysis of the data		Status at project completion (if earlier year: ____): Achieved Partly achieved – explain Not achieved - why		
Output B.1 indicator: • Strengthen knowledge regarding possible ways to increase pharmacovigilance and technovigilance reporting		Status at project completion: (if earlier year: ____):		
Activity	Purpose – content - product	Partners and resources involved	Timing	Status year ____:
B.1.1 <i>Title:</i> One week exchange of a group of employees from COFEPRIS to the DKMA	Purpose: Understanding the case handling regarding pharmacovigilance and technovigilance reporting, including signal detecting and analysis of the data in Denmark Content: The week will contain: - Focus on the handling of the entire value chain regarding pharmacovigilance and technovigilance at the DKMA, in particular with attention on how a risk-based approach is conducted during the assessment of the data. - Focus on automatisisation and digitization during the pharmacovigilance and technovigilance cycle - Focus on the importance of “mix of knowledge”, employees’ capability to know the entire evaluation process in	Lead and involved authorities in Denmark and Mexico	Q1, 2024	

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	<p>order to obtain a system that is flexible and less vulnerable (including training of staff)</p> <ul style="list-style-type: none"> - Focus on the concept of LEAN and QMS that support an agile case handling and optimize resources for the benefit of the process. - Focus on the collaboration with external stakeholders and systematized handling of their input via internal dialogue/forums - Review of active pharmacovigilance and technovigilance cases <p>Product: A draft report on experiences gained and considerations on potential initiatives in the field and description thereof (max 10 pages) in both English and Spanish. The list activity A.1.2 will be merged with the report.</p>			
<p>B.1.2 4-day workshop in Mexico City</p>	<p>Purpose: to address pathways/initiatives to increase pharmacovigilance and technovigilance reporting in Mexico and agile ways to perform analysis of data and signal detection in a timely fashion</p> <p>Content: The workshop will contain:</p> <ul style="list-style-type: none"> - A review of approaches to increase pharmacovigilance and technovigilance 	<p>Lead and involved authorities in Denmark and Mexico</p>	<p>Q3 2024</p>	

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	<p>reports from health care personnel and patients, including IT-systems/technologies to facilitate the reporting</p> <ul style="list-style-type: none"> - A focus on monitoring, data analysis and signal detection on a risk-based approach - Knowledge and experience exchange regarding IT-tools to collect and systematize data, - Knowledge and experience exchange regarding dissemination of information and communication to the public - Focus on the new Danish analysis center, in particular with a view to: <ul style="list-style-type: none"> a) Strengthened evaluation of the effect and safety for pharmaceuticals post-marketing in a clinical every-day-life setting b) The possibility for medicines authorities to react proactively rather than reactively in emergency situations c) The possibility to collect and analyze data for the benefit of vulnerable patient groups where knowledge 			
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	<p>regarding optimal use of pharmaceuticals is insufficient</p> <p>Product: To develop a draft list of possible initiatives to facilitate increased pharmacovigilance reporting, including timely and agile analysis of the data and communication and dissemination of information to the public. The list will be merged into the report in activity A.1.1.</p>			
<p>B.1.3. Title: 4-hours teleconference</p>	<p>Purpose: To discuss the draft report in activity B.1.1. and the draft list in activity B.1.2 that will be merged into the report.</p> <p>Content: A teleconference will contain</p> <ul style="list-style-type: none"> - A review of the draft report and the draft list. <p>Product: A final report conducted based on activity B.1.1., B.1.2., and the teleconference.</p>	<p>Lead and involved authorities in Denmark and Mexico</p>	<p>Q3 2024</p>	

<p>Output B.2 List of possible initiatives regarding possible ways to handle biosimilar medicine in Mexico, in particular with a view to their traceability and monitoring post-marketing</p>	<p>Status at project completion (if earlier year: ____):</p>
<p>Output B.2 indicator:</p>	<p>Status at project completion (if earlier year: ____):</p>

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<ul style="list-style-type: none"> Strengthen knowledge regarding possible ways to handle biosimilar medicine in Mexico, in particular with a view to their traceability and monitoring post-marketing 				
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year:)
<p>B.2.1 <i>Title</i> 3-4 day workshop in Mexico City</p>	<p>Purpose: Knowledge and experience exchange regarding the handling of biosimilar medicine in order to strengthen action plans linked to their introduction to the market</p> <p>Content: The workshop will contain:</p> <ul style="list-style-type: none"> - Experiences and action plans to meet patients’ concerns on biosimilar medicine and to inform physicians about the principle of biosimilarity: <ul style="list-style-type: none"> a) Encourage surveillance on product level – traceability <ul style="list-style-type: none"> i) Legal requirements (obligatory switch to biosimilar medicine in Denmark and mandatory reports) ii) Focus on product identification in reporting forms b) Raise awareness on biosimilarity 	Lead and involved authorities in Denmark and Mexico	Q1 2025	

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	<ul style="list-style-type: none"> i) Dialogue with patients/collaboration with patient organizations and targeted communication (leaflets, information videos, Q&A on website) ii) Dialogue with physicians: information on legal requirements and awareness raising on biosimilarity and the uncertainties and lack of effect patients may feel iii) Communication methods with the physicians: e-mail to hospital CEOs etc., flyers, incl. leaflet to patients, Q&A, continuous information that traceability is key c) Promote IT solutions to ease reporting of adverse drug reactions <ul style="list-style-type: none"> i) Increased focus on traceability in reporting forms; pop-ups to ensure product name and batch number for every biological medicine 			
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	<ul style="list-style-type: none"> ii) Electronic reporting from EHR systems d) Surveillance of biologicals, incl. biosimilars <ul style="list-style-type: none"> i) Risk management plans ii) Review of selected biosimilars iii) Monitoring list for biosimilar medicines <p>Product: To develop a draft list of possible initiatives that could contribute positively to COFEPRIS's continued work with biosimilar medicine in Mexico</p>			
<p>B.2.2 <i>Title</i> 4-hours teleconference</p>	<p>Purpose: To discuss the draft list in activity B.1.1.</p> <p>Content: A teleconference will contain</p> <ul style="list-style-type: none"> - A review of the draft list. <p>Product: Based on the workshop (B.2.1) and the teleconference a list of possible initiatives that could contribute positively to COFEPRIS's continued work with biosimilar medicine in Mexico will be shared with DKMA.</p>	Lead and involved authorities in Denmark and Mexico	Q1 2025	

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Output B.3 Report on the main findings regarding the concepts of QMS and LEAN that could add value in a COFEPRIS context		Status at project completion (if earlier year: ____):		
Output B.3 indicator: <ul style="list-style-type: none"> Strengthen knowledge regarding the implementation of QMS and LEAN, the tools, the added value it creates for the organisation and management 		Status at project completion (if earlier year: ____):		
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year:):
B.3.1. <i>Title</i> Three days exchange of five employees from COFEPRIS to the DKMA Or 3 days workshop in Mexico City	Purpose: Knowledge and experience exchange regarding the DKMA's benefits and value of QMS and LEAN, how it is implemented, the tools etc. Content: The visit will contain: <ol style="list-style-type: none"> i. Why work with a QMS system and a LEAN concept? ii. QMS and LEAN as concepts – working together iii. Introduction to LEAN as concept, its strengths and pitfalls 	Lead and involved authorities in Denmark and Mexico	Q3 2023	

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	<p>How the DKMA has prepared for the LEAN transformation in the organization</p> <p>How the DKMA has transformed LEAN into the organization (role of management, LEAN ambassadors etc.)</p> <p>How the DKMA works with LEAN - how the concept provides management with various tools – (most of them embedded in a QMS system).</p> <ol style="list-style-type: none"> 1. Identification of work-streams that appears too burdensome 2. Development of better standardized procedures (simplification of processes) 3. Optimization of resources throughout the organization, i.e. the possibility to transfer resources from <p>iv. Introduction to the quality organization in DKMA</p> <p>v. Introduction to the Quality Manual and the seven management principles and</p>			
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	<p>examples of operationalization in the DKMA:</p> <ol style="list-style-type: none"> 1. <i>Customer focus</i> Customer focus/Stakeholders' feedback incorporation into the LEAN concept and the continuous DKMA development (LEAN) 2. <i>Leadership</i> Quality and delivery strategy. Increased transparency in performance management throughout the organization – (LEAN) Timely identification and communication of risks (corporate risks) and determination of roles and responsibilities linked thereto to tackle them (risk minimization) (QMS) Risk management on LEAN boards Daily basis throughout the organization (white boards, morning meeting sessions etc.) – (LEAN) 3. <i>Engagement of people</i> Controlling documents, conflicts of 			
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	<p>interests, role based employee training and development (QMS and LEAN)</p> <p><i>4. Process approach</i> Identification of critical processes, improvements of processes and performance indicators (QMS and LEAN)</p> <p><i>5. Continuous improvements</i> Identification of continuous improvements and developments of the organization (LEAN)</p> <p>Improvements from internal and external audits through PDCA (Plan, Do, Check, Act) cycle on LEAN boards - QMS</p> <p><i>6. Evidence decision making</i> Inputs based on facts and data. Identification of cause-and-effect relationships and potential unintended consequences.</p> <p><i>7. Relationship Management</i></p> <p>vi. How an it-system can support a process oriented QMS system (advance if employees are at different locations)</p> <ol style="list-style-type: none"> a. Document control b. Acknowledgment of documents 			
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	<p>vii. One area to another with higher needs (permanently or temporarily)</p> <p>viii. Identification of interfaces in the organization</p> <p>Product: To develop a draft report (max 10 pages) on the main findings regarding the concepts of QMS and LEAN that could add value in a COFEPRIS context, including the tools, benefits and agility it creates for the organisation and managements' strengthened possibility to identify corporate risks.</p>			
<p>B.3.2. 4-hours teleconference</p>	<p>Purpose: To discuss the draft report in activity C.1.1.</p> <p>Content: A teleconference will contain</p> <ul style="list-style-type: none"> - A review of the draft report. <p>Product: Based on the workshop (output B.3.1) and the teleconference a draft list of possible initiatives regarding the concepts of QMS and LEAN that could add value in a COFEPRIS context. will be shared with DKMA.</p>	<p>Lead and involved authorities in Denmark and Mexico</p>	<p>Q4 2023</p>	

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Output B.4: Report on the main findings regarding the implementation of digital transformation projects and considerations regarding IT security and protection of healthcare data.		Status at project completion (if earlier year: ____):		
Output B.4 indicator: <ul style="list-style-type: none"> Strengthen capacities regarding implementation of digital transformation projects and considerations regarding IT security and protection of healthcare data. 		Status at project completion (if earlier year: ____):		
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year:):
B.4.1 <i>Title</i> 4 hours virtual workshop on how to anchor digital transformation projects internally in the organisation.	<p>Purpose: Knowledge and experience exchange on integrating digital transformation projects internally in the organisation.</p> <p>Content: The workshop will focus on:</p> <ul style="list-style-type: none"> - Identification, value proposition and prioritization from idea to project to digital solution - value proposition, coherence and collaboration - How do you engage colleagues, create ownership and get a local anchoring of digital innovation/transformation - (Case oriented) The user - user/customer centric focus - customer value. 	Lead and involved authorities in Denmark and Mexico DKMA: Director, IT & Digital Transformation Head of Unit, Digital Transformation & Architecture Business Relation Managers, Digital Transformation & Architecture	Q1 2023	

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	<ul style="list-style-type: none"> - Value and needs. Methods to create ownership of digital transformation within the organization. - Lessons learned from the DKMA in digital transformation projects, including the integration of an ad-hoc regulatory framework. <p>Product: A short note on the main findings.</p>			
<p>B.4.2 <i>Title</i> 4 hours virtual workshop on agile project management (B.4.2. will be merged with B.4.3.)</p>	<p>Purpose: Knowledge and experience exchange on agile project management organisation.</p> <p>Content: The workshop will focus on: Agile processes/Design thinking</p> <ul style="list-style-type: none"> - How to prepare the organization for the agile approach. The key value/principles in project organization, models, facilitation, collaboration and decision-making. - Prepare the right and concrete goals for the project – Minimum Viable Product (MVP) and continuous delivery. - Lessons learned from the DKMA on agile project management - Agile project management vs. the documentation generated by the project 	<p>Lead and involved authorities in Denmark and Mexico</p> <p>DKMA: Head of Unit, Digital Transformation & Architecture 2 Project Managers/Business Relation Managers</p>	<p>Q2 2023</p>	

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	<p>(in Mexico, the documentation generated is relevant).</p> <p>The workshop will use real cases as starting point.</p> <p>Product: A short note (2 pages) on the main findings regarding agile project management organisation</p>			
<p>B.4.3 <i>Title</i> 4 hours virtual workshop on ultra-agile project management during crisis (B.4.2. will be merged with B.4.3.)</p>	<p>Purpose: Knowledge and experience exchange on ultra-agile project management during crisis.</p> <p>Content: The workshop will focus on: Collaboration, confidence and ownership</p> <ul style="list-style-type: none"> - Prepare concrete goals for the project - Facilitation - When to do what: What an ultra-agile project requires (prerequisites) - The specific framing of ultra-agile project management. - Case-studies of the Danish Medicine Agency for ultra-agile project management. <p>The workshop will use real cases as starting point.</p>	<p>Lead and involved authorities in Denmark and Mexico</p> <p>DKMA: Head of Unit, Digital Transformation & Architecture 2 Project Managers/Business Relation Managers</p>	Q2 2023	

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	Product: A short note (2 pages) on the main findings.			
<p>B.4.4 <i>Title</i> 4 hours virtual workshop on managing suppliers within digital transformation projects</p> <p>Focus will be on outsourcing</p>	<p>Purpose: Knowledge and experiences exchange regarding managing suppliers within digital transformation projects.</p> <p>Content: The workshop will focus on:</p> <ul style="list-style-type: none"> - The key principles: Collaboration, Dialogue, Transparency, Value creation - The supplier's ability to understand the customer's business, needs, goals and visions - (How to collaborate with suppliers on Innovation, Agility and Continuous development) <p>The workshop will use real cases as starting point.</p> <p>Product: A short note (2 pages) on the main findings.</p>	<p>Lead and involved authorities in Denmark and Mexico</p> <p>DKMA:</p> <p>Head of Unit, Digital Transformation & Architecture</p> <p>2 Project Managers/ Business Relation Managers</p>	Q3 2023	
<p>B.4.5 <i>Title</i> 4 hours virtual workshop on IT security and protection of healthcare data</p>	<p>Purpose: Knowledge and experience exchange on how DKMA works with IT security and protection of healthcare data</p> <p>Content: The workshop will focus on:</p> <ul style="list-style-type: none"> - How we can develop value-creating digital solutions on some platforms where IT security is not compromised. 	<p>Lead and involved authorities in Denmark and Mexico</p> <p>DKMA:</p> <p>Head of Unit, Digital Transformation & Architecture</p> <p>Project manager</p>	Q4 2023	

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	<ul style="list-style-type: none"> - Integration of IT security in digital transformation projects - Reference frames - Information governance model - Electronic identification means - Free software vs. Proprietary software - Identity management <p>The workshop will use real cases as starting point.</p> <p>Product: A short note (2 pages) on the main findings.</p>	IT security		
<p>B.4.6 <i>Title</i> 3-day workshop on project management in relation to digital transformation projects in Mexico City</p>	<p>Purpose: Knowledge and experience exchange on project management in relation to digital transformation projects.</p> <p>Content: The workshop will focus on: Identification, value proposition and prioritization From idea to project, coherence and collaboration</p>	<p>Lead and involved authorities in Denmark and Mexico</p> <p>DKMA: Head of Unit, Digital Transformation & Architecture Business Relation Managers</p>	Q1 2024	

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	<p>Ownership and anchoring digital innovation via digital transformation projects</p> <ul style="list-style-type: none"> - Methods to identify the needs of the organization - customer value as driver for digital transformation - Prioritization and digital innovation - Methods to create ownership of new digital tools within the organization. - Culture, Processes and technology– Standardization, digitalization, automation - Case-studies <p>Product: Report on the main findings regarding project management in relation to digital transformation projects that could add value in a COFEPRIS context, including the tools, benefits and agility it creates for the organisation and managements’ strengthened possibility to perform digital transformation projects.</p>			
<p>B.4.7 <i>Title</i> Title: Teleconference to present and discuss the main findings in the final report described in B.4.6.</p>	<p>Purpose: To discuss the main findings in the report based on Activity D.1.6.</p> <p>Content: DKMA and COFEPRIS will discuss the main findings in the report with a view to better understand them and to draw lessons learnt.</p>	<p>Lead and involved authorities in Denmark and Mexico</p> <p>DKMA: Director, IT & Digital Transformation</p>	<p>Q1 2024</p>	

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	Product: Finalisation of report regarding project management in relation to digital transformation projects. The final report will be shared between COFEPRIS and DKMA.	Head of Unit, Digital Transformation & Architecture		
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Output B.5: Note on the main findings regarding the legal framework for authorizing new medicines with a focus on regulatory procedures and processes.		Status at project completion (if earlier year: ____):		
Output B.5 indicator: <ul style="list-style-type: none"> Strengthen capacities regarding the legal framework for authorising new medicines with a focus on regulatory procedures and processes. 		Status at project completion (if earlier year: ____):		
Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year:):
B.5.1 <i>Title</i> Virtual workshop: Introduction to the legal framework for authorising new medicines in Europe	Purpose: Knowledge and experience exchange on the legal framework for authorising new medicines in Europe. Content: The workshop will focus on the legal framework relating to: <ul style="list-style-type: none"> The concept of the “Marketing Authorization Holders” 	Lead and involved authorities in Denmark and Mexico	Q1 2023	

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	<ul style="list-style-type: none"> - Various actors - Application procedures and work sharing - Incentives structures - Generics <p>Product: A short note on the main findings to be shared between COFEPRIS and DKMA</p>			
<p>B.5.2 <i>Title</i> Virtual workshop: Introduction to EMA's regulatory procedures and processes, including accelerated procedures and PRIME, SCIENTIFIC advice</p>	<p>Purpose: Knowledge and experience exchange on EMA's regulatory procedures and processes.</p> <p>Content: The workshop will focus on:</p> <ul style="list-style-type: none"> - EMA regulatory procedures - Accelerated procedures - PRIME, SCIENTIFIC advice <p>Product: A short note the main findings to be shared between COFEPRIS and DKMA.</p>	Lead and involved authorities in Denmark and Mexico	Q3 2023	
Output B.6: DKMA visit to COFEPRIS (High-level)		Status at project completion (if earlier year: ____):		
Output B.5 indicator:		Status at project completion (if earlier year: ____):		
<ul style="list-style-type: none"> • A successful cooperation between DKMA and COFEPRIS 				

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Activity	Purpose – content - product	Partners and resources involved	Timing	Status (year:):
B.6.1 <i>Title</i> High-level visit to COPEFRIS in Mexico	<p>Purpose: To kick-off the cooperation between DKMA and COFEPRIS</p> <p>Content: A visit containing</p> <ul style="list-style-type: none"> - High-level meetings - Presentation of the two authorities - Relevant on-site visits <p>Product: A short report from the visit</p>	<p>Mexico:</p> <ul style="list-style-type: none"> - COFEPRIS <p>Denmark</p> <ul style="list-style-type: none"> - DKMA 	Q1 2023	

TEMPLATE 5.B: Distribution of Human Resources from Danish Authorities and Fee Budget

Country: Mexico Sector: SSC MFA File No. : 201X-XXXX

Human Resources (days)		2023		2024		2025		Total working days		
Human Ressource	DK Public Authority	TWP, days**	in DK, days	TWP, days**	in DK, days	TWP, days**	in DK, days	TWP	in DK	Total
Project Manager	Danish Ministry of Health	28	28	28	28	28	26	84	82	166
Coordinator LMST	Lægemiddelsstyrelsen		4		4		4	0	12	12
Senior Specialist LMST	Lægemiddelsstyrelsen	11,67	14,67	23	15,33	8,5	4,5	43,17	34,5	77,67
Senior Specialist LMST	Lægemiddelsstyrelsen	12,17	14,17	28,5	19,83	13,5	9,5	54,17	43,5	97,67
Specialist LMST	Lægemiddelsstyrelsen	9,16	13,16	23,5	14,84	7	3	39,66	31	70,66
Senior Specialist SST	Sundhedsstyrelsen	30	17	38	20	41	25	109	62	171
Specialist SST	Sundhedsstyrelsen	25	17	39	21	41	25	105	63	168
Senior Specialist RS	Region Syd	14	6	13	7	21	9	48	22	70
Specialist DAICY	Data, Infrastruktur og Cybersikkerhed	3	2	4	3	21	9	28	14	42
Senior Specialist MDC	MedCom	21	9	20	10	14	6	55	25	80
HoU DMOH	Danish Ministry of Health	7	3	7	3	7	3	21	9	30
Total		161	128	224	146	202	124	587	398	985
Total workdays - from Annex B.1, must be equal to TWP + in DK days		289		370		326		60%	40%	100%

TEMPLATE 5.C: Reimbursables

Country: Mexico Sector: SSC MFA File No.: 201X-XXXX

Do not change grey cells, as they fill out automatically

Team position	Subsistence allowance					Accommodation					International travel incl. Visum					Local travel					Total			Total DKK
	Number of Days Abroad			Rate DKK*	Total DKK	Number of nights			Rate DKK	Total DKK	Number of trips			Rate DKK	Total DKK	Number of local travels			Rate DKK	Total DKK	2023	2024	2025	
	2023	2024	2025			2023	2024	2025			2023	2024	2025			2023	2024	2025						
Project Manager	14	14	14	546	22.932	12	12	12	1.100	39.600	2	2	2	10.000	60.000	2	2	2	250	1.500	41.344	41.344	41.344	124.032
Coordinator LMST	7	7	7	546	11.466	6	6	6	1.100	19.800	1	1	1	10.000	30.000	4			250	1.000	21.422	20.422	20.422	62.266
Senior Specialist LMST	12	14	7	546	18.018	10	12	6	1.100	30.800	2	2	1	10.000	50.000	4			250	1.000	38.552	40.844	20.422	99.818
Senior Specialist LMST	5	14	7	546	14.196	4	12	6	1.100	24.200	1	2	1	10.000	40.000				250	0	17.130	40.844	20.422	78.396
Specialist LMST	5	14	7	546	14.196	4	12	6	1.100	24.200	1	2	1	10.000	40.000				250	0	17.130	40.844	20.422	78.396
Senior Specialist SST	28	21	28	546	42.042	24	18	24	1.100	72.600	4	3	4	10.000	110.000	4	2		250	1.500	82.688	61.766	81.688	226.142
Specialist SST	28	21	28	546	42.042	24	18	24	1.100	72.600	4	3	4	10.000	110.000	4	2		250	1.500	82.688	61.766	81.688	226.142
Senior Specialist RS	7		21	546	15.288	6		18	1.100	26.400	1		3	10.000	40.000			4	250	1.000	20.422	0	62.266	82.688
Key Expert DAICV			14	546	7.644			12	1.100	13.200			2	10.000	20.000				250	0	0	0	40.844	40.844
Senior Specialist MDC	14		21	546	19.110	12		18	1.100	33.000	2		3	10.000	50.000	4		4	250	2.000	41.844	0	62.266	104.110
HOU DMOH	7	7	7	546	11.466	6	6	6	1.100	19.800	1	1	1	10.000	30.000				250	0	20.422	20.422	20.422	61.266
Total reimbursables	127	112	161		218.400	108	96	138		376.200	19	16	23		580.000	22	6	10		9.500	383.642	328.252	472.206	1.184.100

Type	Reference	Unit cost	Unit
Per Diem	Country specific rate according to "Moderniseringsstyrelsen"	546	DKK
Accommodation		1.100	DKK
Flights Copenhagen-Mexico City		10.000	DKK
Visa		-	DKK
Local travel (e.g. public transport, taxi)		250	DKK

TEMPLATE 5.D: Capacity Development

Country: Mexico Sector: SSC MFA File No. : 201X-XXXX

Activities	2023			Units
	Units	Rate DKK	Total	
Workshop/seminar		5.000	0	
Exchange visits		40.000	0	
Analysis / studies		12.000	0	
Testing / training			0	
xxx			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
Total			-	

Template 5.E: Consultancies

Country: Mexico Sector: SSC MFA File No. : 201X-XXXX

Consultants	2023		
	Units	Rate DKK	Total
Translation			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
Total			-

Template 5.F: Total budget

Country: Mexico Sector: SSC MFA File No. : 201X-XXXX

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MFA Grant

	2023	2024	2025	Total	
	DKK	DKK	DKK	DKK	% of grand total
Personnel – Danish Authority	1.454.058	1.870.468	1.637.627	4.962.153	77,3%
Reimbursable costs for Danish Authority Staff	383.642	328.252	472.206	1.184.100	18,4%
Activities, including Capacity development	0	0	0	0	0,0%
Consultancies (max 30% of grand total)	0	50.000	0	50.000	0,8%
Unallocated funds (max. 20% of grand total)	50.000	75.000	100.000	225.000	3,5%
Grand total	1.887.700	2.323.720	2.209.833	6.421.253	100%

Not applicat

Share paid by Danish authority

	2023	2024	2025	Total	
	DKK	DKK	DKK	DKK	% of total personnel
Personnel – Danish Authority	161.562	207.830	181.959	551.350	10,0%

ANNEX 9: QUALITY ASSURANCE CHECKLIST

File number/F2 reference: 2017-39190

Programme/Project name: SSC project in Health, Mexico II

Programme/Project period: 2023-2025

Budget: DKK 6,421,253.00

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 recommendations of the appraisal has been reflected upon in the final design of the programme/project.

Comments: N/A

The programme/project complies with Danida policies and Aid Management Guidelines, including the fundamental principles of Doing Development Differently.

Comments:

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

Comments: The interventions of the SSC are in accordance with the health reform policy of Mexico.

Issues related to HRBA, LNOB, Gender, Youth, Climate Change, Green Growth and Environment have been addressed sufficiently in relation to content of the project/programme.

Comments: One of the focus areas is to support primary health care, including maternal health. Climate Change, Green Growth, and Environment has not been addressed as the SSC is a health project.

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

Comments: N/A

The programme/project outcome(s) are found to be sustainable and in line with the partner's development policies and strategies. Implementation modalities are well described and justified.

Comments:

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

Comments:

The programme/project is found sound budget-wise.

Comments:

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

Comments:

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

Comments: N/A

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

Comments:

The implementing partner(s) is/are found to have the capacity to properly manage, implement and report on the funds for the programme/project and lines of management responsibility are clear.

Comments:

Implementing partner(s) has/have been informed about Denmark's zero-tolerance policies towards (i) Anti-corruption; (ii) Child labour; (iii) Sexual exploitation, abuse and harassment (SEAH); and, (iv) Anti-terrorism.

Comments:

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

Comments:

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

Date and signature of Desk Officer: 24 January 2023, Christian Knudsen



Date and signature of Management: _____